

**European Herbal and Traditional
Medicine Practitioners Association
Accreditation Board**

Supplementary Guidance
APRIL 2008

**TO BE READ IN CONJUNCTION WITH THE LATEST
VERSION OF THE EHTPA ACCREDITATION HANDBOOK**

Written and published by the Accreditation Board of the European Herbal and Traditional Medicine Practitioners Association 2002: revised 2004 and 2008

This supplementary guidance replaces the appendices in Edition Two of the Accreditation Handbook published in 2006

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1. Newly Qualified Practitioners of Herbal Medicine

Minimum Competences

Introduction

Competences for a herbal practitioner are defined according to three sets of criteria: professional values and behaviour, knowledge and specific skills. It is expected that practitioners will maintain and increase competency over time through continuing professional development.

These standards, therefore, are set at the minimum level for practitioners on entry into the profession. It is expected that the practitioner will progress through competence to mastery in a life-long process of professional development.

The National Professional Standards for Herbal Medicine, published by Skills for Health, are used to inform the EHTPA Minimum Competences, and have been agreed by the professional associations for Western, Chinese and Tibetan traditions.

Values

A practitioner of herbal and traditional medicine is distinguished by a broad ethical understanding which is manifested in practice. As a minimum, the practitioner should demonstrate the following characteristics:

- The integrity of the practitioner is manifested in high standards of personal conduct, supported by compliance with the EHTPA Code of Ethics.
- The humanity of the practitioner is manifested in his/her ability to see each patient as a unique individual, of equal importance to the practitioner.
- The caring and compassionate practitioner will possess empathy with patients, and will not pass judgement on their lifestyle choices.
- The practitioner will establish a relationship of trust with patients, by outlining clearly the boundaries of the therapeutic relationship.
- The practitioner must take responsibility for professional conduct and the quality of his/her practice through systematic self, peer and patient evaluation.
- The practitioner must demonstrate respect for the patient's autonomy and right of choice over treatments and lifestyle decisions.
- The practitioner must be able to demonstrate confidentiality both verbally and in the ways records are maintained and secured.
- The practitioner will manage his/her professional development through a systematic self-assessment of learning needs, supported by a structured programme of professional self-development.

Knowledge

A practitioner of herbal and traditional medicine should have sufficient knowledge and understanding for clinical practice:

- Anatomy – to a minimum of level 4 – HE Cert
- Physiology – to a minimum of level 4 – HE Cert
- Pathology – to a minimum of level 4 – HE Diploma
- Plant chemistry – to a minimum level of 4/5 – HE Cert/Dip
- Clinical sciences – to a minimum level of 5 – HE Diploma
- Materia medica – to a minimum of level 6 – HE Honours degree
- Western medicine and limitations to competence – to a minimum of level 5 – HE diploma
- Nutrition – to a minimum of level 4 – HE Cert
- Research methods – to a minimum of level 5/6 – HE Diploma/Honours
- Codes of Ethics and Practice, and appropriate legislation – at levels 4/5/6 – HE Cert/Dip/Honours

The specific and detailed requirements relating to all of these subject areas are specific in the agreed curricula of the European Herbal and Traditional Medicine Practitioners Association (EHTPA). The levels refer to the National Qualifications framework.

Skills

Herbal and traditional medicine is distinguished by its practice, and the practitioner will demonstrate the following skills in the ways in which s/he works.

- The practitioner will be able to assess and document a case history according to the system of medicine in which s/he is working.
- The practitioner will have an appropriate repertoire of diagnostic tools, sufficient for a wide range of clinical conditions (as defined in Module Nine and the Common Curriculum).
- The practitioner will be able to modify communications for different audiences, recognising that some will not be familiar with the specific tradition of their practice.
- The practitioner will identify and document a treatment strategy appropriate to the patient's condition(s) and if appropriate, dispense herbs in line with the treatment plan.
- The dispensary and pharmacy will be maintained in accordance with professional association requirements and all statutory requirements and guidelines.
- The practitioner will offer guidance on lifestyle factors/changes appropriate to the patient's condition.
- The practitioner will be able to evidence compliance with all appropriate professional requirements and future statutory requirements.
- The practitioner will be aware of his/her limits of competence, and will be able to refer appropriately.

Behaviours

In addition to the knowledge and skills embodied and embedded in everyday clinical practice, the practitioner will be expected to display a range of behaviours appropriate for a rounded professional.

- S/he will act in accordance with the ethics of professional practice, as an autonomous independent practitioner.
- The practitioner will develop awareness of personal prejudices and opinions which might impact on the therapeutic relationship.
- The practitioner will be aware of the potential for adverse events and be able to respond appropriately.
- The practitioner will be aware of the implications of the Code of Ethics and Practice to her/his own practice situation.
- The practitioner will be engaged in reflective personal and professional development in order to contrive to develop as a practitioner of herbal medicine, within a distinct traditional practice.
- The practitioner will keep up to date with significant research issues.

2. Examples of Information to be included in the Full Submission Document in order to demonstrate that criteria can be met

1. Staffing resources

Head of Institution:

Title and Name

Qualifications: academic / professional

Teaching role: yes/no and details

Course Leader/Director

Title and Name

Qualifications: academic / professional

Publications

Teaching role: yes/no and details

Lecturers

Total expressed as a full time equivalent (FTE)

Name, qualifications, publications of each

F/T, P/T (with hours of each) or Visiting Lecturer

Clinical Teaching Staff

Total expressed as a full time equivalent (FTE)

Other staff

Name/qualifications/post held of each broken down as below:

Admin:	full time	part time (state hours)
Qualified librarians:	full time	part time (state hours)
Unqualified library staff:	full time	part time (state hours)
Other:	full time	part time (state hours)

Arrangements to cover staff sickness/absence

2. Facilities

Teaching Facilities:

Classrooms/seminar rooms/practical rooms/other

3. Student Facilities and Services: please describe

Learning Resources (If alternative arrangements exist, please describe)

Library

Book stock and number of journals

Specific to Herbal Medicine

General Medicine
Complementary Medicine
Supporting other Core Curriculum modules
Opening days/hours

4. IT Facilities and availability of technical support

Please describe

5. Laboratory Facilities

Number/size
Equipment available
Any other information e.g. reciprocal arrangements with other institutions

6. Herbal Pharmacy

Please describe:
Medicinal Herb Garden
Clinical Resources
Additional facilities / resources
Liaison with local GPs and Hospitals
Research facilities
Other

7. Student support systems

Please provide details of academic, clinical and pastoral support

8. The Herbal /Traditional Medicine Programme

Full title of programme to be accredited
Entrance requirements and selection procedure
Mechanisms for admission with credit for prior learning
Title of award given on successful completion and award given when clinical practice assessment is not completed successfully

Duration of course:	F/T -	Number of years Number of taught weeks per year Hours of study per week
	P/T -	Number of years Number of hours taught per year Hours of study per week
	D/L -	Please describe how course requirements are met.

9. Promotion and advertising literature

Please submit

10. Programme / curriculum

Document incorporating programme structure
Compulsory and elective features
Evidence of coherence and logical progression
A matrix showing how Core Curriculum minimum hours are met

11. Clinical practice management arrangements

Selection criteria for, range and provision of clinical placements
Total hours in clinic, with breakdown of specific hours allocated for self directed learning, observation and supervised practice.
Selection of clinical supervisors, supervision arrangements and quality assurance procedures in place to ensure assessor reliability and suitability of learning environment.

12. Learning Outcomes and associated assessment strategies for all units/modules.

Teaching & learning and assessment strategies for theory
Teaching, learning and assessment strategies for practice
Assessment regulations & documents (for theory & clinical practice)
Evidence of logical progression from novice to competent practitioner

13. Quality Systems

Quality Assurance and enhancement procedures
Selection, appointment & induction of external examiners
Examination Board membership & terms of reference
External examiner guidelines and reports for the previous 3 years (if applicable)
Student involvement in programme evaluation and review
Mechanisms for student representation
Any additional information to confirm that the programme is or will be of a satisfactory standard
How the programme is underpinned by staff development and research.
Institutional policies that underpin the programme e.g. Complaints, Grievance and Appeals policies.

14. Equal Opportunities (see Supplementary Guidance)

15. Accreditation Details

Has the programme received professional body accreditation?

If yes:

Date of accreditation
Duration of accreditation
Name of professional body

If no:

Has another professional body been asked to accredit the programme?

If "yes" please provide full details, including the outcome

Has the programme /is it intended that the programme receive(d) university validation?

If yes:

- Name of university
- Qualification (to be) awarded
- Date of validation event
- Date of next formal review
- Date of revalidation (if applicable)

3. Benchmarks for Distance Learning within Courses Submitted for Accreditation

	<u>Bench mark</u>	<u>How assessed</u>	<u>Met</u>	<u>Not met</u>
1	Preparation and content of the distance learning units			
1.1	The learning outcomes for the DL unit are clearly stated and reflect those stipulated for the module in the course submission	Review of course materials		
1.2	The subject material is accurate, current, at the appropriate level and fully addresses the stated learning outcome of the unit of learning	Review of course materials		
1.3	The content of the distance learning material is accurately referenced to a wide range of appropriate theory /research	Review of course materials		
1.4	The distance learning materials are attractively and professionally presented	Review of course materials		
1.5	The structure of the distance learning material is logical and clear	Review of course materials		
1.6	The design of the distance learning material is user friendly and is supported by comprehensive information to students regarding completion of the unit and the associated assessment	Review of course materials Ask the students		
1.7	The assessment stipulated for the unit of learning is appropriate in terms of amount and level	Review of course materials Ask the students		
1.8	The assessment embraces all the learning outcomes stipulated for the unit of learning	Review of course materials		
1.9	Security arrangements are in place for any examinations associated with the DL units to ensure the integrity of each student's work	Arrangements are stipulated in course documentation Discussion with course team at panel visit		
1.10	Clinical skills assessment and/or practitioner development skills	Discussion at panel visit		

	assessment CANNOT be undertaken by DL	Course documentation		
1.11	There is evidence that the distance learning materials have been subjected to internal and/or external review prior to full implementation into the course	Appropriate written or verbal account of the nature and results of the review is submitted by the college		
2	Use of the distance learning materials			
2.1	The learning resources of the college i.e. Library /IT are adequate to fully support the D L Units	Course documentation Tour of library and IT facilities during panel visit		
2.2	Access arrangements to learning resources are such that students can fully meet the demands of the DL units	Discussion with college librarian/IT facilitator Discussion with students		
2.3	The student /staff ratios of the college allow for the adequate support of students undertaking the DL units	Course documentation Discussion at panel visit Student evaluation		
2.4	A comprehensive personal / group tutorial system underpins each of the DL units.	Course documentation Discussion at panel visit Student evaluation		
3	Evaluation and review of distance learning units			
3.1	Student evaluation of the DL units is positive (if relevant)	Course annual reports Student evaluation		
3.2	Staff evaluation of the units is positive (if relevant)	Course annual reports Staff evaluation at panel visit		
3.3	There is evidence that the DL materials are reviewed and updated regularly (Max every 3 years)	DL materials contain evidence of review date Discussion at panel visit Examination of DL materials demonstrates the content to be current		

4. Assessment of Competence

For completion by the college and submitted with the final documentation

Name of Institution	
Title of Programme	
Name of Programme Leader	

Clinical Hours (500 hrs total) in an approved clinical setting	No of "hands on" patient contact hrs under supervision	No of hrs observing a qualified practitioner in direct contact with patients in the clinical setting	No of student centred Practice hrs conducted under the overall direction of a clinical supervisor and which contribute to the achievement of the clinical learning outcomes	Total for year
Year 1				
Year 2				
Year 3				
Year 4				
Overall total				

Reflective Practice Standard 1

Practitioners recognise and understand that they always operate within a set of contexts influenced by legal, political, societal and cultural considerations, which will impact on their practice

EHTPA. Learning Outcomes	Method of assessment i.e. The means by which the learning outcome is assessed	Year of assessment i.e. The Year(s) 1 2 3 or 4 in which the learning outcome is assessed and the Module(s) during which the learning outcome is assessed
R.1.1 The student recognises the need to reflect on practical experiences and to develop the skills of reflection		
R.1.2 The student competently reflects upon their own practice and demonstrates the ability to learn from reflection in order to identify their practical, personal and professional developmental needs		

Diagnosis and Treatment Standard 1

Herbal and traditional medicine practitioners gather information from patients using a variety of methods including case history, observation using all the senses, physical examination, constitutional assessment and, where appropriate laboratory testing

EHTPA. Learning Outcomes	Method of assessment i.e. The means by which the learning outcome is assessed	Year of assessment i.e. The Year(s) 1 2 3 or 4 in which the learning outcome is assessed

		and the Module(s) during which the learning outcome is assessed
D.1.1. The student is competent at gathering relevant information using verbal and non verbal communication, to build an accurate and holistic picture of the patient		
D.1.2. The student can undertake an accurate physical assessment of the patient		
D.1.3. The student recognises the relevance of information from other diagnostic systems to their assessment of the patient		
Diagnosis and Treatment Standard 2 Herbal and traditional medicine practitioners aim to identify the underlying causes of illness and disease, using one or more of a variety of different conceptual frameworks, according to their philosophical and therapeutic standpoint and experience.		
EHTPA. Learning Outcomes	Method of assessment i.e. The means by which the learning outcome is assessed	Year of assessment i.e. The Year(s) 1 2 3 or 4 in which the learning outcome is assessed and the Module(s) during which the learning outcome is assessed
D.2.1. The student demonstrates the ability accurately to draw on knowledge from a variety of different conceptual frameworks when determining the underlying causes and patterns of disease.		
D.2.2. The student can form a valid initial working hypothesis based on their diagnostic framework in order to come to a safe and effective treatment rationale and plan		
D.2.3. The student can demonstrate the ability constantly to develop and modify their working hypothesis in the light of further information and / or changes in the patient's condition		
Diagnosis and Treatment Standard 3 Herbal and traditional medicine practitioners formulate and implement, in partnership with the patient, a herbal prescription and treatment plan, which meets the specific needs of the individual patient and aims to support the body's own homeostatic processes and healing ability, alleviate imbalances and restore health as far as is achievable for each patient.		
EHTPA. Learning Outcomes	Method of assessment i.e. The means by which the learning outcome is assessed	Year of assessment i.e. The Year(s) 1 2 3 or 4 in which the learning outcome is assessed

		and the Module(s) during which the learning outcome is assessed
D.3.1. The student can formulate safe and appropriate herbal prescriptions and treatment plans which relate to the interpretation and analysis of information gathered during the initial consultation, and the diagnostic hypothesis		
D.3.2. The student can formulate a comprehensive herbal prescription and treatment plan and a considered prognosis that takes into account the whole person		
D.3.3. The student can dispense the herbal formula safely and accurately		
D.3.4. The student can communicate their findings with the patient effectively and agree a treatment plan/strategy, for which they obtain informed and valid consent		
D.3.5. The student can change and adapt the prescription and treatment plan appropriately, according to perceived changes and developments in the patient's condition or situation over time		
D.3.6. The student recommends and promotes appropriate self help strategies in order to support the treatment plan and encourage the most effective improvement in health		
Diagnosis and Treatment Standard 4 Herbal and traditional medicine practitioners maintain up to date knowledge of the uses and effects of the more commonly used drugs: prescribed, over the counter (OTC) and recreational, and of the likelihood of interactions with herbal treatment. Herbalists are constantly aware of the potential for herb-drug reactions and also for adverse reactions to herbal treatment, and document and report any such events in order to enhance knowledge and awareness in both the herbal and conventional medical professions		
EHTPA. Learning Outcomes	Method of assessment i.e. The means by which the learning outcome is assessed	Year of assessment i.e. The Year(s) 1 2 3 or 4 in which the learning outcome is assessed and the Module(s) during which the learning outcome is assessed
D.4.1. The student demonstrates an understanding that the potential for herb-drug and other interactions is always present and keeps this always in mind when assessing and prescribing		

Communication and Interaction Standard 1 Herbal and traditional medicine practitioners offer empathic, effective and ethical interaction and communication with patients, carers, colleagues and other healthcare practitioners.		
EHTPA. Learning Outcomes	Method of assessment i.e. The means by which the learning outcome is assessed	Year of assessment i.e. The Year(s) 1 2 3 or 4 in which the learning outcome is assessed and the Module(s) during which the learning outcome is assessed
C.1.1. The student consistently establishes and maintains rapport with patients carers and prospective patients and also with colleagues and other healthcare practitioners		
C.1.2. The student communicates and interacts ethically with patients, carers, prospective patients and colleagues with clarity, sensitivity and empathy		
C.1.3. The student recognises, develops, maintains and uses their power as an enabler of healing.		
Communication and Interaction Standard 2 Herbal and traditional medicine practitioners provide relevant and appropriate information to patients, carers or prospective patients on aspects of diagnosis and treatment to enable informed choices to be made: and also to other health care professionals, members of the public, public bodies and organisations.		
EHTPA. Learning Outcomes	Method of assessment i.e. The means by which the learning outcome is assessed	Year of assessment i.e. The Year(s) 1 2 3 or 4 in which the learning outcome is assessed and the Module(s) during which the learning outcome is assessed
C.2.1. The student clearly communicates their understanding of the possible combinations of aetiological and pathological factors involved in the development of ill health and disease; and their treatment plans for the patient.		
C.2.2. The student informs patients and prospective patients both preceding and after treatment of what to expect in coming for treatment, how to be best prepared for treatment and the effects of treatment(s)		
C.2.3. The student is able to inform, instruct, advise and offer		

professional opinion to patients and/or carers, colleagues and other healthcare professionals about treatments and aspects of lifestyle which may be harmful or beneficial to the health of the patient		
Safety Standard 1 Herbal and traditional medicine practitioners generate a safe environment for the patient and themselves		
EHTPA. Learning Outcomes	Method of assessment i.e. The means by which the learning outcome is assessed	Year of assessment i.e. The Year(s) 1 2 3 or 4 in which the learning outcome is assessed and the Module(s) during which the learning outcome is assessed
S.1.1. The student consistently demonstrates safe practice in all aspects of patient management and treatment		
S.1.2. The student interacts with other healthcare professionals so that the patient's best interests are maintained		
S.1.3. The student keeps appropriate, accurate and confidential records of their practice and treatments.		
S.1.4. The student communicates with patients showing awareness of the emotional impact of that interaction on the patient and themselves		
S.1.5. The student maintains patient confidentiality		
S.1.6. The student seeks to maintain their own health and to do so by setting appropriate boundaries and managing the environment in which they work and the way they work.		
Professional and legal standard 1 Herbal and traditional medicine practitioners operate an effective, legal and professionally sound practice.		
EHTPA. Learning Outcomes	Method of assessment i.e. The means by which the learning outcome is assessed	Year of assessment i.e. The Year(s) 1 2 3 or 4 in which the learning outcome is assessed and the Module(s) during which the learning outcome is assessed
P.1.1. The student consistently practices in compliance with the law and with regulatory and		

professional body requirements		
P.1.2. The student demonstrates a critical awareness of legal and ethical issues and requirements relating to children and vulnerable adults.		
Professional and legal standard 2		
Herbal and traditional medicine practitioners ensure that the dispensing of the herbal and traditional medicine they prescribe is done in accordance with the current legal and regulatory requirements		
EHTPA. Learning Outcomes	Method of assessment i.e. The means by which the learning outcome is assessed	Year of assessment i.e. The Year(s) 1 2 3 or 4 in which the learning outcome is assessed and the Module(s) during which the learning outcome is assessed
P.2.1. The student operates and manages their dispensary in compliance with the law		
P.2.2. The student demonstrates and understands the implications of commissioning and purchasing herbal medicine from a third party		

Signature Head of School:

Date:

5. Quality of the Clinical Learning Environment

Introduction

It is for institutions to determine the suitability of clinical experience undertaken by student practitioners and to have in place systems for the approval and monitoring of the quality of the clinical learning environment. *Examples* of factors which the Board may choose to explore in order to verify institutional decisions about the quality of the clinical learning environment are provided below.

Background

The Board accredits programmes on behalf of a number of Professional Associations drawn from a variety of different traditions so whilst visits to clinical facilities are an important part of the accreditation process the board does not approve individual clinics.

Prior to allocating students for supervised clinical experience, teaching and/ or assessment, the Board expects institutions seeking accreditation to provide evidence that there are systems in place for the approval and monitoring of any clinics used.

In addition to meeting the EHTPA minimum number of clinical hours that must be undertaken by students, the *quality* of those hours is paramount in ensuring eventual fitness to practise. For example, institution x may offer fewer clinical hours overall than institution y, but because of the enhanced nature of the learning environment, institution x may well better prepare students for their qualified practitioner role.

The examples that follow are intended to provide guidance for institutions when determining whether or not specific clinics can provide an environment for students which is conducive to effective learning and which enables progression from novice to competent practitioner.

Clinical Staff

- Number of staff (whole time equivalents); professional qualifications; professional experience; recent CPD undertaken; previous experience of teaching students; teaching qualifications?
- How well informed are clinical staff about:
 - The curriculum overall and the integration of theory with practice?
 - Necessary learning outcomes to be achieved during the placement?
 - Methods of assessment, student supervision and retrieval arrangements?
 - Acceptable standards of student conduct/ethical protocols?
- How do clinical staff contribute to clinical placement review and evaluation?
- How is clinical assessor reliability monitored and ensured?
- Examples of evidence based practice?

Students

- Number and seniority of students allocated at any one time?
- Ratio of clinical supervisors to students?
- Number of different institutions using the clinic for placements?
- Previous students' evaluative comments?
- Knowledge/experience of :
 - How they are introduced to the clinic at the start of the placement
 - Intended outcomes of placement and how to be achieved/assessed?

Sources/availability of advice, support and guidance?
Patient/conduct/ethical protocols applicable during placement?
Health and Safety requirements?

Patients

- Number attending each session?
- Variety of experience offered?
- Attendance patterns: eg Monday versus Wednesday clinics?
- Any clinical auditing/patient surveys carried out?

Supervision and organisation of the placement

- Provision of a comprehensive Clinical Training Handbook?
- Opportunities for, and monitoring/recording of each student's actual experience of:
 - observing patients being diagnosed and treated
 - carrying out specific skills under supervision
 - undertaking self directed clinically related activities to ensure the safe and competent care of patients.
- Systems in place to provide equivalent experience for all students (as far as possible)?
- Opportunities for formal tuition/ group discussion?
- Opportunities for individual tutorials/discussion?
- Assessment of clinical learning outcomes: who?how?when?
- Is assessment of practice criterion referenced?
- Does the External Examiner comment on clinical outcomes and assessment?

Facilities

- Range of facilities; cleanliness; availability of equipment; health & safety requirements met; ambience of environment?
- Dispensary Management?
- Record keeping systems in place?

6. Guidance for Institutions Unaccustomed to Accreditation Panel Visits

Meeting(s) with staff

Possible topics for discussion during meeting:

Programme organisation & management

How are minimum theoretical and clinical hours met?

Module content

Is coverage adequate?

Is depth/breadth appropriate?

Teaching & learning methods...theory

Teaching & learning methods...clinical

How are ethics addressed?

Extra tuition/tutorials available?

Are learning outcomes achieved in each module?

Assessment strategy ...theory

Assessment strategy...practice

Approaches to research and evidence based practice

Staff appraisal and continuing professional development

Are staff involved in decision making & curriculum development?

Is debate encouraged in the institution?

Plans for improvement

Student evaluation of course and evidence of action taken

Regular staff-student meetings?

Are minutes of staff-student meetings available? Used as part of the QA system?

Any issues arising from appraisal of organisations' documents

Pass rate for theory & practice

Student numbers and drop out rate (year by year)

Are students fully prepared for independent practice?

Are students fully prepared for financial management?

Are students fully prepared for preparation of medical reports?

Are students fully prepared to liaise with other health providers, especially GPs?

Panels may also choose to review programme and student records

NB. Patient/student confidentiality should be maintained.

Meeting with students (includes distance learning students)

Please ensure that a representative sample of students drawn from all years/modes of study are available to meet with the panel.

Discuss: programme organisation

students' academic support and guidance

range/availability of facilities, including library/IT

teaching & learning methods experienced

clinical facilities, practice & supervision

theoretical and clinical assessment strategies / feedback mechanisms to students

mechanisms for, and effectiveness of, student representation

course evaluation and monitoring.

7. Accreditation Panel Guide to Decision Making

Key Questions:

- Are the minimum theoretical requirements of the core curriculum met?
- Are the stated theoretical learning outcomes appropriate and achievable?
- Are the minimum practical requirements of the core curriculum met?
- Is the Clinical Practice module undertaken in an approved clinical setting?
- Are the stated clinical learning outcomes appropriate and achievable?
- Is the stated academic level of each module appropriate and achievable?
- On completion of the programme will students be safe and competent to practise as independent practitioners?
- Are the resources of the institution adequate for the needs of the programme?
- Have all other Accreditation Criteria been met?

Strengths/good practice identified?
Areas requiring further development?
Advice to organisation?

Recommendation to Accreditation Board

1. **Unconditional approval** for a period of up to 5 years (with or without recommendations)
2. **Approval** for a period of up to 5 years with conditions to be met
3. **Not approved** full resubmission required

Five years is the maximum period of approval. Panels may recommend that a shorter period is appropriate.

8. EHTPA ANNUAL REVIEW PRO-FORMA

Education provider	
Contact: Address	
Telephone number	
Email	
Fax	
Name of award and title of programme as accredited Date of expiry of accreditation	

As named correspondent I can confirm that the programme continues to conform to the criteria in the Accreditation Handbook, Third Edition April 2008

Name:

Position:

Date:

The Annual Review report is organised into the 5 Sections below

1 Organisation and leadership	This section requires evidence of structures, processes and systems of accountability in place that link to the wider organisation
2 Implementation	This section asks for evidence that the criteria continue to be implemented
3 Capacity and capability	This asks for evidence that resources are available to implement the course/s - especially staffing, training and equipment
4 Results	This section asks for evidence of the effectiveness of the programme and what it actually achieves
5 Comments/other evidence	This section for free text, is included to provide any additional explanation you think is needed to understand to your evidence.

(Based on Healthcare Commission Self Assessment Questionnaire 2005)

Please note

When completing this form you may choose EITHER to provide text in all of the boxes OR append documentary evidence instead of text in some boxes.

Alternatively you may, if you wish, append a report already produced for internal/other external audiences with additional appendices as necessary rather than produce a separate report for the EHTPA.

In all cases the form below must be used to clearly indicate where the evidence/narrative can be found in the appended documents. This must specify both page and paragraph numbers.

Recommendations arising from either the Accreditation event or the last Annual Review and confirmation that each has been acted upon.

Please list recommendations made and describe action taken.

Section 1 Organisation and Leadership

Outline overall organisational arrangements for the programme and how they link to the wider organisation

Record any changes to institutional structure, personnel and roles

Please express overall staffing numbers as full time equivalents (FTEs) where one FTE = 37.5 hours a week

Section 2 Implementation

Summarise any minor modification made, with Board approval, to the programme during the year

Specify the total number of hours spent by students during the Clinical Practice module in an approved clinical environment, indicating time spent:

- a as observers in direct contact with patients
- b with patients practising under supervision
- c on other activities under the direction of the clinical supervisor

Breakdown of Clinical Hours

Year	Hours	Nature of practice (a, b or c)
------	-------	--------------------------------

1

2

3

4

Append samples of relevant minutes of meetings which demonstrate that the Full Submission Document criteria 6 and 7.1, and Statement of Intent criteria 3.2, 3.2 and 4.2 continue to be met

Outline any planned modifications to the programme, with timescales, which require Board approval prior to implementation

Section 3 Capacity and Capability

Summarise staff development undertaken by academic staff

Summarise staff development undertaken by clinical staff

Append 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. Please attach a written signed statement

Append copies of original signed external examiners reports for the year in question, to include comments of assessment of clinical outcomes and standards achieved

Response to any issues raised by External Examiner

Section 4 Results

Cohort	Start date of programme	Number recruited	Number rejoining course having previously deferred	Number deferred	Number disc.	Total student number remaining in cohort	Attrition Rate
Totals							

<p>Provide a breakdown of student enrolment and attrition by completing the form above</p> <p>Comment on data provided</p>
<p>Provide data and breakdown of student achievement and progression</p> <p>Comment on data provided</p>
<p>Summarise student evaluation of the programme</p>
<p>Summarise staff evaluation of the programme</p>
<p>Include an Action Plan showing action to be taken in response to evaluation</p>
<p>Summarise student evaluation of clinical education</p>

Summarise additional evaluative comments from clinical staff

Provide an Action Plan showing how issues identified are to be addressed and any planned changes to the programme

Section 5 Comments/other evidence

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.
Please confirm that publicity/advertising/website content meets EHTPA requirements.
Other comments

9. External Examiner Guidelines

External examiners are an important part of ensuring that academic standards **and** professional competence to practice are maintained. These guidelines are intended to assist all institutions offering herbal medicine programmes that lead to qualified practitioner status. It is recognised that universities, in particular will already have their own established policies and procedures in place, but the need for examiners to comment upon assessment of clinical practice outcomes is reiterated here for the information of university programme leaders.

The Accreditation Board does not intend to approve individual external examiners for programmes in herbal medicine, but will pay particular attention to the way in which institutions select, induct and use external examiners as part of their quality assurance system and the role of the external examiner in annual monitoring/quality enhancement of both academic and clinical practice standards.

Recruitment and selection

External examiners should have professional and academic qualifications and experience commensurate with the programme being examined. At least one should be engaged in the educational preparation of students of herbal medicine. Once systems are in place to create one professional register of practitioners, it will be necessary for at least one external examiner of the herbal medicine course to have their name on the register of the (yet to be established) Regulatory Council.

Initially, it is recognised that there may be a shortage of appropriately qualified and experienced external examiners. The EHTPA accept that under such circumstances, more than one institution, may, of necessity, appoint the same examiners. Institutions may like to consider appointing assistant examiners who will work alongside experienced external examiners for a predetermined period that will enable them to be appointed in their own right at a later date.

External examiners will normally be appointed for a period of four years but should **not**:

- a) Have been employed as staff of the institution responsible for the course within the previous 3 years;
- b) Be associated with the programme, for example in a visiting lecturer capacity, a member of staff or a governor of the institution responsible for the programme;
- c) Be selected from an institution where a member of the inviting institution staff is serving as an external examiner.

Responsibilities include

- The maintenance of academic and professional/clinical standards.
- Ensuring that assessment/examination strategies and regulations are interpreted and applied in such a way that students are treated fairly and consistently.
- Ensuring that the qualification is of an appropriate standard for fitness to practise.
- Wherever possible, advising institutions whether their standards are comparable to other institutions' qualifying programmes.

- Ensuring that students have reached the required standard of clinical competence, and that no qualification is awarded unless the candidate has successfully completed the clinical education requirements and the clinical examinations and assessment.
- Attending the Examination Board, sign the official pass list and approve the grade of award recommended for each candidate.
- Providing an annual written report on the overall standard of the programme for the institution and which includes comment on standards of practice.
- Contributing to the quality enhancement process in an advisory capacity.

Additional guidance

The programme team and examiner should agree timetables for the marking and moderation of students' work. This ensures that there is sufficient time

- for the external to consider scripts and respond to the institution by the required date;
- prior to the Examination Board for adequate marking and moderation to take place.

After examination papers have been set it is expected that the external examiner will be asked to comment and approve them prior to their use.

It is not the role of the external examiner to act as a first or second marker. Internal markers should agree marks: it is the role of the external to satisfy themselves that marking procedures are sound.

External examiners should be able to see any or all assessed or examined work. However it is usual for examiners to agree with the programme team how they wish to sample students' work, when and in what quantity.

External examiners should complete their annual report as soon as possible after the Examination Board meeting, and in any case, no later than the date predetermined by the institution as part of its examination and assessment policy. **In addition to commenting upon academic standards specific comment should be made on the assessment of clinical practice and the standards of competence achieved.**

Institutions should acknowledge receipt of the report and inform the external examiner what action is being taken in light of any recommendations contained within the report.

10. Admission with Credit

Awarding credit to students for prior learning is accepted practice within educational institutions as part of the admission process. Credit may be given for certificated learning from an appropriate institution, or following scrutiny of learning that has taken place as a result of relevant experience.

It is for the institution to demonstrate to the board that robust systems and procedures are in place for the academic assessment of claims for credit. Full Submission Documents considered by the board as part of the EHTPA accreditation process should include information about such systems.

The evidence to be provided to the board will be determined by the institution but must demonstrate that:

- Responsibility for credit recognition is clearly defined at an appropriate level of seniority within the institution and formally reported to the appropriate committee or board;
- The awarding of credit for prior learning is monitored as part of normal quality assurance procedures;
- Suitable procedures are in place to enable both verification and currency of student claims for certificated and experiential learning;
- The provision of advice and guidance to applicants about content and presentation of their portfolio is clearly separated from the process of determining the credit to be awarded
- How EHTPA Core Curriculum Learning Outcomes have been met

11. The Process for Seeking Accreditation for Existing Student Cohorts

At the request of the institution seeking accreditation, the Accreditation Board will consider the inclusion of students who are already studying herbal/traditional medicine in the institution concerned. The institution must include the request as part of the initial Statement of Intent submitted to the board.

This will enable appropriate guidance to be offered and ensure, where possible, that the request is considered by the panel members at the same time as the main programme documentation and, therefore, form part of the accreditation visit.

The institution will be required to provide documentary evidence to support their request.

Panel members will scrutinise the documentation and seek evidence to clearly identify:

- that by the end of their study programme, the students will have met the levels and expectations laid down in the EHTPA Core Curriculum and Code of Practice;
- how the existing students' programmes learning outcomes match the learning outcomes specified in the modules/units/components of study within the programme being considered for accreditation;
- that the learning achieved by the students is current: i.e. in keeping with the contemporary practice expectations within herbal/traditional medicine.

For those programmes where the above cannot be demonstrated by the institution, the documentation should include firm and clear proposals to address the differences for each individual student or student group, between the existing programme and the proposed programme being considered for accreditation.

12. AMENDMENTS TO THE AGREED DURATION OF ACCREDITATION

The Board is aware that some institutions offering EHTPA accredited programmes may also have obtained separate university validation for the same programme. In such instances it can be the case that the university review cycle and EHTPA renewal of accreditation timescales differ.

In an attempt to facilitate conjoint review and renewal events when appropriate, the Board is prepared to receive requests from institutions to have their period of accreditation revised. Please note that this is the only circumstance under which such a request will be considered.

Any institution wishing to request such a revision is asked to note the following:

- The application, with full supporting rationale, must be made in writing one full academic year in advance of the university review date: late submissions will not be accepted;
- The duration of accreditation may be extended by a maximum period of two years;
- The duration of accreditation may be reduced by a maximum period of two years.

When reaching a decision, the Board will take account of the quality monitoring history of the institution, including annual review outcomes and External Examiner Reports.

There is no automatic entitlement to have the request agreed: it may be refused in which case the Board's decision is final and there is no right of appeal.

13. Equal Opportunities Guidelines

Aim

To provide guidance for Institutions and help them ensure that policies are in place to prevent direct or indirect discrimination against any potential or actual student of herbal and traditional medicine.

Definitions

Direct discrimination - treating a person less favourably than another would be treated in the same or similar circumstances.

Indirect discrimination - applying, in any circumstances, a requirement or condition, which although applied equally to all persons, is such that a considerably smaller proportion of people can comply with it, and it cannot be shown that the requirement or condition is justifiable.

Notes of guidance

- i. Practitioners work within the community, therefore potential applicants should be encouraged from a wide variety of backgrounds so that the profession is broadly representative of the community it serves. Career information should be presented to as diverse an audience as possible.
- ii. All actual and potential students of herbal and traditional medicine are entitled to equality of opportunity and all those involved in their education shall consciously promote this.
- iii. The prime consideration of admission tutors, when considering applicants, must be whether they are capable of successfully completing the programme and functioning as an independent practitioner of herbal and traditional medicine.
- iv. Programmes are intended as preparation for subsequent clinical practice but there should be no upper age limit to entry to education.
- v. There should be no infringement on the individual's cultural practices or beliefs unless **demonstrably** vital to the study of herbal and traditional medicine.
- vi. Accessibility of buildings & facilities should be available for students with disabilities. To enable support to be given to students with different needs, staff should encourage students to make them aware of any disability present at the start of the programme, or any that is recognised subsequently.
- vii. Students should be made aware of the equal opportunity policy in operation and should not feel dissuaded about voicing concerns they may have.
- xii. Students should be made aware that they have a responsibility not to treat patients, other students or staff in a discriminatory way.

14. Partnership Agreement between an EHTPA Approved Institution and an External Organisation Delivering Components of the EHTPA Accredited Programme

RESPONSIBILITY FOR EXTERNALLY DELIVERED COMPONENTS

This section should clarify that the EHTPA approved educational institution is responsible to the EHTPA for the quality and standards of any/all externally delivered modules/units of the accredited programme

ACADEMIC REGULATIONS AND PROCEDURES

This section should indicate how the academic rules apply and whether any alternatives can apply, for example, the existing regulations of the external organisation. In the case of EHTPA approved educational institutions without university validation, the EHTPA would deem whether or not alternatives are appropriate or inappropriate.

ADMISSION AND REGISTRATION OF STUDENTS

This section should address the roles and responsibilities in each organisation for the agreed processes for admission and registration of the students.

STAFFING

This section should indicate who is responsible for providing appropriate staff to deliver specific parts of the accredited programme(s), and any commitment as to staff development for those parts of the programme.

PROGRAMME MANAGEMENT

This should identify clearly who is responsible for the day-to-day management of the externally delivered parts of the programme and the students.

The agreement should be recorded as part of the EHTPA Full Submission Document and agreed at the EHTPA accreditation event.

MONITORING AND EVALUATION

This section should identify which organisation is responsible for preparing necessary reports e.g. student, module/unit and programme; agreement on where and which committees these are submitted to, and the personnel who have responsibility for acting upon areas deemed to require improvement and reviewing and monitoring progress.

ASSESSMENT

This section should identify who is responsible for conducting assessments and how the expectations, as described in the definitive document (EHTPA Full Submission Document), are to be met, including arrangements for assessment moderation.

EXTERNAL EXAMINERS

This section should identify the responsibility of the external examiner in relation to the externally delivered components of the EHTPA accredited programme

CONFIDENTIALITY

The inclusion of this section is dependent on the nature of the programme and the partnership arrangement. If included, the information deemed to be "confidential" is outlined and assurances around confidentiality described and assured.

PUBLICITY FOR PROGRAMMES

This section should set out the responsibilities of both parties. It includes who will provide promotional material and describes how; for example, logos and other forms of acknowledgement are to be included.

FUNDING This section should identify the type of contractual agreement and will refer to a separate schedule where the detail is set down.

IMPLEMENTATION

This section should indicate the dates when the Agreement is effective from and when it is due to end, including the process of review. It will also include how either party could withdraw by giving due notice.

OWNERSHIP OF INTELLECTUAL PROPERTY RIGHTS AND MATERIALS

This section should identify the "status" of the programme materials etc.

SIGNATURES

The signatories will be the appropriate senior representative of the EHTPA approved educational institution and partner organisation.

15. Indicative Costs for All Institutions

Fees will be charged for the following:

- Submission of the Letter of Intent (non refundable)
- Consideration of the Statement of Intent
- Consideration of any re-submitted Statement of Intent
- Scrutiny of Full Submission Documentation for accreditation (or renewal of accreditation), pre-event planning day and panel visit to the institution
- Expenses incurred by the EHTPA because of deferral of an accreditation event at the pre-event planning day meeting
- Failure to provide documentation by agreed deadlines which leads to additional costs and/or postponement of the visit
- Ongoing work by board/panel members connected to the institution having: their Statement of Intent rejected; their accreditation event postponed following the pre-event planning day; or failing to meet conditions of accreditation necessitating re-submission
- Scrutiny of the Annual Report, review team visit to the institution and Annual Review Report
- Approval of modifications to accredited programmes
- Withdrawal from accredited status or withdrawal from the accreditation process prior to achieving accreditation.

Fees are reviewed annually and are intended to contribute towards the costs of the EHTPA accreditation process, which includes the recurring overheads of the Accreditation Board: please contact the EHTPA for an up to date list.

Please note that fees exclude the cost of all travel to institutions by board members or officers at any time, and will be invoiced separately. Specified expenses are defined as standard class public transport fares or the EHTPA agreed mileage rate; hotel costs when overnight stays are necessary: room, breakfast and dinner (without alcohol). The institution will be asked to recommend a suitable hotel.

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The British Acupuncture Accreditation Board

The Chartered Society of Physiotherapy

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

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