

EHTPA Supplementary Guidance to accompany the Education & Training Standards of Clinical Practice for Herbal and Traditional Medicine

October 2008

Introduction

The European Herbal and Traditional Medicine Practitioners Association has reviewed the Core Clinical Practice Module that must be met by all traditions. This document provides further guidance on the interpretation of the Core Clinical Practice Module. It consists of the Core Clinical Practice Standards and Learning Outcomes together with assessment guidelines and student and supervisor cues.

This document should be read in conjunction with the Core Curriculum for Herbal & Traditional Medicine of the European Herbal & Traditional Medicine Practitioners Association.

The EHTPA is grateful to the BAcC for permission to adapt both content and structure of the BAcC document entitled *The Standards of Practice for Acupuncture* (<http://www.acupuncture.org.uk/content/membersarea/pdf/SPA2006.pdf>).

There are a minimum of 500 Core Clinical Practice Hours required to achieve the Core Clinical Practice Learning Outcomes

A Core Clinical Practice Hour must meet the following criteria:

- Clinical teaching and practice shall consist of formal tuition and practical clinical training within an approved clinical environment;
- The teaching and practice undertaken within defined clinical hours must contribute to the achievement of clinical practice learning outcomes;
- Clinical teaching and assessment of the learning outcomes of clinical practice must be undertaken by appropriately qualified and experienced clinical supervisors;
- Of the total number of clinical hours, 50% or more must be spent on clinical work in direct proximity to patients;
- Of the total number of clinical hours, 50% or less may consist of student centred independent study under the overall direction of the clinic supervisor. Such activities must contribute to the achievement of clinical practice learning outcomes.

Individual traditions may require additional Clinical Practice Learning Outcomes and these may result in additional Clinical Practice Hours **for that tradition only**

1 PRACTICE CONTEXT

Reflective Practice

Overview

Practitioners of herbal and traditional medicine (H&TM hereafter) recognise that they work within a specific context, or set of contexts, and that this necessarily plays a part in shaping their practice and influencing their relationships with patients, carers, colleagues and other healthcare professionals.

Developing an awareness and understanding of the many contexts which impact on practice is not unlike building up a differential diagnosis from the many signs and symptoms presented by a patient. To be able to contextualise information is central to exercising judgement and the decision-making processes inherent in practice, and is a skill that becomes more sophisticated with time and experience.

An awareness of the several factors which inform the motives, judgement and decisions of the practitioner and patient alike will help foster a safe and ethical environment for treatment to take place, where the power that is invested in the practitioner and the potential vulnerability of the patient can both be managed with wisdom and skill. Engaging in reflective practice, ie taking time out from the daily work to consider these issues, either alone or in the company of one or more other people, is increasingly recognised as an effective tool for maintaining safe practice.

None of the contexts mentioned below are mutually exclusive, nor can they be arranged in a hierarchy of relevance or importance. Practice always needs to be tuned to the particular settings and circumstances of the therapeutic encounter, involving a practical and principled reasoning based upon the inseparability of all contexts, knowledge, skills and actions.

Standard Reflective Practice 1 – H&TM practitioners recognise and understand that they always operate within a set of contexts influenced by political, societal and cultural considerations which will impact on their practice.

Each person in a therapeutic relationship brings to it their own individual narrative informed by personal, societal, cultural, political and historical perspectives. Recognising and understanding these perspectives forms an important part of being a reflective practitioner able to navigate and negotiate the assumptions and expectations of themselves and their patients in the common endeavour created by a therapeutic setting. Our sensibilities, concerns and beliefs, which combine to make up our way of being with patients, are shaped by the place and times in which we live.

Outcomes	Guidelines	Student and supervisor cues
<p>1. Recognises the need to reflect on practical experiences and develop the skills of reflection</p>	<p>-demonstrate communication skills in order to empower and involve patients in decision-making, and to make the aims and rationale of treatment accessible in everyday language.</p> <p>-demonstrate knowledge of the existence of Codes of Professional Conduct and Safe Practice, and that these provide patients with the assurance that the trust they invest in their practitioner and the need for the practitioner to be trustworthy are backed up by accountability to a professional body.</p> <p>- recognise how practitioners may use a position of power to the detriment of patients.</p> <p>-understand the need to strive at all times to maintain unconditional positive regard.</p> <p>-encourage patients to be actively involved in their treatment.</p> <p>-recognise that words and ideas in common usage in clinical practice may have different meanings and values to those of the cultural background of the practitioner and patient or the cultural milieu in which the practitioner works.</p> <p>-demonstrate their development of a language which is meaningful to the patient, by creating a shared frame of reference for clinical discussion.</p> <p>-demonstrate awareness of how therapeutic expectations and outcomes may be supported by harmonising the language used when working collaboratively with other healthcare professionals and may even invite collaboration.</p>	<p>Do you routinely explain what you are doing?</p> <p>Do you ask permission to touch people in sensitive areas?</p> <p>What would you not wear to clinic?</p> <p>In what ways is the clinic adapted to be more user friendly for the disabled or the elderly?</p> <p>How familiar are you with Codes of Safe Practice and Professional Conduct?</p> <p>How do you ensure that the power invested in you by society does not exploit the potential vulnerability of the patient?</p>

Outcomes	Guidelines	Student and supervisor cues
<p>2 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</p>	<p>- demonstrate awareness, as far as possible, of their conscious and unconscious motives for making the choice to study herbal or traditional medicine and describe how this impacts on their interpersonal and communication skills, interaction with other professionals and attitude towards authority.</p> <p>-develop skills to protect patients from whatever personal problems the student may have which might affect their treatment of patients.</p> <p>-demonstrate the ability to focus attention on the patient during treatment, and not on trying to resolve the student's own issues.</p> <p>- identify their own values and beliefs, and how this can enhance the therapeutic encounter and outcome, or provide a platform for reinforcing the student's own view of the world.</p> <p>-recognise how personal belief systems and values can support ethical decision-making in both our therapeutic and business practices.</p>	<p>Do you think that being different in terms of the medicine we practise gives you more, or less, power?</p> <p>When communicating with other healthcare professionals, do you emphasise or play down that difference?</p> <p>How do you 'clear your mind' and calm yourself before you start seeing patients?</p> <p>Do your recommendations and advice to patients reflect your own lifestyle choices?</p> <p>How do you feel when patients ignore or reject your explanations or advice?</p> <p>What can guide the establishment of an appropriate fee structure?</p> <p>Do you understand the need for a mentor, or supervision, where the complexities and dilemmas of practice can be discussed or shared? If not, how can your processes and decisions be checked?</p>

NB: although discussions of these issues may arise during clinical practice, some of this subject matter may be dealt with in sessions forming an introduction to clinical practice.

2 DIAGNOSIS AND TREATMENT

Overview

H &TM practitioners, following a consultation, make a diagnosis, formulate a treatment plan and treat patients using individual herbal prescriptions, often combined with advice about diet and dietary supplements, exercise and lifestyle; an holistic approach designed to support the body's own homeostatic processes and healing ability.

The description of the process of diagnosis and treatment below represents the core of our practice , and is permeated by the other key standards which follow. In reaching a diagnosis and formulating a treatment strategy and prescription, practitioners may utilise one or more of a variety of diagnostic and therapeutic frameworks. Some may practise within a modern, biomedical paradigm, others within a more traditional, constitutional model. Still others may draw on knowledge gained from the study of Asian philosophies, or the eclectic or physiomedicalist traditions of the Americas. All of these traditions and philosophies have been available over the centuries, and all inform and influence our practice.

The practice of H&TM also contains that which is intangible and undefinable – the process known as 'intuition', the nature of the relationship between practitioner and patient, the awakening of the patient's own innate healing power – all herbalist and traditional medicine practitioners recognise these phenomena as important facets of their work as healers.

Diagnosis and treatment using plant medicines is what we do, it is our central purpose, and its activity is premised upon the notion that the human body, or organism, contains within it a vital force, whose aim is to maintain life and health, and which drives all bodily functions and activities. At all times the body strives to maintain itself in balance (homeostasis); assisting this through the promotion and support of the normal functioning of organs, tissues and cells by the judicious and skilful use of herbs and other natural products is one of the primary aims of the herbalist.

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The following four practice standards form the basis of the process by which H&TM practitioners reach a diagnosis and formulate a treatment protocol.

STANDARD DT1

H & TM 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.

The gathering of information in the form of a comprehensive case-history, and the supplementation of this with findings from physical examination and possibly laboratory tests, or other forms of testing (eg muscle kinesiology, iridology, reflexology) is perhaps the most important part of the practitioner's work. It is this process which enables the practitioner and patient, together, to discover the source of the patient's problem, and to begin to see how recovery may be achieved. Whatever tradition is followed (see below); the practitioner is using all his/her senses, intellect and intuition, knowledge and experience, to piece together the jigsaw of pieces of information to form a discernible whole which provides the key to the individual patient, allowing the forming of a diagnostic hypothesis, and hence a therapeutic rationale.

Outcomes	Guidelines	Student and Supervisor Cues
<p>1. - Is competent at gathering relevant information,</p> <ul style="list-style-type: none"> - using verbal and non-verbal communication, - to build an accurate and holistic picture of the patient. 	<ul style="list-style-type: none"> - Demonstrate the ability to assess current signs and symptoms, previous and familial medical history, personal, family, social and occupational situations and lifestyle including diet. -Collect information from patients, observing and taking a thorough case history, understanding the interconnectedness of a person's life and contexts and how their past personal and family medical history can affect them. -Take a case history, showing the ability to combine and cross check all the complex and subtle perceptions and sensory information being gathered, so as to direct further investigations. 	<p>How do you conduct the interview when taking a case history? What do you cover in a consultation? How do you ensure that you have gathered all the information you need to provide you with an holistic overview of your patient?</p> <p>How do you organise your impressions, evidence and information in order to support your reasoning for a diagnosis?</p>
<p>2. Is able to undertake an accurate physical assessment of the patient.</p>	<ul style="list-style-type: none"> - Demonstrate the ability to determine when a physical examination is required. - Demonstrate competence and understanding of the techniques of physical examination of all the major body systems - Demonstrate competence in and understanding of, other examination techniques according to the particular discipline being taught. - Demonstrate understanding of the significance of the findings, when undertaking physical examination. - demonstrate the ability to undertake physical examination with skill and sensitivity recognising patients' different 	<p>How do you check the sensitivity and accuracy of your examination methods? What methods of examination do you use routinely? Are there any you rely on more than others? Are there any you do not feel comfortable doing? Have you undertaken training in any additional methods?</p> <p>How do you check that a patient is comfortable with touch and different levels of touch? Are there any patients you do not feel comfortable with using a specific examination</p>

	personal and cultural approaches to touch.	method? How much do you see informed consent entering into this part of your consultation?
3. Recognises the relevance of information from other diagnostic systems to their assessment of the patient.	-Analyse and utilise diagnostic information from other systems of medicine, in order to inform understanding of the patient, and understand how this may impact on the treatment plan or strategy. - Demonstrate an understanding of the need to balance this with the information gathered from taking a case history, observation and examination.	Do you routinely ask patients about medical tests done elsewhere? How do you incorporate this information into your diagnosis and/or treatment strategy?

STANDARD DT2

H&TM practitioners aim to identify the underlying causes of illness and disease, using one or more of a variety of conceptual frameworks, according to their philosophical and therapeutic standpoint and experience.

Herbal medicine world wide has its historical roots in the indigenous practices of traditional communities. In the British Isles and Europe, it may be traced back through British, European and Graeco-Roman traditions, with strong links to the Americas; in North America, the eclectic and physiomedical herbal movements incorporated the herbal lore of the Native Americans, and many North American herbs are still routinely used in western herbal medicine in the UK and Europe. On the Asian sub-continent can be found strong traditions of medicine still in current usage which trace their history, unbroken, back several thousands of years. In India, the practice of Ayurveda follows a philosophy which encompasses a whole way of living, as well as providing a framework for the assessment and treatment of ill-health. In China, Traditional Chinese Medicine, which may include the use of herbs and of acupuncture, is practised alongside orthodox medicine, and both of these philosophies have contributed to the knowledge and understanding of herbal medicine practitioners worldwide. Other philosophies, such as Unani Tibb and Tibetan medicine, although practised by fewer individuals, provide their own unique concepts of health and disease. Students of herbal and traditional medicine who undertake courses accredited by the EHTPA are also given a thorough grounding in conventional western biomedicine, which provides a foundation from which to explore the relationship between the traditional concepts of health and disease and conventional western medical practice.

Outcomes	Guidelines	Student and Supervisor Cues
1. Is able to demonstrate the ability to accurately draw on knowledge from a variety of different conceptual frameworks.	-there are various methods of classification and analysis of health and disease. Students will be able to utilise those that will best explain their patient's picture, and in which they have learned skills. - the method utilised will accord with the practitioner's particular area of knowledge. - often multiple concepts may be employed and/or integrated; students understand that their aim is to find	What organisational framework do you routinely use and how do you express this in your case notes? How do you develop your skills? When differentiating disharmonies and disease, do you record the aetiological and pathological processes? What sources do you use to check your conclusions?

	<p>the best way of describing and understanding the patient's presentation.</p> <p>-Recognise that seeking the root of the disease is a primary aim.</p> <p>- write case notes according to an agreed system which other practitioners using similar diagnostic concepts could understand.</p>	<p>What style of language do you use to express this? Would another practitioner using a similar diagnostic system be able to understand your notes?</p>
<p>2. 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.</p>	<p>-demonstrate an understanding of the fact that the initial interpretation is often the best fit for the information available at the time and that the synthesis of the information gathered enables consideration of a treatment strategy.</p> <p>-demonstrate the ability to manage the fact that there may be contradictory signs and symptoms which do not fit their conceptual matrix and will pay attention to this when determining treatment principles.</p> <p>- consider alternative interpretations which may be rejected in the moment, and again hold them in readiness within the first and subsequent consultations.</p> <p>-demonstrate the ability to work with their intuitive (tacit, insightful) feelings regarding the patient and their condition, and try to make that feeling tangible in order to record it and consider how it determines treatment.</p>	<p>How do you manage the simultaneous collection, interpretation and organisation of signs and symptoms?</p> <p>How do you reconcile contradictory signs and symptoms?</p> <p>How do you record any alternative interpretations or hypotheses?</p> <p>How do you work with your 'intuitive' feelings about a patient? How do you recognise and record these?</p>
<p>3. 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.</p>	<p>-because a diagnostic hypothesis is based on information gathered from all the senses, students understand how they are constantly gathering new information that might affect their interpretation and treatment approach.</p> <p>-understand how this may happen over time as the patient's condition alters or as a deeper understanding is gained.</p> <p>-at each consultation, the student records changes in the patient's condition, both major and subtle, observed and reported.</p>	<p>How do you check changes in the patient's condition – what are you looking for, or asking?</p> <p>Do you routinely reconsider your diagnosis – what seems to trigger this reappraisal? How do you know when your patient is getting better? How does your patient know?</p> <p>Do you have a system for recording change in a patient – what are the main areas that you routinely record?</p>

STANDARD DT3

H&TM practitioners formulate and implement, in partnership with the patient, a treatment strategy and 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.

Herbal and traditional medicine is characterised by a person-centred approach, where the patient rather than the disease is the focus of the practitioner's attention. The practitioner uses the information obtained during the taking of the case history to make an assessment of the vitality and constitution of the patient, and the choice of herbs in the prescription is based on this assessment. The prescription, rather than being based simply on the diagnosis of a disease or condition, is determined by an understanding of the significance of the signs and symptoms in that individual. Prescriptions may vary substantially between individual patients apparently presenting with a similar condition. Treatment is commonly supplemented with appropriate advice on lifestyle, particularly nutrition, and this enables the development of a true therapeutic partnership, in which the patient takes as much responsibility for their own recovery, as does the practitioner. Practitioners recognise that the therapeutic relationship is an important part of the whole, holistic, healing encounter.

Outcomes	Guidelines	Student and Supervisor Cues
1. Is able to 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.	-whatever conceptual framework is utilised, students can show how the principles of treatment are focused upon restoring the individual to health, by supporting the body's own healing ability and alleviating imbalances within it.	How do you decide on, and record, your treatment principles? How do you prioritise your treatment principles?
2. Is able to formulate a comprehensive herbal prescription and treatment plan and a considered prognosis that takes into account the whole person.	<p>-ensure that prescriptions and treatment plans take into account the whole person: their constitution, age and gender; their presenting complaint, signs and symptoms; their personal, social and cultural context.</p> <p>-produce treatment plans which include priorities for treatment, any necessary referrals, lifestyle advice, likely progress of treatment and frequency of follow-up visits, and a considered prognosis.</p> <p>-in combination with their own knowledge and understanding of disease aetiology, pathological process and constitutional imbalance, students will utilise written material, research findings, consultation with other practitioners, to augment their understanding of the plan and prognosis.</p>	<p>How do you record your treatment plan/strategy? Do you integrate all aspects of the person and their complaints into your diagnosis and treatment strategy?</p> <p>When would you refer patients to other practitioners? Are there consistent types of problems that you would regularly refer? In what circumstances would you seek a second opinion?</p> <p>What resources do you use to help you determine your treatment plan? What information do you use to help you make a prognosis? How do you answer the patient's questions of how long will it take to get better and how will I know?</p>
3. Is able to dispense the herbal formula safely and accurately.	-demonstrate competence in safe and accurate dispensing, taking into account issues of hygiene, identification, labelling, recording,	How is your dispensary managed? Do you have standard procedures for stock control? Do you routinely

	giving instructions to the patient, and relevant legal requirements.	record batch numbers on all prescriptions? Do you routinely list all constituents on bottles?
4. Is able to communicate their findings with the patient effectively and agree a treatment plan/strategy, for which they obtain informed and valid consent.	<p>- discuss and come to an agreement with patients about the findings and realistic expectations from treatment.</p> <p>-discuss findings with the patient in easily accessible terms, in order to check that their intentions coincide and agree a treatment strategy.</p> <p>-develop the ability to communicate situations to patients clearly and sensitively when patients present with specific symptoms or conditions that they wish to address.</p> <p>- when a more complex picture is presented or experience indicates that a different approach would be more beneficial to the patient, explain this clearly and sensitively.</p> <p>-select herbal medicines which will have the appropriate impact, from the range of remedies being taught.</p> <p>-demonstrate the ability to understand that they can only use methods from other therapeutic systems according to any previously acquired training and skills.</p> <p>-demonstrate an understanding of informed and valid consent.</p> <p>-discuss the treatment they are planning to give with the patient, giving sufficient and clear information about it, including any adverse effects, so that patients can give informed consent.</p>	<p>How do you come to agreements with patients?</p> <p>How do you explain the concepts you are using, to patients? Do you discuss your conclusions?</p> <p>What do you do if your intentions and your patient's wishes do not coincide? Do you offer choices? Are there times when you have agreed not to treat a patient? Is there any recurring pattern to these occasions?</p> <p>Do you routinely inform your patient of the herbal treatment you are going to use? Do you routinely label your medicine bottles with a list of the contents? Do you give more in-depth information if asked?</p> <p>What do you understand by informed or valid consent? If you plan to use patient's notes for teaching or research purposes, do you seek written consent from the patient?</p>
5.Changes and adapts the prescription and treatment plan appropriately, according to perceived changes and developments in the patient's condition or situation over time.	<p>-constantly re-evaluate their herbal prescriptions for suitability and effectiveness, and use a range of methods to determine if treatment is working.</p> <p>-always record changes to the treatment plan.</p> <p>-recognise and acknowledge that patients are the major tool for their learning and development.</p>	<p>How do you determine if a prescription is working? Do you routinely use objective measures? (eg: patient diaries, examination, MYMOP, observation of signs etc)</p> <p>How often do you reflect on patients and your treatments in order to make the most of learning opportunities and improve the effectiveness of your prescribing?</p>

<p>6. Recommends and promotes appropriate self-help strategies in order to support the treatment plan and encourage the most effective improvement for the patient.</p>	<p>-recommend and discuss self-help strategies in the context of their determination of the aetiology and development of disease, and their knowledge of pathological processes.</p> <p>-acknowledge the patient's right to refuse or ignore advice.</p> <p>-demonstrate understanding of the primary intention of the therapeutic encounter: that is, to work with the patient and help them come to an understanding of why they have become ill.</p> <p>-take into account the personal and cultural context of the patient in determining advice. Demonstrate sensitivity when informing patients of the possible consequences of not following the advice given, and can accept their right to refuse or ignore it.</p> <p>-give clear instructions, written if necessary, on how to carry out the self-help strategies they have advised, and inform patients of what reaction they might expect and how to manage it.</p>	<p>How do you ensure that the advice you give is sound and appropriate?</p> <p>How do you respond to patients if they do not follow your advice?</p> <p>Do you give patients clear, written, instructions in relation to self-help programmes?</p>
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STANDARD DT4

H&TM practitioners maintain an up-to-date knowledge of the uses and effects of the more commonly used drugs; prescribed, over-the-counter and recreational, and of the likelihood of interactions with herbal treatment. Practitioners are constantly aware of the potential for herb-drug interactions, 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, traditional and the conventional medical professions.

In the Western world, use of chemical drugs is widespread. Such drugs may be prescribed by a medical doctor, bought over-the-counter, or used illicitly as recreational aids. Misuse of, or dependence on, alcohol, is also a widespread issue. Herbalists need to be aware of the more commonly used drugs, their indications, actions, potential interactions and side-effects, in order to formulate herbal prescriptions with care and skill. The possibility of herb-drug interactions, and adverse reactions, is always borne in mind when patients present with unusual symptoms, and any suspected adverse reactions may be reported using a 'yellow card' system similar to that used by conventional doctors.

Outcomes	Guidelines	Student and Supervisor Cues
<p>1. 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.</p>	<ul style="list-style-type: none"> -demonstrate an up-to-date knowledge of the more commonly used prescription, over-the-counter, and recreational drugs -demonstrate knowledge of drug actions and potential interactions, and the most commonly experienced herb-drug interactions. -demonstrate knowledge about adverse reactions to herbs and understand how to report these if necessary and what steps to take to minimise such reactions. -understand the need always to question patients about their use of drugs, whether prescribed, OTC, or recreational, and make a record of these, which is updated regularly. -develop the skills to communicate with GPs and other orthodox medical personnel as necessary, using appropriate terminology, about patients' treatment. - understand the need to remain always alert to the possibility of herb-drug interactions, and also adverse reactions to the 	<p>What steps do you take to ensure that your knowledge of this area is up-to-date? Do you keep a current copy of the BNF (British National Formulary) or similar publication, for reference</p> <p>How do you ask patients about their use of drugs? Do you always record this? Do you always look them up in the BNF?</p> <p>Could you communicate with other medical personnel about patients' treatment? In what ways (letter, phone, email) could you do this?</p> <p>How do you determine if a reaction has occurred.? How do you isolate a herb to which a patient is reacting?</p>

	<p>herbs themselves.</p> <p>- know how to report any herb-drug interactions, or adverse reactions to herbs, using the yellow card scheme.</p>	<p>Do you keep some yellow cards handy at all times? Do you complete them contemporaneously.</p>
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3 COMMUNICATION AND INTERACTION

Overview

H&TM practitioners maintain high standards in a range of communications skills in their interactions with patients, carers, colleagues and other healthcare professionals.

The nature of the relationship and interaction process between practitioner and patient and/or carer is pivotal to the effectiveness of the therapeutic encounter. It is this dimension that gives it the dynamism and potential creativity within which the patient or the patient's energy changes in some way(s) to effect an improvement in their health at the level, or combination of levels, of body, mind, spirit. The meaning and efficacy of each treatment potentially depends on the relationship of the energy of the practitioner with that of the patient.

The practitioner is aware of the two aspects of communications and interaction:

- that of the values, skills and attributes required for the processes, and
- that of the interpersonal dynamics within each or a series of events.

The former has a theoretical basis although a practical and affective experience, whilst the latter makes the theory tentative or even unpredictable and demands flexibility, attention, a desire to promote change for the benefit of the patient and humility on the part of the practitioner as s/he strives to balance the requirement for information of clinical importance with the maintenance of rapport with the patient and/or carer. The quality and congruence of the interaction from beginning to end to beginning again is determined by the virtuosity of the practitioner in the deployment of the arts and skills of clear perception, cognition, interpretation and communication. "It is as though s/he listened And such listening as this enfolds us in a silence In which at last we begin to hear What we are meant to be" Lao Tsu 600 BC

These two aspects are also of similar importance in the:

- intra- and inter-professional communications and interactions which take place frequently in professional clinical practice in relation to patient care, and
- communications and interactions with individual members of the public, interested groups, commercial, public and government bodies and organisations.

Woven into the interactions are issues of power. These are inherent in any relationship between healthcare professionals and their patients, and H&TM is no exception. Power is:

- to do with the potential vulnerability in the patients expressing his or her need for treatment and asking for help.
- within the practitioner's knowledge and skills in what, to many patients, is a form of treatment based on unknown theories.
- also in the way in which the patient chooses to present their health needs to the practitioner and consciously or unconsciously inputs to and controls the encounter.
- in the way the practitioner presents themselves within their practice environment and in the nature of their interaction with the patient and the information they impart.
- in the practitioner's engagement with the patient as person, as a unique individual, and their capacity to mediate their desire to promote change for the benefit of the patient through their selection of treatment plan and their use of herbal medicinals.
- in the use of medicines which, for some, may carry memories of previous unpleasant experiences.
- to do with social and cultural understanding and expectation of medicine in all its forms.

Herbal Medicine practitioners are expected to adopt the following two standards and always be mindful of the Codes of Professional Conduct and Safe Practice in respect of communications and interaction:

Standard C & I 1 H&TM practitioners offer empathic, effective and ethical interaction and communication with patients, carers, colleagues and other healthcare professionals		
Outcomes	Guidelines	Student and Supervisor Cues
<p>1. Shows consistent ability to establish and maintain rapport with patients, carers or prospective patients and also with colleagues and other healthcare professionals.</p>	<p>Is aware of the need to conduct themselves appropriately and with confidence in the interactive skills of listening, observation, rapport, expression, touch, emotional assessment and maintenance of resourceful inner states in order to integrate these into a cohesive diagnostic picture for the benefit of the patient;</p> <ul style="list-style-type: none"> • Has developed auditory, visual and kinaesthetic understanding of the surface anatomy and the body state of patients • Able to establish and maintain rapport, follow a staged plan when interviewing patients, exchange constructive feedback and develop ways of anticipating and resolving potential and actual difficulties with appropriate professional behaviours; • interpersonal and communications skills are used appropriately to engage in, and disengage from, therapeutic relationships. 	<p>How wide is your application of the range of sensory, observational and palpation skills to identify and evaluate the verbal and non-verbal communication of patients? In which areas are you strongest and are there areas which need more practise?</p> <p>Do you act with confidence and sensitivity in the art and skill of seeing, hearing, smelling, asking questions, pulse-taking and tongue observation? Are some of your skills more developed than others?</p> <p>Do you have confidence in varied ways of talking, interacting with and sending and receiving communications to/from patients and carers about treatment?</p> <p>Are you able to describe and use a structured yet adaptable plan for talking with and interviewing patients which would include introduction, history, presenting concerns, planning and contracting, closure?</p>

<p>2. Can communicate and interact ethically with patients, carers, prospective patients and colleagues with clarity, sensitivity and empathy.</p>	<p>Is able to create and maintain rapport throughout the treatment encounter;</p> <p>Is aware of the need to be open to addressing own personal, social, psycho-emotional and/or spiritual issues which might inhibit as well as enhance sensitive and effective practice;</p> <p>Demonstrates a compassionate understanding of how ill-health may affect patients differently on all or some levels of body, mind, spirit, is based on our knowledge of the social and psychological context of health, disharmony and disease.</p>	<p>In what ways are you sensitive to the environmental context, to individual patient differences or to developments which transpire during the treatment or interview process? Do you listen with your eyes and your heart? What does this mean to you?</p> <p>Are you always flexible and do you act appropriately towards the changing circumstances of patients, practice and the H&TM profession?</p> <p>What are your best attributes in communicating with patients, carers, other colleagues? Ask yourself, what would it be like meeting you? Are you aware of the significance of first and last words? How would you rate your performance if you were the patient? Would you like to be treated by you?</p> <p>How do you balance the need to collect relevant clinical information with concern for the patient's feelings? Do you always use a facilitative approach in gathering information or do you sometimes change your approach? Can you respond from different angles to yield new insights into diagnosis and treatment? When and how might you do this?</p> <p>In what ways do you exemplify principles of conduct which are considered, respectful, empathic, positive and have integrity? Do you recognise the difference between sympathy and empathy?</p> <p>How might you check yourself to ensure you are not diverted or preoccupied?</p> <p>Do you always show awareness, sensitivity and empathy with patients whose lifestyles are dissimilar to your own? With whom do you most identify and which patients affect you the most?</p> <p>Do you always interact with awareness and understanding of issues concerning prejudice and the therapeutic relationship?</p> <p>How might you show empathy to the particular needs and difficulties of patients who have been recently bereaved or experienced other major trauma or adverse event?</p>
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	<p>Abides by the Codes of Professional Conduct and Safe Practice, able to articulate the ethical and legal issues relevant to the Herbal & Traditional Medicine treatment of patients, account for informed advice on such treatments, recognise and act appropriately, legally and ethically on limits to competence;</p> <p>Recognise and acts upon the requirement for patient confidentiality and accurate, clear case notes;</p> <p>Interacts and communicates confidentially with colleagues in conventional and other complementary medical professions about patient signs, symptoms and lifestyles</p> <p>Communicates effectively utilising a range of appropriate and effective interpersonal and communications skills with patients, carers and prospective patients, colleagues and other healthcare professionals;</p>	<p>Do you conduct yourself in an appropriately professional and ethical manner in practice ?</p> <p>How do you ensure a safe and confidential environment for patients and/or carers? How do you inform and advise patients about issues of confidentiality?</p> <p>Do you always maintain appropriate professional boundaries when dealing with patient management issues, including conflict resolution, which arise during the course of treatment?</p> <p>Are you confident in producing critical, coherent and detailed verbal and written reports about diagnosis and treatment options?</p> <p>Are you able to act and communicate confidently upon situations which require liaison with and/or referral to a doctor or other medical practitioner and the level of urgency for appropriate action, knowing the limits of your competence?</p>
<p>Can recognise, develop, maintain and use their power as an enabler of healing</p>	<p>Recognise the need to examine own behaviour and the effect this has on our practice relationships;</p> <p>Purposefully explores the patient perspective framework, able to create an empowering therapeutic environment for patients and self;</p> <p>The essential importance of managing the dynamics of the practitioner-patient relationship is recognised and utilised;</p>	<p>Are you aware of your own experiences, perceptions and actions in the therapeutic relationship? Are you aware of the reciprocal nature of the encounter?</p> <p>How do you ensure a respectful and valuing environment for patients and/or carers? Do you check yourself for barriers and blocks to effective listening and an accepting attitude? How well do you deal with information which differs from your view of yourself?</p> <p>Do you keep a reflective diary, including an analysis of interactions with patients, and other factors that influence you as a practitioner? Are you engaged in improving your reflective skills? At what level are these skills?</p> <p>Are you aware of the right and appropriate actions to take if your health state is compromised and potentially harmful to your patients?</p>

Standard C & I 2 H&TM 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 healthcare professionals, members of the public, public bodies and organisations		
Outcomes	Guidelines	Student and Supervisor Cues
1. Clearly communicates understanding of the possible combinations of aetiological and pathological factors involved in the genesis of ill health and disease, and their treatment plans for the patient.	Knowledge and understanding of the underlying philosophy and practice of Herbal or Traditional Medicine; of health and harmony; of the causes and patterns of disharmony, the differentiation and treatment of common diseases, including up- to date conventional medical treatments; diagnostic methods; establishing principles and priorities for treatment; and able to convey this knowledge as and when appropriate in a variety of situations	How do you apply your knowledge and own criteria of judgement to suggest a diagnosis or treatment plan to a patient or carer? In what ways do you enter into 'contracts' with patients or assess progress towards meeting agreed outcomes or targets? How do you access information to provide an evidence base for treatments, information and advice? In what ways do you describe the clinical investigations which may be performed on a patient, distinguish between the risks and benefits of their medication, recognise and explain the diagnostic features of the common diseases and convey the appropriate response to the warning symptoms and signs of a potentially serious disease? When about to carry out orthodox medical and clinical skills do you explain and gain consent about the proposed examinations and tests? Are you able to interpret test results if necessary?
2. 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).	Recognises that not all patients and not all health issues are suitable for Herbal or Traditional Medicine treatment and tries to ascertain this on first contact with a prospective patient or patient; Patients are informed before their first treatment of the time, place, length of session and possible costs as well as what they may expect from treatment and what we may expect from them; Recognises that informed choice for the patient operates from the first communication with the patient/carer.	Do you always make an initial determination of whether the patient can be best treated with Herbal or Traditional Medicine on first contact? Are there any patient groups or those with particular health issues which you feel you are not skilled to treat? What sorts of problems are these? Do you treat children and are you aware of the particular issues around their treatment with Herbal/Traditional Medicine? Have you the skills to treat patients with major psychological/mental problems? What methods do you use for informing your patients of their appointment times, place, costs, session length and possible treatment frequencies and modalities? Or what you expect if they wish to change or cancel appointments? Or that you may require them to remove clothing, or of any restrictions on food and drink, or to bring details of medications? Do you always remember to give clear information about contacting you between appointments and what to do when you are, for example, on holiday? How do you inform and advise patients about issues of examination methods, difficult/sensitive points, possible treatment effects and how to cope with them?

<p>3. 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.</p>	<p>Able to assess, plan, implement and evaluate patient care to meet the physical and psychoemotional needs of the patients, including discussion of diagnosis, treatment and strategy with them or their carers as appropriate; Able to involve and/or educate patients, carers, colleagues or other healthcare professionals in the ongoing effectiveness of a treatment plan and the health behaviour of patients; In respect of lifestyle adjustments actively seeks feedback from patients and carers about aspects of their treatment and progress.</p>	<p>Are you able to use different ways of talking, interacting with and informing patients, carers and prospective patients using accessible everyday and medical language? Do you balance a variety of helping strategies to best fit any particular situation e.g. giving advice, giving information, direct action, teaching, counselling, reviewing? Are you able to give specific, up to date and appropriate information to patients on potential lifestyle changes in order to support their health, including that on diet, lifestyle and medication? Do you articulate clearly the importance of diet and particular and general dietary modifications for patients? Can you demonstrate with assurance the ability to discuss with and inform patients about the best management practices for maintenance, withdrawal or reduction of medical and other drugs including appropriate liaison with a medical doctor? If appropriate can you explain and show how to teach a patient e.g. a simple postural or breathing exercise, and indicate its potential benefits? If appropriate can you readily and clearly give patients and/or carers information about the purpose, potential benefits and cautions of any adjunctive technique or therapeutic intervention which you would recommend using in treatment or in referral to another health-care professional?</p>
	<p>Shows understanding of the possible combinations of aetiological and pathological factors involved in the genesis of the disease or ill-health and demonstrate the knowledge to enable patients to be informed and advised appropriately; Appropriate and effective communications skills are used with colleagues and those in other medical and paramedical disciplines;</p>	<p>Do you make effective and efficient use of information and communication technology? To what extent do you collaborate with colleagues and other health-care professionals to discuss patient treatment and practice and how effective are your contributions within a group? Can you express a language used by conventional medical staff and give examples of some conventional medical terms so that you feel confident when discussing patient issues with medical and paramedical professionals?</p>

2. 4 SAFETY

Overview

H&TM Practitioners ensure safety for patients and themselves within a therapeutic relationship.

Issues of safety must be a feature openly acknowledged by the practitioner and encouraged in the patient. Safety has at its core a sense of respect, a respect for the patient and the desire for their well-being and health, a respect for self and one's personal integrity; a respect for other people that will mean that their best aspects are nurtured and a respect for the environment. Within the inter-relationship of purpose and skills is the recognition that safety relates to and interweaves with the body, mind, spirit of the patient, self and society.

Safety features in the specific skills we have and other techniques. It is featured in how we record what we do, how we deal with accidents and injuries. Safety is integral to the way we listen to patients, how we adapt to meet their needs and the choices we offer them. It is in the dialogue we have with other health professionals.

Safety is enabled and managed through the recognition of our own strengths and weaknesses, the way we strive to improve those and how we go about seeking help. It is maintained through our ability to check that trust is maintained and how to regain it if it is lost. It is secured by our keeping abreast of the literature, research, changes in health parameters, changes in health policies, of developments within Western biomedicine through dialogue with other practitioners. Being a member of a professional body ensures a system of guidance and support for us as practitioners, but from this comes benefit to the patient. Safety is demonstrated through our skills, knowledge and approaches (attitudes/ attributes) and interactions.

The following practice standard should be considered in relation to Professional Conduct:

Standard S1 H &TM practitioners generate a safe environment for the patient and themselves		
Outcomes	Guidelines	Student and Supervisor Cues
1. Consistently demonstrates safe practice in all aspects of patient management and treatment.	<p>Conduct helps to prevent, recognise and minimise adverse reactions and appropriately record and deal with accidents when they happen. Is aware of and constantly works within the Codes of Safe Practice of their professional body and any other legal requirements that relate to their specific practice e.g. NHS or hospital regulations, local authority in relation to techniques, instruments and premises;</p> <p>Understands the influence of the environment they work within as an aspect of patient and self- respect and so maintain safe and clean premises.</p>	<p>Are you working within a Code of Professional Conduct and Code of Safe Practice;</p> <p>Can you identify and show compliance with the legal requirements of practice? Are you aware of what indemnity insurance covers and how to proceed with a claim? Do you record accidents if and when they happen? Who do you inform?</p> <p>Are health & safety guidelines followed and do you think you maximise patient safety, comfort & well being? Are you aware of the way infection can be transmitted?</p> <p>Do you regularly check supplies for use by dates? Are toxic or hazardous substances kept in a safe place? Have you done a risk analysis of your practice? How did it inform you of any changes to be made and did you take action?</p>
	<p>Recommends self-help programmes and checks that patients knows how to do these appropriately and safely.</p> <p>Aware of the issues of informed consent</p> <p>Aware of problems that can arise from language and cultural differences and sees to maximise effective communication;</p> <p>Seeks to include others as necessary in the treatment plan and check their roles within the patient's network of support.</p>	<p>What advice do you give patients for before and after care? In what ways do you give self-help advice and how do you check the patient understands it? How do they contact you if further advice is needed?</p> <p>Do you clearly communicate and discuss with patients and/or carers key aspects of the therapeutic encounter: appointment times, cost of treatment, the diagnosis & treatment plan and options, explaining potential risks?</p> <p>Do you stop treatment if requested? In what ways might you seek outside help if you feel you have a problem of communication with a patient from a different ethnic or cultural group?</p>
2. Can interact with other healthcare professionals so that the patient's best interests are maintained.	<p>Works within their area of competence and seeks help when they do not have the skills or knowledge to manage cases or specific aspects of cases;</p> <p>Recognises the strength of Herbal or Traditional Medicine but also its limitations especially in a practice where there is not emergency backup.</p> <p>Can recognise pathology that might indicate urgent or immediate referral;</p> <p>Actively seeks out and becomes informed of the different skills and knowledge that other professional groups offer:</p>	<p>How confident and competent do you feel in your knowledge of Herbal or Traditional Medicine and Western medical sciences to underpin your practice? In what situations and at what point would you refer a patient to another healthcare practitioner?</p> <p>Do you respect the skills and knowledge of other healthcare practitioners and refer to other healthcare practitioners as needed?</p> <p>Do you have a working knowledge of what other healthcare professions can offer?</p> <p>What level of confidence and competence do you have in the variety of techniques and therapeutic interventions you use, so that you always show skill and care? How would you know if you</p>

	recognises that collaboration offers the best approach to health care.	were not?
3. Keeps appropriate and confidential records of their practice and treatments.	Keeps records as an indicator of the factors that have determined their diagnosis and treatment plan and as a record of any intervention with the patient. Records change in the patient's disharmony and development of the treatment plan as a way of maintaining an overall perspective, learning from their practice, as a resource for the patient and for any legal or health inquiries; Complies with data protection legislation.	Are your records legible and complete? Do you keep them in a safe environment? What data protection legislation applies to you? Do you give your patients access to their records? Do you know who has the right of access to your records? Would your records be easily available and legible if needed for legal or health inspection and in a format that could be understood by an expert witness? How do you record the patient's conventional modern medical diagnosis, medication and other therapies they have or are receiving?
4. Communicates with patients showing awareness of the emotional impact of that interaction on the patient and themselves	Aware that safety is not just an issue of the techniques used but any intervention with a patient when there is a relationship of power. Aware that own beliefs and judgements constantly filter how we hear and respond to patients. Emotional safety for the patient is determined by the way we maintain the openness of communication, how we suspend judgement, and the 'unconditional positive regard' we give them;	Have you ways of identifying times when your own beliefs and judgements will and may come into conflict with those of the patient and do you respond appropriately? How do you check yourself? How do you check that you are focused on the patient's needs?
5, Maintains patient confidentiality	;	How do you maintain confidentiality in all your dealings with patients? Do you always seek the patient's agreement to discuss their case with another colleague? Do you seek their written agreement if you wish to use their information for research or publication (other than personal audit)?

<p>6. Seeks to maintain their own health and do so by setting appropriate boundaries and managing the environment in which they work and in the way they work</p>	<p>Aware of the impact of own presence and energy levels on clients .Is aware of need to set example to patients through own health maintenance;</p>	<p>Are you aware of your own levels of energy? In what ways do you actively maintain your energy levels and do you take appropriate breaks and holidays? How do you maintain a balance between work and rest?</p> <p>Within limits imposed, do you change your working environment in ways that support your well-being and health?</p> <p>Have you conducted a risk analysis of your place of work and the way you work or has one been done for you?</p> <p>Do you use approved methods for examining, moving and supporting patients?</p>
	<p>Is aware that patients can impact and upset our physical and emotional energy. Understands the importance of maintaining boundaries and ways to achieve this. Recognises when own personal issues affects the ability to treat effectively.</p>	<p>In what ways do you check your own needs? How do you determine priorities? How do you feed your learning back into your practice?</p> <p>How do you recognise when the professional boundary may have been broken? Do you have a mentor or supervisor with whom you can discuss professional issues; do you have colleagues or friends you can talk to about your own personal issues?</p> <p>Do you have colleagues or friends who might challenge you if they think you are not working appropriately for health or relationship reasons?</p>

5 OPERATE AN EFFECTIVE, LEGAL AND PROFESSIONAL PRACTICE

Overview

Traditional and Herbal medicine practitioners work in a variety of contexts including private health clinics, complementary health care clinics and settings within the NHS. Whatever the context, it is important for a Traditional and Herbal medicine practitioner to be aware of and operate within the legal, ethical and professional context in which they will work.

The following two practice Standards are therefore to ensure that future practitioners will operate and comply in all aspects of their practice with the spirit and letter of the relevant Legal Acts, Codes of Safe Practice and Professional Conduct:

Standard PL 1 H&TM practitioners operate an effective, legally and professionally sound practice		
Outcomes	Guidelines	Student and Supervisor Cues
1. Consistently practices in compliance with the law and with regulatory and professional body requirements	Is familiar with the local authority regulations relevant to proposed or current clinic premises, including all safety and insurance certificates required;	Are you knowledgeable about the local authority regulations for premises use, including planning consent on premises and restrictive covenants, of environmental health and fire regulations, disability legislation? How do you keep your patient records? Are these secure? Do you comply with the Data Protection Act?
	Practises in accordance with a Code of Safe Practice and Guide to Safe Practice; Behaves in an ethically informed way, based on a knowledge and understanding of the Code of Professional Conduct Aware of the developing regulatory frameworks, including the regulatory body, requirements for registration, CPD and continued registration.	Are your practice premises in compliance with a Code of Safe Practice? When did you last read the Code of Professional Conduct? Have you undertaken a self-audit? What questions did this raise for you about your practice? What have you done about this? Have you an action plan in place? Can you give examples of practice you would consider unethical? Do you discuss issues of, for example, boundaries, communication and informed consent with other Herbal Medicine and healthcare practitioners? Are there areas which you find grey and in need of further discussion? Do you know how to find out answers to any questions you may have? In what ways are you becoming informed of the regulatory debate and issues surrounding registration and CPD? Is there anything more that you could do to ensure that you keep track of rapidly developing events?
2 Demonstrates a critical awareness of	Is aware of the specific requirements of working with children and vulnerable patients	Are you aware of the requirements for working with children and vulnerable patients especially the issue of

legal and ethical issues and requirements relating to children and vulnerable adults.	Has had a CRB check	informed consent? What are the benefits of a CRB check if you are treating children or vulnerable adults?
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Standard PL 2 Herbal and Traditional Medicine practitioners ensure that the dispensing of herbs they prescribe is done in accordance with the current legal and regulatory requirements		
Outcomes	Guidelines	Student and Supervisor Cues
1. Demonstrates the ability to operate and manage a dispensary in compliance with the law	<p>Understands and complies with the legal requirements under which herbal medicines (Currently Sections 12 and 12.1 of the Medicines Act) are dispensed</p> <p>Understands the business aspects of managing a dispensary (ordering and stock management, batch record keeping, health and safety, liability for correct labelling [dosage, warnings, etc.], record keeping, e.g. including the yellow card scheme to report of adverse effects)</p>	<p>Do you understand the legal regulations under which herbalists can prescribe herbal medicines for their patients?.</p> <p>Under what sort of arrangements do you wish operate concerning prescribing and providing herbal medicines for your patients? Do you understand the differences and implications and consequences inherent in the different arrangements? Do you understand and operate adequate record keeping in your practice as regards prescriptions of herbal medicines? Do you understand and operate a yellow card scheme?</p>
2. Demonstrates and understands the implications of commissioning or purchasing herbal medicine from a third party	Understands and complies with any current regulations concerning commissioning from a third party herbal formulas for individual patients.	Do you understand the legal context in which practitioners commission medicines prepared by a third party? Do you understand the implications for the way you practice of the regulations?