

European Herbal Practitioners Association

Accreditation Handbook

SECOND EDITION

March 2006

Written by the Accreditation Board of the European Herbal Practitioners Association 2006

Edition Two of the handbook replaces Edition One published in 2002 and contains incremental changes introduced during 2003/4/5. Further revisions have been made following a review undertaken by the Accreditation Board during 2005 informed by comments received from accredited institutions.

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1.0 The EHPA Accreditation Board

1.1 Introduction

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

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

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

1.2 Aims of the Accreditation Board

The aims of the EHPA Accreditation Board are:

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

1.3 Constitution of the Accreditation Board

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

The board consists of the following

- Independent Lay Chairperson
- Accreditation Facilitator
- NIMH practitioner
- RCHM practitioner

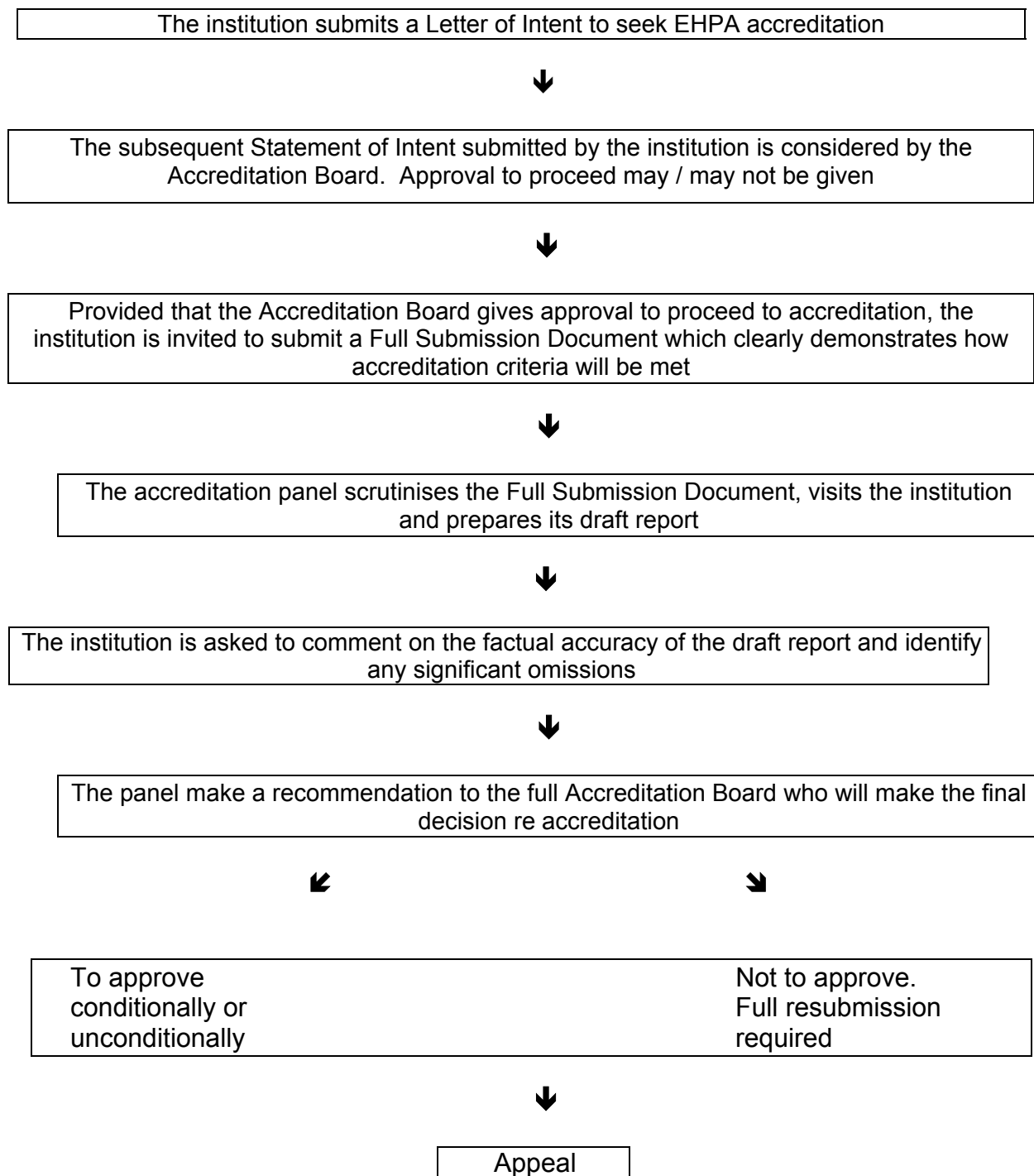
- Other EHPA professional associations x 4, (by rotation)
- Persons representative of accredited schools in herbal medicine x 2.
- Higher Education x 3
- The wider/lay community represented by senior professionals drawn from Western Medicine x 1, General Management x 1 Healthcare or Complementary Therapy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

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

1.4 Purposes of the Accreditation Board and Accreditation Process.

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

1.5 An Overview of the Accreditation Process



1.6 Accreditation Guidance

The board welcomes the opportunity to work with staff of institutions to help them provide evidence of capability to meet EHPA requirements and the subsequent development of the programme. The accreditation process is not intended to exclude independent institutions and we seek to provide advice about the process of accreditation and appropriate guidance on the interpretation of board criteria throughout the accreditation process.

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

Please note that the primary responsibility of officers, board and panel members is to the board: they are unable to act as consultants to the applicant institution as it is expected that institutions offering herbal medicine programmes for accreditation will be educationally sound and academically mature. It is inappropriate for the board to supply detailed comment to institutions on draft documentation for eventual inclusion in submission documents which will in turn, be received by the board as part of the formal accreditation process.

Institutions in the independent sector may choose to seek approval to conduct an accredited programme independently and should seek advice from skilled independent educational consultants if required, or may choose to work in formal partnership with an approved higher education institution.

2.0 The Accreditation Process

2.1 Letter and Statement of Intent (SOI)

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

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

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

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

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

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

- A summary of the aims, process and intended outcomes of the educational programme
- A brief outline of how the learning outcomes will be achieved
- Whether it is intended to utilise distance learning and if so, to what extent
- A description of the proposed organisation of clinical education and a breakdown of clinical hours
- An outline assessment strategy for both theory and practice
- A chart which clearly illustrates how the programme content will comply with the core curriculum and minimum hours required
- Whether another body accredits the programme and date of next re-accreditation
- Date of any university validation and date of next revalidation

2.2 Review of the Statement of Intent by the Accreditation Board

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

Once the board has considered the Statement of Intent and has given institutional approval to proceed to the full submission stage, the institution may, if it so wishes, state in its printed literature that EHPA accreditation is being sought whilst making clear that the final outcome is not yet known. Institutions must not mislead potential applicants and to do so may adversely influence the eventual outcome of the accreditation application.

2.3 Conjoint Validation and Accreditation

The board advocates a process of conjoint validation and accreditation in order to avoid duplication and minimise workload for staff of institutions.

Integration of theory and clinical practice is very important in a programme that confers a practitioner qualification. Conjoint accreditation and validation promotes such integration. In order for this approach to succeed it is important that Accreditation Board representatives attending conjoint events are able to consider and comment upon all aspects of the programme. Clinical and theoretical education is to be considered as well as the students' university experience.

The Accreditation Board will appoint a minimum of three members to attend joint events with universities, one of whom will lead the EHPA team. Potential team members will be asked if they have any pecuniary or non-pecuniary interest to declare in the institution to be visited. As nominated representatives of the EHPA they will have delegated authority to consider the proposal and make recommendations to the full board, however authority to accredit programmes rests with the full Accreditation Board. The board will require a copy of the agreed university validation report before making a decision, and will require copies of all responses to conditions set by the university, in addition to responses to conditions set by the board before full accreditation is agreed.

2.4 Full Submission Stage of the Accreditation Process

Following approval to proceed, an institution is required to prepare a Full Submission Document in order to demonstrate how it will successfully deliver the Core Curriculum and meet each of the criteria for accreditation. When the Accreditation Panel has scrutinised the submission document, a panel planning day will be held and an accreditation event/visit to the institution will be organised. The visiting panel will normally consist of up to 5 members, some of whom will be from the Accreditation Board and the remainder will be drawn from the list of practitioners or educationalists approved by the board as panel members: i.e.

- 1 or 2 educationalists
- 1 or 2 practitioners from the tradition being accredited
- 1 chairperson

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

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

2.5 The Full Submission Document

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

The Candidate Organisation

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

Programme Outline

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

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

Appendix four lists information, which if not included within sections relating to the accreditation criteria, should also be provided as part of the submission.

Timescale: Those institutions that have had their SOIs considered and approved by the Accreditation Board and are working towards full submission of documentation will, if not completed and submitted within 9 months, be asked to provide a quarterly written report detailing progress made. Should the Full Submission Document not be received by the board within 18 months of having the SOI approved, the board reserves the right to withdraw approval and halt the accreditation process.

2.6 Organisation of Accreditation Events

There are two kinds of events and processes differ slightly. If it is a conjoint validation and accreditation event the Accreditation Board will organise the accreditation visiting panel, which will join the university validation panel, and have equal status afforded to it. It is expected that the host university will appoint the chairperson and provide a draft written report of the event and associated outcomes. This written report is to be approved by EHPA panel members prior to being confirmed as a correct record.

When an institution is seeking professional accreditation only, the Accreditation Board will organise the accreditation event/visit, and the accreditation panel will consist of up to five members, one chairperson, and others who are either practitioners or educationalists. The Accreditation Facilitator will attend all events. The written report of the event and associated outcomes will be produced by the accreditation visiting panel.

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

One copy of the Full Submission Document should be provided for each panel member and the chair of the board. Panel members must have received documents at least 8 weeks before the event. If documentation is not received by the agreed date, the panel chair will consult with the chair of the board, and if it is considered that the delay will undermine the reliability of the process, then the event will be postponed. It will be for the institution to bear the costs arising from any resulting postponement.

2.7 Accreditation Event and Institutional Visit

The Accreditation Panel will arrange to visit the institution and related clinical/off campus areas as part of the process of accreditation.

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

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

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

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

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

Timescales from approval of the SOI to successful completion of the accreditation process will vary depending upon the readiness of the institution to proceed. Please note that following the submission of full documentation, at least 8 weeks will elapse before the visit.

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

An evaluation form will be sent to each institution following completion of the accreditation process. Completion of the form is not compulsory but information supplied will inform regular board reviews of the process.

The EHPA will publish on its website the names of all EHPA accredited institutions who have been granted Provisional Accreditation (i.e. with conditions to be met) and Full Accreditation.

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

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

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

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

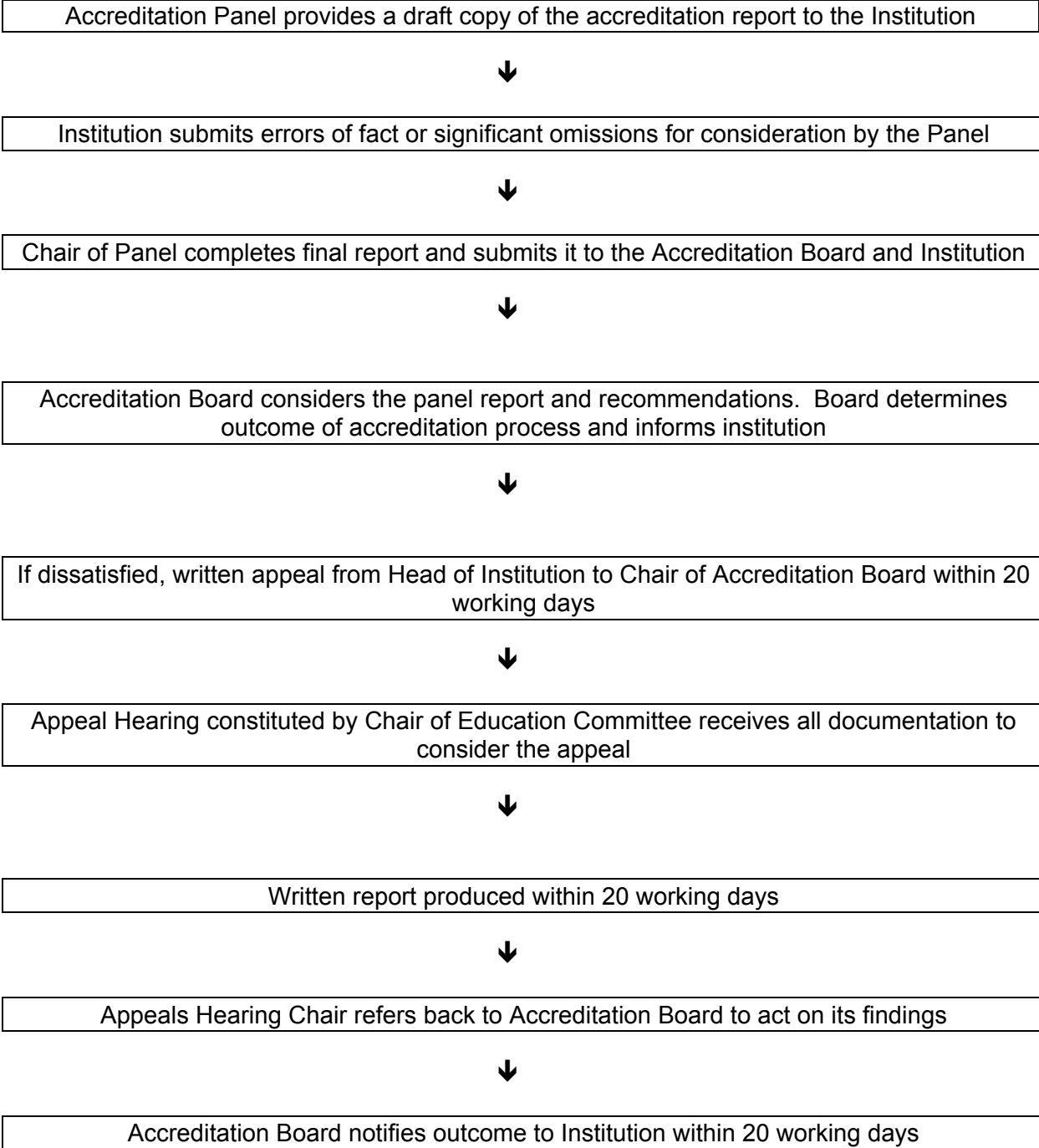
The board will provide the appeal panel with a complete record of the accreditation panel documentation and board proceedings when reaching their original decisions and the institution's request to appeal.

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

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

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

3.0 An Overview of the Appeals Procedure



4.0 Annual Review

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

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

In addition, please:

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

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

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

There is no predetermined format for the report. Reports produced for other bodies are acceptable if the content includes information specified above and is clearly indexed. Alternatively, supplementary information can be appended to existing reports. When completed it should be signed and dated by both the report author and the Dean of the Faculty/College Principal before being forwarded to the EHPA. If using electronic mail please also ensure that a signed copy is sent by first class post.

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

5.0 Modifications to programmes during the period of accreditation

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

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

Institutions should seek preliminary advice from the board before embarking upon changes as the Board **must give approval in advance** to changes being made to an accredited programme that might impact deleteriously:

- upon the quality of the students' learning experience
- upon satisfactory achievement of agreed learning outcomes at the appropriate level or fitness to practise.

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

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

6.0 Re-accreditation

Prior to the end of the agreed period of accreditation it will be necessary to have the programme formally re-accredited. Re-accreditation is as substantial in scope as the original accreditation and will incorporate a Full Submission Document, the content of which will be agreed in advance, and an Accreditation Event/Panel Visit.

Institutions will normally notify the board of their intention to seek re-accreditation as part of their annual review, at least twelve months in advance of the expiry of the current accreditation period. If, as can reasonably be expected, the annual reviews have been conducted thoroughly, there should not be a need for the institution to re-submit a full Statement of Intent. The need for / content of, the Statement of Intent to seek re-accreditation will be agreed in advance with the institution.

NB. Earlier complete or partial re-accreditation may be required at any time for good reason, for which a fee will be levied. Institutions offering accredited programmes must notify the board in advance of changes in ownership, management, contractual affiliations with other institutions, and of any items which could substantially affect the institution's policies, staff, curricula, reputation, legal or financial status.

7.0 Withdrawal of Accredited Status

The Board will normally withdraw accreditation if:

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

An institution may withdraw from accreditation by giving due notice to the board. Such notice should be sufficient not to disadvantage those students already enrolled and should enable them to complete the accredited programme. Any subsequent reinstatement is entirely at the discretion of the board.

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

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

APPENDIX ONE

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 EHPA Minimum Competences, and have been agreed by the professional associations for Western, Chinese and Tibetan traditions.

Values

A practitioner of herbal 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 EHPA 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 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 Practitioners Association (EHPA). The levels refer to the National Qualifications framework.

Skills

Herbal 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 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.

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APPENDIX TWO

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

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

1.0 Policy

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

1.1 Relationship

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

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

2.0 Legal Organisation

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

Evidence should be provided to confirm this.

2.1 Insurances

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

3.0 Institutional Management

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

3.1 Governance

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

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

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

3.2 Control

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

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

3.3 Meetings

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

4.0 Administration

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

4.1 Institutional Administration

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

4.2 Academic Administration

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

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

5.0 Equal Opportunities Policy (see also Appendix Nine)

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

6.0 Staffing

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

6.1 Number

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

6.2 Delivery

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

6.3 Background and Experience

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

6.4 Qualifications

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

7.0 Institutional Resources

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

Where necessary, in lieu of a clinic, the institute shall have made alternative specific long-range written arrangements for reasonable access by students to such resources off-site. The written agreement must clearly specify responsibility for quality assurance arrangements of the student experience (see Appendix 13).as well as relevant compliance with health and safety standards.

8.0 Learning Resources

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

8.1. Resources and Access

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

9.0 Finance

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

9.1 Resources

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

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

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

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

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

9.2 Control

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

9.3 Budgetary Process

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

9.4 Refund Policy

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

9.5 Management

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

10.0 Educational Policy

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

10.1 Policy Content

The policy must demonstrate how the standards for entry to the profession set by the EHPA will be met.

Guideline: The institution should set out its own definition of a competent practitioner within the framework of EHPA competence requirements (see Appendix 1).

11.0 Programme of Study

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

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

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

12.0. Publications

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

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

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

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APPENDIX THREE

Accreditation Criteria for Full Submission Document and Panel Visit

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

1.0 Policies

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

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

1.1 Review

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

2.0 Records

The institution shall have appropriate record-keeping systems.

2.1 Permanent Records

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

2.2 Data

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

2.3 Clinical Records

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

3.0 Professional Development

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

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

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

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

4.0 Policy and Procedures

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

5.0 Equal Opportunities

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

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

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

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

6.0 Communication

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

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

7.0 Students' Rights and Responsibilities

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

7.1 Opportunity to be heard

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

7.2 Grievances:

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

8.0 Resources and Access

8.1. Library Facilities

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

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

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

8.2 Expenditure

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

8.3 Classroom Size and. Equipment

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

8.4 Health and Safety

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

8.5 Staff Facilities

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

9.0. Quality Assurance

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

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

Guideline: Details of the Partnership Agreement for off-campus provision should be made available (See Appendix 13)

10.0 Publications

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

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

10.1 Honesty and Accuracy

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

10.2 Disclosure

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

11.0 Policy Review

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

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

12.0 Admission to the Educational Programme

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

12.1 Criteria

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

12.2 Prerequisites

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

13.0 Programme of Study and Core Curriculum

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

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

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

13.1 Learning Outcomes

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

13.2 Completion Certificate

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

13.3 Teaching and Learning

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

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

13.4 Teaching

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

13.5 Code of Practice

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

13.6 Clinical Teaching

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

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

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

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

13.7 Partnership Agreement

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

13.8 Professional Competencies

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

13.9 Pastoral Care

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

14.0 Assessment

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

- 14.1 A variety of measures shall be employed to ensure the acquisition of knowledge, skills, behaviour and attitudes commensurate with each stage of the programme leading ultimately, to the performance expected of a qualified, independent practitioner.
- 14.2 The institution shall have developed an appropriate set of assessment stages throughout the programme which should be presented in diagrammatic terms. Details should be offered to provide evidence of an assessment system which can keep each student, and the institution informed about their educational progress. This should enable a clear decision to be reached at the end of the programme in respect of each student, about the awarding of a professional qualification to practise.

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

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

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

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

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

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

15.0 External Examiners (see also Appendix Ten)

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

- Overall standards of achievement in both the academic and practical components of the programme are commensurate with, and judged in line with, standards normally applying in other equivalent educational institutions
- Assessment methods and intentions support the learning of the profession's core curriculum;
- Assessments are conducted fairly and without prejudice.

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

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

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

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

16.0 Evaluation

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

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

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

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

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

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

17.0 Additional Information

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

17.1 Distance Learning

- Institutions that intend to utilise distance learning will need to demonstrate how the student experience, although different, results in achievement of learning outcomes and a satisfactory educational experience. You must be able to demonstrate that the distance learning components are of a comparable standard to that of a more conventional course.
- Appendix Five includes additional information for institutions intending to offer a distance learning mode of study.

17.2 University only

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

- If accreditation is being sought for a programme recently validated, please forward a copy of the separate validation document and provide additional information where necessary.

Acknowledgement: the EHPA is indebted to the British Acupuncture Accreditation Board for permission to adapt their accreditation criteria.

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APPENDIX FOUR

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 Medicine Programme

Full title of programme

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

11. Programme 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

Assessment regulations & documents (for theory & clinical practice)

Evidence of logical progression from novice to competent practitioner (See Appendix Six)

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 Appendix Nine)

15. Accreditation details

Has the programme received professional body accreditation?

If yes:

Date of accreditation

Duration of accreditation

Name of professional body

Has the programme received university validation?

If yes:

Name of university

Qualification awarded

Date of validation event

Date of next formal review

Date of revalidation (if applicable)

APPENDIX FIVE

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 assessment CANNOT be undertaken by DL	Discussion at panel visit 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		

APPENDIX SIX

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 (450 hrs total) in an approved clinical setting	No of "hands on" patient contact hrs under supervision	No of hrs observing a qualified practitioner	No of student centred reflective practice/independent study hrs	Total for year
Year 1				
Year 2				
Year 3				
Year 4				
Overall total				

Achievement of EHPA Core Curriculum Clinical Practice Module		
EHPA 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
1 Dispensary administration		
1(a) Stock ordering		
1(b) Stock rotation		
2 Herbal quality assessment and safe storage		
3 Dispensing herbs		
3(a) Weighing herbs		
3(b) Packaging of herbs		
3(c) Labelling of herbs		
3(d) Safe dispensing of herbs		
4 Taking the case		
4(a) Building a rapport		
4(b) Clear questioning		
4(c) Good record keeping		
5 Making a diagnosis including pathology and aetiology and according to the theories of herbal medicine		

6 Palpation of patient 6(a) Sensitivity to patient		
6(b) Responsiveness to physical cues		
7 Assessment of the patient 7(a) Appropriateness of the patient's condition for treatment with herbal medicine		
7(b) Analysis of the patient's condition from a herbal medicine's perspective		
7(c) Selection of the most appropriate formulae and herbs		
7(d) Modification of the herbal strategies used as the patient's condition changes		
8 Patient practitioner relationship skills 8(a) Establishing good contact		
8(b) Building confidence and trust		
8(C) Providing information in everyday language		
8(d) Time management		
9 Patient management skills 9(a) Lifestyle monitoring and advice		
9(b) Limits to competence		
9(C) Referrals and recommendations		
9(d) Drug monitoring and management		
9(e) Response of patient to herbal treatment		
9(f) Ethical considerations		

Signature Head of School :

Date :

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APPENDIX SEVEN

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.

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APPENDIX EIGHT

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)

Discuss: programme organisation

 students' academic support and guidance

range/availability of facilities, including library/IT
teaching & learning methods experienced
clinical facilities, practice & supervision
clinical assessment strategies / feedback to students
mechanisms for, and effectiveness of, student representation
course evaluation and monitoring

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APPENDIX NINE

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 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 of herbal medicine 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 medicine are entitled to equality of opportunity and all those involved in herbal medicine 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 medicine.
- iv. Programmes are intended as preparation for subsequent clinical practice but there should be no upper age limit to entry to herbal medicine education.
- v. There should be no infringement on the individual's cultural practices or beliefs unless **demonstrably** vital to the study of herbal 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.

APPENDIX TEN

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 EHPA 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 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.
- 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.

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APPENDIX ELEVEN

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 EHPA 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.

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APPENDIX TWELVE

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 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 EHPA 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 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.

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APPENDIX THIRTEEN

Partnership Agreement Between An EHPA Approved Institution And An External Organisation Delivering Components of the EHPA Accredited Programme

RESPONSIBILITY FOR EXTERNALLY DELIVERED COMPONENTS

This section should clarify that the EHPA approved educational institution is responsible to the EHPA 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 EHPA approved educational institutions without university validation, the EHPA 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 EHPA Full Submission Document and agreed at the EHPA 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 (EHPA 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 EHPA 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 EHPA approved educational institution and partner organisation.

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APPENDIX FOURTEEN

Indicative Costs for All Institutions

Fees will be charged for the following:

- Submission of the Letter of Intent (non refundable)
- Review of the Statement of Intent
- Review of any Resubmitted Statement of Intent
- Review of Full Submission Documentation for accreditation or re-accreditation
- Panel visit to the institution
- 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 and/or failing to meet conditions of accreditation *
- Annual review
- Approval of modifications to accredited programmes*

NB: The charge to be made to the institution for these services will vary depending upon the scale of the changes / additional advice needed.*

Fees are reviewed annually and are intended to contribute towards the costs of the EHPA accreditation process: please contact the EHPA 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 EHPA 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