



# **ANNEX I:**

## **COMMON CURRICULUM**

## Introduction

This document contains the common core curriculum of the European Herbal Practitioners Association Education Committee. It is the result of wide consultation between the various herbal traditions, to determine the shared elements of herbal practice and the content necessary to provide education and training in those elements. The core curriculum is applicable to all education/training programmes offering study of herbal medicine. In addition, there are separate modules which identify the requirements of each specific traditional form of practice.

The core curriculum is part of a wider process of accreditation and forms the skeleton around which the delivery of a course/programme leading to the practice of herbal medicine should take place. As such it delineates the minimum competencies that should be achieved by students. In terms of content, institutes are encouraged to go beyond those specified here in the detailed delivery of the programmes they offer.

The elements within each module are indicative, not prescriptive. They are presented as sample modules and assessments. This is work in progress and subject to revision.

It is recognised that each institution would wish to retain its own identity and unique emphasis. The common curriculum therefore aims at making the requirements specific, while retaining the flexibility for each institute to incorporate the contents into their own curriculum of study. The Accreditation Board encourages institutions to develop their courses within the framework of the core curriculum and to justify their approach against its requirements.

The demanding of minimum course-content requirements is part of a process of accreditation by which the EHPA can ensure competent, safe, effective practitioners aware of the breadth and limitations of herbal medicine practice.

## Contents

The core curriculum consists of the following nine modules:

1. Human Sciences
2. Nutrition
3. Clinical Sciences
4. Plant Chemistry and Pharmacology
5. Pharmacognosy and Dispensing
6. Practitioner Development and Ethics
7. Practitioner Research
8. Module Specific to Each Herbal Tradition\*
9. Clinical Practice

\* The eighth element comprises a module or modules which cover the material specific to the herbal tradition taught by any given institution. A core curriculum for each tradition is produced by the appropriate professional body. The eighth element for Ayurvedic, Chinese, Tibetan and Western medicine are appended here.

## Study Time

The following table gives some guidance as to the length of course expected to be accredited. Again, this is indicative rather than prescriptive.

<b>MODULE</b>	<b>HOURS</b>
Human Sciences	250
Nutrition	80
Clinical Sciences	350
Plant Chemistry and Pharmacology	80
Pharmacognosy and Dispensing	80
Practitioner Development and Ethics	40
Practitioner Research	80
Clinical Practice	450
The Specific Herbal Tradition	1150
<b>TOTAL</b>	<b>2560</b>

The above table gives guidelines for total hours. Within these totals, the relationship between contact hours and home-study hours will depend on the design of the course and the previous learning and experience of the students. Thus, an undergraduate course for younger students might have a ratio of one hour of contact time to every hour of directed home study, whilst a course designed for adult learners with considerable previous learning and experience might have a ratio of one hour of contact time to two or three hours of directed home study. It is for each Institution to present its rationale for the hours allocated to different elements of its curriculum.

In the case of the clinical-practice module, however, it is expected that on all courses at least half of the time will be spent on clinical work in direct proximity to patients. The remainder can consist of case discussions, clinical supervision, elaborating diagnoses, researching treatments, writing up cases, and other clinically relevant activities.

## Levels

Each module of the core curriculum is assigned a minimum level using a taxonomy of assessment domains. The use of minimum levels allows institutions some flexibility in curriculum design and in the educational nature of their courses. The levels refer to the National Qualifications Framework of the Quality Assurance Agency.

## 1. Core Curriculum on Human Sciences

### Aims

To provide an integrated course in those aspects of normal anatomy, physiology and biochemistry that are essential for understanding the causes, mechanisms, clinical features and diagnosis of disease as understood by biomedicine.

To provide a foundation for the core syllabus for clinical sciences.

**Minimum Level** : 4 (HE certificate)

### Learning Outcomes

By the end of the course, the student will be able to:

1. Explain the basic biochemical and physical terms related to the human body.
2. Describe the components of normal cells and their functions.
3. Explain the cellular basis of genetics and the patterns of inheritance.
4. Describe the structure and functions of the tissues of the body.
5. Describe the essential metabolic processes in the body, their integration and control.
6. Describe the structure and function of the physiological systems of the body.

### Outline of Syllabus Contents

1. Structure and functions of the cells and their components.
2. Structure and functions of tissues: epithelium, connective, membranes.
3. Structure and functions of biomolecules: carbohydrates, lipids, proteins, co-factors, enzymes.
4. The metabolism of carbohydrates, lipids and proteins including control and integration.
5. Structure and functions of the musculoskeletal system: bones, joints, muscles, ligaments.
6. Structure and functions of the nervous system: central and peripheral systems, autonomic nervous system, sense organs.
7. Structure and functions of the endocrine system: hypothalamus and the pituitary gland, thyroid gland and adrenal glands, feedback control.
8. Structure and functions of lymphatic system: the lymphoid tissues and lymphatic circulation, natural (innate) resistance to disease, immunity.
9. Structure and functions of the cardiovascular system and in addition components of blood and blood clotting.
10. Structure and functions of the respiratory system.
11. Structure and functions of the digestive system.
12. Structure and functions of the genito-urinary system and in addition prenatal and postnatal growth and development.

### Assessment

Assessment will emphasise students' ability to understand and use the material covered in this module. Typical forms of assessment would include home study questions and essays geared to clinical practice.

### Indicative Reading

*Concise Medical Dictionary*, Oxford Medical Publications.

Tortora G.J., Anagnostakos, N.P. *Principles of Anatomy and Physiology*. Harper Collins, Sixth Edition.



## 2. Core Curriculum on Nutrition

### Aims

To provide a comprehensive understanding of the foundations of nutrition and diet as a means for the maintenance of good health and treating disease. Included in this would be an understanding of the effects of food and diet on specific body systems and disease processes whilst underscoring the holistic aspects of this type of approach.

To provide a perspective on the possible interactions between foods, herb supplements and drugs, with an emphasis being placed on the safe limitations of their usage including nutrient/drug/herb and food interactions.

To allow the herbalist and related practitioners to use an understanding of nutrition as an essential part of their existing discipline.

**Minimum Level :** 4 (HE certificate)

### Learning Outcomes

By the end of the course the student will be able to:

1. Describe the structural characteristics and function of a range of key macronutrients and micronutrients.
2. Describe processes involved in the catabolism of food components.
3. Explain terms used in Western nutrition and dietetics.
4. Discuss the effects of food additives, processing and drugs on nutrition.
5. Evaluate dietary assessment methodologies.
6. Discuss the similarities and differences between different dietary approach.
7. Discuss dietary needs at different stages of development.
8. Discuss relationships between diet and disease.
9. Recommend suitable diets for individual cases.

### Outline of Syllabus Contents

1. Structural characteristics and function of polysaccharides, proteins, enzymes, nucleic acids and lipids. The nature and importance of essential amino and fatty acids in the diet.
2. Metabolic routes used in catabolism of components of foods.
3. Energy value of foods.
4. The importance of physiological systems in nutrition.
5. Terms used in Western dietetics to include: RDA, RDI, DRV, EAR, LRNI, RNI, safe intakes, BMR, BMI, PAL and bioavailability.
6. Government papers on diet and nutrition. Methods for assessing biochemical and clinical nutritional nutritional
7. The nature, occurrence, role and effects of deficiency of micro nutrients.
8. Nutrition at cellular level. The importance of fibre and water in the diet.
9. The effects of drugs, alcohol, smoking and food additives on nutrition.
10. Dietary assessment methodologies such as weighed dietary and portion records, questionnaires and surveys, food tables.
11. Diet as prevention culture and cuisine.
12. Types of food, preparation, storing.
13. Effect of environment, age, work on nutrition.
14. Comparative philosophies of nutrition: Western scientific, naturopathic, macrobiotic, traditional Chinese medicine, Ayurveda, etc.

15. Diets for individual specific cases.

### **Assessment**

Assessments will probably be designed to assess students' understanding of the material and their ability to apply it to typical cases. Typical assessments might include home study questions and essays, some of which would probably be based on hypothetical clinical situations.

**Indicative Reading:** (In preparation)

### 3. Core Curriculum on Clinical Sciences

#### Aims

To provide an integrated course in clinical sciences aimed at outlining the common diseases, their causes, mechanisms, clinical features and diagnosis.

To provide experience of case-history taking and physical examination.

To provide students with a foundation from which to compare and contrast this knowledge with their own approach to medicine and to communicate effectively with practitioners of orthodox medicine.

To enable students to develop an understanding of the limits of their own medical capabilities and thereby enhance the skills of appropriate referral.

**Minimum Level** : 5 (HE diploma)

#### Learning Outcomes

By the end of this course, the student will be able to:

1. Describe the diagnostic techniques and clinical applications in orthodox medical practice and compare and contrast them with their own medical equivalent.
2. Discuss the distribution of disease in the community and the approach to prevention from the orthodox and holistic points of view.
3. Explain how normal cell and tissue structure and function can change to produce genetic changes, abnormal cell growths, tissue injury, inflammation and repair.
4. Describe the general nervous, endocrine and metabolic responses to ageing, stress and tissue injury.
5. Describe the principles of infection and the ways in which alterations in natural and acquired defenses (immunity) can lead to disease.
6. Discuss the consequences of changes in the circulation, resulting from vascular narrowing and obstruction, fluid excess and loss and organ failure.
7. Describe diseases leading to the differential diagnosis of common symptoms and signs affecting the covering and support systems of the body (skin, joints and bone), control systems (nervous and endocrine systems) and maintenance systems (cardiovascular, respiratory, gastrointestinal and urinary systems).
8. Demonstrate effective case-history taking.
9. Perform a clinical examination of the major body systems.
10. Interpret basic pathology laboratory data and results of investigative procedures.
11. Understand major actions and side-effects of the major classes of orthodox drugs and how to access drug information (use of National Formularies etc.).
12. Recognise potentially serious signs and symptoms and recognise when to refer patients to orthodox medical practitioners.

#### Outline of Syllabus Contents

##### 1. The orthodox medical model:

Causes and mechanisms of disease, describing diseases, the principles of differential diagnosis.

##### 2. Disorders of cells:

Genetic diseases. Disorders of cell growth; abnormal growth, benign and malignant tumours.

Cancer, epidemiology, clinical effects, principles of treatment. Blood-cell disorders.



3. **Local response to tissue injury:**  
Acute and chronic tissue injury, inflammation and its complications.
4. **General response to tissue injury:**  
Fever, neuro-endocrine and metabolic response, role of the immune system, psychological factors, shock, post-operative trauma.
5. **Disturbance of body response:**  
Excessive immune response: hypersensitivity (allergy), auto-immune diseases. Immune deficiency: AIDS, cancer immunology.
6. **Infectious diseases:**  
Principles of infection. Microbial classification. Septicemia and pyrexia of unknown origin. Common bacterial, viral and fungal diseases.
7. **Circulatory disorders:**  
Atheroma, atherosclerosis, thrombosis, embolism, infarction, shock, haemorrhage, oedema, organ failure, clotting disorders.
8. **Symptoms and signs related to diseases of the various body systems:**  
Common skin signs; eczema/dermatitis, psoriasis, acne, skin infections and infestations, melanoma. Joint pain; rheumatoid arthritis, osteoarthritis, osteomalacia, ankylosing spondylitis, gout. Soft-tissue disorders. Bone pain and fractures; osteoporosis, osteomalacia, Paget's disease, Hypercalcaemia.
9. **Symptoms and signs related to diseases of control systems:**  
Nervous system: paralysis and coma (stroke, cerebral haemorrhage, metabolic disorders), convulsions and epilepsy, disorders of the central nervous system, facial pain and facial weakness (trigeminal neuralgia, shingles, cluster headache, Bell's palsy), motility disorders (Parkinson's disease, cancer, endocrine disorders, peripheral nerve disorders), dementia, Alzheimer's disease.  
  
**Special Senses:** ageing effects on vision, impaired vision, ageing effects on hearing and balance, ear infection, tinnitus, nasal problems, polyps, sore throat, sinusitis, allergies, tonsillitis, swollen glands.  
  
**Endocrine Disorders:** underactive and overactive thyroid, adrenal failure, adrenal overactivity (Cushing's disease), pathological effects of steroid therapy, diabetes, hypoglycemia.
10. **Symptoms and signs related to diseases of maintenance systems:**  
Heart and lungs: chest pain, breathlessness, wheezing and pleural signs, cough with sputum (with or without haemoptysis), palpitations, cyanosis and clubbing of the fingers.  
  
**Gastrointestinal tract:** abdominal pain and abdominal obstruction, jaundice, altered bowel habit (diarrhoea and constipation), rectal bleeding, nausea and vomiting, weight loss, difficulty in swallowing, hiatus hernia, peptic ulcer, stomach cancer, inflammatory bowel diseases, irritable-bowel syndrome, diverticular disease, large-bowel cancer, hernias, appendicitis, peritonitis, gall stones, hepatitis, cirrhosis, pancreatitis.  
  
**Genito-Urinary tract:** urinary frequency and dysuria, increased urine output (polyuria) and decreased urine output (oliguria), haematuria, kidney failure, nephritis, nephrotic syndrome, urinary stones, prostatic enlargement, cancers of the urinary tract and male reproductive organs, impotence, sterility, urinary tract infection.  
  
**Heart and blood vessels:** angina, myocardial infarction, heart failure, hypertension, abnormal heart rhythms, peripheral vascular diseases.

**Lungs:** chronic bronchitis and emphysema, asthma, lung cancer, pneumonia, tuberculosis, lung collapse, lung fibrosis, upper-respiratory tract infections.

### 11. Disorders of growth and reproduction:

Abnormalities of menstruation, menopausal problems, pelvic inflammatory disease and vaginal discharges.

Non-malignant conditions: uterine fibroids, cysts, endometriosis.

Cancers of the reproductive system: cervix, endometrium, ovary, testicular, prostate, breast lumps and breast cancer.

Sexually transmitted diseases.

### 12. Tests in Clinical Sciences:

Pathology tests on body fluid: blood, urine, cerebrospinal fluid, faeces.

Investigative tests: X-ray, CT, MRI. Physical examination: cardiovascular, respiratory, abdominal, neurological.

### 13. Pharmacology and therapeutics:

Key concepts, major categories of drugs, accessing information on drug actions and side-effects, drug management issues, liaison with patient and GP.

## Assessment

Assessments will be designed to assess students' understanding of the material, their ability to apply it to typical cases, and their ability to read relevant books to widen their knowledge. Typical assessments might include home-study questions and essays, some of which would probably be based on hypothetical clinical situations.

## Indicative Reading

Edwards & Bouchier. *Davidson's Principles and Practice of Medicine*. Churchill Livingstone

Kumar & Clarke. *Clinical Medicine*. Bailliere Tindall

*Concise Medical Dictionary*. Oxford Medical Publications.

Gascoigne S. *The Manual of Conventional Medicine for Alternative Practitioners, Vols. I and II*. Jigme Press.

Gascoigne S. *Prescribed Drugs and the Alternative Practitioner*. Jigme Press.

Browse N. *Introduction to Symptoms and Signs of Surgical Disease*. Edward Arnold.

Cotran, Kumar, & Robbins, *Robbins Pathologic Basis of Disease*. Saunders.

Blaxter M, *Health & Lifestyles*. Routledge.

Kubler Ross E, *On Death and Dying*.

*British National Formulary*. BMA and Royal Pharmaceutical Society.

The Lecture Notes Series. Blackwell Scientific Publications. (titles include: *General Practice, History Taking and Examination, Cardiology, Gynaecology, Tropical Medicine, Urology, ENT, Obstetrics, Geriatrics, Neurology, Orthopaedics and Fractures, Surgery, Endocrinology, Forensic Medicine, Oncology, Haematology, Paediatrics, Anaesthetics, Psychiatry, Medical Statistics, Clinical Medicine, Sexually Transmitted Diseases, Pathology, Ophthalmology, Occupational Medicine, Clinical Chemistry, Fluid and Electrolyte Balance*).

## 4. Core Curriculum on Plant Chemistry & Pharmacology

### Aims

To ensure that herbalists are familiar with the main chemical constituents of the most common herbs, the effects they have on the human body, and their reactions with orthodox drugs.

**Minimum Level** : 4/5 (HE certificate/HE diploma)

### Learning outcomes

By the end of this course the students will be able to:

1. Describe the nature and properties of plant substances.
2. Explain simple chemical identification tests and separation techniques and understand the value and uses of more sophisticated techniques.
3. Describe the pharmacological effects of the major groups of plant compounds as detailed below.
4. Describe the mode of action of common medicinal plants. Discuss the limitations of plant biochemistry as an explanatory model for herb actions.
5. Carry out information searches and evaluate current information on plant biochemistry and phytopharmacognosy.

### Outline of Syllabus Contents

1. The chemical and physical structure, properties and functions of the main classes of secondary plant chemicals, including:
  - terpenes, mono-, sesqui-, di-, tri-terpenes, steroids and carotenoids.
  - fatty acids, triglycerides, waxes, alkanes, polyacetylenes.
  - alkaloids, non-protein amino acids, amines.
  - purines and pyrimidines, chlorophyll.
  - carbohydrates - mono-, oligo- and poly-saccharides, gums, sugar alcohols and cyclitols.
  - phenols and phenolic acids, phenylpropanoids and coumarins, quinones, flavonoids, tannins.
  - sulphur compounds (sulphides, thiophenes, glucosilicates).
  - cyanogenic compounds.
2. The dynamics and kinetics of medicinal substances upon the human body - remedy absorption, distribution, metabolism, excretion, and sensitivity.
3. The toxicology of commonly used medicinal plants: side effects, cautions and contraindications.
4. Known and possible comparisons and interactions of orthodox drugs with herbal medicines, dietary modification, etc.
5. Synergistic and reductionist models of medicinal plant activity.

### Indicative Reading

Evans, William Charles. *Trease & Evans' Pharmacognosy*, - 14th ed. Bailliere Tindall 1995. ISBN 0-7020-1899-6.

Bruneton J. *Pharmacognosy, Phytochemistry Medicinal Plants*. Published 1995.

Goodwin T.W. & Mercer E.I. *Introduction to Plant Biochemistry*. Pergamon Press 1983. ISBN 0-08-024922-1.

## 5. Core Curriculum on Pharmacognosy & Dispensing

### Aims

To ensure the safety of herbal practice by enabling herbalists to evaluate quality control and quality-assurance processes for herbal medicines.

To ensure a good understanding of the processes by which herbal medicines are grown, harvested, stored and processed.

To enable herbalists to read and evaluate technical material published on herbal medicines in pharmacopoeias, monographs etc.

To teach the legal requirements relating to herbal practice.

To teach the necessary skills for the running of a herbal dispensary.

### Minimum Level : 5 (HE diploma)

### Learning Outcomes

By the end of the course, students should be able to:

1. Describe the processes and issues of Quality Assurance in relation to herbal medicines.
2. Demonstrate a knowledge of the identifying characteristics of commonly used herbs.
3. Explain the botanical terms used to describe herbs, including Latin terms for parts of plants.
4. Demonstrate knowledge and understanding of a full range of dispensary skills.
5. Demonstrate knowledge and understanding of the legislation relating to the storage, labelling and dispensing of herbal medicine.
6. Compare and contrast the different forms of administration of herbs.
7. Describe procedures for interacting with pharmacists, licensing authorities, medical profession and toxicologists.

### Outline of Syllabus Contents

**Quality Assurance** - source and growing environment, harvesting, processing, storage and packaging of herbs. Possible sources of contamination, including aflatoxins, heavy metals and pesticides. Batch numbers and records.

**Quality Control** - macroscopic identification, microscopic examination, chromatography (TLC, GC, HPLC), spectroscopy, water or ethanol soluble contents, presence of foreign matter and microbial contamination, DNA analysis, volatile oil determination, water content, ash value etc., as methods for differentiating good quality herbs from poor or substitute herbs and for identifying adulterants. Quality control and standardisation.

**Botanical terms** used to describe herbs.

Identifying characteristics of commonly used herbs. Common fakes and substitutes.

**Dispensary skills** - dispensing (accurate weighing and measuring, containers etc.), labelling of stock and dispensed items (legal requirements, clarity, additional written and verbal advice, patient identification), posology (dosage, contraindications, record keeping, adverse reactions), quality control in the dispensary, storage in the dispensary (shelf life, expiry dates, stock rotation, storage conditions, appropriate containers), processing in the dispensary, confidentiality and communication skills for dispensary staff, hygiene, ordering and stock-taking, information and updating on herb regulations.

**The law and herbal medicine** - relevant legislation; labelling; adverse event reporting systems; restricted substances; endangered species and CITES; etc. (Note that specifics of the legislation to be covered will vary from country to country, see appendix to this module).

**Health and safety** - the practice premises.

**Forms of administration of herbs** - internal (decoctions, infusions, powders, tinctures, capsules, tablets, etc.) and external (creams, ointments, lotions, liniments, poultices etc.). Choosing between different forms of administration.

### **Addendum**

Incompatibilities between herbs should also be covered within the Chinese herbalism, western medical herbalism, or other specific curricula.

Where preparation methods for crude herbal materials are an integral part of a herbal tradition, this will be covered in the module(s) specific to that tradition, up to the level required for prescription dispensing.

### **Appendix**

The law and herbal medicine - for the UK this includes:

Restricted substances, Schedule 1, 2 and 3 substances and the requirements of the Medicines Act 1969.

The Environmental Protection Act 1991.

The Medicines Order 1977.

Directive 65/65 EEC.

Medicines for Human Use (Marketing Authorisations 1994).

The Law 9 herbal medicine for Denmark includes: Danish food law paragraph 12, article: 1,2,3,4,5,6,7 & 8

Dansk Levnedsmiddelovens paragraf 12 stk: 1,2,3,4,5,6,7 og 8

Den samlede lovgivning pa området er omtalt i bogen: Vejledning om planter og plantedel i levnedsmidler, udg. af Vetinae-og Fodvaredirektoratet

### **Indicative Reading**

*British Herbal Pharmacopoeia* 1996 Vol I. British Herbal Medicine Association 1996, ISBN 0-903032-08-2.

Evans, William Charles. *Trease & Evans' Pharmacognosy, -14th ed.* Bailliere Tindall 1996, ISBN 0-7020-1899-6

*British Herbal Pharmacopoeia* 1983. British Herbal Medicine Association 1983, ISBN 0-903032-07-4.

Wichtl, Max (Ed. Norman Grainger Bisset). *Herbal drugs and Phytopharmaceuticals, a handbook for practice on a scientific basis.* Medpharm Publishers 1994, ISBN 3-88763-025-4.

Jackson, Betty P. & Snowdon, Derek W. *Powdered vegetable drugs, an atlas of microscopy in the identification and authentication of some Plant Materials employed as Medicinal Agents.* Stanley Thornes 1974.

Bruneton J. *Pharmacognosy, Phytochemistry Medicinal Plants.* Published 1995.

## 6. Core Curriculum on Practitioner Development & Ethics

Note that until such time as a unified code of ethics and conduct is established for all EHPA member associations, this module will inevitably need to vary to reflect the specific codes of ethics and conduct for the professional association with which the course is linked.

### Aims

To support student self-development leading to effective communication (including listening and counselling skills, and empathy) within the therapeutic relationship, and within their professional lives as a whole, e.g. in liaising with GPs, etc.

To support the development of reflective practice - the practitioner as a life-long learner; and an understanding of how personal and psychological factors influence the therapeutic relationship.

To ensure that students are familiar with the ethical, legal and professional foundations of good practice, and are able to apply these principles appropriately.

**Minimum Level** : 4/5/6 (HE certificate/diploma/honours)

### Learning Outcomes

By the end of the module students will be able to:

1. Demonstrate an understanding of the role of self, personality and psychological factors in personal development and in establishing an effective therapeutic relationship and environment.
2. Understand, and apply, the fundamental principles of medical ethics. Discuss moral, ethical and legal obligations to patients and the public in general, their profession and fellow practitioners, other health-care professionals, and staff they employ.
3. Practise in accordance with the relevant code of ethics and conduct.
4. Demonstrate a clear understanding of their limits of competence and when and how to make referrals.
5. Identify and access sources of advice, guidance and continuing professional education which will enable them to grow and develop as professional herbal practitioners.

### Outline of Syllabus Contents

1. Individual and cultural prejudices, personal areas of strength and weakness, health beliefs, the ability to give and receive feedback, the ability to self-assess.
2. The patient/practitioner relationship - communication skills to include models of conscious and unconscious communication, building empathy, transference and counter-transference, setting boundaries, proper professional conduct, beginning and endings in a therapeutic relationship, dealing with sensitive issues such as bereavement and loss. Consent (including minors) - justification for treatment and the patient's right to refuse, assault, issues of power and control.
3. Confidentiality - confidentiality and the law, Data-protection act, situations in which patient information may be disclosed, sources of legal help and advice; confidentiality within the practice, other staff, making and storing case notes, patient access to their own notes
4. Referrals - patient care when the practitioner is absent.
5. Advertising standards: methods and wording, creating expectation and making claims; the use of titles "doctor, nurse and medical practitioner". Providing an appropriate environment to practise. Fees, charges and prescription costs - fairness, clarity and communication.

6. Relationships between practitioners: communication, courtesy, professional and ethical conduct; disputes and complaints procedure; transfer and referral of patients, case histories and patient notes.
7. Supervision, mentoring and personal support for the practitioner; continuing professional education; boundaries of the therapeutic space; safeguarding the legitimate needs of the practitioner.
8. Professional misconduct: complaints, disciplinary procedure, advice and guidance, insurance.
9. Prescribed conduct regarding: abortion, venereal disease, notifiable diseases, consent and supervision of minors and people with learning difficulties, procedures for the intimate examination of a patient of the opposite sex, notification of adverse events.
10. Taxation and business issues.

### **Indicative Reading**

(In preparation)

## 7. Core Curriculum on Practitioner Research

### Aims

To enable practitioners of herbal medicine to develop an orientation towards continuous professional development, recognising that learning is a life-long process, and that part of this process is concerned with the ability to frame enquiry within the context of personal practice, reflecting and analysing in a systematic and critical way

To introduce the principles and practice of research as a system and critical process of enquiry in the context of health care in general and herbal medicine in particular

**Minimum Level :** 5/6 (HE diploma/honours)

### Learning Outcomes

By the end of the course the student will be able to:

1. Demonstrate the skills of finding, reviewing and critically analysing relevant research literature.
2. Evaluate research methodology within a range of different research paradigms.
3. Demonstrate practical skills in research design, operation and data analysis.
4. Develop a research proposal, including appropriate methodology and consideration of the ethical and legal issues.
5. Discuss, collaborate on and disseminate research with other herbal practitioners and in the wider healthcare field.
6. Be aware of the value of research for their own practice and understand the importance of audit.

### Outline of Syllabus Contents

1. The research culture in herbal medicine - strengths and weaknesses, keeping up with the field, continuous professional development, using research evidence to inform clinical practice. Audit techniques.
2. The epistemology of research: positivist v. interpretative studies, quantitative and qualitative work, co-operative enquiry, action research, ethnography, evidence-based medicine, phenomenology. The value and limitations of a particular approach to a given research
3. Research skills: types of controlled trials, outcome measures, survey and interview techniques, case studies, discourse analysis and personal narrative, introduction to statistics, audit techniques.
4. Designing a research question and identifying an appropriate methodology.
5. Ethical and legal issues in research, including negotiating access, informed consent, working with patients within the established health authority.



## Indicative Reading

- Aldridge and Lewith (eds). *Clinical Research Methodology for Complementary Medicine*. Hodder and Stoughton 1993.
- Armstrong and Grace. *Research Methods and Audit in General Practice*. 1994.
- Bowling. *Measuring Disease*. Open University Press 1995.
- Bowling. *Measuring Health*. Open University Press 1991.
- Kazdin. *Single Case Research Designs*. Oxford University Press 1982.
- Kirkwood. *Essentials of Medical Statistics*. Blackwell Scientific Publications 1988.
- Marshall and Rossman. *Designing Qualitative Research*. Sage 1989.
- Morse. *Qualitative Health Research*. Sage 1992.
- Oppenheim. *Questionnaire Design, Interviewing and Attitude Measurement*, Pinter Publishers 1992.
- Pocock. *Clinical Trials: a Practical Approach*. Wiley 1993.
- Reason and Rowan. *Human Enquiry: A Sourcebook of New Paradigm Research*. Wiley 1981.
- Riley. *Getting the Most out of your Data*. Technical and Educational Services Ltd 1990.
- Roth. *The Research Paper*, Wadsworth Publishing Company 1989.
- Sutton. *A Handbook of Research for the Helping Professions* 1987.
- Strauss and Corbin. *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Sage 1987.

## **8. The Eighth Element**

Modules for each tradition of herbal medicine. Some of these are still in preparation and will be published at a later date. The detailed curricula for Ayurvedic, Chinese, Tibetan and Western Herbal Medicine are published in the appendices to this document.

## 9. Core Curriculum on Clinical Practice

### Aims

To develop in students the full range of a herbalist's skills under the careful supervision of an experienced herbal practitioner(s), including developing a herbal-medicine treatment strategy, dispensing herbal medicines, dispensary management, health and safety aspects and practitioner development issues.

To motivate students to continue learning and studying by observing beneficial outcomes of treatment.

**Minimum Level :** 6 (HE honours degree)

### Learning Outcomes

By the end of the course the student will be able to:

#### 1. Develop herbal-medicine practical skills.

During clinical practice students demonstrate the development of competence at the following skills:

- Dispensary administration, including ordering and stock rotation.
- Herbal quality assessment and safe storage.
- Weighing, packaging, labelling and safe dispensing of herbs.

#### 2. Practice and extend the theories of herbal medicine and to develop diagnostic skills.

During clinical practice students will be able to extend their experience of the following aspects of herbal medicine with the guidance of the Clinic Supervisor(s):

- Taking the case - building rapport, clear questioning, good record-keeping.
- Making the diagnosis - including pathology and aetiology, according to the theories of herbal medicine.
- Palpation - sensitivity to patient and responsiveness to physical clues.
- Appropriateness of the patient's condition for treatment with herbal medicine.
- Analysis of the patient's condition from a herbal medicine perspective and the selection of the most appropriate formulae and herbs.
- Modification of the herbal strategies used as the patient's condition changes.

#### 3. Patient-practitioner relationship skills

Students will progressively develop these skills, with particular attention to:

- establishing good contact and building confidence and trust.
- providing information in everyday language.
- time management.

#### 4. Patient management skills

Students will develop their skills in

- lifestyle monitoring and advice
- limits to competence
- referrals and recommendations
- drug monitoring and management
- response of the patient to herbal treatment
- ethical considerations.

## **Outline of Syllabus Contents**

During Clinical Practice students will begin to practise the skills outlined above under Objectives. At first these skills will be practised with close supervision and support, but increasingly the students will be encouraged to formulate their own decisions regarding the diagnosis and treatment and the progress of the patient's healing and recovery. Their judgements must then be checked with the Clinical Supervisor before action is taken.

## **Code of Ethics and Practice**

The Codes of Ethics and Practice of the relevant professional body will apply throughout clinical practice.

## **Assessment**

Students are expected to develop the ability to deal confidently with the complexities and contradictions that arise in clinical practice.

Students must show awareness of the ethical dilemmas which may occur in their work, and must be able to formulate solutions to these. Clinical skills should be performed consistently and with confidence. By the end of the module students must show that they are ready to practise herbal medicine independently.

Students may be assessed in a variety of ways including writing up case histories of patients seen in clinic, completing competency logs, clinic supervisor's assessment, clinical exams, etc. The assessment process will be designed so that the College is able to satisfy itself that students have developed both the necessary competencies, and an adequate level of global competence in herbal medicine.

## **Indicative Reading**

Appropriate reading for this module will be determined by the specific tradition of herbal medicine being studied.

## **Appendix 1: AYURVEDIC MEDICINE CORE CURRICULUM**

These guidelines cover the following areas:

- Aims
- Objectives
- Outcomes
- Curriculum Outline
- Means of Assessment
- Recommended allocation of time

### **Aims**

The aim of professional entry training in Ayurvedic medicine shall be to produce a practitioner who can:

1. Display theoretical knowledge and clinical competence sufficient to undertake a professional role as an Ayurvedic physician.
2. Utilise the principles and practice of Ayurveda effectively in the promotion of health and alleviation of illness for patients.
3. Establish and maintain effective professional relationships with colleagues within the Ayurvedic community and beyond.
4. Assume responsibility for own personal and professional growth.
5. Participate in defining, maintaining, interpreting, and co-ordinating services within the complementary health care systems.
6. Facilitate Ayurvedic research and utilise research findings from multiple disciplines in providing care to patients.
7. Utilise a holistic approach in the delivery of patient care based on the philosophy of Ayurveda.
8. Reflect upon everyday practice and critically analyse the dynamics of Ayurvedic medicine.

### **Outcomes**

Upon completion of the prescribed training and subsequent qualification in Ayurvedic medicine, a practitioner shall:

1. Be able to obtain and record patient information by performing a complete roga-rogi pariksha (history and physical assessment) in an empathetic fashion, including:
  - a. Prashna and Panchendriya Pariksha (History taking, Inspection, Palpation, Percussion and Auscultation)
  - b. Astavidha Pariksha (Eight-point Disease Assessment)
  - c. Dasavidha Pariksha (Ten-point Patient Assessment)
  - d. Sadanga Pariksha (General Physical Examination)
  - e. Sroto Pariksha (Complete Systemic Examination)
2. Exhibit proficiency in modifying patient interview and examination based on the circumstances, including the ability to:

- a. Review patient history and physical examination based on laboratory findings.
  - b. Conduct focused history and physical examination in a timely manner based on a patient's presenting symptoms and signs.
  - c. Conduct screening examinations for health maintenance.
  - d. Modify interview technique based on client's interactional style and abilities.
  - e. Identify patient's diagnosis and make appropriate referrals when necessary.
3. Apply knowledge in clinical settings to:
- a. Assess acuity of illness:
    - \* Recognising patients with life-threatening conditions
    - \* Evaluate patients suffering chronic illness.
    - \* Help manage patients (together with their families) who are facing death
  - b. Apply understanding of basic mechanisms of disease processes according to the principles of Ayurveda to analyse data obtained via the history, physical, and laboratory examinations.
  - c. Present patients case analyses and treatment plans in a well-organised, concise, and effective manner.
  - d. Where appropriate, present information to other members of the healthcare team, and to the patient's General Practitioner.
4. Suggest a preliminary treatment plan which manifests:
- a. Critical appraisal of the diagnosis.
  - b. Understanding of natural history of disorders and likelihood that treatment could alter the disease process.
  - c. Basic understanding of the indications, contra-indications, potential adverse reactions, costs and benefits of therapeutic intervention.
  - d. Basic understanding of mechanisms of herbal actions, pharmacotherapeutics, pharmacodynamics, herb-herb interactions, herb-drug and herb-nutrition interactions.
5. Evaluate the patient's progress during treatment, assessing compliance with therapy and unexpected deviations, and reassessing both diagnosis and treatment in the light of the treatment outcomes.
6. Demonstrate responsibility for continuity of care of the whole patient, with regard to factors influencing that care, including:
- a. Psychological factors.
  - b. Social, economic, and cultural concerns.
  - c. Potential for substance abuse.
  - d. Nutrition, health and lifestyle habits.
  - e. Environmental and occupational concerns.
  - f. Consideration of long-term as well as short-term goals.
7. Demonstrate skill in preventative health and health promotion:
- a. Demonstrate disease risk assessment in the areas of:
    - \* Nutrition, dietary and life-style management
    - \* Tri-doshic imbalance reduction.
  - b. Promote healthy lifestyles through health behaviour assessment and counselling.

- c. Demonstrate awareness of implications of patient's prakruti alterations in disease processes.
  - d. Appreciate the physician's role in care of a community's health, including the ability to describe the impact of health-care systems on community health and how it might be improved.
8. Record observations, major thought processes, and decision-making considerations in the patient record, including:
- a. Initial consultation, interview and examination, diagnosis and treatment notes.
  - b. Progress notes, which communicate patient's progress, status, findings, and management options.
  - c. Readable, well-organised, and concisely written reports.