



Accreditation Board Annual Report

Academic Year 2011 – 2012

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Academic Year 2011-12

Management of the Accreditation Board and Accreditation Process

Meetings continue to be held 4 times per annum; the management of the accreditation process continues to adhere to the established systems in place.

Accreditation Board Membership

No changes to report.

Membership consists of 6 independent members (including the Chair), 6 practitioners registered with EHTPA Professional Associations and 2 members representative of institutions offering EHTPA accredited programmes. Current board membership includes practitioners from the following registers: NIMH; AMH; URHP; RCHM.

Key events during the academic year

- Embedding of EHTPA accreditation, monitoring and review processes following transfer of accreditation from NIMH
- The decision of UEL not to continue with recruitment to their successful Whm programme
- EHTPA accreditation of the Northern College of Acupuncture's Chm programme, newly validated by Middlesex University
- Negotiations to transfer the accredited Whm programme from the Lincoln University to Lincoln College of F&HE. The university will retain responsibility for the standard of its validated award.

Other activities of note

- Implementation of the EHTPA Dispensary Standards auditing system
- Fees charged to educational institutions and fees paid to accreditation board members were frozen for the fourth successive year.

Issues arising from accreditation/annual review events

- Expiry of provisional Statement of Intent approval from the College of Naturopathic Medicine
- The need to continue to raise H&TM practitioners' awareness of the rationale for requiring validation of programmes seeking accreditation
- The need for educational institutions seeking accreditation to liaise with the board at an EARLY stage in their curriculum planning
- The absence of a coordinated marketing strategy for recruitment to HM programmes.

Accreditation board action points and priorities for 2012-13

- Revise and update the accreditation section of the EHTPA website
- Work closely with institutions in order to help prepare them for transfer to HPC
- Complete all renewal of accreditation events and ensure all conditions are met prior to handover to the HPC
- Consider how best to minimise requirements on institutions and help protect viability of accredited programmes whilst ensuring that acceptable standards are maintained.

Educational Institutions

Western Herbal Medicine accreditation	Chinese Herbal Medicine accreditation
University of East London-not recruiting further cohorts	
Leeds Metropolitan University – programme closes 2012-13	
Lincoln University and Lincoln College of F&HE	
Middlesex University	Middlesex University
Westminster University	Westminster University
	Northern College of Acupuncture

Commendations arising from accreditation and review for the attention of staff in educational institutions

- Ongoing improvement in the quality of documentation submitted to the board: some institutions provide good quality reports; however, others have yet to reach this standard.
- Student satisfaction with programmes generally found to be very high
- Increasing evidence of research awareness and activity to underpin teaching
- The range of clinical assessment strategies linked to achievement of outcomes, incorporating in some cases a final clinical examination
- Increasing numbers of students encouraged to publish their university work
- Enabling the student voice to be central to the QA process
- The development of clinical care teams; use of video links in clinical settings to enhance student learning and involvement by the External Examiner.

Summary of developmental points from earlier board annual reports

2009-10	2008-09	2007-08	2006-07
<p>A mixed picture of approximately 50% of institutions now receiving specific comments on clinical standards, others still receiving or asking for limited input</p> <p>Remains less than satisfactory in some instances during 2011-12</p>	<p>Ensure that External Examiner reports pay due attention to clinical standards</p>	<p>The External Examiners' remit must include the requirement that they focus upon clinical as well as theoretical standards and outcomes, and that specific reference must be made to both in the External Examiners' written reports.</p>	<p>External Examiners to focus upon clinical as well as theoretical standards and outcomes, and specific reference made to both in written External Examiner Reports</p>
<p>The majority of institutions have this in place and are developing/enhancing approaches.</p> <p>Ditto 2011-12</p>	<p>Continue to refine criterion referenced clinical assessment linked to learning outcomes rather than a "pass/fail" task orientated approach</p>	<p>Continue to refine assessment strategies to demonstrate: pass/fail judgements that are transparent and linked to specific criteria; how reliability in the assessment of competence is assured</p>	<p>Further refinement of assessment strategies to include: demonstration of progression from novice to competent practitioner; pass/fail judgements that are linked to specific criteria; demonstration of reliability in the assessment of competence</p>
<p>Significant improvements noted this year. All institutions offering data sets with varying levels of explanation.</p> <p>Ditto 2011-12</p>		<p>Annual Reports submitted by institutions need to provide all of the information specified on the review pro-forma, including an analysis of data presented.</p>	<p>Annual Reports to the Board to provide an analysis of data presented and to present a critique of the year in question, rather than a simple descriptive account of events</p>
<p>The level of formal scrutiny of external placements in some institutions could be improved</p> <p>Continues to need particular attention in 2012-13</p>		<p>All clinical placements should be formally approved by the institution and audited routinely by the institution against their pre-determined criteria: records should be kept</p>	<p>All clinical placements to be formally approved by the institution and audited routinely against pre-determined criteria</p>

<p>Notification to EHTPA gradually improving although still some delays which exacerbate difficulties with accreditation event timescales Remained a problem in 2011-12</p>	<p>Involve the EHTPA at a much earlier stage in revalidation and/or renewal of accreditation deliberations</p>		
<p>Review in progress. EHTPA Dispensary Standards and Audit now in place Ongoing 2011-12</p>	<p>Critically review dispensary practices, ensuring patient safety issues are paramount</p>	<p>Institutions offering programmes in TCM/CHM are reminded of the need to adhere to the RCHM Code of Practice for Dispensaries</p>	
<p>This is now in place</p>	<p>Analyse attrition rates and make comment on these in annual reports to the board</p>		
<p>Still in development phase Ditto 2011-12</p>	<p>Consider offering qualified herbalists access to individual modules as part of their Continuing Professional Development.</p>		

Developmental Points for the attention of staff in educational institutions

- External Examiners appraisal of students' clinical capabilities is improving but still needs further attention
- External Examiners' reports must comment on assessment and standards of clinical practice
- Earlier notification to the board is needed of any intention to seek accreditation or renewal of accreditation
- The need to systematically approve and monitor external clinical placements against predetermined criteria
- To continue to improve data analysis in reports to the board.

EHTPA Council and/or Education Committee are asked to consider the following:

1. The need for an EHTPA strategy to promote interest in and recruitment to the H&TM profession
2. The role of the final clinical examination as part of an overall strategy for the assessment of clinical practice

3. Whether there is a need for a one year post qualification “named mentor” system

Finally, I must to pay tribute to the many individuals who so generously give of their time and expertise in order to support of the board’s work: without them none of the above would have been possible. Thank you very much.

Lynn Copcutt
Independent Chair
September 2012.