

ACCREDITATION HANDBOOK

December 2007

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VERSION A

Homeopathy Accreditation Board

DISCLAIMER

Homeopathy Accreditation Board (HAB) makes every effort to ensure recognised course providers meet with its standards. However, the course provider itself is responsible for the viability of their course and its overall financial soundness.

HAB takes no responsibility for the support of non-viable courses in homeopathy or for students on courses that cease to be offered.

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1 INTRODUCTION

1.1 Introduction

The Homeopathy Accreditation Board (HAB) was created in July 2007 and *formally ratified/associated/approved by the Homeopathy Professional Bodies and the Homeopathy Course Providers Forum (HCPF) in January 2008*. Its work was based on its precursor - the Accreditation Steering Group of the Council of Organisations Registering Homeopaths (CORH), an organisation which formally dissolved in September 2007. This Handbook is therefore the result of six years of work, undertaken by representatives of the homeopathy professional bodies, the homeopathy course providers, patient representatives and independent educationalists. A pilot project involving the short term appointment of an accreditation advisor, the training of ten accreditation visitors and two volunteer course providers going through the accreditation process provided valuable feedback on the processes involved. This Handbook includes subsequent amendments.

1.2 The Place of Accreditation within professional health care regulation in Homeopathy

Professional healthcare regulation is widely recognised to be vital for the protection and safety of patients. However, in a political and social climate that is beginning to value patient choice and informed consent to treatment, the issue of professional accountability to the public and patients is becoming increasingly important. Patients have increasing autonomy in their selection of healthcare services, and need access to reliable, meaningful and clear information about the healthcare practitioners whom they may choose to consult. The information available should be relevant and appropriate to both lay and professional audiences, and the process by which this information is produced should be transparent.

Within a drive for professional regulation, education plays a central role, as the Department of Health outlined in their review *'The regulation of the non-medical healthcare professions'*:
'Demonstrating fitness to practise begins, obviously enough, with securing an educational qualification recognised by the regulatory body... It is largely from their pre-registration education that members of professions derive the professional standards, attitudes and behaviours which normally protect patients effectively. Setting the necessary standards and verifying that education providers and students meet them is the heart of professional regulation, though it normal attracts little public attention' (DH, 2006, p15)

For the profession of homeopathy the education of practitioners is, very literally, the future and it is important that professional educators are accountable to the both patients and students. Creating a credible accreditation process is a strong statement from any profession about its confidence to be scrutinised. The system of accreditation set out in this handbook includes a set of principles, criteria for good standards in educational practice and organisations and a process for evaluating whether homeopathy course providers meet those criteria.

1.3 The Principles of Accreditation

The accreditation process for homeopathy must have integrity, stability and be congruent with the principles of homeopathy. The principles on which it is founded must be clear and agreed so that where decisions are made to amend the process, the principles are not compromised.

Patient Safety

Healthcare regulators are responsibly primarily to the public for the quality of the practitioners. The accreditation process should be sufficiently rigorous to enable the public to have confidence that practitioners from accredited course will practise in accordance with standards agreed by the profession (see para. 2.2).

Proportionality

Regulators should only intervene when necessary and should only carry out those functions that are necessary. Regulations should be targeted on the problem and minimise side effects. Regulations should only be appropriate to the risk posed.

Cost Effective

The accreditation system should uphold the principles of accreditation at an agreed and affordable level. Structures and processes should be efficient and costs should be explicit and justified.

Accountability

To demonstrate public accountability, the accreditation process should be informed by both those within the profession of homeopathy and those outside it (lay persons). Ideally, this means 50% of the membership of the relevant accreditation body (HAB in this case) should be lay, including a lay chair. There should also be at least one lay person at an accreditation visit. Those involved in decisions about any course provider should not have a direct relationship with that course provider. Those making decisions about a course provider are accountable for those decisions.

Fair and Equitable

Accreditation processes should be fair and equitable to the course providers and individuals involved. The accreditation system should have the support of Course Providers. The public, students, course providers and the profession should have confidence that decisions are made with regard to due process and in accordance with the Code of Conduct (see Appendix 3), which is based on the Nolan Principles of Public Life.

Developmental

All participants in the accreditation system should adopt a developmental and self-reflective approach to working. There should be regular feedback from HAB members, visiting panel members and course providers, with an annual summary and review of accreditation. The accreditation process should encourage course providers to reflect on and develop their programmes to continually enhance the quality of homeopathic education and of the graduates of these programmes. The process should enable all course providers to develop their own understanding of, and skills in, supportive course evaluation resulting in positive and creative professional growth.

Inclusive

The system of accreditation will support diversity of practice and traditions in homeopathy. Accreditation decisions will be based on meeting generic criteria rather than on the 'style' of homeopathy taught. The system will also take account of the fact that graduating practitioners may choose to work in both the public (NHS) and private sectors. The accreditation process (and the associated Certified Apprentice Scheme (CAS) for Homeopathy - name yet to be agreed) must be appropriate for any course providers who wish to take part in collaborative development work in homeopathic education.

Transparency

Structures, processes and outcomes should be transparent. The accreditation criteria and system should be clear to those directly involved and to relevant others, such as professional associations, patients' associations, healthcare commissioners and providers and other professional groups. The decisions and the way in which decisions are made should be open to scrutiny, although the detail of information and discussion about individual course providers will remain confidential.

1.3 The Purpose of Accreditation

The purpose of accreditation is to create a process through which the quality of homeopathy education can be evaluated against agreed criteria. Each Criterion contributes to the overall assessment of whether a course will produce graduates of sufficient competence to practise as an independent professional homeopath and meet the standards for registration.

The aim of the accreditation process is two-fold; the first is regulatory and the second is developmental:

- 1 To assess whether course providers have met (or exceeded) the Accreditation Criteria. The criteria *as a whole* form the baseline for course provision. HAB will be interested in the extent to which a course substantially meets the criteria as a whole based on the totality of the evidence gathered.
If the same course is provided in a different mode and/or in different locations then it is the responsibility of the course provider to provide the necessary evidence to show that the locations and/or modes are of the same quality.
Accreditation aims to ensure that learning programmes are likely to produce safe and competent practitioners.
- 2 To support course providers in the future development of their course. It is anticipated that it will always be possible to find areas where constructive feedback can be offered to help improve all courses and institutions. Accreditation aims to stimulate the development of learning programmes that are in keeping with the ethos and values of homeopathy and its diversity.

Accreditation seeks to establish and regularly review standards for homeopathic education and to encourage course providers to develop their courses over time.

Accreditation seeks to establish standards and promote quality and is **not** intended to encourage standardised programmes across the UK. Rather it is about setting baseline criteria for courses that aim to produce independent professional homeopaths and developing a process for assessing courses against these criteria that is valid and reliable.

Course providers will need to consider whether seeking accreditation of their course offers them and their students, value for money. Such providers might like to think about how they can help their students develop themselves appropriately for the individual route to registration, ideally while participating in the Homeopathy Course Providers Forum and joining the Certified Apprentice Scheme (CAS) for Homeopathy.

The accreditation system is not intended to apply to any programmes of continuing professional development (CPD).

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2 CRITERIA FOR ACCREDITATION

2.1 Overview

During the process of accreditation, course providers will be required to demonstrate that they meet (or exceed) certain standards (detailed in each of the criteria for accreditation).

The **criteria for accreditation** are set out as 'Overall Criteria' and 'Specific Criteria'. The Overall Criteria (listed at para 2.2) relate to the overall outcomes and values of homeopathic education and course providers will be required to write an evaluative statement, approximately 600 words for the Overall Criteria to demonstrate how their individual 'ethos' incorporates these. The 'Specific Criteria' (listed at para 2.3) describe different aspects of the course and its institutional structures, and course providers will be required to write short evaluative statements, approximately 300 words on each criterion, and to provide evidence to support those statements.

For each criterion, this Handbook provides a number of questions to guide course providers in the process of thinking about the criteria and how they may be able to explain and evidence them.

2.2 Overall Criteria - Outcomes, Values and Ethos

Overall Criterion A - Outcomes of the Learning Programme

Students should have a strong practical grasp of the fundamental knowledge, skills and attitudes required to be a homeopath and be committed to continuing professional and personal development ensuring they are fit to practice as independent, registered homeopaths.

By the end of the programme students should have achieved a level of understanding and skill in homeopathic practice consistent with first degree level (as described in para 2.3.4 and Appendix XX) and should be able to practise independently in accordance with:

- i The standards of practice specified in the 'National Occupational Standards (NOS) for Homeopathy'

The standards specific to homeopathy (HM1 and HM2) cover the following areas of practice:

- Evaluate requests for homeopathy and contract with individuals for treatment
- Explore and evaluate with individuals factors relating to their health and well-being
- Integrate and evaluate information about individuals' health and well-being
- Agree courses of action with individuals following assessment
- Prescribe homeopathic treatment for individuals
- Dispense homeopathic remedies for individuals
- Review the effectiveness of homeopathic treatment with individuals

- ii The Code of Ethics and Practice (see Appendix 8)

Intro to be added

Overall Criterion B - Values

Homeopathy education should aim to be:

- i Student-focussed - The experiences of students are primary in determining the quality of education. Courses should be accessible and should recognise the individuality of students while making use of the unique contribution that their wealth of experience and talent may bring to the learning situation and to the development and evaluation of the curriculum. Courses should be appropriately challenging to all students in terms of both personal and professional development.
- ii Patient-centred - Courses should develop homeopaths whose primary commitment is to continually improve their own care of patients through reflection, who can demonstrate safety, competence and maintenance of appropriate professional boundaries and who can practise ethically and effectively.
- iii Practice-led - Homeopathic education should be based in the art and science of the professional practice of homeopathy, with teachers normally engaging in ongoing practice and with the aim of enabling students to become confident and competent registered homeopaths.
- iv Collaborative - Homeopathic education should aim to create opportunities for shared learning with other healthcare professionals and researchers, recognising a common purpose in the wider healthcare community.
- v Appropriate - Courses should prepare practitioners who have the knowledge, skills and attitudes outlined in the NOS, a commitment to continuing professional development and the capacity to practise confidently and competently in accordance with the Code of Ethics and Practice in independent, collaborative and multidisciplinary contexts.
- vi Effective - Course providers should make effective use of resources, recognising the need for adequate student numbers to enable peer support and challenge.
- vii Accountable - Homeopathic education should be open to scrutiny and explicable in professional terms.
- viii Equitable and non-discriminatory - Courses providers should offer the same status, rights and responsibilities to all involved with the institution and promote equality of opportunity in all policy and practice regardless of factors such as age, gender, ethnicity, sexual orientation, disability and religious beliefs.
- ix Reflective and responsive - Homeopathic education should encourage self-reflection and development and developing practice that integrates the best available evidence from research, the preferences of patients and the expertise of practitioners (including the individual homeopath).

Overall Criterion C - Ethos

The course should have a clearly defined ethos (consistent with Overall Criteria A and B and incorporating its unique approach both to homeopathy and to the education programme) that is reflected in all policies and principles and implemented in all areas of practice in their educational institution.

NOTES

HAB respects and values diversity of approach in homeopathy education and practice. Course providers should bear in mind that, during the process of accreditation, the course will be evaluated on the extent to which the values of homeopathic education and the ethos of the course are revealed through each of the specific criteria and the extent to which it is possible to be confident that the course graduates have achieved the outcomes of the learning programme (standards, level of understanding and Code of Ethics and Practice).

Course providers should provide an overall evaluative statement (approximately 600 words) explaining their commitment to the outcomes and values of homeopathic education, through the lens of their own unique ethos.

Guideline Questions

- What are the principles/ethos/mission/unique approach on which the course is based?
- In what ways does the course support the development of homeopaths that meet the required outcomes of the learning programme (Overall Criteria A) while retaining its unique approach?
- How are the values of homeopathic education (Overall Criterion B) reflected in the course? Does the course have any additional values that it promotes?

2.3 Specific Criteria of the Learning Programme

The course provider should provide an evaluative statement of approximately 300 words on each of the specific criteria explaining how the course meets the requirements (in line with its own ethos). In addition, the course provider should provide documentary evidence to support this statement or indicate that the evidence will be available at the accreditation visit (see para 4.3.1 for more detail).

2.3.1 Programme Management

Criterion 1 - Programme Management

The learning programme is managed by named individuals who are responsible and accountable for the organisation and delivery of the course and who involve students, staff and other relevant persons in the programme evaluation and development.

Guideline Questions

- Who manages the programme? Is this a formally constituted group? Are all the teachers who have responsibility for parts of the course involved? If not - what are the reasons for their not being involved? Are student representatives involved?
- How often does this group meet? Are there minutes of the meetings? Are these available to others?
- Who feeds into programme development? How are the students' views collected? What other factors are taken into account in programme development? - eg national issues in homeopathy, legal issues, contemporary health care policy
- Are any persons external to the course involved in programme management (e.g. an external examiner)? What is their role and how does this work? Do they give written feedback? How does this relate to the development of the course and its standards?

- How are issues raised by those responsible for course management or resourcing, and by teachers, students or external examiners followed up?

2.3.2 Programme Content

Criterion 2 - Programme Content

The breadth and content of the course needs to be sufficient to enable students to achieve the outcomes of the learning programme and must include observed clinical training.

NOTES

To reflect the diversity of approach in homeopathic education and within the profession itself, course providers will be able to decide the programme content of their own course.

Clinical training is an essential component of the programme. It takes many forms. The course provider will need to demonstrate how all aspects of clinical training leads to professional competence in a diversity of health states with a diversity of patients.

Guideline Questions

- What are the learning outcomes of the course (as a whole and specific units/classes)?
- Within the syllabii, curriculum, reading lists and materials to support student learning, is it possible to map course content onto NOS and the Code of Ethics and Practice?
- Does the course enable students to be aware that there are different approaches to homeopathy and health care and promote appropriate inter-professional collaboration?
- What form does clinical training take and how does this meet the required levels for professional competence?
- How much experience do students get of working with patients?
- How are personal and professional boundaries and conduct issues covered on the course?
- Does the course include any business or administrative training to prepare students for running a practice?
- Does the course include any training in clinical governance (which involves building frameworks and processes for assuring and continually improving the quality and safety of clinical services, with clear lines of accountability)?

2.3.3 The Education Level of the Programme

Criterion 3 - The Education Level of the Programme

The education level reached on the course should be the equivalent of first degree level study, to reflect the fact that registered homeopaths are independent professional health care practitioners (please see Appendix XX).

This means that on completion of the programme the qualified homeopath should be:

- Competent to assess and treat a diverse range of patients without supervision
- Able to reflect on their practice utilising critically the dynamic and complex body of homeopathic knowledge, challenging their skills and continually seeking to develop

their expertise as a practitioner

- Able to appreciate uncertainty in health care situations, to work within their limits of competence and to refer to other practitioners and seek guidance as required
- Able to communicate with patients and other practitioners clearly, with sensitivity, relevance, confidence and professionalism

NOTES

This Criterion only relates to the level of the programme and not the content that might be found in other degree-level programmes. Nor does it link to the nature of the institution offering the programme.

Guideline Questions

- How does the course promote critical and reflective practice (thinking and action)? Do staff adopt these attitudes in their teaching practice as well as their homeopathic practice?
- How does the course prepare students to be able to act responsibly and self-critically in independent practice? To what degree do student engage in self-managed learning?
- How do students engage with the ethical issues in practice?
- Are students encouraged to be aware of research practices in homeopathy and given the skills to be able to critique research findings? Are students equipped to be able to understand (and potentially engage in) the contemporary debates in the profession?
- What teaching and learning techniques promote students engagement with their subject? How does the course promote independent learning
- In what ways does assessment promote the development of student's knowledge, skills and attitudes? How are staff able to discern the quality of a student's theory and practice in homeopathy?
- Within the staff team, is there sufficient diversity and expertise to offer students the opportunity to engage with a range of critical approaches to homeopathic knowledge and practice?
- How does the course provider keep up-to-date with the recent developments in homeopathy and education? Does the course provider seek external input into their course content and delivery?
- Can students produce a coherent and well-argued justification of their treatment programmes (including prescription)?
- Are students able to honour the historical body of knowledge in homeopathy and assess its impact on contemporary debates and practice?
- How does the course foster development of communication skills, including the student's ability to engage effectively in discussion and debate in a professional manner?

2.3.4 The Length and Structure of the Programme

Criterion 4 - The Length and Structure of the Programme

Course providers should demonstrate that the length and structure of their programme of study is sufficient for students to be able to meet the required outcomes of the learning programme (para 2.2), and to adequately prepare them to practice as

independent homeopaths.

This should include:

- An appropriate balance between theoretical, experiential and clinical learning
- Sufficient contact hours and independent study hours.
- A clear policy on expected student progression and development throughout the course

NOTES:

To reflect the diversity of approach in homeopathic education and within the profession itself, course providers will be able to decide the length and structure of their own course.

It would be helpful if course providers estimate the approximate total number of hours that they expect students to study in order to complete the course satisfactorily, recognising that this will be subject to considerable variability. These study hours should take account of all the taught hours - theory and practice (see Criterion 5 - para 2.4.1), all time spent preparing assignments and undertaking examinations (see Criterion 6 - para 2.4.2) and all other anticipated home and other study time.

Course providers might like to bear in mind the time taken to prepare other healthcare professionals for independent practice, the expectations stated in the course outcomes and the need for homeopaths to be able to stand alongside other conventional and alternative health care professionals.

Guideline Questions

- How is the programme of study structured (timescale, full-time/part-time)? What was the basis of this decision? Is there any evidence on the appropriateness of this pattern?
- How many contact hours (classroom and clinic) do students have? How does this change as they progress through the course? What evidence do you have that this is sufficient?
- On average, how many hours of study in addition to the above are students expected to put in, in order to maintain progress on the course and to undertake assignments?
- How do you ensure that all of the systems that you have in place relating to hours of study/recognition of experience are fair so that no student is disadvantaged and all students have appropriate opportunities to achieve the course outcomes?
- How is the pattern of the programme, including home study hours, made clear both to prospective students and to the staff implementing it?

2.4 Specific Criteria of Teaching, Learning and Assessment

2.4.1 Teaching and Learning

Criterion 5 - Teaching and Learning

Teaching and learning approaches must engage students in active, independent and student-centred learning, be consistent with the course ethos and be appropriate to:

- enable students to cover the course content (para. 2.3.2) at the appropriate level (para 2.3.3) so that they are fit to practise as independent healthcare practitioners

- promote the personal and professional development of students and their commitment to continuing professional development

NOTES

To reflect the diversity of approach in homeopathic education and within the profession itself, course providers will be able to decide their own teaching and learning approaches. This may include, but is not limited to:

- Lectures
- Small group discussion, such as seminars or tutorials
- Clinical supervision
- Reflective portfolios or learning journals
- E-learning or computer-assisted learning
- Self-directed learning
- Context-based learning or apprenticeship
- Group work
- Projects
- Presentations
- Workshops

Guideline Questions

- What approaches are used to facilitate learning within the course as a whole? Why? How do the approaches relate to the course ethos?
- What teaching and learning strategies are used for clinical training? How does that promote student development in clinical practice to adequately prepare them to be independent healthcare professionals?
- In what ways are the various teaching and learning approaches appropriate to the content (para. 2.3.3) and education level (para. 2.3.4) of the programme?
- What approaches are used to facilitate students' personal and professional development?
- Are the students and the staff aware of the different approaches that are used and how each is intended to contribute to student learning and their development as competent homeopaths?

2.4.2 Assessment

Criterion 6 - Student Assessment

Assessment approaches must be consistent with the course's ethos and must:

- establish whether students have reached the required level of understanding and skill (as specified in para 2.2) so that they are fit to practise as independent health care professionals
- promote the personal and professional development of students and their commitment to continuing professional development

In addition accreditation will confirm that:

- the criteria on which students are assessed are clear and explicit and made available to staff and students

NOTES

To reflect the diversity of approach in homeopathic education and within the profession itself, course providers will be able to decide their own assessment and appraisal approaches. This may include but is not limited to:

- Assessment for/of learning
- Independent assessment
- Peer assessment
- Self-appraisal
- Formal assessment
- Informal assessment
- Ongoing assessment

The word assessment is used to include all forms of interaction with students by which an understanding of their progress and demonstration of their competence as developing homeopathic practitioners is gained. This may include, but is not limited to:

- A range of written or oral presentations, such as essays or class presentations
- Examinations, including seen, unseen or open book
- Case studies
- Observation
- Supervision reports
- Learning journals
- Reflective portfolios or critiques
- Experiential activities
- Interviews
- Practical-based, project-based or work experience/apprenticeship reports
- Dissertations and independent study

Course providers are encouraged to involve individuals who are external to the course in the assessment of their students as this provides fresh perspectives to the work and is a means of sharing good practice across providers.

Guideline Questions

- What is the course provider's policy on assessment? How does this relate to their ethos?
- Does assessment support the personal and professional development of the students and their commitment to continuing professional development?
- What assessment techniques are used to assess student learning? How are assessment strategies monitored and developed? Is there any graduate feedback?
- What final assessments are made before graduation? What evidence is there that graduates of the programme achieve the standards of practice specified in the NOS? Can these be mapped onto the required learning outcomes of the programme (para. 2.2)? Are there any additional outcome standards specific to the course provider?
- How is the Code of Ethics and Practice reflected in assessments? How are graduates and final year students able to articulate and manage ethical issues related to professional homeopathic practice?
- What are the criteria for progression on the course (e.g. eligibility to continue onto the next part of the course or the need to repeat a part etc)?
- How are assessments marked and or progress estimated? Are assessment criteria available to staff and students?

- What guidance is given to students about assessments? Are these clear to staff and students?
- How is consistency between assessors of standards in assessment etc. managed?
- How is late submission of work, re-working or re-taking unsatisfactory assignments, making up for sickness/absence etc. managed? Is this fair and appropriate?
- How do these approaches to assessment promote the personal and professional development of students and their commitment to CPD? Is this consistent with the course ethos?

2.5 Specific Criteria Related to Students

2.5.1 Student Recruitment, Support and Guidance

Criterion 7 - Student Recruitment, Support and Guidance

Applicants and students are provided with appropriate, clear and accurate information at all stages of the course. For example on: course content, teaching and learning approaches, assessment criteria and approaches, financial and time commitments and institutional resources (including staff). Students are offered appropriate personal guidance and support throughout the course and enabled to use other forms of support when they need them.

Guideline Questions

- How are students recruited to and selected on to the course?
- What information is provided to potential students about the course, expectations in terms of study time, fees etc.? How does that relate to student experience once they start the course?
- What systems are in place to take account of student prior learning and experience and to respond to individual needs?
- What information is given to students on commencement of the course and as they progress from one year or part to the course to another?
- How are students supported on the course (mentors/supervisors etc.)? How helpful do students perceive this to be? Have any other mechanisms for support been explored e.g. external counselling?
- What are the reasons students give for withdrawing from the course? Have any transferred to another homeopathy course? In what ways was their transfer facilitated?

2.5.2 Student Complaints System

Criterion 8 - Student Complaints System

The course provider has a complaints system that is clear to students and which is capable of addressing formal complaints from students.

Guideline Questions

- What is the policy in place to deal with student complaints? At what point is a person not directly involved in the dispute (or external to the course) brought in to the process? Are student representatives used in the process?
- Is the process fair to both the students and any staff involved?
- How are students supported through the process of making a complaint?
- Has it ever been used within the past three years? What was the outcome and what changes were made as a result?

2.6 Specific Criteria Relating to Resources

2.6.1 Staff Recruitment, Development and Management

Criterion 9 - Staff Recruitment, Development and Management

The course provider has policies and procedures for the recruitment, development and management of all staff which are appropriate to its size and support its function to produce homeopathic practitioners who can meet the outcomes described in NOS and the Code of Ethics and Practice.

Guideline questions

- How are staff members recruited? Do staff members have job descriptions/contracts? In what ways are new staff members helped to settle into the organisation and adjust to their role? What skills do new members of staff have (in homeopathy, in teaching, in supervision)? Are staff able to teach at first degree level?
- What are the expectations of the organisation in terms of staff development? How are teaching staff members helped to develop as homeopaths and as teachers?
- How are staff members helped to evaluate their performance? Is there a performance review or appraisal system? How is it working? If not - in what ways do staff members receive feedback on their performance?
- What policies are in place to handle staff complaints or grievances? Have these ever been used within the past three years? What was the outcome?
- Is there a process in place for staff support in the event of a complaint being made against them?

2.6.2 Resources and Facilities to Support Learning

Criterion 10 - Resources and Facilities to Support Learning

There are sufficient and appropriate resources and facilities to support the learning and development of students to achieve the required course outcomes (para 2.2). Facilities, policies and practices should comply with relevant legislation.

Guideline Questions

- What facilities are there for the course in terms of buildings, classrooms, practical facilities, student facilities, staff facilities, toilets etc? How accessible are these to disabled students or staff?
- What policies are in place to ensure that the facilities and practices comply with relevant legislation (eg health and safety, disability discrimination)?
- What resources are there for student learning - computers, library resources, audio-visual materials?
- Are these resources sufficient for the approaches to teaching and learning employed?
- Does the course provider offer any resources for graduates?

2.7 Specific Criteria Related to the Organisation as a Whole

So that students and others can have confidence in course providers, there are criteria focusing on the soundness of the institutional base.

2.7.1 Course Provider Management Systems, Policies and Practices

Criterion 11 - Course Provider Management Systems, Policies and Practices

The course provider will be able to show that it has management systems, policies and practice (including legal requirements) in place which are appropriate to its size and support its function to produce homeopathic practitioners who can meet the outcomes described in NOS and the Code of Ethics and Practice.

Guideline Questions

- What is the structure of the organisation? Is it clear who has overall responsibility for ensuring that the organisation is sound legally, has sufficient resources for its purpose, and is carrying out its function appropriately?
- Who accounts to whom and for what? Is this clear to all concerned?
- In what ways are individuals and groups held to account for the effectiveness of what they are doing?
- What are the perceived legal requirements to which the organisation has to comply? Does this include company law, health and safety requirements, disability discrimination, employment law, local authority regulations?
- Does the organisation have adequate and appropriate insurance in place, including employer liability and professional indemnity insurance?
- Does the organisation have a complaints procedure for patients?

2.7.2 Course Provider Financial Systems, Policies and Practices

Criterion 12 - Course Provider Financial Systems, Policies and Practices

The course provider will be able to show that it has financial systems, policies and practices (including legal requirements) in place which are appropriate to its size and support its function to produce homeopathic practitioners who can meet the outcomes described in NOS and the Code of Ethics and Practice.

Guideline Questions

- How is the balance of financial and educational decision-making achieved?
- How is any potential conflict of interest between the financial control of the institution and educational control managed?
- What are the fees for the course and how are these accounted for?
- What is the policy about payments and refunds? Is this clear to the students and reasonable? How is the refund policy implemented?
- Have there been any disputes about payment or refunds within the past three years and how have these been resolved?
- What business planning and contingency management systems are in place?
- Does the organisation have accounts that are separately kept and independently audited?

2.7.3 Course Provider Self Evaluation

Criterion 13 - Course Provider Self Evaluation

The course provider has ongoing internal evaluation systems in place, including staff and student feedback that are appropriate to its size and support its function to produce homeopathic practitioners. Issues arising should be addressed appropriately to promote the continued development of the organisation.

Guideline Questions

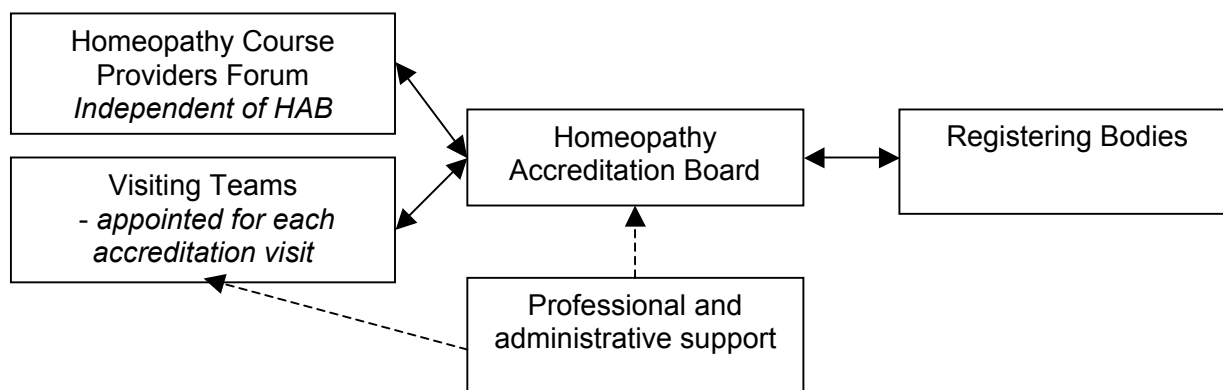
- How does self-evaluation of the whole organisation, its structures and system take place? How often does evaluation occur?
- How is the effectiveness of this system of evaluation assessed?
- Who inputs into the evaluation eg staff, students, teachers etc?
- How are problem areas or new proposals followed up? How is this recorded? How do students and staff know what is happening in relation to these follow up issues?

3 STRUCTURES AND ROLES TO SUPPORT ACCREDITATION

3.1 Overview

This para to be re-visited when the current situation is clearer

The structures supporting the accreditation system are shown below. Details of the **process** of accreditation are in Section 4.



The *Homeopathy Accreditation Board (HAB)* is responsible for overseeing all matters to do with accreditation, including the ongoing evaluation and review of the accreditation system itself. HAB will be responsible for decisions on accreditation and will be accountable to the homeopathy profession and the public through the HCPF, professional registering bodies and patient organisations.

Homeopathy Course Providers Forum (HCPF)

The HCPF is open to all providers of homeopathic courses designed to develop competent professional homeopathic practitioners. All course providers are encouraged to attend and be active members of the Forum. The Forum decides for itself how often it meets and sets its own agenda. One of the purposes of the Forum will be to act as a 'critical friend' to the accreditation system run by HAB.

Visiting Teams (VT) are convened for each accreditation visit, consisting of peers of the course provider and at least one non-homeopath. The purpose of the visiting team is to provide an external review of the course provider using the accreditation criteria as the baseline. Each team will have one of its members designated as team leader.

Professional support will be available to course providers and HAB from an Accreditation Advisor who will also support the ongoing development of the accreditation process.

Administrative support will be available to support the smooth functioning of the visiting panels, HAB and other aspects of the accreditation system.

Peer support will be available to course providers from other members of the HCPF and the Professional Associations.

More information on the roles and responsibilities of each of the above is detailed below.

3.2 Roles and Responsibilities

3.2.1 The Homeopathy Course Providers Forum

The HCPF will have the following roles in relation to accreditation. It will:

- 1 nominate two representatives to serve on the HAB
- 2 act as a critical friend to HAB on all matters concerning accreditation and be consulted on all major changes to the accreditation process.
- 3 nominate a pool of people to serve as the homeopath members of the visiting panels
- 4 act as a support group to other course providers in their development and within the accreditation process

Given that course providers vary in size they will be asked to nominate a varying number of individuals to serve on the visiting panels based on the total number of students they have (i.e. 0-49 students, 1 person for the VP pool; 50-99 students 2 people for the VP pool, and more than 100 students, 3 people for the VP pool).

3.2.2 Visiting Teams

The visiting team for a specific course provider will be formally appointed by HAB. The visiting team will, in addition to the Accreditation Advisor, comprise of three people of whom at least one will **not** be a homeopath: a team leader who chairs the visit and two other visiting panel members.

Prior to the visit the team will be supported by the **Administrator**, who will be responsible for visit arrangements and finances, and the **Accreditation Advisor**, who will arrange in advance a timetable for the visit, ensure, as far as possible and with the team leader, that the visiting team members review the evidence available and follow up issues raised identified by HAB, take and collate notes from the visiting team during the visit, draft the oral report to the course provider at the end of the visit and draft the final report to HAB.

The **Team Leader** will normally be a non-homeopath. The team leader will be responsible for convening meetings of the team immediately prior to, during and on completion of the visit, introducing the members of the team to the course provider team, outlining the purpose and agreed timetable of the visit, (with the support of the Accreditation Advisor), ensuring that the discussions stay on track and that the issues identified by HAB have been addressed, and feeding back to the course provider at the end of the visit. The team leader will also present the report to the HAB.

The two other **Visiting Team Members** will be drawn from those homeopaths who have been nominated by course providers and have completed the development day (see below). Every effort will be made to ensure that there are no conflicts of interest. Proposed team members must be acceptable to the course provider being visited. If course providers have valid reasons for that person not to be appointed these need to be given in writing to the administrator within two weeks of receiving the information. Proposed visitors will only be replaced if the course provider's objection is considered to be based on a reasonable cause by the Chair of HAB.

The visiting team as a group are responsible for assessing the course provider and providing feedback to both HAB and the course provider. They will seek to arrive at a final recommendation to HAB based on consensus and agreement. The members of the team may focus on different aspects during the visit to ensure best use of time. The Overall and Specific Criteria and the related guideline questions in Section 2 will be the basis of their exploration. The proforma that will form the basis of recording and collating the evidence on a course and tracking the information used is contained in Appendix 4.

Specifically, therefore, the visiting team members will:

- Attend the visiting team development day and be familiar with the roles and responsibilities of a visiting team member and conversant with the content of the Accreditation Handbook
- Read the documentation provided by the course provider against the criteria for accreditation and identify specific areas on which to focus during the visit
- Arrive promptly for the visit and be fully prepared in advance
- Work effectively and reflectively with the other team members and the course provider, students and staff to view all aspects of the course programme
- Express their views clearly and without prejudice having evaluated the course provider against the accreditation criteria
- Through the team leader, and with the support of the Accreditation Advisor, provide constructive feedback to the course provider using the accreditation criteria as the basis
- Produce the necessary documentation to record the visit and to form the basis of the report to the HAB and the course provider
- Take joint responsibility for the outcomes of the visit and the information contained in the report
- Abide by the Code of Conduct, including maintaining the confidentiality of the information gained during the visit, and preparing in advance by fully reading documentation.

The process for the appointment to the pool of visiting team members is given in Appendix 2.

Development days will be run for the pool of visiting team members at least annually. At these days information will be shared on how well visits have gone and the lessons that can be learnt. When necessary specific learning and development for team members will be included. Individuals who have been nominated to serve on visiting teams and who are found to not have the necessary knowledge, skills or enthusiasm will be removed from the visiting team pool. Their CP will be informed and may be asked to nominate a replacement.

It may be possible for visiting teams to have observers. Observers may be internal to the course provider or be a member of the HAB or some other relevant person. The observer's role is solely to observe and not participate in discussions or decisions. The costs of observers are met by the organisation from which they are drawn and cannot be charged to the accreditation system. The role may be used for monitoring or training purposes, but all observers must have the prior approval of HAB and the course provider concerned.

3.2.3 Homeopathy Accreditation Board

In accordance with recommended practice, the Homeopathy Accreditation Board will comprise of 8 persons, with equal membership of non-homeopaths and homeopaths as indicated below as soon as practicable.

- 4 lay (non-homeopath) persons: 2 educationalists and 2 patient reps, of which one of these four will normally be the chair
- 4 homeopaths: 2 professional association representatives and 2 course provider representatives.

HAB will:

Have overall responsibility for the maintenance and development of the accreditation (and apprenticeship) process:

Specifically HAB will:

- 1 approve appointments of individuals to the visiting team pool after their completion of the development day
- 2 appoint the people that will serve on a visiting team for individual course providers
- 3 agree the two people from their membership (one homeopath and one non-homeopath) who will review the documentation provided by the course provider and determine if there is sufficient evidence for the visit to proceed
- 4 identify the timescale in which the visit is to take place and the HAB meeting at which the report on the visit will be received presented by the leader of the visiting team
- 5 make decisions on the progression of a course provider through the accreditation process
- 6 make the final decisions on granting accreditation to a course provider and, through the Chair of HAB, inform the course provider of the outcome at each stage of the accreditation process
- 7 Provide ongoing support for accredited course providers through the annual monitoring and confirmation of accreditation process
- 8 monitor, review and develop the accreditation system in consultation with the HCPF and the professional registering bodies.

A representative from a course provider whose accreditation is being considered at a specific meeting of the HAB will be free to attend the meeting if they so wish at their own expense. S/he will be able to answer any questions specifically directed at them and listen to the discussion. They will not be able to interrupt the proceedings and will not be present when final decisions are made.

Every member of HAB will have one vote. The Chair in addition will have a casting vote.

A Code of Conduct drawn from the Nolan principles of public life forms the basis of practice for visiting team and HAB members. This is included in Appendix 3.

3.2.4 Accreditation Advisor

Professional advice will be available to support HAB and, where agreed, the course providers, which will be provided by an Accreditation Advisor(s).

Overall the Accreditation Advisor's role is to:

- enable current and prospective course providers to prepare for accreditation through providing information and clarification on the criteria and process of accreditation
- respond to questions and issues on the accreditation criteria from any source (e.g. students, professional associations, other regulators etc)
- compile accreditation and other reports as requested by HAB
- undertake monitoring visits and keep HAB informed of ongoing developments within accredited courses.

The Accreditation Advisor will:

- 1 Support current and prospective course providers in the accreditation process by:
 - helping them understand and interpret the criteria and accreditation process
 - responding to specific questions and issues raised
 - responding to requests for feedback on documentation issued as part of the accreditation process.

- 2 Respond to questions and issues on the accreditation system from any source (e.g. students, professional associations, other regulators, government bodies etc).
- 3 In relation to accreditation visits
 - With the Administrator, negotiate the visit programme with the course provider
 - Collate the comments on the documentation submitted and inform the course provider of issues that will be followed up during the visit
 - Support the visiting team members and particularly the team leader during the visit to ensure they follow up issues identified and comply with the Code of Conduct
 - Collate the report on conclusion of the visit, send it to the visiting team members and team leader for comment and then the course provider for comments on accuracy
 - Amend the report, if necessary, after the HAB meeting for the Chair to write to the course provider indicating the outcome of the visit
- 4 Arrange annual visits to the accredited course providers and be available for advice and support.
- 5 Work in conjunction with the HAB, pro-actively to develop information for course providers and other interested parties, where there is evidence that further guidance would be appropriate.
- 6 Support the functioning of HAB, This may include undertaking any necessary background work (eg collection and collation of statistics) and attendance at meetings.
- 7 Collate and evaluate feedback on the Accreditation process and criteria, offering professional opinions and advice where appropriate to HAB.

3.2.5 Administration

Administrative support staff will:

- 1 Support the work of HAB (eg circulating papers, arranging meetings, taking minutes)
- 2 Act as the first point of contact for anyone interested in the work of the Homeopathy Accreditation Board and refer, if necessary, to the Accreditation Advisor
- 3 Act as the first point of contact for course providers who are interested in seeking accreditation or who are undergoing the accreditation process, and refer, if necessary, to the Accreditation Advisor
- 4 Maintain the list of visiting team members and their identified interests, investigate their availability and propose who might be used for individual visits
- 5 Arrange with the course provider seeking accreditation and members of the visiting team a mutually convenient date for the accreditation visit within the timescales agreed by HAB

3.2.6 Course Providers

Course providers, who choose to enter the accreditation process, will:

- 1 Submit relevant documentation (linked to the accreditation criteria) before an accreditation visit is arranged

- 2 Be able to request replacement of individual team members provided valid reasons are given in writing that are acceptable to the Chair of HAB
- 3 Provide honest and accurate information about their course on paper and orally
- 4 Make appropriate internal arrangements for an effective visit to be undertaken
- 5 Comment on the factual accuracy of the draft report and provide further information/comment where there are inaccuracies
- 6 Have the right to appoint a representative to attend the meeting of HAB, at their own expense, at which their accreditation is being considered (see para 3.2.3)
- 7 Course providers will have the right of appeal against any decision made on their course. The appeals process is set out in Appendix 5.

3.2.7 Professional Registering Bodies

To be added

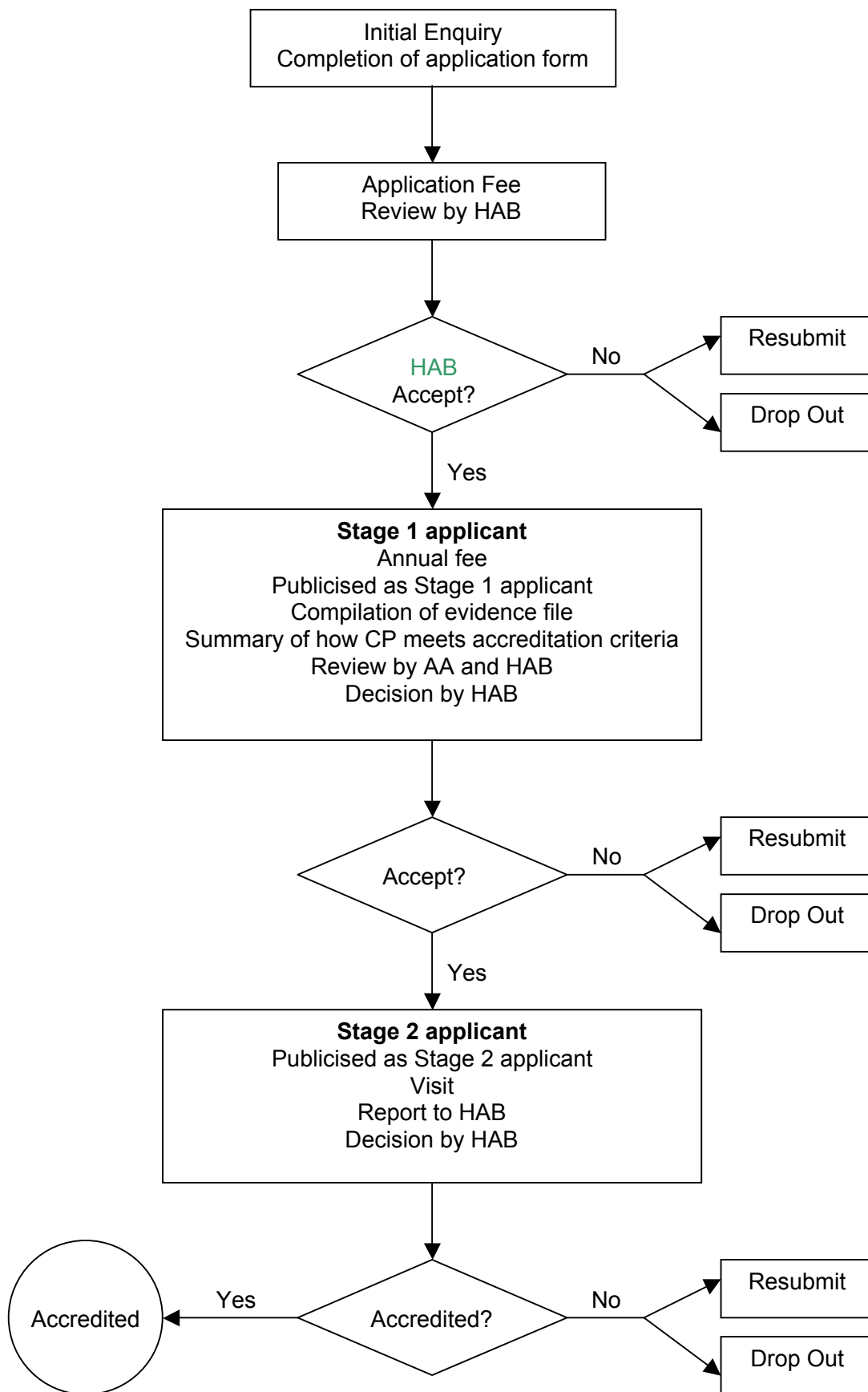
4 THE ACCREDITATION PROCESS

4.1 Overview

The Accreditation process consists of four clearly defined stages:

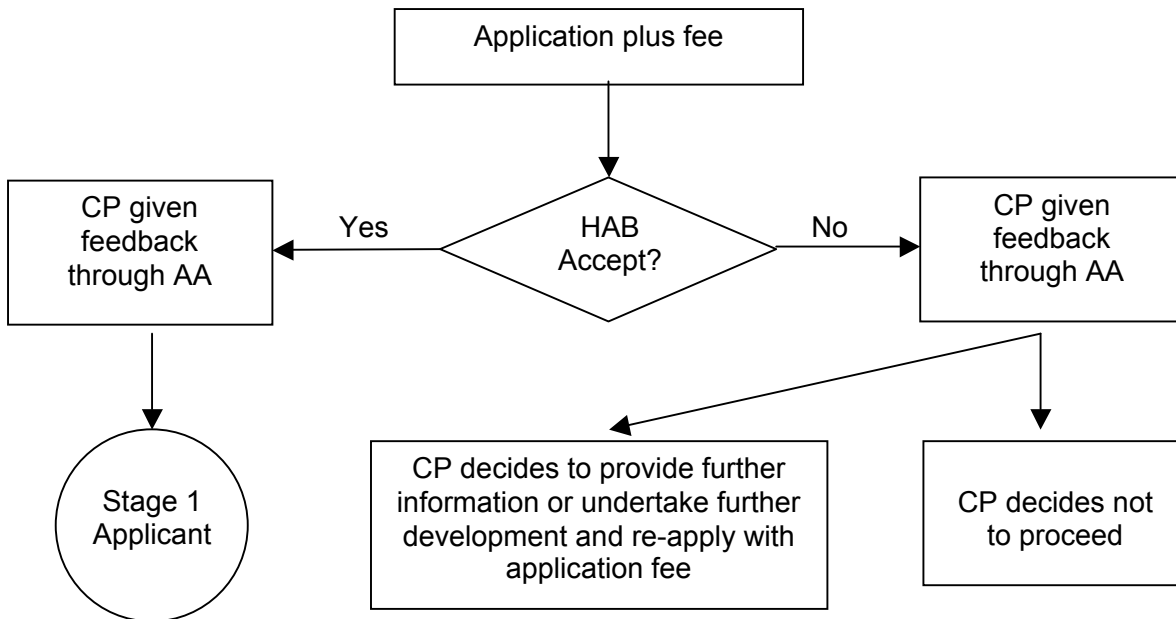
- Initial enquiry
- Stage 1 Applicant
- Stage 2 Applicant
- Accredited

The diagram on the following page summarises this process, which is then described in more detail.



4.2 Initial Enquiry

- (i) Course provider (CP) will contact HAB Admin to request an accreditation application form
- (ii) CP will ensure that they understand the Accreditation Handbook and can commit to honour the requirements of the process
- (iii) CP will return their completed form together with the application fee (see website for up-to-date figures)
- (iv) In due course HAB will consider the application
- (v) The Chair of HAB will inform the CP on the outcome
- (vi) The AA will give the CP the feedback on the application.



4.3 Stage 1 Applicant

(i) Once Stage 1 Applicant Status is confirmed, the CP starts paying an annual fee to HAB.

(ii) The CP will negotiate with the AA a timetable for their accreditation process which will normally involve completion within 18 months.

(iii) The CP will prepare their evaluative summary of how their course meets the overall and specific criteria for accreditation and compile their evidence file, using the proforma in Appendix 4. The AA will be available to the CP for advice and support in this task. (iv) The CP will submit ten copies of the evaluative summaries and four copies of the evidence file to HAB Admin.

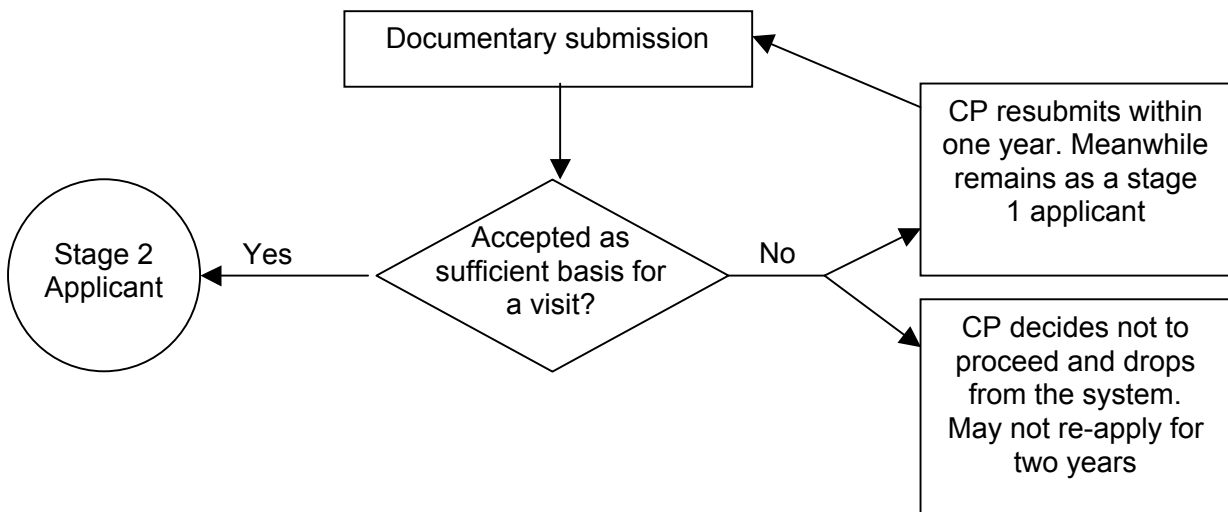
(v) HAB Administration will circulate the evaluative summaries to the members of HAB and the AA. The four evidence files will be circulated to the AA, the Chair and two designated HAB members. (Note: the Chair's copy will be forwarded to the Team Leader and the HAB members copies to the two homeopath visitors, once it is agreed that a visit is going ahead)

(vi) The two designated members will prepare written notes on the documentation to the AA prior to the meeting at which it is scheduled to be discussed

(vi) At the next HAB meeting, the documentation will be reviewed and HAB will decide whether the documentation provides sufficient evidence that the CP is ready to proceed to Stage 2 (the site visit). The AA will collate the review which will form the written feedback to the course provider. The Chair of HAB will write to the CP informing them of the outcome:

(a) If the evaluative summary and the evidence file are not considered to be sufficient to warrant a visit, written feedback will be provided to the CP who can decide whether to remain a Stage 1 applicant and resubmit (usually within 12 months) or to drop out of the accreditation process.

(b) If the evaluative summary and the evidence file is considered to be sufficient to warrant a site visit, a preliminary visit agenda will be drawn up and feedback will be given to the CP about areas that the visiting team will investigate



4.3.1 Evaluative Summary and Evidence File

The **Evaluative Summary** document should be produced using the course provider’s proforma in Appendix 4. An overall evaluative statement should be provided relating to Overall Criteria A, B and C (approximately 600 words). For each Specific Criteria the course provider should make a concise evaluative statement (approximately 300 words) explaining how they believe that they meet the criterion. For each specific criterion they should list the evidence they have provided in the evidence file (cross-referenced to that file) and indicate evidence that will be available at the visit.

For example:

Description of Evidence	Available in Evidence File	Available during Site Visit
Course handbook		√
Mission Statement	Evi. 1	
Student files		√
Marking Criteria	Evi. 16	
Examples of student work		√
External Examiner Report	Evi. 17	

The **Evidence File** should largely be compiled using *existing* documents and should evidence the course provider’s claim that they meet the Specific Criteria. Where necessary, the course provider may choose to develop new documentation, eg if they find that they have not already developed a particular policy, and they may like to seek the support of other members of the HCPF or the AA in this process.

It is important that sufficient evidence is included for HAB and the team to have an overall view of the course provider as an organisation as well as the course content and standards achieved on the programme. For independent colleges, it is likely that they will need to

include, not only their structure and how this functions, but also their policy documents. For programmes within a university, institution-wide policies and processes should be available at the time of the visit, with sufficient information included in the submitted file to provide evidence of how those policies and processes work out for the homeopathic programme and the department within which it is located.

CPs should select evidence appropriately to include in the evidence file. For instance, all staff CVs, a overall outline of the curriculum with learning outcomes, marking criteria, a representative sample of meeting minutes and external examiner reports should be included. However, student work or bulky student handbooks should not be included but should be available to the VP at the time of the visit.

4.4 Stage 2 Applicant

(i) The CP will confirm their commitment to proceed with the accreditation process in written reply to the Chair of HAB, and will then move to Stage 2 Applicant.

(ii) HAB Administration, the AA and the CP will negotiate suitable dates for the visit, and confirm the date of the HAB meeting that will review the VP's recommendation.

(iii) The VP team (the lay team leader and the two homeopath members) will be selected by HAB. The CP will confirm their acceptance of the VP team and they will be appointed. If course providers have valid reasons for any member of the VP not to be appointed these need to be given in writing within two weeks of receiving the information, and be acceptable to the Chair of HAB.

(iv) Once this confirmation of the VP team has been received, the VP homeopath members will be sent all the relevant documentation (evaluative summary, evidence file and HAB preliminary visit agenda) in order to prepare for the visit. They will receive the two evidence files that the designated HAB members used.

(v) The visit takes place (see below)

(vi) The AA compiles the written report. Draft 1 goes to the Visiting Team for confirmation that it accurately represents their joint views on the CP. Draft 2 goes to the CP for comments on matters of factual accuracy. Draft 3 goes to all members of HAB. The Chair of HAB will be copied into all correspondence on the draft reports.

(vii) HAB meet to consider the report and agree the outcome

(viii) The Chair of HAB informs the CP in writing of the outcome and sends the final agreed Accreditation Report

4.4.1 Accreditation Visit

The accreditation visit will normally take place over a 48 hour period and one of the days may be a non-teaching day if appropriate. Every effort will be made to observe clinical training during the visit. The visiting team should have access to a room each day for their own use, where they can meet privately. It is helpful if as much relevant documentation as possible is made available in this room together (especially that which is not contained within the evidence file). These may be examples of student work, further minutes of meetings, student guides for individual parts of the course, teaching resources used and so on. Arranging this in relation to the Criteria will enable visiting panel members to locate material more easily.

(NB Times given below are approximate and will vary in individual cases and any uncertainty should be discussed with the AA)

Day 1:

6.00 pm - The Visiting Team will meet with the AA the evening before the scheduled visit at their hotel or other accommodation. All should arrive fully prepared and promptly. This

meeting will be used to clarify the areas for investigation and assign tasks to each member of the team. A working timetable will be drawn up.

Day 2:

9.00 am - The Visiting Team (VT) will meet the CP programme managers for an opening meeting, in which all the VT members, the CP staff and the AA will introduce themselves. The team leader will outline the purpose of the visit and indicate the strengths already identified through the documentation submitted and the issues that need to be pursued. The CP may choose, if they wish, to give a short, **no more than 10 minutes**, presentation to the VT introducing the institution and the course. Usually, this opening meeting (and presentation) will be followed by a round-table discussion between the VP and CP, with the AA present, on the overall criteria especially the ethos of the course. The team chair will reinforce that the team members may be attending any class or clinic without further notice and are unlikely to be able to attend for the whole class time. It would be helpful if any lesson plans for that day are made available to the team. Feedback will not be given to the observed staff, although the overall quality of teaching will be commented on within the report.

10.00 am to 6.00 pm - During the day, the VT will be free to go into any class, view any documentation and talk to staff, students or graduates. They will be seeking to verify the documentary evidence presented prior to the visit and assess additional documentary, observational and interview evidence available onsite. They will also wish to view the premises and the learning resources available for students. It is anticipated that all aspects of the organisation will be open to the panel including all minutes, all institutional and course documents and all facilities including the clinic. The AA will be available to both CP and VT throughout the day to answer any queries or concerns about the accreditation process or the visit. At regular intervals the VT will need to meet together to collate and discuss observational evidence, to assess progress with the identified issues and note any new issues that have arisen. As far as possible the AA should be present at all these meetings to supervise the team and ensure that they are undertaking good research practice (eg triangulation of evidence, reflective practice)

Day 3:

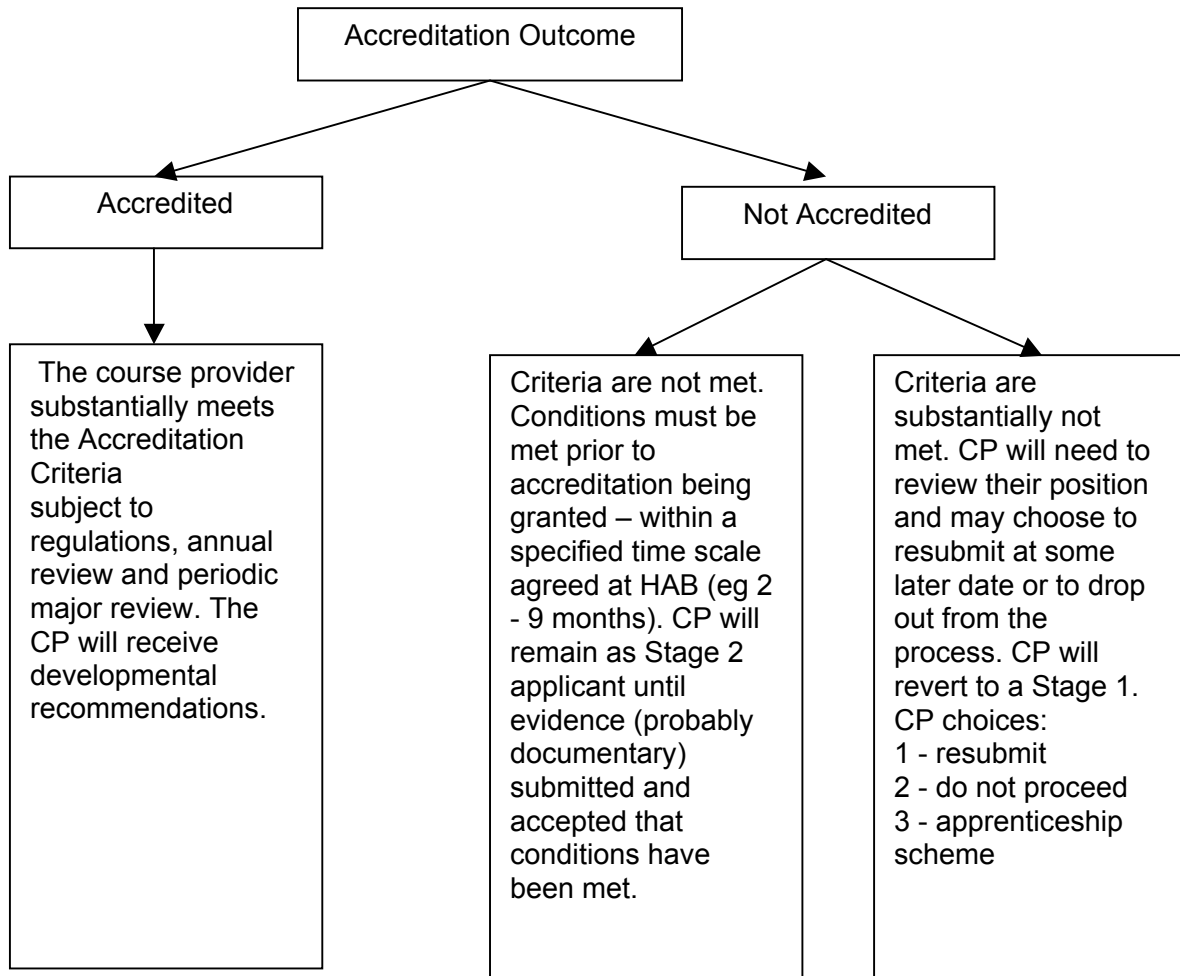
9.00 am - The VT will meet with the AA to evaluate their progress so far and to identify any areas for further investigation.

10.00 am to 2.00 pm - The VT will again circulate in the institution gathering evidence. The AA will begin to collate and write up the information for the final report and prepare the oral report to the CP for the final meeting. The AA will be available to any members of the CP or VT during this time.

2.00 pm to 4.00 pm - Any last pieces of evidence that may be needed will be collected. The VT will meet with the AA to collate any final evidence and insert it into the report. The Team Leader will prepare the final oral report to the CP and the VT will decide what they are going to recommend to HAB about the accreditation of the course.

4.00 pm to 4.30 pm - The concluding meeting will take place. The final oral report from the VT will be delivered to the CP programme managers and any other relevant persons. The AA will be present to observe. The focus of this concluding meeting is to summarise the outcome of the visit using provisional bullet point notes and what the team's recommendation to HAB is going to be. This is not the place for further discussion or feedback from the CP. The recommendation of the team is provisional and, exceptionally, may be amended by HAB (such as in the case of breach of code of conduct). In the event of an amendment, full explanation and justification would be supplied.

4.5 Accreditation Outcome



4.5.1 If Accreditation is Not Granted

If accreditation is not granted, it will be clear in the accreditation report where further developments have to take place in order to meet HAB's requirements. The most significant of these will be stated as **conditions**. Others may be expressed as key recommendations and recommendations (see below). Conditions must be met in and progress demonstrated in relation to the key recommendations in order for accreditation to be granted.

In discussion through the AA with the CP, HAB will agree a specified timescale for these developments to take place and what evidence will be required by HAB for sufficient progress to be demonstrated. If it is agreed that full documentation and a further visit will be required, or if the time needed to achieve the required developments is planned to exceed 12 months, the CP will revert to Stage 1. CPs which plan to demonstrate their progress through documentation alone and within 12 months will remain at Stage 2. Should they not achieve the requirements within this timescale, their accreditation status will be reviewed by HAB and they may revert to Stage 1.

CPs which have not been accredited may choose to withdraw from the accreditation process, and may then not re-apply for 24 months. The CP may, alternatively, decide to apply to join the Certified Apprenticeship Scheme (CAS) for Homeopathy.

4.5.2 After Accreditation has been Granted

Three areas will be identified at the time that accreditation is granted:

- i Areas of good practice - which will be highlighted and praised
- ii Areas which could be developed further to improve the education and training provision - which HAB will call '*Recommendations*'.
- iii Areas which need to be further developed in order to ensure the continuance of training provision to a registerable standard - which HAB will call '*Key Recommendations*'.

i Areas of good practice

This is a chance for the HAB to formally acknowledge the areas of strength discovered during the accreditation visit.

ii Recommendations

It is also anticipated that all Course Providers will have aspects of their provision that would benefit from further development. This does not mean that there is anything wrong with these aspects; they are adequate to meet the criteria. They are not major issues in terms of accreditation. They will be topics for conversation to **support** the Course Provider in the further development of their course or institution.

iii Key Recommendations

Some Course Providers will have had important areas of weakness identified during the accreditation process. These areas are not weak enough to stop the course being accredited but only just enough for the CP to substantially meet the accreditation criteria overall. The concern is that should the standard in these areas slip, then the course overall would no longer meet the accreditation criteria. These courses will receive '*Key Recommendations*' relating to these areas, as well as '*Recommendations*' for the development of other areas as discussed above. '*Key Recommendations*' will be a focus for enquiry during Annual Visits (see Section 5 below) and subsequent formal Confirmation of Accreditation Visits.

4.6 Appeal

Course providers will have the right of appeal against the accreditation decision made on their course. The appeals process is set out in Appendix 5.

5 Monitoring and Maintenance of Accreditation

Maintaining accreditation is a joint endeavour between the Course Provider and HAB. CPs will be expected to submit a brief annual return, together with their annual fee.

In order to maintain a strong relationship with HAB, exchange ideas and to share relevant developments, the AA will, on behalf of HAB, engage in an Annual Visit with the Course Provider, except in those years when the Course Provider is undertaking and hosting a formal Confirmation of Accreditation Visit.

The frequency of formal Confirmation of Accreditation Visits will depend on the nature of the recommendations made at the time of accreditation and the progress and developments made by the Course Provider since that time.

The following sections outline the nature and processes of the Annual Report, the Annual Visit and the Confirmation of Accreditation Visit.

i The Annual Report

All Course Providers will supply the following each year:

- a. Submission of basic statistics for the past academic year:
 - i. Numbers of students in each intake (year) group
 - ii. Numbers of students transferring into the course in each intake (year) group
 - iii. Numbers of students transferring out of the course from each intake (year) group
 - iv. Numbers of students taking time out from the course from each intake (year) group
 - v. Numbers of students returning to each intake (year) group after taking time out from the course
 - vi. Numbers of students who have left the course from each intake (year) group
- b. A brief report of any major changes or developments to:
 - i. The course itself – this is about the material taught, the way it is taught, the way assessments are made, clinical training etc.
 - ii. The resources available to the Course Provider, its staff and its students – this is about the buildings used, library facilities, computer facilities etc., together with a list of staff changes and the CVs of new staff.
 - iii. The structure of the institution – this is about the management structure, the departments, the people running the organisation, the ownership etc.
 - iv. Any other significant changes not covered by the above.
- c. A signed declaration that, other than any aspects listed in 'b' above, there have been no major changes since the last formal Accreditation or Confirmation of Accreditation Visit
- d. A statement of commitment to develop the areas related to any outstanding *Key Recommendations* and *Recommendations*.
- e. Payment of fees due.

ii The Annual Visit

The AA will arrange with the Course Provider a time to visit them in their institution.

The specific objectives of Annual Visits are to:

- ensure that the AA has regular contact with Course Providers
- ensure that Course Providers have regular contact with the HAB via the AA
- enable the AA to get to know and be known by some of the teaching and administrative staff within each Course Provider
- enable ideas and plans for development to be discussed at an early stage
- encourage an honest exploration and a genuine dialogue about issues and problems
- promote insights into the way in which both the HAB and the Course Providers are managed

Essentially these visits are of an informal nature, although this should not be regarded as lessening their significance to the HAB or their potential importance in helping institutions to develop their courses or prepare effectively for a formal Confirmation of Accreditation Visit. Particular attention will be paid to any Key Recommendations and Recommendations arising from the previous formal Accreditation or Confirmation of Accreditation Visit.

The visits enable a mutual exploration of ideas and a sharing of progress, so that institutions are brought up-to-date with HAB's latest thinking and the HAB is made aware of the institution's most recent developments.

At each visit, unless otherwise arranged beforehand, the AA should be given the opportunity to talk to staff and students and to observe any relevant activity. The main aim is to view the institution in its normal mode of operation and to exchange ideas and views.

iii Confirmation of Accreditation Visits

The frequency of formal Confirmation of Accreditation Visits will depend on the progress a course provider has made in working on Key Recommendations and Recommendations. This progress will be evidenced through the Annual Visits and Annual Reports. Course Providers which continue to develop, reporting this within the annual report and in dialogue with the AA at the Annual Visits are likely to have a longer time interval between formal Confirmation of Accreditation Visits.

The year of a formal Confirmation of Accreditation Visit will be determined by the HAB no less than six months before it is proposed to take place. Normally HAB would expect its own schedule of formal Accreditation and Confirmation of Accreditation Visits to be agreed and publicised for the forthcoming academic year. The exact timing of a visit will be subject to negotiation between the Course Provider and HAB via the AA.

The maximum period before a formal Confirmation of Accreditation Visit will be scheduled is 6 years.

iv Special Visits by HAB Representatives

From time to time HAB or the Course Provider may request a visit to the institution by an HAB Representative that is outside of the normal annual or accreditation visits. This may be in order to follow up concerns or action following an accreditation or annual visit, to participate in a validation event, to be consulted on specific issues or for other reasons. As these visits are beyond the 'normal' HAB activity, the Course Provider will be expected to reimburse the HAB for the expenses incurred, together with the direct cost of the HAB Representative's time at the current daily rate.

Due to the need to cater for the unpredictable, the HAB reserves the right to use any or all of the above processes or any other processes it sees fit, at any time in order to inform its decision whether to confirm or maintain accreditation.

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6 Evaluation of the Accreditation System

An ongoing system for feedback and evaluation on the whole of the accreditation system will be managed by the Chair of HAB and the AA.

Feedback will be requested from all participants in the accreditation process, including CP staff, students, visiting team members, lay members and any observers. Collated feedback will be presented and discussed fully by HAB and HCPF. A short report will be produced by the AA and circulated to relevant groups/persons annually and will contribute to the annual review of the Accreditation Process.

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APPENDIX 1

TERMS OF REFERENCE AND MEMBERSHIP FOR THE HOMEOPATHY ACCREDITATION BOARD

Section A: Terms of Reference of the Homeopathy Accreditation Board (HAB)

A1 Overall purpose

The Homeopathy Accreditation Board will undertake the work related to the process of accrediting courses in homeopathy and maintaining course accreditation based on the agreed criteria and systems, and will review these processes with the Homeopathy Course Providers' Forum, agreeing changes with them.

A2 Specifically HAB will:

- Keep under review the accreditation criteria, process and documentation, and the process of annual monitoring clarifying issues as they arise
- Consult with and maintain the support of the Homeopathy Course Providers Forum and the Professional Registering Bodies for the accreditation system including the undertaking of a formal evaluation on completion of the year's work and agreement on areas for improvement
- maintain HAB membership in accordance with the agreed constitution
- agree criteria for membership of accreditation visiting teams
- maintain a list of these approved accreditation team members, together with their current CVs
- appoint accreditation team members
- finalise the number of accreditation visits that can be managed and the timetable for these
- receive applications for accreditation
- keep informed as to the progress of applicants
- agree specific accreditation visit team membership
- nominate two members of the Group to review the information received from each course provider submitting for accreditation
- contribute, through the two designated members, to the review of the course providers' submitted documentation
- consider the reports of accreditation visits, and agree the outcome of accreditation, including agreeing specific issues for development and commendation and ensuring that the rationale for the decision is clear
- plan the work of the Board for the following year, including accreditation visits and the continuing review of criteria and processes
- Receive and review annual returns from the Accredited Course Providers (ACP), and through the AA's Annual visits maintain contact with and review developments and progress in ACP
- Develop equivalent criteria and systems for (Apprenticeship Providers)
- maintain and update the knowledge of HAB membership about any issue related to accreditation arising from developments in homeopathy and in the regulatory systems of other health care professions

Section B: HAB Membership

B1 Constitution

HAB will consist of 8 members. The Accreditation Advisor and the Administrator will be in attendance. Voting is only open to full members of HAB.

The membership of the HAB will be:

- 4 lay (non-homeopath) persons: 2 educationalists and 2 patient reps, of which one of these four will normally be the chair
- 4 homeopaths: 2 professional association representatives and 2 course provider representatives

In the absence of the independent chair, a member who is not a homeopath should be nominated to take the chair.

B2 Quorum

The meeting should be quorate for all decisions regarding accreditation. The Quorum shall consist of five members, at least 2 of whom shall be homeopaths not associated with any institution about whom a decision is being made, and at least 2 other members. The Quorum includes the Chair of the meeting.

B3 Term of Office

HAB members will normally be appointed for a period of three years, and will not normally be expected to serve more than two terms of office. In order to provide for some continuity, the initial HAB membership will be staggered with appointments for 1, 2 and 3 years.

Section C: Meetings

C1 Normally there will be six meetings a year

APPENDIX 2

HAB Visiting Team Members: Process of Appointment

Each course provider has committed to offering suitable candidates for the pool of visiting team members, the numbers supplied being proportional to the number of students in the course as outlined in the Accreditation Handbook.

Suitable candidates will be asked to attend one day training. The approval by HAB of each visiting team member will be subject to the completion of this training and the monitoring of their ability to make the assessments required during visits and their ability to contribute appropriately to the subsequent reports of each visit. HAB reserves the right to refuse or withdraw approval to trained VP's in which case the course provider will be obliged to supply a replacement team member for training.

HAB Visiting Team Members Specification

1 Required by All Visiting Team Members:

A. Knowledge – essential

- 1 Familiarity with all aspects of NOS and the Code of Ethics and Practice
- 2 Familiarity with the Accreditation Handbook and the Accreditation process
- 3 Good understanding of the ethics of professionalism.

B. Competencies Required

- 1 Good skills of perception and observation - leading to the ability to identify sources of evidence and opportunities for the collection of evidence to inform judgements about key areas of the assessment criteria
- 2 Good interpersonal skills with the ability to relate to people in a positive way ie being able to question and discuss with them issues, ideas and involve them in the evaluation process.

C. Personal

- 1 Awareness of personal prejudices and the ability to manage them effectively
- 2 Ability to act with integrity - fair, open and honest
- 3 Commitment to the process of accreditation
- 4 Has the time and availability to fulfil the role.

2 Required by the 'Homeopath' Visiting Team Members:

A. Essential Experience

- 1 As a homeopath or as a course provider or teacher/educator/trainer in homeopathy
- 2 Experience with a homeopathy course provider of management, administration, support or registration.

B. Experience - Desirable

- 3 Experience of college/training provision, staff management and knowledge of the issues important to training providers
- 4 Expertise and experience in clinical education/training.

3 Required by the Visiting Team as a Whole

- 1 Ideally has experience in criteria based assessment
- 2 Good skills of analysis and collation - leading to the ability to review and collate evidence consisting of written material, observation, the results of discussion and questioning
- 3 Good skills of evaluation - leading to evaluation of the evidence and the forming judgements in relation to the level of quality using the set accreditation criteria
- 4 Ability to provide clear, constructive, appropriate, balanced and specific feedback.

APPENDIX 3 - needs revising in the light of the collapse of CORH

POLICY AND CODE OF CONDUCT FOR HAB and those UNDERTAKING WORK ON HAB'S BEHALF

1 Introduction

This policy, and the Code of Conduct that follows it, are designed to inform the conduct and practice of all individuals who undertake work for HAB. The following paragraphs contain background information as to the need for, and use of, the Policy and Code. This is followed by an outline of the Nolan Principles of Public Life and finally the Code.

2 Context: serving the public

Indirectly CoRH, and those who contribute to its work, serve the public. They are responsible for ensuring that registered homeopathic practitioners have appropriate knowledge, understanding and skills to practise homeopathy with professional integrity. The public interest is therefore at the centre of the work of the Council and those who undertake work on its behalf - members of the Council, its sub-groups and any officers employed or commissioned by the Council. All aspects of this work need to be credible and to be worthy of public trust and confidence. CoRH has a duty of care and an obligation to the profession to ensure that its conduct, and the conduct of those who work on its behalf, is beyond reproach or concern at all times.

The law is also very clear that a person serving on the governing body of an organisation must always act in the best interests of that organisation and its beneficiaries - even if this is in conflict with the interests of another organisation which they represent or with which they are involved.

Those who undertake work on the Council's behalf are therefore in a position of trust. As such each has a fundamental responsibility to exercise impartial professional judgement in order to protect the public and to enhance the credibility of the Council and the profession of homeopathy. In any profession it is crucial to ensure that personal position, loyalties, knowledge, work or other experience, does not result in a biased decision (which in Statutory Regulation could be subject to Judicial Review).

3 Conflicts of Interest

A conflict of interest is defined as: "any situation in which the private/outside interests of an individual interfere with their ability to act (discuss, advise, decide etc) with the impartiality and independence to be expected of someone acting in a role undertaken for the public interest".

As a professional registering and regulatory body, there are opportunities for vested interests to influence the course of the decision-making process. These conflicts of interest occur where a person (or group of individuals) has knowledge, information, experience, commercial or other contacts, which may influence the objectivity of their views in the decision making process. The potential for a conflict of interest exists whenever a person owes a loyalty to multiple interests or organisations.

In matters of integrity and probity, perception is very important. The reasonable perception of abuse as a result of a conflict of interest is as potentially damaging to confidence in the work of the CoRH as is the reality of a conflict of interest resulting in harm. It is therefore wise to err in decision making on the side of caution. If any facts or information emerge that might reasonably be seen to potentially compromise an individual's judgment or objectivity, then it is best for them to declare a conflict of interest, or for CoRH to agree that an individual might be perceived as having a conflict of interest.

Individuals working on CoRH's behalf need to be aware of two potential areas of conflict of interest:

- those in which they have a personal conflict of interest (ie their own personal beliefs or views mean that they are not able to participate objectively in decision making. Such situations would include, for example, a belief that certain forms of homeopathy represent unsafe practice.)
- those in which there may be an organisational conflict of interest (ie where the policies, procedures, views and business of the organisation which the individual is representing are in conflict with the matter under discussion).

4 'Nolan' Principles of Public Life

The Council endorses the 'Nolan' Principles of Public Life. The 'Nolan' principles are outlined in Annex 1 to this document. This document should be read in conjunction with Annex 1.

5 Code of Conduct

The Code exemplifies the overall standard of behaviour expected of all those undertaking work on behalf of the Council. All individuals will be required to read, understand and agree to endeavour to uphold the Code of Conduct and sign to this effect.

6 Register of interests

CoRH maintains a register of interests that is open to public scrutiny. This register of interests is based on the declared interests of the individuals and may be amended at any time. It is the responsibility of each individual who works on behalf of CoRH to keep their record of interests up-to-date.

The Chair of the Council, or of the Council's subgroups, has the right to challenge any individual who is perceived as having a conflict of interest that has not been declared by that individual and to add it to the list if the Council thinks this is necessary.

7 Situations which potentially may give rise to conflicts of interest

It is not possible to produce an exhaustive list of potential conflicts but the following circumstances are designed to illustrate such situations.

- Being involved in discussions and decisions about an individual/organisation whilst having employment/involvement with them (eg directorship, trusteeship, employee)
- Being involved in discussions and decisions about an individual/organisation whilst being in dispute with the individual/organisation under discussion, including holding strong negative views about an organisation or an individual
- Having a personal relationship with any affiliated member, business or service provider to **CoRH?**
- Being asked informally to raise issues at meetings which may directly or indirectly benefit the person or group making the request
- Failing to disclose evidence/information which does not support an individual's or organisation's preferred outcome

- When any individual, their family or friends benefit financially or by other means, directly or indirectly from the provision of services to or by CoRH (eg renting premises, service contracts)
- Being a trustee etc of another organisation from whom CoRH considers obtaining funding.
- Being involved in the discussion relating to aspects of future posts within CoRH and then applying for the posts
- An individual requests advice on an issue that involves someone who works within the organisation as a volunteer, a staff or a Board member - who regulates the regulator?
- When the results of an enquiry could lead to action being taken against an organisation with which CoRH, or individuals linked to CoRH, have a close relationship.

This list is not comprehensive. Individuals themselves have a duty to declare any other form of interest that might be considered a conflict. In addition, they have a duty to make known to the Council if they are aware of an undeclared interest of another member, if this might compromise the objectivity of that individual's contribution to decision making.

8 Mechanisms to identify conflicts of interest (*again – tweaking*)

Those working on behalf of CoRH will follow the process set out below in relation to conflict of interest.

1. Individuals will proactively disclose any interests that may bring them into conflict with their role on CoRH by completing the Declaration of Interests form on first joining CoRH, on an annual basis thereafter and at any intervening date when their interests change.
2. The Chief Executive Officer is responsible for advising the Board of Directors, and other relevant members on any potential conflict of interest and on how to deal with it.
3. It is good practice at the beginning of a meeting to declare any relevant private interests that the individuals present have in relation to any item to be discussed, and certainly before any debate of the item itself.
4. Individuals will disclose any actual or potential conflict of interest at the beginning of, or at any point during, any meeting as soon as they are aware of it.
5. Where someone who is not working for CoRH has concerns about the conflicts of interest of an individual who is working on behalf of CoRH, then these concerns and the reasons for them must be sent in writing to the chair of the Council.
6. Any individual who is working on behalf of CoRH and who has concerns that an individual(s) may have an undisclosed conflict of interest, has a responsibility to raise this concern at the earliest opportunity. Individuals should discuss the situation in the group in which it has arisen. Should the conflict of interest be confirmed during the discussion a decision will be jointly taken as to the way forward. If no agreement is possible, the Chair will take the decision on the

actions to be taken.

7. When a possible conflict of interest is disclosed by an individual her/himself, or by any other individual, the Chair shall determine the appropriate course of action to be taken. This will include asking the person(s) involved to remove themselves from the meeting.
8. Where a conflict of interests has been signalled, the person(s) involved will not participate in any discussion or decision making process (including voting) about the matter concerned.
9. The disclosure of a conflict of interests will be recorded.
10. CoRH staff members will not be able to join the Council or any of its subgroups while holding a staff positions nor within two years of leaving their employment.

9 Monitoring and Implementation

All individuals who are working on behalf of CoRH will be issued with a copy of this policy when joining/starting work for the Council.

Annually the Council, its subgroups and individuals working on behalf of the Council will evaluate and record how effectively their work has complied with the Code and identify the improvements that can be made. Following the evaluation, the Council, its subgroups and individuals will recommit to the Code by signing the commitment in Annex 2 of this document.

The Council will be responsible for reviewing this policy on an annual basis, undertake any necessary amendments to improve practice and communicate them to everyone involved in the work of the Council.

Annex 1: Principles of Public Life: The ‘Nolan Principles’

In performing their duties, members of HAB and of visiting teams agree to uphold the following seven principles of public life.

Selflessness - Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or their friends.

Integrity - Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their public duties.

Objectivity - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness - Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty - Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects public interest.

Leadership - Holders of public office should promote and support these principles by leadership and example.

Annex 2: Declaration of Commitment to the Code of Conduct for All Individuals Working on behalf of *CORH/CoRH*? (tweaking)

In performing their functions all those involved are expected to:

- uphold the seven principles of public life, known as the ‘Nolan principles’
- endeavour to promote the highest possible standards for the homeopathic profession
- observe confidentiality about any discussion relating to individuals or organisations, and about other issues when requested to do so
- conduct themselves in a way which does not damage or undermine the reputation of *CORH/CoRH* or compromise the impartiality, or perception of the impartiality, of the Council
- make decisions together and take joint responsibility for them
- convey accurately the range of perspectives within any debate in the Council or its subgroups within the limits of agreed confidentiality and without identifying, unless by agreement, individual proponents of views
- promote equality and not discriminate either against any person (including on the basis of race, religion, gender, sexual orientation or disability) or against any other therapeutic approaches, institution or form of homeopathy different to their own
- set aside appropriate time for ***CORH/CoRH*** business and attend punctually
- be informed and prepared for meetings of ***CORH/CoRH*** by reading the papers beforehand
- respect and value each person’s perspectives and contribution
- contribute to debate in an informed and rational way
- contribute to follow-up work constructively and on time
- declare honestly any conflict of interest in accordance with ***CORH/CoRH’s*** published guidelines.

Commitment

As an individual working on behalf of ***CORH/CoRH***, I agree to act in accordance with the above Code.

Name in print _____

Signed _____

Date _____

Annex 3: CoRH Declaration of Interests (*tweak*)

Council of Organisations Registering Homeopaths/Council of Registered Homeopaths

REGISTER OF INTERESTS 2007

NAME	
Type of interest	Scope, value, self or partner or close family
Directorships or partnerships in private companies or Plc's	
Ownership or part-ownership of private companies, businesses or consultancy likely or possibly seeking to do business with CORH/CoRH.	
Significant shareholding in quoted organisations likely or possibly seeking to do business with CORH/CoRH	
Details of any position of authority in any body, including a charity or voluntary body, in homeopathy or health care more generally	
Details of any connection with a voluntary or other body contracting for NHS services	
Details of fees or remuneration received from other public bodies or organisations that are connected in any way to CORH/CoRH .	
Declaration of any other interest that you wish to draw to the attention of CORH/CoRH	
Date:	Signed:

Please continue on an additional sheet if necessary, making clear which heading you are referring.

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APPENDIX 4

ACCREDITATION PROFORMA

Introduction to the Use of the Proforma

This proforma is for use by all those involved in collating and reviewing the documentation submitted by course providers and by those who visit the institution.

There are two versions of the proforma

- **Version A** is for use by the course providers for the summary that accompanies their evidence file.
- **Version B** is for use by HAB and the visiting team members.

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Accreditation Proforma: Version A: For use by the Course Providers

Introduction

This proforma may be used as a guide by course providers to the summary statement that needs to accompany the evidence file.

Section 1 asks for basic information about the course provider.

Section 2 is the summary within the framework of the 14 Criteria of Accreditation.

In this section the course provider is asked for each criteria to:

- (a) make an evaluative statement justifying why the course provider considers that they have met this criterion but this should be concise; approximately 300 words for each Individual Criterion is suggested
- (b) list the evidence included either in the file or to be made available during the visit on which they based that conclusion. Please indicate which of the evidence is in the file and which will only be available at the visit.

Prior to a visit, a compilation of review comments will be sent to the course provider to indicate those areas that are likely to be explored further during the visit.

After a visit, the formal report will be written using the proforma with a slightly amended Section 1 to include a list of all those who contributed as reviewers (HAB members and VTs) and to indicate the date of key aspects - receipt of documents, date of visit, date of the HAB meeting where the decision was made.

Section 1

Name of course provider

Brief description of the course provider, including location, approximate size and frequency of student intakes, and any accreditation history, partnerships with HE etc.

Section 2

Criterion 1 - Programme Management

The learning programme is managed by named individuals who are responsible and accountable for the organisation and delivery of the course and who involve students and other relevant persons in the programme evaluation and development.

***Evaluative statement justifying the course provider's claim to meet this criterion.
List of evidence included in the file or available during the visit.***

Criterion 2 - Programme Content

The breadth and content of the course needs to be sufficient to enable students to achieve the outcomes of the learning programme and must include observed clinical training.

***Evaluative statement justifying the course provider's claim to meet this criterion.
List of evidence included in the file or available during the visit.***

Criterion 3 - The Education Level of the Programme

The education level reached on the course should be the equivalent of first degree level study, to reflect the fact that registered homeopaths are independent professional health care practitioners (please see Appendix XX).

This means that on completion of the programme the qualified practitioner should be:

- Competent to assess and treat a diverse range of patients without supervision
- Able to reflect on their practice utilising critically the dynamic and complex body of knowledge, challenging their skills and continually seeking to develop their expertise as a practitioner
- Able to appreciate uncertainty in health care situations, to work within their limits of competence and to refer to other practitioners and seek guidance as required
- Able to communicate with patients and practitioners clearly, with sensitivity, relevance, confidence and professionalism

***Evaluative statement justifying the course provider's claim to meet this criterion.
List of evidence included in the file or available during the visit.***

Criterion 4 - The Length and Structure of the Programme

Course providers should demonstrate that the length and structure of their programme of study is sufficient for students to be able to meet the required outcomes of the learning programme (para 2.2), and to adequately prepare them to practice as independent homeopaths.

This should include:

- An appropriate balance between theoretical, experiential and clinical learning
- Sufficient contact hours and independent study hours.
- A clear policy on expected student progression and development throughout the course.

***Evaluative statement justifying the course provider's claim to meet this criterion.
List of evidence included in the file or available during the visit.***

Criterion 5 - Teaching and Learning

Teaching and learning approaches must engage students in active, independent and student-centred learning, be consistent with the course ethos and be appropriate to:

- enable students to cover the course content (para 2.3.2) at the appropriate level (para 2.3.3) so that they are fit to practise as independent healthcare promote the personal and professional development of students and their commitment to continuing professional development
- promote the personal and professional development of students and their commitment to continuing professional development

***Evaluative statement justifying the course provider's claim to meet this criterion.
List of evidence included in the file or available during the visit.***

Criterion 6 - Assessment

Assessment approaches must be consistent with the course's ethos and must:

- Establish whether students have reached the required level of understanding and skill (as specified in para 2.2) so that they are fit to practise as independent healthcare professionals
- promote the personal and professional development of students and their commitment to continuing professional development

In addition accreditation will confirm that:

- the criteria on which students are assessed are clear and explicit and made available to staff and students

***Evaluative statement justifying the course provider's claim to meet this criterion.
List of evidence included in the file or available during the visit.***

Criterion 7 - Student Recruitment, Support and Guidance

Applicants and students are provided with appropriate, clear and accurate information at all stages of the course. For example on: course content, teaching and learning approaches, assessment criteria and approaches, financial and time commitments and institutional resources (including staff). Students are offered appropriate personal guidance and support throughout the course and enabled to use other forms of support when they need them.

***Evaluative statement justifying the course provider's claim to meet this criterion.
List of evidence included in the file or available during the visit.***

Criterion 8 - Student Complaints System

The course provider has a complaints system that is clear to students and which is capable of addressing formal complaints from students.

***Evaluative statement justifying the course provider's claim to meet this criterion.
List of evidence included in the file or available during the visit.***

Criterion 9 - Staff Recruitment, Development and Management

The course provider has policies and procedures for the recruitment, development and management of all staff which are appropriate to its size and support its function to produce homeopathic practitioners who can meet the outcomes described in NOS and the Code of Ethics and Practice.

***Evaluative statement justifying the course provider's claim to meet this criterion.
List of evidence included in the file or available during the visit.***

Criterion 10 - Resources and Facilities to Support Learning

There are sufficient and appropriate resources and facilities to support the learning and development of students to achieve the required course outcomes (para 2.2). Facilities, policies and practices should comply with relevant legislation.

***Evaluative statement justifying the course provider's claim to meet this criterion.
List of evidence included in the file or available during the visit.***

Criterion 11 - Course Provider Management Systems, Policies and Practices

The course provider will be able to show that it has management systems, polices and practice (including legal requirements) in place which are appropriate to its size and support its function to produce homeopathic practitioners who can meet the outcomes described in NOS and the Code of Ethics and Practice.

***Evaluative statement justifying the course provider's claim to meet this criterion.
List of evidence included in the file or available during the visit.***

Criterion 12 - Course Provider Financial Systems, Policies and Practices

The course provider will be able to show that it has financial systems, policies and practices (including legal requirements) in place which are appropriate to its size and support its function to produce homeopathic practitioners who can meet the outcomes described in NOS and the Code of Ethics and Practice.

***Evaluative statement justifying the course provider's claim to meet this criterion.
List of evidence included in the file or available during the visit.***

Criterion 13 - Course Provider Self Evaluation

Course provider has ongoing internal evaluation systems in place, including staff and student feedback that are appropriate to its size and support its function to produce homeopathic practitioners. Issues arising should be addressed appropriately to promote the continued development of the organisation.

***Evaluative statement justifying the course provider's claim to meet this criterion.
List of evidence included in the file or available during the visit.***

Accreditation Proforma: Version B: For use by HAB and Visiting Team members

Introduction

This proforma may be used as a guide by all those involved in the review of the course provider - both through their submitted documentation and through the visit.

Section 1 provides a summary of the progress through accreditation.

Section 2 is the review within the framework of the 14 Criteria of Accreditation.

In Section 2 all reviewers are asked for each criteria to:

- (c) make an evaluative statement on whether the course provider has provided evidence of meeting that criteria
- (d) cite the evidence (or examples) on which they based that conclusion
- (e) if appropriate, indicate what would strengthen that areas or provision
- (f) indicate examples of good practice

All individuals involved are encouraged to use the proforma.

Prior to a visit, a compilation of review comments will be sent to the course provider and team members to indicate those areas that need to be explored further during the visit. After a visit, the formal report will be written using the proforma with a slightly amended Section 1 to include a list of all those who contributed as a reviewers (HAB members and team members) and to indicate the date of key aspects - receipt of documents, date of visit, date of HAB meeting where the decision was made.

SECTION 1 SUMMARY of the PROGRESS THROUGH ACCREDITATION

1.1 Name of reviewer/visitor

1.2 Name of course provider

1.3 Brief description of the course provider, including location, approximate size and frequency of student intakes, and any accreditation history, partnerships with HE etc.

1.4 Applicant Stage 1 REVIEW OF DOCUMENTS

1.4a Date documents received

1.4b List of documents submitted/reviewed

1.4c Summary of review of documentary evidence including strengths and key areas for further clarification

1.4d Outcome of documentary review (further information request/visit)

1.4 e Outcome of further information request

**1.5 Applicant Stage 2
VISIT**

1.5a Date of visit

1.5b List of people and groups met

1.5c List of further documents reviewed

1.5d Overall summary of evidence from further documentary review, discussions and observations

1.5e Recommendation of visitors

1.6 Decision of HAB

Section 2

Criterion 1 - Programme Management

The programme is managed by named individuals who are responsible and accountable for the organisation and delivery of the course and who involve students, staff and other relevant persons in the programme evaluation and development.

Evaluation, evidence, suggestions for strengthening and examples of good practice

Criterion 2 - Programme Content

The breadth of the content of the course needs to be sufficient to enable students to achieve the outcomes of the learning programme and must include observed clinical training and experience.

Evaluation, evidence, suggestions for strengthening and examples of good practice

Criterion 3 - The Education Level of the Programme

The education level reached on the course should be the equivalent of first degree level study, to reflect the fact that registered homeopaths are independent professional healthcare practitioners (please see Appendix XX).

This means that on completion of the programme the qualified homeopath should be:

- Competent to assess and treat a diverse range of patients without supervision
- Able to reflect on their practice utilising critically the dynamic and complex body of knowledge, challenging their skills and continually seeking to develop their expertise as a practitioner
- Able to appreciate uncertainty in health care situations, to work within their limits of competence and to refer to other practitioners and seek guidance as required
- Able to communicate with patients and practitioners clearly, with sensitivity, relevance, confidence and professionalism

Evaluation, evidence, suggestions for strengthening and examples of good practice

Criterion 4 - The Length and Structure of the Programme

Course providers should demonstrate that the length and structure of their programme of study is sufficient for students to be able to meet the required outcomes of the learning programme (para 2.2), and to adequately prepare them to practice homeopathy.

This should include:

- An appropriate balance between theoretical, experiential and clinical learning
- Sufficient contact hours and independent study hours
- A clear policy on expected student progression and development throughout the course.

Evaluation, evidence, suggestions for strengthening and examples of good practice

Criterion 5 - Teaching and Learning

Teaching and learning approaches must engage students in active , independent and student-centred learning, be consistent with the course ethos and be appropriate to:

- enable students to cover the course content (para 2.3.2) at the appropriate level (para 2.3.3) so that they are fit to practise as independent healthcare practitioners
- promote the personal and professional development of students and their commitment to continuing professional development

Evaluation, evidence, suggestions for strengthening and examples of good practice

Criterion 6 - Assessment

Assessment approaches must be consistent with the course's ethos and must:

- establish whether students have reached the required level of understanding and skill (as specified in para 2.2) so that they are fit to practise as independent healthcare
- promote the personal and professional development of students and their commitment to continuing professional development
- be consistent with the course provider's statements and written materials (including any educational ethos)

In addition accreditation will confirm that:

- the criteria on which students are assessed are clear and explicit and made available to staff and students

Evaluation, evidence, suggestions for strengthening and examples of good practice

Criterion 7 - Student Recruitment, Support and Guidance

Applicants and students are provided with appropriate, clear and accurate information at all stages. For example on: course content, teaching and learning approaches, assessment criteria and approaches, financial and time commitments and institutional resources (including staff). Students are offered appropriate personal guidance and support throughout the course and enabled to use other forms of support when they need them.

Evaluation, evidence, suggestions for strengthening and examples of good practice

Criterion 8 - Student Complaints System

The course provider has a complaints system that is clear to students and which is capable of addressing formal complaints from students.

Evaluation, evidence, suggestions for strengthening and examples of good practice

Criterion 9 - Staff Recruitment, Development and Management

The course provider has policies and procedures for the recruitment, development and management of all staff which are appropriate to its size and support its function to produce homeopathic practitioners who can meet the outcomes described in NOS and the Code of Ethics and Practice.

Evaluation, evidence, suggestions for strengthening and examples of good practice

Criterion 10 - Resources and Facilities to Support Learning

There are sufficient and appropriate resources and facilities to support the learning and development of students to achieve the required course outcomes (para 2.2). Facilities, policies and practices should comply with relevant legislation.

Evaluation, evidence, suggestions for strengthening and examples of good practice

Criterion 11 - Course Provider Management Systems, Policies and Practices

The course provider will be able to show that it has management systems, policies and practice (including legal requirements) in place which are appropriate to its size and support its function to produce homeopathic practitioners who can meet the outcomes described in NOS and the Code of Ethics and Practice.

Evaluation, evidence, suggestions for strengthening and examples of good practice

Criterion 12 - Course Provider Financial Systems, Policies and Practices

The course provider will be able to show that it has financial systems, policies and practices (including legal requirements) in place which are appropriate to its size and support its function to produce homeopathic practitioners who can meet the outcomes described in NOS and the Code of Ethics and Practice.

Evaluation, evidence, suggestions for strengthening and examples of good practice

Criterion 13 - Course Provider Self Evaluation

Course provider has ongoing internal evaluation systems in place, including staff and student feedback that are appropriate to its size and support its function to produce homeopathic practitioners. Issues arising should be addressed appropriately to promote the continued development of the organisation.

Evaluation, evidence, suggestions for strengthening and examples of good practice

APPENDIX 5

POLICY AND PROCEDURES FOR APPEALS AND OUTSIDE ARBITRATION IN THE ACCREDITATION PROCESS

1 Introduction and Scope of this policy

- 1.1 The HAB policy and procedures described below are for use by course providers that wish HAB to reconsider their decisions related to accreditation as follows:
 - The failure to award accreditation
 - The request for further evidence to be provided before accreditation is reconsidered
 - The number of years of accreditation awarded
- 1.2 The HAB will, in its reports to the course providers, indicate their decisions and will notify them of their right to appeal.
- 1.3 The HAB will appoint two outside arbitrators who may be called upon as necessary (see section 3 below).

2 Procedures for appeal

- 2.1 Within 30 days of receiving the official notification of a HAB decision the course provider should inform the Chair of HAB in writing of its intention to appeal.
- 2.2 The course provider must send three copies of a written statement of appeal, including the grounds of appeal and any accompanying documentary evidence, so that it is received by the HAB office within 60 days of the official notification.
- 2.3 All expenses incurred by HAB in considering the appeal will be payable by the course provider, unless the HAB acts to modify or reverse its original decision, having been persuaded of an error, omission or oversight on its part.
- 2.4 The appeal statement should state the reasons for seeking reconsideration of HAB's decision, together with a detailed statement of any error, omission or misjudgement which it is believed has occurred in HAB's decision-making processes. If new information, previously unavailable to HAB, forms any part of the appeal statement, the course provider must explain why it believes such new information should cause HAB to reconsider its decision and why this information was not available prior to HAB's decision.
- 2.5 HAB will consider the appeal decision at the next HAB meeting. Prior to this the Chair will ask the team leader of this visit (if this has occurred) to provide a statement in response to the appeal, either justifying its previous recommendation or showing sympathy to the grounds of appeal, and this statement will be available to members of HAB alongside the course provider's appeal statement.
- 2.6 Representatives of the course provider and the visit team leader may attend the HAB meeting to present a brief supporting argument and to answer HAB's questions. These representatives will be asked to leave the meeting when the HAB members are ready to discuss the issues and make a decision.

- 2.7 The HAB will inform the course provider as soon as is practicable after the meeting whether it has decided to affirm, modify or reverse its original decision.
- 2.8 The HAB's decision is final, unless or until an outside arbitrator refers the matter back to HAB.

3 Policy and procedure for outside arbitration

- 3.1 Should a course provider feel it has grounds to contest the procedure of the appeal, as well as the original HAB decisions which led to the appeal process, it may ask for an outside arbitrator to review them both.
- 3.2 However, the burden is on the course provider to establish that the HAB, in reaching its decisions:
- Did not follow its own rules and procedures set out in the Accreditation Handbook and/or
 - Did not take into account substantial evidence on the record and/or
 - Abused its discretion in some way that was materially prejudicial to the course provider.
- 3.3 Should the arbitrator find one or more of the above criteria to apply, he or she may refer the matter back to the HAB for a new discussion and new decision. Unless the arbitrator finds the HAB to be at fault, all expenses of arbitration, including the arbitrator's reasonable fee and the costs of specially arranged meetings, shall be borne wholly by the course provider concerned.
- 3.4 To initiate the arbitration procedure, the course provider should inform the Chair of HAB in writing within 30 days of receiving HAB's decision on its appeal, of its intention to seek arbitration. This notification should also contain a full explanation of how, in the opinion of the course provider, one or more of the above criteria applies to HAB's decision(s).
- 3.5 As soon as is practicable, HAB shall propose to the course provider the names of two people who would be eligible to serve as arbitrators in the case. These persons will have played no part in the decisions being challenged and will have no affiliation with the course provider requesting arbitration. Within 7 days of receiving these names, the course provider will select one. If the course provider rejects both proposed arbitrators, HAB will propose two others, taking into account the reasons why the course provider rejected those previously proposed, from whom the course provider must select one.
- 3.6 All relevant information and documentation shall be made available to the arbitrator, who may wish also to call for oral evidence from HAB's and the course provider's representatives. No new information should be placed before the arbitrator. He or she will produce a report within 30 days of the start of his or her deliberations, or as soon as practicable thereafter. The report will include the decision and the reasons for the decision, and will be sent to the head of the course provider and to the Chair of HAB.
- 3.7 The arbitrator may either affirm HAB's decisions or determine that the decision should be altered in accordance with the criteria above. In the latter instance HAB will be expected to take further action and to communicate its new decision within 30 days of receiving the arbitrator's report.

APPENDIX 6

CODE OF ETHICS AND PRACTICE

This publication is available from HAB Admin, please email your request to hab.2007@btinternet.com or 01444 239494.

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APPENDIX 7

NATIONAL OCCUPATIONAL STANDARDS (NOS)

The National Occupational Standards (NOS) specific to homeopathy (HM1 and HM2) including the related descriptions of knowledge, understanding and skills to a level that is compatible with first degree level are available from HAB Admin, hab.2007@btinternet.com or 01444 236848.

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