

Accreditation Handbook



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The Traditional Chinese Medicine Accreditation Board (UK)

The address of The Traditional Chinese Medicine Accreditation Board:

TCMAB
Suite 1; The Brentano Suite
Solar House
915 High Street
London
N12 8QJ
Unites Kingdom
Tel / Fax: 0208 457 2560

E-mail: info@atcm.co.uk

The Board Members:

Professor Michael Heinrich (Chair)

Dr Weidong Huang (Officer)

Dr Jidong Wu

Ms Jeanne Knights

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INTRODUCTION

Traditional Chinese medicine (TCM) is a unique medical system that originated from China thousands of years ago. Differentiating it from western medicine, TCM has its own distinctive theories in understanding of human physiology, pathology and pharmacology. TCM employs special techniques in the diagnosis, treatment and prevention of a variety of diseases. The theories are systematic and integrated as they are based on Chinese philosophical ideas. Chinese herbal medicine, Chinese acupuncture & moxibustion and Chinese *tuina* form the major components of TCM.

In recent decades, as a result of the popularity and effectiveness of TCM in the treatment of various diseases, TCM practise has been growing and developing rapidly within the UK. This has resulted in the need to expand and develop centres of educational excellence in this profession.

Establishing professional criteria will ensure that those graduates entering the profession are appropriately skilled, qualified and competent thereby safeguarding the interests of both patients and the general public.

In TCM practice, herbal medicine, acupuncture and *tuina* are often applied in combination according to specific treatment plans.

While applications for accreditation of full TCM programmes/courses are welcomed, single subject applications are also encouraged.

This handbook contains three main parts, which provide information on the Traditional Chinese Medicine Accreditation Board (TCMAB), accreditation requirements and application procedures. It provides guidelines for teaching institutions seeking accreditation of their traditional Chinese medicine course by TCMAB.

This handbook will periodically be revised. An updated revision will automatically supersede previous versions.

PART ONE: STRUCTURE

1. Purpose of Accreditation

- 1.1 To ensure that the educational programmes of TCM comply with the established standards at the professional licentiate level
- 1.2 To maintain and improve the academic quality of TCM education through the accreditation process
- 1.3 To promote further development of professional education in response to the advances in TCM practice and scientific research
- 1.4 To protect the safety of the general public by ensuring graduates entering the TCM profession are appropriately skilled and qualified

2. The Accreditation Organisations

2.1 The Traditional Chinese Medicine Accreditation Board (TCMAB)

The TCMAB is comprised of members who represent the wide-ranging interests of both professional practitioners and the general public. Membership consists of the following:

- a. Two TCM professionals who are members of the Association of Traditional Chinese Medicine and Acupuncture (ATCM)
- b. One educational specialist
- c. One representative from western medicine
- d. At least one lay member representing interests from the general public

The board members elect the chair of the board. The chair is responsible for the running of the board. All correspondence with the board should be addressed to the chair.

2.2 The Traditional Chinese Medicine Accreditation Committee (TCMAC)

The TCMAC was set up under the TCMAB and is a working committee. Its composition includes one to two traditional Chinese medicine professionals who are

members of ATCM and one member with work experience in higher education. The chair of TCMAC is appointed by the TCMAB.

2.3 Accreditation Officer

The accreditation officer working with both the TCMAB and the TCMAC is appointed by the TCMAB. The post holder plays a major role liaising between the TCMAB, TCMAC and ATCM.

3. Relationship between the TCMAB and the Association of Traditional Chinese Medicine and Acupuncture UK (ATCM)

The Traditional Chinese Medicine Accreditation Board was set up in 2004 in response to the rapid development of professional education in traditional Chinese medicine. The board is an independent accreditation body but works closely with the Association of Traditional Chinese Medicine and Acupuncture UK (ATCM). The ATCM was formed in 1994 and at present is the leading professional body with the largest membership of TCM practitioners in the UK. ATCM membership is only granted to the graduates of institutions or courses that have obtained status of full accreditation from TCMAB.

The two organisations work closely to set, maintain and update both the educational standards and core curriculum. ATCM registrars closely monitor the enrolment of the graduates from the accredited courses. The co-operation between the two organisations is essential for the development of the accreditation.

4. Responsibilities of the TCMAB, TCMAC and Accreditation Officer

4.1 Responsibilities of the TCMAB

The main responsibilities are to direct and make decisions at all stages of accreditation of the educational programmes or courses in traditional Chinese medicine. In details:

- a. To develop and define the standards of professional education in TCM

- b. To propose the criteria and guidelines for the accreditation of educational programmes or courses in TCM
- c. To engage and co-operate with all those involved in professional education and to promote the development of TCM in both education and clinical practice
- d. To direct and supervise the accreditation process
- e. To assess and scrutinize the documentation submitted by institutions seeking accreditation or re-accreditation of TCM programmes or courses
- f. To appoint the team responsible for site-visits during the accreditation process
- g. To make decisions during the accreditation process
- h. To maintain a fully functioning Board including the recruitment of new members on the occasions when vacancies arise either on the TCMAB or TCMAC

4.2 Responsibilities of TCMAC

The TCMAC is a working committee under the TCMAB carrying out all accreditation activities. Its main responsibilities are as follows:

- a. To review all accreditation documents submitted by institutions
- b. To prepare reports and provide recommendations to the TCMAB about the on-going accreditation of institutions and TCM courses
- c. To organise visiting teams and arrange site-visit events in co-ordination with institutions
- d. To review the site-visit reports and make comments on them to the TCMAB
- e. To keep the TCMAB informed of the progress of accreditation events

4.3 Responsibilities of the Accreditation Officer

The accreditation officer is responsible for conducting the day-to-day working of the TCMAB and the TCMAC, including:

- a. Liaising between the TCMAC and the TCMAB
- b. Working as a member of the TCMAC and liaising between the institutions and the TCMAC

- c. Providing support and advice to institutions about accreditation events
- d. Liaising between TCMAB, TCMAC and ATCM

5. TCM Programmes or Courses to Be Accredited

All TCM educational programmes or courses at professional licentiate level can be considered for accreditation by the TCMAB.

- a. Complete TCM courses including traditional Chinese acupuncture and traditional Chinese herbal medicine
- b. Courses of traditional Chinese acupuncture
- c. Courses of traditional Chinese herbal medicine

Institutions (either established universities or independent colleges) providing or planning to provide the educational courses listed above, are all encouraged to contact the TCMAB as early as possible for accreditation. The TCMAB is happy to provide advice and support to smaller colleges in a variety of ways to enable them to proceed smoothly through the accreditation process.

PART TWO: CRITERIA FOR ACCREDITATION

SECTION A: INSTITUTIONAL POLICY, ORGANISATION AND MANAGEMENT

1. Policy

The institution should have an overall policy or mission statement that should indicate the institution's overall aims and objectives. This statement of policy should provide direction for the institution. It should incorporate the purpose for which the institution was founded and relate to other policies of the institution. The governors, staff and students should be aware of this statement policy.

1.1. Policies

The institution must provide clear policy statements in respect to those matters that support the efficient delivery of the course. Written statements should be included regarding

- Assessment and examination procedures
- Equal opportunities and recruitment policies
- Student pastoral and tutorial support
- Course review and development
- Quality assurance procedures

1.2. Review

Statements of institutional policy must be reviewed periodically and revised when necessary. The re-examination of policy should determine continued relevance, fulfilment of objectives and whether all those involved adequately understand policy statements. This review process should include comments from representatives of the student body, teaching staff, administrators, practitioners and the governing board.

2. Legal Organisation

The institution should be legally constituted and be in compliance with all pertinent statutory regulations.

3. Institutional Management

The institution should have a governing body or advisory board including representation that reflects the public interest.

3.1. Representation

The Board, whose duties and responsibilities should be clearly defined, must exercise effective general control over the institution's affairs. The Board should be appropriate to the legal structure. The submission document should indicate how it operates. Board members should be responsible for directing the accomplishment of the institute's founding purpose. They should be responsible for establishing broad policy, long-range planning, appointing the Director, Principal and/or Dean, developing financial resources and playing a major role in the development of external relations. Board membership should provide representation of public interest.

3.2. Control

A clear separation should be made between those having a direct financial interest and those responsible for the academic policies of the institution. There should be a clearly defined relationship between those with overall control and those responsible for implementing the academic policies of the institution.

3.3. Meetings

Regular board meetings must be held at stated times. Agendas of meetings must be prepared and accurate minutes of the meetings kept and filed.

3.4. Administration

The institution should have a Director, Principal or Dean whose major responsibility is to the institution and a suitable administrative team appropriate to the size and purpose of the institution.

The Director, Principal or Dean should be responsible to the governing board for the entire operation of the institution and should be directly responsible for the administration of the policies and procedures determined by the governing board.

4. Academic Administration

Institutions must have a clearly defined academic committee chaired by an appropriate senior person. The academic committee should be responsible for facilitating curriculum development, monitoring teaching quality and assessment of courses.

5. Records

The institution should have appropriate record-keeping systems.

5.1. Permanent Records

To comply with the Data Protection Act and other relevant legislation, the institution should maintain and safeguard accurate academic documents as well as records concerning all other institutional matters.

5.2. Data

The institution must maintain data, which should facilitate the compilation of records and statistics. These should include student profiles, showing the number of students enrolled, graduated and readmitted: admissions data showing the number of applications received and accepted: the ages, educational and ethnic backgrounds of

the student body: assessment, examination papers and student results: external examiner reports.

5.3. Clinical Records

The institution must make sure the affiliated teaching clinic maintains accurate, secure and complete clinical records of patients currently being treated by students: clinical assessments: supervisors' comments on students; and the attendance records of all students.

6. Equal Opportunities Policy

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

6.1. The policy should underpin all the institution's activities. The institution should document details of the application of its Equal Opportunities Policy in its dealings with students, employees and patients in a Code of Practice.

6.2. All institutional procedures, documents and publications must, where appropriate, indicate an awareness of and a commitment to equal opportunities. The institution's prospectus and other official publications, as well as published staff recruitment material, should explicitly state a commitment to equal opportunities.

7. Staffing

The institution should have staff adequately qualified for institutional management and the educational courses/clinical teaching on offer.

7.1. Number

The institution should maintain sufficient teaching staff to perform the responsibilities assigned to them.

7.2. Background and Experience

General and professional education, teaching and practical professional experience should be appropriate to the subject taught. Every staff member should provide evidence of satisfactory experience and provide continuing evidence of awareness of developments in his or her field.

7.3. Professional Development

Staff members should be provided with adequate preparation time and appropriate opportunities for professional growth and development. Provisions for professional development should be reviewed periodically. Staff contracts should clearly specify responsibilities. Evaluation of staff performance should be carried out periodically.

7.4 Policy and Procedures

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

7.5 Communication

Provision should be made for regular and open communication between members of staff and the administrative officers of the institution. The staff should collectively consider educational policies and issues. Minutes of meetings or outcomes of alternative methods of communication should be kept in a permanent file within the institution.

8. Students' Rights and Responsibilities

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

Students should have opportunities to express their views of the course, modules, teaching methods, clinical arrangements and other matters.

Some provision should be made for obtaining students' views and their participation in institutional decision-making. Their grievances should be dealt with in an effective manner.

9. Learning Resources

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

The institution must have its own library or collection of learning resources for students or must have executed long-term written contracts providing for the use of other specified library resources with adequate facilities, accessibility and storage. The library should be available to both students and staff and it should underpin the achievement of the institution's objectives.

10. Institutional Resources

The institution must provide facilities, which are safe, accessible, functional and appropriately maintained. The facilities should be sufficient to house and run the course as well as accommodate the staff and the student body. The institution should ensure access to clinical and practical resources adequate for the needs of the educational courses offered. When students attend a contracted clinic, a written agreement should clearly specify responsibility for quality assurance of student's experience.

10.1. Classroom size and Equipment

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

10.2. Health and Safety

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

10.3. Staff Facilities

Adequate facilities and appropriate media and learning equipment should be available for the support of all staff as well as for students.

10.4. Quality Assurance (QA)

The institution must be directly responsible for all off-campus clinical and educational activities regardless of whether or not the activity has been arranged in agreement with other organisations or individuals. If components of the course are conducted at sites geographically separate from the main campus, QA systems in place should demonstrate that clinical and educational components/services are of equivalent quality. Details of the memorandum of agreement for off-campus provision should be made available.

11. Finance

The institution should have an adequate financial base for existing course commitments, must demonstrate adequate financial planning and must have an appropriate financial management system.

11.1. Resources

The institution should be financially stable with resources sufficient to carry out its objective of adequately supporting its courses and activities. The resources should ensure as a minimum that all enrolled students should be able to complete the course. In the case of an institution that has sole-proprietorship, separate accounts for the course are required. The institution should have the financial capacity to respond to financial emergencies and unforeseen occurrences. If an accumulated deficit has been recorded, a realistic plan to eliminate such deficit should be clearly presented. The governing board should approve this plan. The institution should

demonstrate that, if it were to cease functioning as an educational establishment, it could meet its obligation to provide appropriate refunds to students.

11.2. Control

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

11.3. Budgetary Process

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

11.4. Expenditure

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

11.5. Management

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

11.6. Insurance

Adequate and proper insurance should be in place including cover for employer's liability, third party liability, buildings and contents, loss of business income and professional indemnity to include treatment carried out by students.

11.7. Refund Policy

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

12. Publications

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

- a) Educational aims and intentions
- b) Entrance requirements and procedures
- c) Rules and regulations for conduct and attendance
- d) Opportunities and requirements for financial aid (if applicable)
- e) Procedures for discipline and/or dismissal (for academic and other reasons)
- f) Grievance procedures for students
- g) Fees and equitable refund policies
- h) Course completion requirements
- i) Members of the governing /advisory boards
- j) The outline syllabus, academic calendar, and course schedule
- k) The institution's admissions (and credit transfers, if appropriate) policies
- l) An accurate description of each component of the course of study and the assessment procedure
- m) A description of learning and other physical resources
- n) Details of the qualification(s) to be awarded upon successful completion of the course
- o) Any applicable legal practice requirements
- p) Reference to the institution's policy on equal opportunities

12.1. Honesty and Accuracy

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

12.2. Disclosure

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

SECTION B: EDUCATIONAL POLICY

1. Goal

The institution should have as a formally adopted educational policy the objective to prepare students to become highly professional, independent and accountable Chinese medicine practitioners.

1.1. Content

The statement of policy must demonstrate how the course meets the standards set by the ATCM for entry to the profession. The institution should set out its own definition of a competent practitioner within the framework of ATCM's general competence requirements. The statement of policy should guide the educational processes and adopt priorities in the allocation of resources.

1.2. Review

Statements of educational policy must be reviewed periodically and revised when necessary. The re-examination of policy should determine whether courses are relevant to stated objectives and that the objectives are being met. This review process should include comments from representatives of the student body, teaching staff, administrators, practitioners and the Board of Governors.

SECTION C: EDUCATIONAL PROGRAMME

1. Admissions

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

The admissions policy should make clear its criteria for accepting, or rejecting, various entry prerequisites.

2. Programme of Study

The course should satisfy the minimum requirements of the core curriculum. This would be in respect of levels, hours, professional clinical competence, achievement of learning outcomes and other standards of education established by the ATCM and designed to equip the student for independent practice.

2.1. Core Curriculum

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

2.2. Completion Certificate

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

2.3. Relationship to Purpose

An institution providing traditional Chinese medicine education should offer a course of study which is consistent with and, clearly related to, its statement of educational policy.

2.4. Teaching and learning

The course must demonstrate that it achieves the levels laid down in the core curriculum by utilising a variety of appropriate adult teaching and learning strategies. The course should be sufficiently rigorous in breadth and depth and appropriate to the education and training of independent practitioners.

2.5. Teaching

The teaching of students should be the institution's main priority preparing them for safe, independent, professional practice by gaining the knowledge and skills outlined in the core curriculum.

2.6. Code of Practice

Before entering the clinical section of the course, students should be conversant with both the ATCM Code of Practice as well as related professional Bodies' Codes of Practice and Ethics.

2.7. Clinical Teaching

The institution should provide a clinical programme of sufficient size, variety, and quality to fulfil its educational purposes. Clinical teaching and practice should consist of formal tuition and practical clinical training. This should include supervised care of patients that allows the student to take increasing levels of responsibility for patient care. When a large proportion of the students' clinical experience is gained at off-campus premises, there should be written agreements in place. These should cover the use of those premises specifying how the institution's objectives, course requirements and standards of clinical training are to be carried out. The institution should assure each student of the opportunity to observe, participate in, and, under supervision, take responsibility for the care of patients. Supervision should be sufficient to ensure the safe and competent care of patients.

2.8. Professional Competence

The syllabus should lead to at least a minimum threshold of professional competence to be attained through clinical experience included in the core curriculum.

2.9. Pastoral Care

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

3. Assessment

The assessment of student achievement should be applied systematically throughout the course. A variety of measures should be employed to ensure the acquisition of knowledge, skills, behaviour and attitudes commensurate with each stage of the course leading ultimately to the performance expected of a qualified, independent practitioner.

3.1. Assessment calendar

The institution should develop an appropriate set of assessment stages throughout the course that should be presented in diagrammatic terms. Details should be offered to demonstrate and provide evidence of an assessment system which can keep students and the institution informed regarding educational progress. As a result, at the end of the course, a clear-cut decision can be reached as to the merits of awarding the student a professional qualification to practise. A range of suitable assessment strategies and clinical evaluations should be used to document the acquisition of knowledge, skills and attitudes. Each module and each level of clinical teaching should have clear intentions linked to a transparent means of assessment. The institution should have an effective and efficient system of monitoring students as they progress through clinical learning. Students who have difficulties should be identified early and their weaknesses should be documented and communicated to the student and other relevant persons. Suspension, dismissal or the assignment of remedial work, if necessary, should be determined in a just and timely manner. The variety of assessment outcomes obtained during the clinical learning of all students should be recorded adequately, equitably and be transparent.

3.2. External Examiners

In respect of the course, the institution should appoint at least one external examiner who should ensure:

- a) That students' overall standards of achievement in both the academic and practical components of their course are commensurate with and, judged in line with, standards normally applied in other equivalent educational institutions
- b) That assessment methods and intentions support the learning standards of the profession's core curriculum
- c) That all assessments are conducted fairly and without prejudice

3.3. Appointment of External Examiners

The examiner(s) should be demonstrably knowledgeable of the standards and requirements of the profession and capable of overseeing the institution's assessment procedures and results. The procedures for appointing such examiners should be well documented. The roles and responsibilities of such examiners should also be clearly set down in an examinations policy. Examiners should write annual reports that identify the institution's strengths and weaknesses in respect of assessment. These should be included as a part of course documentation and quality assurance procedures, which should be presented to the Board.

4. Evaluation

A summary of course evaluation systems and quality assurance procedures should be provided. The institution should evaluate the effectiveness of its educational practices and the accomplishment of its stated intentions. This should be carried out by measuring and documenting the achievements of a sufficient number of students and graduates in verifiable and internally consistent ways. The institution should put procedures in place for carrying out annual evaluations of its structures and delivery of the curriculum. Such policies and procedures should have demonstrable impact upon the development of the course. Students' evaluations of courses and the teaching faculty should be one of many perspectives considered in determining whether the institution is meeting its objectives. Retention rates, drop-out rates, completion rates and the average length of time students take to complete the course should be calculated, maintained, and used in helping to measure the outcomes of the course. There must be ways of ensuring that policy and procedures regarding

academic progress and grading are fair, consistent, published and made available to students.

PART THREE: ACCREDITATION PROCEDURES

1. Application for TCM Course Accreditation

1.1 Contacting the TCMAB

Institutions seeking TCM course accreditation should contact the accreditation officer to obtain the relevant information and documents. The following documents should be sent to the applicant:

- a. The TCMAB Accreditation Handbook
- b. The TCM Core Curriculum

Before actually starting the application procedure, institutions are advised to do an in-house review to ensure that the institutions and programmes/courses are or will be in substantial compliance with the requirements that have been described in Part Two.

1.2 A Development Approach

The self-review should not deter institutions from applying for accreditation at an early stage. All institutions are encouraged to start accreditation at an early stage in their TCM course development. The TCMAB welcomes the opportunity to work with staff during the process of self-review. This should help institutions provide evidence of their capability to meet the requirements of the TCMAB and subsequent development of the programme. The accreditation officer is always happy and ready to provide ongoing advice, evaluation and guidance to institutions during the accreditation process.

1.3 Submission of the Application:

To start the accreditation process, institutions should submit a formal application to the TCMAC. The application documents should include:

- a. A completed accreditation application form (**Appendix 1**)
- b. A statement demonstrating that the institution and the programme/course meet or will meet the criteria proposed by the TCMAB (see Part Two).
- c. Accreditation fees

2. Acceptation of Application

2.1 Review of the Application Documents by TCMAC

After receiving the institution's application, the TCMAC should review the application documents and the statement submitted by the institution. At this stage, additional information may be required to support or clarify the application. The TCMAC may decide to appoint a representative(s) to visit the institution.

After careful assessment of the application documents, the TCMAC should produce a report to provide recommendations to the TCMAB about the accreditation process. The report should be submitted to the TCMAB meeting for approval.

2.2 Working in Partnership

The TCMAB respects the right of universities to validate and review their own programmes. In an effort to avoid duplication and overload, TCMAB advocates a process of conjoint validation and accreditation.

TCMAB will appoint a minimum of one practitioner and one educationalist from its list of approved panel members to attend joint events with universities. (The Accreditation Officer of the TCMAB should also attend as an Observer/Adviser). In order for this approach to succeed, it is important that TCMAB representatives attending conjoint events are able to consider and comment upon all aspects of the programme.

2.3 TCMAB's application decision

The TCMAB should discuss the TCMAC's report carefully and then make a decision as to whether or not the institution should proceed to course accreditation. The institution should be informed of the decision, (a, b, or c) in writing.

a. *Successful outcome*: If the TCMAB considers an institution's information and documentation satisfactory, it should give its approval for the institution to proceed with the accreditation process and start preparing full accreditation documents.

b. *Public advertisement*: Once TCMAB approval has been given, the institution may, if it so wishes, indicate in its printed literature that accreditation

of its TCM courses has been sought. However, achievement of accreditation cannot be guaranteed and care needs to be taken with wording in order not to inadvertently mislead potential applicants.

c. *Deferred accreditation process:* The TCMAB may recommend that the institution be given further time to resubmit its documentation and may offer the institution advice and recommendations regarding the accreditation procedure. In this situation, the application fee should not be refunded.

3. The Accreditation Process

3.1 Preparation of the Full Accreditation Documents

When an institution's application for accreditation has been accepted by the TCMAB, the institution should start to compile the full accreditation documents in order to demonstrate how it should successfully deliver courses based on the TCM Core Curriculum at a licentiate level. In addition, all documents and evidence should be included to show how the institution has met or should meet each of the accreditation criteria set up by the TCMAB (Part Two).

a. *Institutional documents:* These should include all documents related to the institutional policies, organisation and management.

b. *Educational documents:* These should include all documents related to the educational policies and the programme/courses of traditional Chinese medicine.

*(For a list of full accreditation documents, please refer to **Appendix 2.**)*

3.2 Duration of Accreditation Process and Annual Report of Self-Evaluation

During the accreditation process, the TCMAB expects an institution to monitor its own progress and make every possible improvement in accordance with the TCMAB's requirements for accreditation. The institution should carry out a self-evaluation on its performance to ensure they are achieving the educational intentions, accomplishing delivery of the TCM Core Curriculum and meeting accreditation criteria set by the TCMAB.

a. The duration of the accreditation process should be up to four years maximum.

b. The institution should be responsible for submitting an annual report concerning self-evaluation to the TCMAC. The report should demonstrate how the TCM programme/courses are progressing and what improvements have been made and which aspects still need to be improved to fully meet the criteria.

c. The TCMAC should respond to the annual report submitted by the institution. Comments and recommendations by the TCMAC should be sent to the institution for consideration regarding the further development of its TCM courses.

The accreditation officer should liaise between the institution and the TCMAC on all the accreditation events in addition to keeping the TCMAB informed of any progress made.

3.3 Site-Visit

At an appropriate stage as part of the process of accreditation, the TCMAC should arrange a site-visit to the institution and its related clinical/off campus areas.

a. *Organisation of the visiting panel:* The site-visit panel should consist of two to three members, one chairperson and one or two others who are either practitioners or educationalists. The accreditation officer should also be involved in the panel as an observer and to provide administrative support to the panel.

b. *Arrangement of a site-visit:* The Accreditation Officer should liaise with the institution during the organization and planning of the site-visit. It is anticipated that the date of the site-visit should be subject to early negotiation so that a mutually convenient date can be agreed. A minimum of 12 weeks' notice should normally be required.

c. *Site-visit activities:* The panel should complete an Institutional Pro-Forma which demonstrates the focus of the visit and should aid in ensuring transparency of decision-making (**Appendix 3**). This visit should explore many aspects concerning the delivery of a good educational experience for students that cannot be examined by documentation alone. In addition to visiting facilities, panel members may wish to speak to staff and students to discuss, for example, teaching and learning material with the teaching team and to learn about the students' experience of the course. At the conclusion of the accreditation site-visit, the panel should decide whether or not to recommend

to the TCMAB course accreditation. In reaching its decision, the panel should prepare the site-visit report. A draft copy of the site-visit report should be sent to the institution for comments and corrections. Amendments should be made on matters of factual errors before being submitted to the TCMAB.

d. Postponed decision: If the initial site-visit panel were not able to reach a definite decision regarding recommendation, the TCMAC could suggest a second site-visit with the consent of the institution providing it was felt substantial improvement had been made.

e. Fees for the site-visit: Following site visits to institutions and related clinical areas, the institution concerned should meet all the specified expenses incurred by the panel. This is in addition to the fees specified elsewhere.

3.4 Review of the Full Accreditation Documents by the TCMAC

The TCMAC should carefully review the full accreditation documents submitted by the institution. The outcome of the TCMAC assessment of these should be included in the final accreditation report. Before submitting the report to the TCMAB, TCMAC should provide a draft copy for the institution to make comments and corrections of any factual errors. The TCMAC should amend the draft report in the light of any factual evidence provided by the institution. Once amended, the final report should be submitted together with the site-visit report to the TCMAB for approval with copies sent to the institution.

4. The Final Decision by the TCMAB

4.1 TCMAB Final Assessment

The TCMAB should consider the TCMAC's final accreditation report and the site-visit report from the visiting panel in conjunction with the institution's full accreditation documents. The final decision should be made by the TCMAB and the institution should be informed in writing of that decision within ten days.

4.2 The Final Decision by the TCMAB

a. *Full accreditation status*: When completely satisfied, the TCMAB should grant the institution full accreditation status of its TCM programme/courses.

b. *Conditional accreditation status*: The TCMAB grants the institution an accreditation status but with certain conditions. The rationale for this decision and recommendations for further improvement should be given to the institution. The institution would have to make the required improvements within a period of time agreed by the TCMAB.

Once the institution has shown itself capable of meeting the conditions imposed by accreditation, it should be required to submit a special report to TCMAC. If satisfied, the TCMAC should report to the TCMAB recommending re-consideration.

c. *Deferred accreditation status*: If there are serious concerns, the TCMAB should defer granting accreditation status. Further requirements and recommendations should be clearly stated and normally be set within the boundaries of a specific time limit. If these time-constrained recommendations were not met, the institution would have to start the accreditation process again. For deferred accreditation, the TCMAC should arrange all the necessary procedures to allow the institution to prove that significant improvement had been achieved to a level that met the criteria. A second site-visit may be necessary.

4.3 Full Accreditation Status Terms

a. Full accreditation status procedure for programmes/courses of traditional Chinese medicine should normally last for four to five years.

b. There should be no need to have re-accreditation for existing accredited programme and courses if:

a) The programme is keep running without major change

b) Has annual site visit and satisfied by the Board.

c. An Annual Fee for an accredited course should be levied by TCMAB. The Board would reserve the right to increase the fee.

d. The TCMAB would reserve the right to use its own discretion in deciding the duration of the acquisition of accreditation status.

e. A certificate for full accreditation status should be issued by the TCMAB to successful institutions. The certificate would be the property of TCMAB. If a duplicate certificate were to be required by the accredited institution, a fee would be levied.

f. The accredited institution would have the right to advertise its accredited course in a particular format. The format recommended by TCMAB would be as follows:

'The course of Chinese medicine/Chinese acupuncture/Chinese herbal medicine provided by ##### University/College is fully accredited by the Traditional Chinese Medicine Accreditation Board'.

5. Post-Accreditation Requirements

5.1 Annual Report of Self-Evaluation

It is expected that institutions should have in place quality monitoring procedures that should include an annual review of the programme for the duration of accreditation. This should take the form of a critical self-review of the programme and document:

- a. Changes to institutional structure, personnel and roles
- b. Changes made to the course during the year
- c. An analysis of student enrolment and retention
- d. External examiners' reports and a response to any issues raised
- e. Student and staff evaluation of the programme: action to be taken in response to evaluation
- f. Analysis of assessment/examination results
- g. Student evaluation of clinical education with additional comments from clinical staff: an action plan showing how identified issues are to be addressed and, consequently, any planned changes to the course
- h. In addition, the opportunity should be taken at the time of the first annual review to comment upon progress in implementing recommendations or conditions outlined at the time of the accreditation event
- i. Evidence that the course had continued to be financially viable: confirmation that resources were available to underpin the continuation of the course for current and future student intakes.

The annual review fee and a copy of the annual review documents should be forwarded to the Accreditation Officer by the end of October each year.

The TCMAC should normally send representatives to revisit institutions annually. However, this may be modified at the discretion of the TCMAB, for example, if the

institution has undergone a visit from another quality external agency during the same period. The TCMAC should produce a report in response to the institution's annual review for submission to the TCMAB. A copy of the report should also be sent to the institution.

The overseas institutes' annual review refers to **Appendix 5**

5.2 Accredited TCM Programmes / Course modification

Curricula should inevitably undergo development in response to informed debate, quality assurance processes, research development, legislation and the external environment. However, approval from TCMAB must be issued in advance of significant changes being made to an accredited programme. The need for change should normally be identified as part of the annual monitoring process.

Institutions would be strongly advised to seek preliminary advice from the TCMAB before embarking upon significant change. Significant changes would include any aspect that might impact deleteriously upon the quality of the students' learning experience or the satisfactory achievement of agreed learning outcomes at the appropriate level or upon their fitness to practice. All other changes must be detailed and justified in the annual review.

5.3 Re-Accreditation

At the end of the agreed period of accreditation, it would be necessary to have the programme formally reaccredited. Re-accreditation would be as substantial in scope as the original accreditation and should incorporate full accreditation documentation and an accreditation site-visit. However, the duration of re-accreditation should take no more than 12 months so as to assure the smooth running of existing courses. (delete this paragraph)

Institutions should normally notify the TCMAB of their intention to seek re-accreditation if:

- a. The programme is going to have major changes in structure, learning outcomes and assessment
- b. The programme or courses ceased running for more than two years.

Re accreditation should take place at least twelve months in advance of the expiry of the current accreditation period. If, as would be reasonably expected, the annual

review was conducted thoroughly, the re-accreditation process could be simplified. The re-accreditation process and procedures should be agreed in advance with the institution. There may arise good reason to carry out complete or partial re-accreditation earlier than this.

Institutions offering accredited courses must notify the TCMAB within 30 days of: change in ownership or management; contractual affiliations with other institutions; and any matters which could substantially affect the institution's policies, staff, curricula, reputation, legal or financial status.

6. Withdrawal of Accredited Status

6.1 Withdrawal by the TCMAB

The TCMAB would normally withdraw accreditation if:

- a. Specific conditions established at the time of accreditation had not been met within the set time limit. Reasons given for this had not been found acceptable by the Board.
- b. The TCMAB has concluded that an institution had engaged in illegal conduct: had deliberately misrepresented itself: presented false information to its staff, students, the public or the TCMAB.
- c. An Institution had failed to provide all pertinent information and materials requested by the TCMAB.
- d. Annual Review documentation was not submitted within the time limit set by the Board.
- e. There was a failure to seek and obtain the TCMAB's approval prior to implementing substantial changes to the programme. The institution had ceased to offer the accredited course.
- f. The TCMAB did not receive due fees within the agreed time period
- g. An institution added unrelated courses to its portfolio which the TCMAB considered would have a deleterious effect on the accredited programme.

6.2 Withdrawal by Institutions

An institution may withdraw its course from accreditation by giving due notice in writing to the TCMAB. Such notice should be sufficient not to disadvantage those students already enrolled enabling them to complete the accredited course. Any

subsequent reinstatement would be entirely at the TCMAB's discretion. If course accreditation was withdrawn for whatever reason, the institution must delete all reference to accreditation from prospectuses, advertising and other printed promotional material within a time limit set by the TCMAB.

6.3 Transfer of Accreditation Status

Accreditation status would not automatically transfer with a change of ownership or type of control. Institutions experiencing changes must submit full and complete information to the TCMAB within 30 days.

7. The Appeal Procedure

7.1 The Criteria for Appeal

Appeals may be made against the decision of the TCMAB if an institution considered that the final accreditation report

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

7.2 Statement of Appeal

A written appeal should be submitted by the institution's Principal/Dean to the Chair of the ATCM's Education Committee within 20 working days of receipt of the final accreditation report. It should clearly state the grounds for the appeal. When considering the appeal, account should only be taken of information available to the TCMAB at the time of the original decision. It would be for the institution to establish that one or more of the above criteria applied when the TCMAB reached its decision.

7.3 The Appeal Panel

The Chair of the ATCM Education Committee should set up an appeal panel consisting of one educationalist and one practitioner in addition to the Chair of the

Education Committee. The TCMAB should provide the appeal panel with a complete record of the accreditation documentation detailing how it reached its original decision.

7.4 The Appeal Process

The panel should consider the appeal and may, at their discretion, include a meeting with representatives of the institution and/or the TCMAB. The appeal panel should produce a written report within 20 working days of beginning deliberations or as soon as possible. The report should include its final decision with supporting evidence.

7.5 The Appeal Outcomes

If the appeal panel does not support the decision of the TCMAB, it should refer the decision back to the TCMAB for further action in accordance with the findings of the appeal panel. The TCMAB should meet within 20 working days and should notify the Principal/Dean of the new decision as soon as possible. Under no circumstances should the appeal panel grant, deny or revoke accreditation.

7.6 The Cost of Appeal

- a. *Successful appeal outcome:* Where the appeal was upheld in accordance with the specified criteria, the Board should bear its own expenses, including those of the appeal panel.
- b. *Failed Appeal outcome:* All expenses incurred as a consequence of the appeal, including any meeting costs, should be met in full by the institution concerned.

8. Overview of the Procedures for Accreditation

See Appendix 4

APPENDIX 1

Application Form for Programme/Course Accreditation

Institution's Name and Address			Independent	
			University Based	
Programme/ Course To Be Accredited			Existing	
			Developing	
Programme/ Course Leader			Contact Details	Tel: Fax: E-mail:
Student Number	Annual Intake		Staff Number	
	Total		Staff Qualifications	
Physical Resources:				
Learning Resources:				
Aims, intended outcomes and awards of the programme/courses:				
Outline delivery strategies for the programme/courses:				
Outline assessment strategies for the programme/courses:				

Arrangement for clinical placement:

Compliance of the programme/course with the Core Curriculum:

Appendix 2

Documentation Required for Accreditation

Policy

1. The statement of policy should provide direction for the institution. The statement should incorporate the purpose for which the institution was founded and relate to other policies of the institution.
2. Written statements should be included regarding the assessment and examination procedures: the equal opportunities policy: recruitment policy: pastoral and tutorial support for students: policy for course review and development; and quality assurance.
3. The re-examination of policy should determine relevance: fulfilment and comprehension by everyone involved. This review process should include comments from representatives of the student body, teaching staff, administrators, practitioners and the governing board.

Structure of the institution

Institutional Management

1. Board members should be responsible for overseeing the institution's founding aims and objectives. They should be responsible for establishing broad policy and long-range planning: appointing the Principal and/or Dean: developing financial resources; and playing a major role in the development of external relations.
2. Board membership should provide representation of public interest.
3. There should be a clearly defined relationship between those with overall control and those responsible for implementing the academic policies of the institution.

Equal Opportunities Policy

1. The institution should document details of the application of its Equal Opportunities Policy in its dealings with students, employees and patients, for example, in a Code of Practice.
2. The institution's prospectus and other official publications, including staff recruitment material, should state explicitly a commitment to equal opportunities.

Staff

1. Staff members' Curriculum Vitae
2. Provision of professional development should be reviewed periodically.
3. Staff contracts should specify responsibilities clearly.
4. Evaluation of staff performance should be carried out periodically.
5. The staff should collectively consider educational policies and issues. Minutes of meetings or outcomes of alternative methods of communication should be kept in a permanent file within the institution.

Students' Right and Responsibility

1. *Opportunity to be heard*: Some provision shall be made for obtaining students' views and for their participation in institutional decision-making.
2. *Grievances*: The institution must have fair and efficient procedures for receiving, reviewing and responding to grievances expressed by students.

Learning Resources

1. The library's materials, services and related equipment should facilitate, improve learning and support the educational programme.
2. The library should be available to students and staff and contribute to the achievement of the objectives of the institution.

QAA Report

1. QAA Report
2. If components of the course are conducted at sites geographically separate from the main campus, QA systems in place should demonstrate that clinical and educational components/services are of equivalent quality.
3. Details of the Memorandum of Agreement for off-campus provision should be made available.

Institutional Publication

Finance

1. In the case of a sole-proprietorship institution, separate accounts for the course are required.
2. The institution should have the financial capacity to respond to financial emergencies and unforeseen occurrences.
3. If an accumulated deficit has been recorded, a realistic plan to eliminate such deficit should be clearly presented for approval by the governing board.
4. The institution should demonstrate that, if it were to cease functioning as an educational establishment, it could meet its obligation to provide appropriate refunds to students.

Programme Handbook and Education Programme

1. A complete set of programme handbooks should be required.
2. The course should be sufficiently rigorous in breadth and depth as well as appropriate to the education and training of independent practitioners.
3. When a large proportion of the students' clinical experience is gained at off-campus premises, there should be written agreements covering the use of those premises, specifying how the institution's objectives, course requirements, and standards of clinical training are to be carried out.
4. The institution should assure each student of the opportunity to observe and, under supervision, participate in and take responsibility for the care of patients. Supervision should be sufficient to ensure the safe and competent care of patients.

Information about Assessments

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

2. Each module and level of clinical teaching should have clear intentions linked to an equally clear means of assessing whether achievement has been attained.
3. The institution should have an effective and efficient system to monitor students as they progress through clinical learning. Students who have difficulties should be identified early and such weaknesses should be documented and communicated to the student and other relevant persons.
4. Suspension, dismissal, or, if necessary, the assignment of remedial work, should be determined in a just and timely manner.
5. The variety of assessment outcomes obtained during the clinical learning of all students should be recorded adequately, be transparent and equitable.

Guidelines for External Examiners

1. The examiner(s) should be demonstrably knowledgeable of the standards and requirements of the profession and capable of overseeing the institution's assessment procedures and results.
2. The procedures for appointing such examiners should be clearly documented.
3. The roles and responsibilities of such examiners should be clearly set down in an examinations policy.
4. Examiners should write annual reports that identify the institution's strengths and weaknesses in respect of assessment. These should be included as part of course documentation and quality assurance and presented to the Board.

Education Policy

1. The institution should set out its own definition of a competent practitioner within the framework of general competence requirements of the ATCM
2. The statement of policy should guide the educational processes and the adoption of priorities in allocation of resources.
3. The re-examination of policy should determine whether courses are relevant to stated objectives, and whether the objectives are being met. This review process should include comments from representatives of the student body, teaching staff, administration, practitioners and the governing board.

Appendix 3

Institutional Site-Visiting Pro-Forma
(To be completed by the accreditation site-visit panel).

Name and Address of Institution:

Tel/Fax/E-mail:

Host Name and Position:

Dates/Time of Visit:

Name of Chairperson of Institutional Site-Visiting Team:

Names of Members of Institutional Site-Visiting Team:

Name of Observer(s) From Host Institution:

1. Facilities – Grading 1: Poor – 5: Excellent

- a** Reception area
- b** Classrooms
- c** Seminar/tutorial rooms
- d** Laboratories
- e** Practical rooms
- f** Student facilities
- g** Library
- h** IT Resources
- i** Pharmacy
- j** Herb Garden
- k** Clinic
- l** Additional comments/appraisal of facilities
- m** Comments

2. Meeting(s) with Staff

Name(s) and Position(s):

3. Possible Topics for Discussion During Meeting

- a** Course organisation and programme management
- b** Are minimum theoretical and clinical hours being met?
- c** Module content
- d** Is coverage adequate?
- e** Is depth/breadth appropriate?
- f** Teaching and learning methods - theory

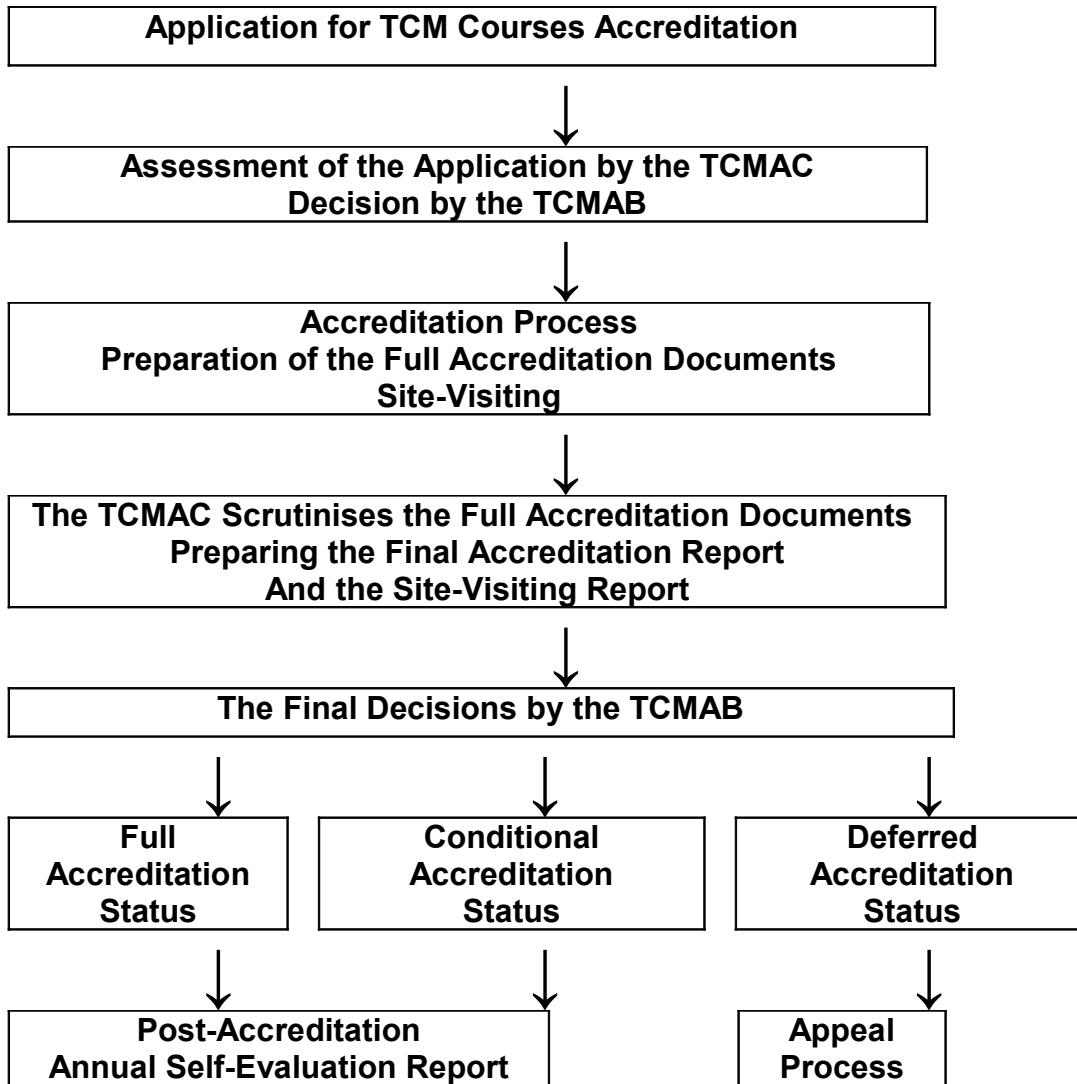
- g** How are ethics addressed?
- h** Are extra tuition and tutorials available?
- i** Teaching and learning methods - clinical
- j** Are learning outcomes achieved in each module?
- k** Assessment strategy - theory
- l** Assessment strategy - practice
- m** Approaches to research and evidence-based practice
- n** Staff appraisal and continuing professional development
- o** Are staff involved in decision making and curriculum development?
- p** Plans for improvement
- q** Student evaluation of course and evidence of action taken
- r** Are there regular staff/student meetings?
- s** Are minutes of staff/student meetings available?
- t** Are minutes of staff/student meetings used as part of the QA system?
- u** Any issues arising from appraisal of organisation's documents
- v** Pass rate for theory and practice
- w** Student numbers and drop-out rate (year by year)
- x** Is debate encouraged in the institution?
- y** Are students fully prepared for independent practice?
- z** Are students fully prepared for financial management?
- aa** Are students fully prepared for the preparation of medical reports?
- bb** Are students fully prepared to liaise with other health providers, especially GPs?
- cc** Review course and student records
- dd** **NB:** Patient/student confidentiality should be maintained

4. Meeting with Students – Possible topics for discussion

- a** Course organization
- b** Students' academic support and guidance
- c** Range/availability of facilities, including Library/IT
- d** Teaching and learning methods experienced
- e** Clinical facilities, practice and supervision
- f** Assessment strategies/feedback to students
- g** Mechanisms for, and effectiveness of, student representation
- h** Course evaluation and monitoring

Appendix 4

OVERVIEW OF THE PROCEDURES FOR ACCREDITATION



Appendix 5

Accreditation for Oversea Institutes

Accreditation: The accreditation procedure is the same as the home institutes.

Annual review:

The overseas institute needs to submit an annual report each year.

An online annual review should take place each year: to meet the course director, academic staff and students. TCMAB sends a report to the institute afterwards.

The site review visit could take place every 4 years.

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