



NTEC Accreditation Handbook

CONTENTS

Part One:	The NTEC Board	p 4
Part Two:	The NTEC Accreditation Process and the Stages of Accreditation	p 5
Part Three:	Maintaining and Renewing Accreditation	p 11
Part Four:	A Guide to Accreditation visits	p 17
Appendix A:	NTEC Board Terms of Reference	p 26
Appendix B:	NTEC's 14 Essential Requirements – Core Criteria for Accreditation	p 28
Appendix C:	Policy and Procedures for Appeals in the Accreditation Process	p 39
Appendix D:	Complaints against Training Providers	p 41
Appendix E:	Membership of the NTEC Training Providers Forum (TPF)	p 45

© Nutritional Therapy Education Commission (NTEC), 2023 Eighth Edition. Revised March 2023.

E: info@nteducationcommission.org.uk
[Http://www.nteducationcommission.org.uk](http://www.nteducationcommission.org.uk)

FOREWORD to the Handbook

Since our inception the CNHC has worked closely with the Nutritional Therapy Education Commission (NTEC) (formerly the NTC) to shape and direct the discipline of Nutritional Therapy. At our heart has always been the rigour of following an evidence based syllabus which evolved into the 2018 Core Curriculum set out by the CNHC which provides a clear, evidence informed programme of study, underpinned by the National Occupational Standards (NOS) and devised to develop the safety, capability and competence of Nutritional Therapy professionals.

Accreditation and the process of accreditation is absolutely key; both to ensure that educational outputs and standards are of a consistent and excellent level, but also to advance the professionalism and reputation of Nutritional Therapy. Much of the original handbook written in 2008 is included in this updated version, because the principles and processes still stand; indeed the quality of graduates and the growth of this burgeoning industry are testament to the solid foundations laid by NTEC and the CNHC over the past two decades. The future is looking very promising...

Ian McInnes

Chair, Complementary and Natural Healthcare Council (CNHC)

About This Handbook

This Accreditation Handbook provides comprehensive details and guidance on all the accreditation policies and procedures of NTEC. The Handbook comprises four main sections, plus Appendices.

Part One provides essential information about NTEC's work. It describes the structure of NTEC and the scope of its work.

Part Two provides a comprehensive list of NTEC's *Fourteen Essential Requirements*, which underpin NTEC's accreditation process for all its accredited courses.

Part Three describes the process and procedures of accreditation for courses from application to NTEC through to periodic *Renewed Accreditation*, including detail about NTEC's *Annual Critical Course Reviews* and *Annual Resource Reports*.

Part Three also contains NTEC's policies on the accreditation of new and additional courses, and of courses previously accredited but planning substantial changes.

Part Four contains a detailed guide to the conduct of NTEC's *Accreditation visits* and to the roles and functions of accreditation visitors and of the **Training Providers** being visited.

The Appendices contain information about: NTEC's Terms of Reference for its Accreditation Committee and its conflicts of interest policy; the 14 Essential Requirements (criteria for accreditation); Appeal Procedures; and a Complaints procedure (for complaints against Training Providers).

Part One: NTEC: Nutritional Therapy Education Commission

1.1 NTEC

NTEC is a sub-committee of BANT (British Association for Nutrition and Lifestyle Medicine) NTEC's role is to:

- Set standards of Training and education that meet the National Occupational Standards for Nutritional Therapy, and to keep those updated as necessary
- Accredite courses in Nutritional Therapy that meet the CNHC Core Curriculum and National Occupational Standards
- Publish the names and relevant details of all Training Providers whose courses have been accredited
- Provide guidance on education and Training issues to Training Providers
- Set standards for post-registration* competency in specialist areas of practice in association with BANT
- Establish registers of specialist practitioners in association with BANT
- Set processes for Return to Practice assessment in association with BANT
- Work with other organisations to improve professional practice in Nutritional Therapy
- To assure the general public, the further and higher education community and other stakeholders that a Training Provider has clearly defined and appropriate aims, including those providing for the safety and competence of its graduates; that it has the resources for a reasonable assurance of the attainment of such aims; and can provide evidence that it is attaining them

1.2 Composition

The NTEC Board will consist of the following (all appointments being made by NTEC in association with BANT):

- A Chair who shall be independent of all Training Providers
- Up to 3 persons with experience/knowledge of Nutritional Therapy education and Training, not affiliated to any Training Provider accredited by NTEC
- Up to 3 other members, as recommended by the Chair (can be nominated by others or self-nominated) and might be from complementary health or other professions
- In special circumstances the Board may temporarily have co-opted members for a specific function or area of expertise, however they may only vote on that specific function or expertise and will remain on the board for the duration of their project or specific function only
- The Board shall have a minimum of 5 and a maximum of 7 members at any time (discounting temporary co-opted members as above)
- 1 member of the board shall be appointed to represent NTEC at BANT council

Administrative Support is provided by NTEC to support the smooth functioning of the visiting Panels, the NTEC Board and other aspects of the accreditation system. The Administration role is a part-time paid role; the administrator should be independent of any Training Provider.

The full Terms of Reference, and the Conflicts of Interest Policy that will operate in relation to the work of NTEC and all those acting on its behalf in the Accreditation process, can be found at Appendix A.

Part Two: The NTEC Accreditation Process

2.0 Accreditation process

2.1 Application for membership of the NTEC Training Providers Forum ('TPF')

The accreditation journey starts when a Training Provider applies to be accredited by NTEC. Once accepted into the process, the Training Provider may join the Training Providers Forum (TPF). At this point Training Providers sign up to certain principles and policies that are indicative of a commitment to high educational standards, pay a fee and are in a formal relationship with NTEC. During this application phase, the Training Provider will have compiled a minor evidence file of documentation that illustrates how they meet the agreed criteria for membership of the Training Providers Forum (TPF). This initial application might, for some Training Providers, mean bringing together existing documentation or adapting the documents they have produced for other approval systems; others might need to undertake more work to achieve this. When the Training Provider considers that the evidence file is complete and has cross-referenced the evidence to initial membership criteria, the Training Provider will send this to NTEC for consideration. The NTEC Board will review the Training Provider's evidence file to confirm that all the necessary information is available for joining the Training Providers Forum (TPF).

The Training Provider may now apply for an Accreditation visit. Membership of the Training Providers Forum (TPF) does **not** confer 'Accredited by the NTEC (Nutritional Therapy Education Commission)' status.

Any Training Provider who has joined the Training Providers Forum (TPF) but has not yet been accredited may not advertise their membership of the NTEC Training Providers Forum (TPF) in any way. This will avoid any confusion about their accreditation status. Any Training Provider advertising their membership of the Training Providers Forum (TPF) in such a way as to imply that they have accredited status may be asked to leave the Forum.

A Note on new courses being developed in Higher Education

A Higher Education course can, if the University wishes, arrange an NTEC Accreditation visit at the same time as a University Validation.

2.2 The Accreditation Process: Peer review – site visits and scrutiny

The core of the accreditation process is two-fold:

i) **Production of an electronic evidence file** – this must be submitted, demonstrating the Training Provider can meet the fundamental criteria of accreditation, namely 'NTEC's Essential Requirements for Accreditation' (see Appendix B). The Requirements as a whole form the baseline for course accreditation. The evidence file is required a minimum of 3 months before the actual visit date.

These requirements aim to manifest the policies, values, principles and practices that should inform educational practice when preparing students of Nutritional Therapy to take their place in the profession. The Essential Requirements are the minimum requirements for a course which prepares individuals to

enter the Nutritional Therapy profession. All **Training Providers** and Nutritional Therapy courses will need to demonstrate compliance with these requirements in order to be accredited by NTEC.

Where courses are based in a recognised higher education institution, some of the institutional requirements listed may not apply directly to the faculty/school offering the course, but appropriate and equivalent evidence of compliance must be presented by the institution

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 demonstrate the course provision at all the locations, and/or the modes, are of the same quality.

Where a course is provided in different locations, the Training Provider can either apply for all locations to be accredited at the same time or plan to just accredit one location. All sites must be covered within two years of the date of joining the Accreditation. Where three or more sites apply for accreditation at the same time, a sample of the sites may be visited and the visiting Panel must be given clear indication of the nature of the uniformity across locations both in terms of procedure and education.

Subsequent visits may take in different satellite locations. Evidence will be required that the Training provision at all sites is consistent in standard and quality.

The Administrator will appoint two Accreditation Assessors (one of whom shall be an educator member and one a practitioner) to review the evidence file produced by the course provider and will be responsible for recommending whether there is sufficient evidence for a visit to go ahead. If so, a visiting Panel will be appointed by the Administrator at least 4 weeks before a proposed visit.

ii) A Visiting Panel review on site (or remotely).

A visit will normally last two days. It will entail the Panel observing lectures (or reviewing on-line or distance learning materials) and clinics; holding discussions with the course team, students and with the course provider management. (The visiting Panel may wish to contact graduates and reserve the right to do so. Such contact, if required, may take place during the visit or can take place after the on-site review). Samples of key documentation will be scrutinised. At the conclusion of the external peer review, the visiting Panel will meet with the course provider's core team to discuss conditions and recommendations raised during the visit and to explain the likely recommendations that they will be making to the NTEC Board. The Panel Team Leader will then compile an Accreditation Report and recommendations based on the team members' contribution to present to the Accreditation Chair one month prior to the board meeting schedule following the visit. Once any factual changes/corrections have been agreed to the report of the visiting Panel, the report will then be forwarded from the visiting Panel to the NTEC Board for a final decision.

2.3 Required documentation for the Accreditation Process

The documentation submitted by the course provider must provide evidence about the provider and about the course. It will build upon the evidence submitted for membership of the Training Providers Forum (TPF).

The provider is the focus of evidence under Essential Requirements 1-11; the course is the focus of evidence under Essential Requirements 12-14.

Training Providers are required to evidence each of the essential requirements. NTEC recognises that there will be some overlapping material presented to meet the requirements. Training Providers should therefore ensure readers can easily follow the cross-referencing.

The evidence file for accreditation should be sent to the NTEC Accreditation Administrator along with the *Notification for Assessment* form; these will then be shared with the Assessors by the Administrator.

Initially the evidence file will be scrutinised by an appointed Team Leader. A brief report will be compiled and debated, recording any concerns or points for further clarification that may need to be followed up during any subsequent visit. The Team Leader reserves the right to request additional information or not to proceed with a visit, if the documentation provides no clear evidence that the Training Provider and course are likely to demonstrate their potential to substantially meet NTEC's Essential Requirements.

Institutional scrutiny is based on evidence that the institution's policies and structures are capable of operating effectively. Where courses are based in universities, it may not always be necessary to provide NTEC with all the relevant policy documents themselves, especially where such documents are lengthy and go into detail about the entire institution; but NTEC's team of accreditation visitors will seek confirmation that the policies which NTEC requires from all its accredited Training Providers are in place and in operation for the Nutritional Therapy students and their programme.

Additional Documentation about the Provider required from Independent Institutions

For independent, free-standing Training Providers, including those affiliated to a university or further education college, further documents related to the provider will be required by NTEC as appendices to the main evidence file. Such appendices should include:

- A letter from the Principal authorising the Training Provider's application for Accreditation

If an independent, free-standing Training Provider is directly affiliated to a university, it will also need to provide:

- A Memorandum of Cooperation (or its equivalent) between the Training Provider and the university, which indicates the nature of the relationship and the expectations from each partner of the other's contribution

Additional Documentation about the Provider required from universities/recognised institutions of higher or further education

For universities (or other recognised institutions of higher or further education) that are submitting documentation for Accreditation, appendices to the institutional document should include:

- A letter from the Dean or appropriate senior manager authorising the institution's application for Accreditation

The documentation should show that the teaching institution's course is in compliance with the Essential Requirements.

2.4 The Accreditation visit in detail

The Accreditation visit will normally take place over two full days for single site locations. NTEC's Accreditation visiting Panel will expect to have a dialogue with the course manager who has responsibility for the documents submitted and with everyone else who is closely concerned with the planning, management and development of the course.

A visit will include a mix of classroom teaching, observation of clinical teaching and supervision, scrutiny of student work and its assessment and the reading of documentation that evidences conformance to the requirements including minutes of relevant meetings. The visit will take place at a time when the Panel

will be able to observe some or all of these facets. The Panel will expect to discuss all aspects of the programme with students and lecturers, including clinical supervisors, as well as with relevant administrative staff and managers. The latter will include senior management and the trustees or governors of independent Training Providers, and whichever senior officers have responsibility for resources and quality management in universities.

It is expected that students and teaching staff will be available for dialogue with the Panel, as well as the course leader(s), clinical supervisor(s) and senior manager(s). Where appropriate, former graduates may also be invited to dialogue with the Panel after the visit.

Evidence will be sought at the visit that the Training Provider is:

- Implementing the course as planned, and in accordance with NTEC's Essential Requirements (including the Core Curriculum and the NOS)
- Conducting regular and systematic internal monitoring of the course by staff and students in order to develop and improve all aspects of the curriculum
- Reviewing self-critically all its other institutional processes and mechanisms in the quest for improved quality
- Developing learning resources (including the resources for clinical learning)
- Actively supporting and encouraging staff development

2.5 The Accreditation Visiting Panel

Each Accreditation Panel shall normally include three persons, one of whom shall act as Team Leader:

- One member, ideally, will have some business management experience
- One Nutritional Therapy educator
- One Nutritional Therapy practitioner

Panel members will have a pre-meeting and a post-meeting immediately before and at the end of the visit and the Team Leader will normally indicate to the institution, on completion of the visit, what the Panel's recommendation to the NTEC Board will be.

2.6 Successful Outcomes of the visit

The Panel Team Leader will compile the Accreditation Report based on the Panel members' contributions. After being approved by the other members of the Panel, the Report will be sent to the Accreditation Chair for consideration before being presented to the NTEC Board. The Accreditation Chair will ensure that the report it receives from the visiting Panel is clear and that the recommendations arise from the substance of the report.

It is expected that the NTEC Board would normally ratify the recommendation of the visiting Panel. The Accreditation Chair will forward the Panel report and its recommendations to NTEC Board.

Training Providers will receive a letter of confirmation of accreditation with recommendations and conditions after consideration by the NTEC Board.

Training Providers will be able to have a right of appeal against decisions of the Accreditation Committee (see Appendix C).

Standard and Non-Standard Conditions and Recommendations

Non-standard conditions (specific to a Training Provider), indicate specific concerns with the Training Provider or the course that should be the focus of immediate institutional or course development.

In addition, an Accreditation Report may state *key recommendations* or *recommendations*. *Key recommendations* also indicate specific concerns but are less serious than those of non-standard conditions. *Recommendations* should be of a helpful nature, designed to guide and support the institution in its ongoing development.

NTEC will expect to see reference made to any (*non-standard*) *conditions* or *key recommendations* or *recommendations*, and progress reports on them, in the provider's next Annual Critical Course Review (see Appendix F).

The NTEC Board may wish to seek corroboration of such evidence by way of a special visit. The costs of this will be borne by the Training Provider not the accreditation system at large.

Training Providers who successfully achieve accreditation can claim to be accredited by NTEC and use the words 'Accredited by NTEC' against their course. Such Training Providers will be issued with a Certificate of Accreditation by NTEC and at each renewed accreditation thereafter. Such certificates remain the property of NTEC and must be returned if requested should the accreditation status of the course be changed. When awarding and issuing its Certificates, NTEC will adopt the wording that appears in a Training Provider's own most recently submitted documents and will take no responsibility if this is out of date or mistaken: Training Providers are advised to ensure that the full and correct title of their current course(s) is on documentation submitted.

Following a successful accreditation, graduates of that Training Provider will be eligible to apply to the CNHC for membership as a Nutritional Therapist.

2.7 Unsuccessful Outcome of the Accreditation visit

If the institution has not succeeded in convincing the accreditation visiting Panel and Board to recommend its accreditation, the Accreditation Report will clearly state what has to be achieved before the institution can resubmit for Accreditation. A guideline time-frame before a repeat visit will be suggested by NTEC. The institution will be asked to notify NTEC within three months of the visit whether or not it wishes to go ahead with the Accreditation process and a timescale will be agreed upon between the Training Provider and the Accreditation Committee.

An institution may appeal (see Appendix C).

2.8 Payment of and Refund of Fees Paid for Accreditation

Should a Training Provider withdraw from the accreditation process, either because of an unsuccessful outcome, or, because the Training Provider has decided not to continue with the process for any reason, then no refund of fees will be made. Costs are incurred by NTEC as soon as documents are received for Accreditation. For this reason, the fee for Accreditation must be paid before any accreditation work begins and the fee is non-refundable.

2.9 Status and Length of Accreditation and Extensions

The length of accreditation term granted will depend on how far a course meets the fundamental criteria set. Accreditation will be granted for two or three years, as described below.

2 years' accreditation will usually be granted to a Training Provider coming forward for the first time, when there are a number of non-*standard conditions* to be developed over a shorter term.

3 years' accreditation will usually be granted when the course clearly meets the criteria required by the Essential Requirements.

It is expected that re-accreditation will normally be granted for a period of three years. In such cases the report of the re-accreditation visit will clearly state the reasons for granting any shorter accreditation period, and also what has to be achieved and in what time-scale. Unlike University validations, NTEC looks at clinical Training; the nature of this means that the accreditation period cannot be extended beyond three years.

The NTEC Board reserves the right to abbreviate, extend or reconsider the accreditation or re-accreditation period previously granted, if circumstances within the institution or its course warrant it.

Extensions to term of accreditation: These are not normally granted. There can be no reason for extension as the term is clearly set out well in advance. An extension will ONLY be granted if a request is made for the express purpose for bringing university validation or period reviews or course re-approval dates and NTEC accreditation dates in alignment. **There can be no other reason** for an extension other than that of force majeure. In these circumstances the NTEC Administrator will grant extensions to all Training Providers as needed, on approval of the NTEC Board.

2.10 Advertisement of Accreditation Status during the Process

Any institution which misrepresents its accreditation status verbally or in writing in any form will put its relationship with NTEC in jeopardy. NTEC reserves the right to remove from the process, without refund of the accreditation fee, any Training Provider which claims to be fully accredited before confirmation has been formally issued.

2.11 Obligation on Training Providers to inform NTEC of Legal Proceedings

NTEC also expects Training Providers to inform NTEC by email and post whenever they are involved in or threatened with legal proceedings and to provide information about the background and nature of those proceedings.

Part Three: Maintaining and Renewing Accreditation

3.1 Standard Conditions of Accreditation

Where Accreditation is granted it will always be subject to a number of *standard conditions*. Standard conditions of full accreditation, which apply to all accredited Training Providers, are:

- Receipt by NTEC of a definitive course document reflecting the most up-to-date curriculum assessment requirements and other regulations for each aspect of the course ***if amended after the (last) accreditation visit***
- Receipt by NTEC of a Student Handbook ***whenever it is updated***
- Receipt by NTEC of an Annual Critical Course Review (ACCR); NTEC will want to see evidence in the institution's ACCR that the non-standard conditions and recommendations have been met. The board reserves the right to corroborate such evidence by visit
- Receipt by NTEC of the relevant fees

3.2 Failure to comply with Standard Conditions or Non-Standard Conditions of Accreditation

The NTEC Administrator monitors all standard and non-standard conditions and reports any failures to comply to the NTEC Board. This may result in suspension of the accreditation status of the course. The following are examples of matters that would be reported to the Board.

- Failure to submit documentation required as a standard condition
- Failure to pay relevant NTEC fees
- Documentation considered insufficient to demonstrate meeting NTEC's criteria (for example; unclear or insufficiently detailed course documents)
- An unsatisfactory response to a specific non-standard condition of accreditation

3.3 Introduction and Rationale for Annual Reports required by NTEC

NTEC's accreditation procedures have two key functions: to assure and enhance professional standards, in which public health and safety are of paramount importance, and to assist the development of Training Providers and their courses.

All Training Providers in a formal relationship with NTEC are therefore required to submit an *Annual Critical Course Review (ACCR)*.

NTEC believes that rigorous and regular self-evaluation, involving the whole of the provision, is the main monitor of effective course development and improvement. The Annual Critical Course Review is therefore at the centre of NTEC's accreditation process in its developmental function, and in its desire to ensure that teaching and learning are continuously being improved by fully accredited Training Providers, as well as by those seeking accreditation.

3.4 The Annual Critical Course Review (ACCR)

The ACCR should follow the format below:

Resource Report: All Training Providers in a formal relationship with NTEC are expected to maintain financial viability and to provide adequate resources in support of students' learning. This report must have been agreed by the governing body in freestanding, independent Training Providers, or by the appropriate senior manager in universities.

The report need not be lengthy, but should contain as a minimum:

- A commentary on any significant financial problems faced by the institution and/or course, and how these are being addressed along with details of any current or future expenditure plans
- Details of any changes that have taken place or are planned to take place in the staffing of the course, including the CVs of new staff
- Details of any changes or planned changes in the physical location of the course
- Details of any changes or planned changes in the clinical facilities available to staff or students or to the general public as clients
- Details of any changes or planned changes in any other facilities and resources available to staff, students or clients
- Freestanding, independent colleges are also required to submit financial accounts and any related reports in keeping with the requirements specified under Essential Requirement 9. Colleges should therefore liaise with NTEC's Board about the timing of the submission of this part of their ACCR if they are unable to submit this detail at the time of the ACCR
- Universities are not required to submit detailed financial statements, but NTEC reserves the right to ask universities for detailed financial information should information in the public domain indicate financial insecurity. Universities may submit their resource report at any time of the year convenient to them, provided this timing has been agreed with the NTEC Administrator. This must be an easily identifiable part of the Annual Critical Course Review

3.5 ACCR Reflection and Evaluation

The Annual Critical Course Review should both reflect on the previous academic year and demonstrate planning for the current academic year. Rolling programmes should be reviewed on an annual basis. NTEC will expect the review to be more evaluative than descriptive, and to be both honest and self-critical.

An introductory section of the review should indicate the process that has informed the review, and this process is expected to include all stakeholders with a direct interest or involvement in the course: all staff employed by the institution for the Nutritional Therapy programme including: administrative and support staff as well as clinical supervisors and academic lecturers; governors or their equivalents; senior managers; students. Lay members of committees, university representatives and external examiners may also be invited to contribute to the process.

A final section of the review should contain a clear action plan which sets out in detail what needs to be done in the current year, who has the responsibility to ensure that each objective is achieved, and the timescale for their achievement.

The main body of the review should contain a critical and self-critical analysis of:

- Student statistics, including recruitment, acceptance onto course, progression, attrition or 'dropout' rate (together with an exploration of the factors contributing to this attrition), graduation, and employment after graduation in relation to Nutritional Therapy
- External examiners' reports and the institution's response to them
- Each element or unit of the course, including clinical practice; this should include discussion of appropriateness of content, approaches to teaching and learning, student workload and the robustness of assessment processes
- The effectiveness of student support systems, including clinical supervision
- The adequacy of resources to support student learning, including staff numbers and staff expertise
- The effectiveness of course management, committee structures and institutional processes for communication across the institution and for participation by staff and students in course policy making

- Staff development for lecturers, supervisors and other staff, including a review of staff achievements and of any formal processes such as staff appraisal or performance review
- Any other factors that may have had an impact on course delivery during the previous year

NTEC will expect the provider's Annual Critical Course Reviews to include, either within the sections above or as an entity with its own heading, an evaluation of the institution's action plan for the previous year and how far it has been completed. NTEC will also expect to find a commentary on all the issues raised by NTEC in previous years, whether in the form of NTEC's responses to earlier Annual Critical Course Reviews or in the form of *non-standard conditions*, *key recommendations* and *recommendations* made by NTEC following Accreditation visits to the provider.

NTEC is not looking for a simple description or a narrative of the previous year of the course, but for a realistic evaluation in which the institution looks deeply into itself and its course(s). The implication of this is that much of the detailed evidence and statistical data to support the critical analysis will more appropriately be placed in appendices to the Annual Critical Course Review rather than in the main review itself.

Providers that are Universities may submit to NTEC, as their Annual Critical Course Review, whatever documentation they prepare to meet the University's requirements. In this instance, it is helpful if a short introductory section is added for NTEC, cross-referencing the submitted documentation with NTEC's requirements indicated above. Review information required by NTEC but not by the University should be added to the submitted documentation.

Should an institution fail to meet NTEC's requirements, its situation and status will be subject to reconsideration by NTEC. NTEC also reserves the right to visit any of its fully accredited Training Providers at any time in the light of evidence from an institution's Annual Critical Course Review, if there is a substantiated reason for doing so.

3.6 Clinical Audit

A clinical audit, a review of clients, should be carried out at least annually. The Annual Critical Course Review or the Resource Report should include evidence of the internal clinical audit and the BANT practice self audit tool (see BANT website).

3.7 Re-Accreditation - criteria and documentation

Re-accreditation is made on the basis of evidence that the Training Provider is continuing to meet the requirements of Accreditation. A Training Provider seeking to renew their accreditation must:

- i) Provide an updated version of the documentation initially submitted for Accreditation. This should include a focus on staff development strategies
- ii) Be the subject of an Accreditation visit by a Visiting Panel.

An institution will be required to submit:

- The definitive template provided by NTEC that relates to all the Essential Requirements
- Curricula Vitae (CVs) for all teaching staff, managers and external examiners
- External Examiner reports for at least the previous two years and evidence of the provider's response to them
- A set of minutes (covering no less than the previous three most recent meetings) for all key committees, including Board of Governors/Trustees meetings, resource or finance committee meetings, staff-student liaison groups and course management meetings (or their equivalents)
- Links to relevant educational policies as listed in the Essential Requirements and detailed on the Template provided

NTEC will also be looking for evidence of additional staff development and course development, based on robust monitoring and evaluation processes, as befits a mature teaching institution.

3.8 Re-Accreditation - visits and Report to the Board

The Re-Accreditation visit will usually last 1-2 days with a similar composition of team members as the original Accreditation visit. Visit length may be extended at the discretion of the Board or visiting Panel if submitted documentation does not indicate robust or ongoing development.

Renewed accreditation is usually awarded for 3 years; in the case of a shorter accreditation period being granted there will be a clear rationale provided with requirements needed over a specified time scale. Failure to meet requirements may result in reconsideration of status. In exceptional circumstances the visiting Panel may require a formal reconsideration by NTEC of status immediately following their visit. Training Providers may appeal (see Appendix C).

Very exceptionally the Re-Accreditation visiting Panel may recommend a formal reconsideration by NTEC of an institution's status immediately following their visit, rather than recommending renewed accreditation with non-standard conditions. An institution may appeal (see Appendix C).

3.9 Accreditation of New or Additional Courses in Fully Accredited Training Providers

There are situations where NTEC can provide further course accreditation to accredited Training Providers.

For example, fully accredited Training Providers may themselves wish to develop and have accredited an abbreviated form of their course, designed to be taken by graduates of other disciplines who have already covered elements of the Core Curriculum and achieved a clearly defined award in them. Another possibility is that NTEC may itself decide a form of accreditation for post-qualifying courses (for example a post-qualification course in a specialist field, or the accreditation of short courses covering specific aspects of Nutritional Therapy).

For such new or additional courses, the accreditation process does apply, however NTEC recognises that where a long-standing, formal relationship already exists between a fully accredited institution and NTEC, an abbreviated process is likely to be more appropriate when accrediting such courses.

Training Providers wishing to develop such a course would notify NTEC of its intention, and pay an 'assessment fee' (as appropriate at the time) to cover the costs of accreditation. Following discussion with NTEC, the institution would subsequently submit the same course documentation as was required for Accreditation for the new or additional course, together with information about the resources to be made available for the new course. The NTEC Administrator would discuss the course documentation and decide on any issues to be followed up at an official visit to the institution.

For universities, an Accreditation visit for additional courses could combine with university validation if this was also taking place. The duration of the visit would probably be not less than a half-day and not more than one full day. The visiting Panel would be as for the Accreditation visit.

Progress on the additional course and its implementation would be monitored through the Annual Critical Course Review sent to NTEC.

3.10 Substantial Changes to Accredited Training Providers and Courses

Fully accredited Training Providers are obligated to notify NTEC (in writing) within thirty days of the first instance of any changes in ownership, management, contractual affiliations with other Training Providers and of any other items which could affect the institutions' policies, staff, curriculum, reputation, legal or financial status. Full accreditation status does not automatically transfer with changes of ownership or control.

The NTEC Administrator will then request any full and complete information that may be needed for a review by the Board who may then impose new conditions or change the accreditation period previously awarded and if the changes are deemed substantial may amend the terms of accreditation.

Substantial changes may include:

- Changes to more than 50% of the content of a module, unit or section of a course in one year.
- Changes to the mode of study, eg classroom based to distance learning
- Increase of more than 20% of the number of students or student intakes in a year
- Organisational changes such as a change of location of course or teaching clinic accommodation or changes to course leaders or principal.

Where known, all proposed or planned changes should be included in the ACCR, including all implications and intended management of them. For universities and those Providers linked with a university this may include documentation that has already been subject to scrutiny by the relevant faculty, this can be included as an appendix to the ACCR.

3.11 Reconsideration of Accreditation Status

In addition to the circumstances outlined in sections 3.2 and 3.10 NTEC reserves the right to remove accreditation status from an institution and its course at any time, if after a reasonable period of notice and warning:

- An institution fails to submit documentation within the time limits set by NTEC
- An institution fails to provide evidence of actions required by NTEC
- An institution deliberately misrepresents its relationship to NTEC
- An institution is deemed, after due process, to be in substantial non-compliance with NTEC's Essential Requirements

In any of these circumstances, and after due consideration and recommendation by the Board, NTEC will consider all the institutional information available to it and may invite representatives of the institution to an extra-ordinary meeting of the Board to present their case. After considering all the evidence presented NTEC may inform the institution in writing that their accreditation status is being changed or suspended.

3.12 Terms of Suspension

- In the event of suspension, the institution can remain in a formal relationship with the Training Providers Forum (TPF) and NTEC until the situation is formally resolved
- Suspension will last for not more than one calendar year from when the decision to suspend is taken by NTEC
- NTEC will require suspended Training Providers to return their Certificates of Accreditation
- During the period of suspension, qualifying students will *not* be entitled to automatic eligibility for acceptance onto the CNHC Register or BANT Membership and the institution will be required to inform all actual and prospective students that this is the case. NTEC will require a copy of this notification to students
- The course will also revert to the status of 'subject to accreditation by NTEC', and NTEC will expect to see course promotion or information to incorporate this phrase

- NTEC will publicise the institution's new status of suspension in its own publications and on its web pages
- The terms of reinstatement are at the absolute discretion of NTEC

3.13 Appeal Procedure

In the event of suspension, the institution has the right of appeal. The appeal statement and supporting documentation should be received by the NTEC Administrator by email within one month of the NTEC Board meeting at which the decision was reached, and the appeal will be considered in the first instance at the following NTEC board meeting. (See Appendix C for a full account of how all appeals to NTEC are conducted).

3.14 Exceptional Circumstances

Exceptionally, the Chair of NTEC shall have the authority to suspend the accreditation of an institution at whatever stage they have achieved, with immediate effect. Such exceptional circumstances will include, but not be limited to, the cessation of trading of an independent college. Such a decision to suspend accreditation must be taken in consultation with the NTEC Administrator and one member of the NTEC Board who is not a member of a Training Provider.

The decision must be ratified either at the next available Board or at an extra meeting called for the purpose within 14 days. All the Heads of accredited Training Providers will be notified following that Board Meeting.

It is expected that the institution itself will have informed its students, staff and all other interested parties of the circumstances that have led the Board to take this exceptional action.

3.15 Reports on Legal Proceedings Required by NTEC

Training Providers in a formal relationship with NTEC are required to inform NTEC's administration office, Chair and the NTEC Administrator by receipted email whenever the institution's Nutritional Therapy course or programme, staff or, in the case of an independent college, the college itself are involved in or threatened with legal proceedings, providing information about the background and nature of those proceedings. By 'legal proceedings' NTEC means any action that involves the civil or criminal law, any action brought before a small claims court and any case taken to an Industrial Tribunal.

Legal proceedings would therefore include actions brought against the institution, by staff, students, patients, other stakeholders or members of the general public, as well as those initiated by the institution itself.

In all such cases the provider is required to keep the Chair of NTEC informed about the progress of the case and its outcome. In some circumstances the institution may also be required to send a written report of the case to the chair of NTEC which may be referred to the Board who will decide if further action is needed.

Part Four: A Guide to Accreditation visits

4.1 Introduction to the Conduct of all Accreditation visits

A formal *Accreditation visit* by NTEC's visiting Panel will normally follow the successful submission of documents requesting accreditation, and at each re-accreditation.

In this section of the Handbook, NTEC sets out its expectations about the conduct of these visits, the role of the host institution and the tasks of Accreditation visitors.

NTEC has a strong commitment to its educational and developmental functions, as well as to its evaluative and regulatory functions. Every visit by an NTEC visiting Panel to an educational institution should be seen as a component of that institution's ongoing development and a potentially important contribution to it. NTEC's *Accreditation visits* also put a major emphasis on evaluation.

At the same time, from NTEC's perspective, every visit contributes to NTEC's counsel, understanding and appreciation of individual Training Providers and their particular contexts as well as providing up-to-date insights into the ever-changing nature of professional practice.

4.2 Accreditation visits: Introduction

The agenda for all Accreditation visits will be drawn from the Reader's Report on the institution's submitted application, which takes the form of the specific documentation required by NTEC at each stage of the accreditation process. The report will influence the extent and detail of what is to be scrutinised.

4.3 Accreditation visits - Underlying Principles

Peer Review and the Public Interest

NTEC will choose an Accreditation visit Panel from amongst the Nutritional Therapy profession and other allied professions in the spirit of peer review practice and of mutually beneficial learning. Peer review is based on the principle that public accountability is best ensured when professional activities are scrutinised by those who themselves engage in the same or allied professional practice. Such scrutiny must derive from codes of practice, professional values and criteria which have been developed by professional peers and agreed by the profession as a whole. In the case of Accreditation visits the key criteria will be NTEC's Core Curriculum, the NOS and NTEC's Essential Requirements.

Accreditation as Educational Evaluation

Accreditation can be thought of as a form of educational evaluation that focuses on professional practice - both the practice of teaching and the practice of Nutritional Therapy. Each Accreditation visit is thus an evaluation event, in which the institution is 'researched' by the visitors in a systematic fashion and evidence is sought in order to make the necessary external evaluation of its current level of professional and educational practice. Training Providers in a formal relationship with NTEC are also expected to be engaged in a continuous process of internal self-evaluation using the mechanism of the Annual Critical Course Review; NTEC's Accreditation visits that monitor this process are a key component in the public recognition of an institution as a centre of good professional practice within the emerging profession of Nutritional Therapy.

The Composition of visiting Panels

NTEC will inform the institution of the proposed Panel members in advance of the visit. If a Training Provider wishes to make an objection to any of the proposed Accreditation visitors, it will inform the NTEC Administrator in writing within seven days of receiving the list of names, giving reasons for their objection. Normally, objections will only be considered for one of the proposed accreditation Panel members. Proposed visitors will only be replaced if the institution's objection is considered reasonable by the NTEC Administrator who will discuss with the NTEC Board as necessary.

Relationship with Quality Assurance Agency and University Validation

NTEC's accreditation process is different from, although related to, the validation and major course review activities which are undertaken on behalf of the Quality Assurance Agency (QAA) in respect of subject and institutional review in universities or public sector higher education.

The focus of accreditation differs from the focus of academic validation in its concern for the maintenance of professional standards.

Monitoring and Evaluation of Accreditation visits

NTEC is particularly keen to understand how each Accreditation visit is experienced by those most directly affected by it. Accordingly, for every Accreditation visit the institutional or course leader will be invited by the NTEC Administrator to produce an evaluation following the event.

Evaluative evidence is compiled by the institution into a report which should include comments or feelings about the visit from the institution's teaching staff, administration and student body, as well as the considered comments of the institutional observer. It may be sent at the same time as the institution makes its formal response (on points of fact) to the visiting Panel's final report, or at a later date if this is more convenient. This report will be used by NTEC to monitor and develop the accreditation process.

Reporting and Confidentiality during Accreditation visits

Clearly, during Accreditation visits, all information and perspectives that are shared with members of the Accreditation visit Panel contribute to the evidence accumulated during the visit. In this context, therefore, all comments, however informally expressed to an Accreditation visitor or officer, are 'on the record'.

However, it is normal practice in the reports of such visits, not to attribute comments to individuals by name. Normally comments are attributed to the role holder (e.g. the Clinic Director, a member of teaching staff) or to the group (e.g. third year students); however they may be reported anonymously if the Panel feel that would be more appropriate. The Panel will always seek information from other sources should a comment from an individual indicate concerns about the quality of educational provision.

In general, NTEC expects its accreditation Panel to evaluate how the institution's stated purposes are being met, by assessing its performance as a teaching institution against NTEC's Essential Requirements.

More particularly, and in order to evaluate the institution effectively, each visiting Panel member is expected to participate fully in the following six major components of an Accreditation visit:

1. Reviewing all the relevant documentary material provided by the institution and reader/team leader before the visit and checking it in appropriate ways during the visit
2. A preliminary team meeting to allocate individual tasks and responsibilities
3. Gathering further evidence through a close examination of relevant aspects of the institution and course
4. Regular team meetings to deliberate more fully, share information, identify gaps in the evidence and begin to arrive at conclusions

5. The closing session with institutional staff
6. Compiling the team's report and formulating a recommendation to NTEC

However, in order to ensure that all issues are properly investigated, each Panel member will have responsibility for specific aspects of enquiry. These include theory and practice, educational approaches and management systems.

4.4 The Accreditation Panel's Investigative Activities

The Panel's investigations will include a large element of fact-finding and fact-clarification, in order to assess whether the institution's documentation provides an accurate portrait of the course and its context.

During an Accreditation visit, therefore, Panel members are likely to engage in most, if not all, of the following activities:

- Scrutiny of student records, admission procedures, progression data and assessed student work
- Examination of administrative records, curriculum documents, course evaluation reports and minutes of meetings
- Observation of classes and clinics, and of clinical supervision or tutorial sessions
- Reading internal and external examiners' comments on examinations, assignments or other written work, and supervisors' reports on students' clinical practice
- Talking to a variety of full-time and part-time teaching staff, including clinic supervisors, lecturers and tutors
- Talking to current students on different years of their course programme, and also to alumni where possible, about their experience of the course and of the institution
- Interviewing members of the governing body and administrative personnel
- Seeking further clarification from senior managers about specific matters that arise in the course of the visit

NTEC expects each member of the Panel to have a good understanding of the institution's philosophical basis, history and goals, while exploring all these aspects of the institution.

The Preliminary Accreditation Panel Meeting

The first meeting of the Panel may be held remotely beforehand or prior to the start of the visit. The institutional or course leader and another senior member of staff from the institution may be invited by the team leader to meet the Panel members at a hotel (or the Training institution) and to talk briefly about the forthcoming visit, including any necessary logistical information.

After an introduction, the Team Leader will chair the preliminary Panel meeting which should include any necessary further introductions, a review of the general issues for the visit, and establishing the specific focus of enquiry for which each individual member of the Panel will take personal responsibility.

The Panel should plan individual and team activities for each day of the visit, using a working schedule or agenda that the institution has provided beforehand.

Each Panel member should have prepared for this preliminary team meeting by thoroughly reading the institution's submitted documentation. Any areas of conflicting opinion about the institution's strengths or weaknesses, as represented in its documentation, should be identified at this initial briefing, not to arrive at premature conclusions or consensus but in order to establish a fuller agenda for further investigations during the visit. The discussion should also prepare the Panel for the opening session at which Panel members will introduce themselves and their specific focus of enquiry to the staff of the institution. The Team Leader will also encourage Panel members to approach their work sensitively, as colleagues and peers of the staff in the institution being visited and to ensure each visit is undertaken in the spirit of peer review.

The Opening Session in the Institution

An important meeting, attended by as many staff of the institution as possible, will normally take place at the very start of the first day of the visit. This meeting should allow the staff of the institution, including managers, lecturers and administrators, to meet the Panel members.

During the mutual introductions, Panel members should ensure that the agenda for the visit is clearly set out and that each visitor's area of expertise and focus for enquiry are identified. If necessary, the timetable of appointments for the visit can be reviewed and altered in the light of this opening discussion.

The Team Leader should establish both the formality of the visit which makes it a necessarily challenging experience for all concerned, and the developmental approach of Panel members which ideally will lead to beneficial learning on both sides. He or she should explain that the Panel will be rigorously seeking evidence to support the institution's documents submitted for accreditation.

At the same time the Panel members will also be striving to gather a fuller and deeper understanding of the whole institution and its context, so that the process is educative for them and for NTEC itself. This can only happen by seeing at first hand the ways in which the real-life actions of lecturers and learners are related to the knowledge, skills, goals and values espoused by the institution in its written submission.

Gathering Reliable and Valid Evidence

1. Triangulation of Sources

The general task of the Panel is to acquire evidence from as many sources as possible in order to verify the claims made in the institution's submitted documentation. Their particular task is to pursue any specific questions raised in response to the written submission. A firm base of empirical evidence is required for the Panel to be able to make sound recommendations and decisions about whether or not the institution meets NTEC's accreditation criteria.

The data and information required to support the Panel's judgements is likely to be both quantitative and qualitative. Wherever possible, the team should seek more than one source of evidence before arriving at a particular conclusion. For example, if there are questions on an institution's policy on the marking of assignments, the issue could obviously be followed up firstly by talking to staff and students and secondly by looking at marked work. But a third approach could be to look at the minutes of meetings where assessment policy and marking have been discussed or to ask to see comments by external examiners on the institution's marking policy. Such triangulation provides a more sound and reliable basis on which judgements may be made.

2. Interviews

In gathering evidence during the visit, the Panel will inevitably be involved in some sort of interviewing. Interviews are essentially a particular kind of conversation between two or more people in which the interviewer contracts to keep a record of what has been said. This record is used either as new evidence, further evidence to be cross-checked with evidence from other sources, or as a means of identifying important issues that need further investigation. Students and lecturers may be interviewed in small groups to create a less formal atmosphere, and one in which various perspectives contribute to a richer picture of circumstances or events. Interviews may be a good forum for establishing the relationships between senior management and staff or students. Interviews, provided the interviewer spends more time listening than talking, are able to provide a good sense of how the institution is viewed from 'within'.

3. Visiting classes and reviewing online teaching

There should be enough classes held at the time of the Accreditation visit for the team to be able to witness teaching and learning in a variety of contexts and subject areas. If the course is online the panel should be given access to a range of teaching activities. This should be arranged beforehand in consultation with lecturers and team members so that there will be no surprises for the lecturers concerned. An observing Accreditation visitor should always try to talk with the lecturer immediately before the class being observed, in order to establish the plan for the session and how it fits into an overall curriculum. Only by relating the session to a wider scheme of work can it be meaningfully discussed with the lecturer. After the teaching session the observing visitor should find time to offer constructive feed-back to the lecturer, and the lecturer should be invited to comment critically on their performance and to reflect more generally about the institutional support and encouragement available or their professional development as a lecturer. The Accreditation visitor should negotiate the timing and the manner of feedback with the person being observed. If there is no opportunity for a personal feedback meeting during the visit, it may take place after the visit by email or on the telephone.

The Accreditation Assessor should try to determine whether:

- The lecturer is clear about his/her intentions for the class, and whether such intentions are appropriate
- The students are aware of what is expected of them and are able to respond to these expectations
- The classroom relationships and dialogues are appropriately purposeful, stimulating and supportive

For **distance learning and blended learning courses**, the distance learning material will be reviewed. Current material should be presented to the visiting Panel and will be reviewed. The Training Providers should be ensuring that material is current and is reviewed by the Training Provider on a regular basis. The review process will be discussed during the Accreditation visit.

4. Visiting the Clinic and Clinical Teaching

Within the Accreditation visit, Panel members need to witness the clinic and clinical teaching in operation. They will want to check that, in relation to clinical education, the institution does what it says it does in its documentation. In particular, they will want to see:

- Student-client interaction
- Student-clinical supervisor interaction
- Practical teaching sessions
- Clinical skills assessment
- Clinic notes, including appointment diaries and incident/accident books

NTEC's Essential Requirements (especially no 12) provide the criteria for making specific judgements about what is being observed. General or non-specific opinions should be avoided, especially if based on a different 'philosophy' of nutrition or a visitor's personal ideal of best practice.

Accreditation visitors in the clinic should take particular care to avoid any discussion with staff or students where clients are present, which might call into question the therapeutic advice given.

Accreditation visitors in the clinic should try to give feedback at a convenient time to staff or students whose clinical activities and practices they have witnessed. The Accreditation visitor may also want to clarify any outstanding issues with the clinical staff or supervisor at some later time during the visit. The Accreditation visitor should negotiate the timing and the manner of feedback with the person being

observed. If there is no opportunity for a personal feedback meeting during the visit, it may take place after the visit by email or on the telephone

The Accreditation Panel's Discussion Meetings

Throughout the visit the accreditation Panel will hold discussion meetings, either in the institution or in the hotel or in some other convenient venue. Each meeting will normally include brief reports from the Panel members on the areas they have been investigating and a discussion of those areas by the entire Panel. At each meeting the Panel should review its progress and, if necessary, revise the remainder of its schedule to pursue issues that need further clarification.

This exchange between Panel members, who each bring their varied experiences and resources with them, who stimulate and question one another until points are clear and a consensus reached, is the major strength of every evaluation. By the end of the visit the Panel needs to have reached such consensus about the contents of its report, about the strengths of the institution and any areas of concern, about the formal recommendations to be made in its report, and about whether these will take the form of standard and non-standard conditions, key recommendations or recommendations.

The Closing Session in the Institution

The closing session is courtesy where the visiting Panel thank those present for their cooperation and time. It should be recognised by all attending that the visiting Panel may need time to reflect before completing the report and presenting it to the NTEC Board.

After the visit the Team Leader may need to clarify an issue prior to completing their report.

Writing the Accreditation Team's Report and its Recommendation to the Board and NTEC

The Team Leader of the Panel should have draft contributions from each Panel member, which have been agreed by all Panel members, before the end of the visit. The report should include the following sections:

- An introduction that gives a brief description of the institution and its accreditation history, and the scope and structure of the Panel's visit
- The evidence in support of the Panel's findings must be clear and sufficiently thorough to warrant the Panel's recommendation to NTEC. It must also address all the points raised before the visit in response to the institution's submitted documentation
- An account of the strengths of the institution, the areas of concern or in need of development and the areas of non-compliance (if any) with NTEC's criteria for accreditation
- The Panel's formal recommendation about accreditation, together with any further statements about the imposition of specific *non-standard conditions*, *key recommendations* or *recommendations* to be associated with the Panel's formal recommendation to the NTEC Board

The report in draft form will be circulated to Panel members for approval. The Panel's final report and formal recommendation about accreditation are then submitted to the NTEC Board for approval.

The Team Leader will attend the NTEC Board meeting at which the report is discussed.

The Team Leader will present the Panel's report and the Panel's rationale for its decision at the appropriate Board meeting. The NTEC Board may require the visited institution to take some specific action within a stated time before such accreditation is awarded or renewed. The institution will receive formal notification of NTEC's decision subsequent to the Board meeting.

4.5 Roles and Functions of Key People Involved in Accreditation visits

The Role of the Institution Leader or the Representative(s) Applying for Accreditation

1. Before the visit

- To submit the application with its required documentation in time for it to be properly scrutinised before the date of the proposed visit
- To write to the NTEC Administrator with any objections or comments on the composition of the proposed team of Accreditation visitors
- To provide electronic copies of the documents to NTEC to be accessed by all members of the Assessing Team and the Administrator. (NTEC is aware some documents like clinic portfolios that may not be accessible online and must be available on the visit day)
- To provide a working room for the Panel, in which the documents required for the visit can be set out and kept confidential, where private papers can be kept by the Panel and where private discussions can be held as the Panel compile their report
- To ensure that all members of the institution understand the nature of the Accreditation visit, and have access to this Handbook and to the institution's own documentation in support of their application for accreditation
- To propose a schedule in which relevant personnel, including students and alumni, will be available to meet the Panel at pre-arranged times
- To provide the use of a computer terminal for reviewing on-line documentation

2. Throughout the visit

- To liaise with the visiting Panel Chair/Team Leader about any changes to the programme originally agreed
- To assign an administrative officer who will be available to supply additional information and records needed by the visitors
- To assign a member of staff who knows the clinic routine and can act as a link between students, tutors and the Panel if there are issues emerging related to the clinic
- To liaise with the Team Leader, and specifically to arrange a time or times for a private meeting with the Panel about the progress of the visit and any issues arising
- To provide, as requested, any additional details about the institution or the course
- To receive the verbal report and recommendation of the Panel about accreditation at the final session of the visit

3. After the NTEC Board Meeting

- To scrutinise the visiting Panel's report which will normally be sent after the NTEC Board meeting and to reply
- To issue a clear statement about any factual errors in this report for the benefit of the NTEC Board within 10 days of receiving the report

The Role of the NTEC Administrator

1. Before the visit

- To ensure that the timing of the visit is appropriately related to the NTEC Board meetings
- To set up the visiting Panel, ensuring that its members are all available for the entire length of the visit and in the week following the visit (when the report is being revised)
- To ensure that the visiting Panel members each receive all the necessary documentation from the institution, together with any other relevant papers from the Board
- To inform the Panel members of the date of the next NTEC Board, at which their final report will be discussed

- To set up the visit with the institution in relation to: dates and timing; agenda, programme and timetable; the hotel accommodation for the visitors; the requirements for accommodation, documentation and link persons during the visit within the institution
- To collate a report in response to the institution's submitted documentation, based on the comments of the visiting Panel, and to send this report to the institution in time for it to be properly absorbed before the visit as the accreditation team's agenda for the visit
- To invite the institutional leader, another senior member of staff and the institutional observer to meet the Panel briefly on the eve of the visit at the Panel's hotel or other venue

2. After the visit

- To prepare a copy of the accreditation Panel's final draft report for the Board
- To ensure that the visiting Panel Team Leader is in attendance at the next NTEC Board Meeting where the report is discussed
- To ensure the Team Leader has sent the report for the Board in sufficient time for all members of the Board to read it prior to the meeting.

The Role of the Team Leader

1. Before the visit

- To read all the institution's submissions alongside NTEC's Handbook, the NTEC Core Curriculum and the NOS
- To check the timetable for the visit agreed by with the institution
- To ensure that it is appropriate and manageable
- To become thoroughly familiar with the issues raised by the institution's documentation
- To derive from the Accreditation Report a list of items and issues to be attended to during the visit - this list will act as an initial check-list for the individual visitors to guide their enquiries

2. To chair the preliminary accreditation Panel meeting

- To greet the institution's principal and/or representatives who will have been invited to meet the Panel at the start of the preliminary Panel meeting
- To facilitate the necessary introductions of Panel members
- To confirm with Panel members the agenda that has evolved for the visit from the institution's documentation
- To encourage mutual understanding of the task, and to explore key issues or questions identified by each Panel member
- To share out the necessary work of the visit, taking into account the particular expertise and attributes of each member of the Panel, and to ensure that each member has a personal focus of enquiry
- To establish a climate of enquiry in which a courteous and sensitive exploration of all the issues identified will lead to a thorough and rigorous analysis and interpretation of the evidence provided by the institution during the visit

3. As Chair at the opening session

- To chair that part of the opening session in which all the Panel members introduce themselves to the institution's representatives
- To set the tone for the visit with an official reminder of which issues would be probed or observed during the visit by the Panel members
- To clarify the respective roles and activities of the Board's observer and the institutional observer;
- To arrange a time for a meeting with the institutional leader or course leader during the visit, in order to explore any issues or problems that might have arisen

4. As Chair and Team Leader throughout the visit

- To ensure that the Panel meet regularly between their individual observations and timetabled sessions, in order that Panel members have the opportunity to express their impressions and form considered judgments as the visit progresses
- To create time at appropriate stages of the visit for a mutual appraisal of its progress, involving both the Panel members and representatives of the institution
- To confirm at the end of each day any issues or minutes which have emerged or been agreed as a result of meetings and the Panel's activities, and to set the next day's agenda accordingly
- To deal with matters of controversy or conflict immediately, identifying the underlying issues whenever possible, and to hold at least one private meeting with the institutional or course leader for this purpose
- To ensure that all Panel members are aware of the report which is needed at the end of the visit, and to encourage them to draft sections of the report as the visit progresses

5. As Chair at the closing session

- To conduct the proceedings in a carefully considered manner
- To thank the institution for the hospitality and co-operation throughout the visit

6. At the conclusion and after the visit

- To reach a consensus with the Panel members about the draft report of the Accreditation visit
- To ensure availability for liaison with the other Panel members during the days immediately following the visit
- To attend the NTEC Board meeting at which the Panel's report is presented

The Role of the Panel Members

The Panel members' tasks are as follows:

- To read all the institution's submissions before the visit, alongside this Handbook and the Core Curriculum, the Essential Requirements and the NOS and to become familiar with the institution's submission
- To make their own travel arrangements so that they arrive at the team's hotel (if relevant) by early evening of the day before the visit, and to keep all expenses within reasonable limits using standard rail fare or agreed mileage for travel claims
- To provide key issues and questions at the Panel's preliminary meeting
- To observe, as appropriate, the clinic and clinical teaching in action
- To observe, as appropriate, classroom teaching in action
- To take part in other important visit activities, including scrutinising relevant documents, talking to all members of the institution and participating in Panel discussions
- To contribute to the Panel's draft report of the Accreditation visit
- To ensure availability for consultation about the draft report during the days immediately following the visit

Special visits by NTEC Representatives

NTEC reserve the right to make arrangements for an assessor to visit a Training Provider either by appointment or by unscheduled visit between scheduled Accreditation visits. Any costs associated with such visits will be borne by the Training Provider in question

Appendix A: NTEC Board : Terms of Reference

A. Purposes

NTEC is a sub-committee of BANT (British Association for Nutrition and Lifestyle Medicine) NTEC's role is to:

- Set standards of Training and education that meet the National Occupational Standards for Nutritional Therapy, and to keep those updated as necessary
- Accredite courses in Nutritional Therapy that meet the CNHC Core Curriculum and National Occupational Standards
- Publish the names and relevant details of all Training Providers whose courses have been accredited
- Provide guidance on education and Training issues to Training Providers
- Set standards for post-registration* competency in specialist areas of practice in association with BANT
- Establish registers of specialist practitioners in association with BANT
- Set processes for Return to Practice assessment in association with BANT
- Work with other organisations to improve professional practice in Nutritional Therapy
- To assure the general public, the further and higher education community and other stakeholders that a Training Provider has clearly defined and appropriate aims, including those providing for the safety and competence of its graduates; that it has the resources for a reasonable assurance of the attainment of such aims; and can provide evidence that it is attaining them.

B. Board Composition

The NTEC Board will consist of the following (all appointments being made by NTEC in association with BANT):

- A Chair who shall be independent of all Training Providers
- An Accreditation Chair who shall be independent of all Training Providers
- Up to 3 persons with experience/knowledge of Nutritional Therapy education and Training, not affiliated to any Training Provider accredited by NTEC
- Up to 3 other members, as recommended by the Chair (can be nominated by others or self-nominated) and might be from complementary health or other professions
- In special circumstances the Board may temporarily have co-opted members for a specific function or area of expertise, however they may only vote on that specific function or expertise and will remain on the board for the duration of their project or specific function only. .
- The Board shall have a minimum of 5 and a maximum of 7 members at any time (discounting temporary co-opted members as above)
- 1 member of the board shall be appointed to represent NTEC at BANT council

Administrative Support is provided by NTEC to support the smooth functioning of the visiting Panels, the NTEC Board and other aspects of the accreditation system. The Administration role is a part-time paid role, the administrator should be independent of any Training Provider.

The Chair of the Board shall normally serve for up to 5 years and the term can be extended at the discretion of the Board.

Members of the Board shall normally serve a three year period, which may be extended for further periods at the discretion of the Board.

The Board may constitute Working Parties at its discretion. Working Parties must always include at least 2 Board members.

C. Meetings

The Board will meet 4 times a year. The Chair of the Board will prepare the agenda in association with the Administrator (who acts as Secretary to the Board). Board members will be invited to put forward agenda items.

D. Attendance at Meetings

Any such person or institutional representative as the Board sees fit to attend for the efficient and effective conduct of business may be invited to attend.

Attendees who are observers only may also be present with the concurrence of the Board.

Attendees who are not members of the Board may be asked to withdraw from specific parts of a session to facilitate open and frank discussion or at the discretion of the Board.

E. Reporting

A representative of the NTEC Board should report on a regular basis to BANT as required by BANT.

F. Quorum

The quorum for NTEC Board meeting is a bare majority of its membership including its Chair.

G. Conflicts of Interest

All members of the Board must sign confidentiality records annually and the Administrator should hold a Register of Interests that would call into question the impartiality of members,

If a member is unsure about whether an interest they have could present a conflict of interest, they must discuss the matter with the Chair. The Chair must guard against conflicts but if the chair feels there is a potential conflict, they must discuss this with three members of the Board in a specially convened meeting. If the Chair feels him/herself to have a potential conflict this should be discussed with 2 members of the Board and Administrator. The Board has the right to sanction and remove any member of the Board including the Chair.

If after such discussions a member of the Board or an Assessor is unable to sign a declaration that there is no conflict of interest, the Board or the Administrator must appoint a replacement with no such conflict.

If a Board member detects a potential conflict of interest has arisen during the consideration of an application for accreditation, the member must immediately withdraw from consideration of that application and the process halted until a replacement is appointed.

All members of the Board and all assessors are aware of the need for confidentiality and confidentiality agreements must be signed and renewed each year.

Appendix B: NTEC's Essential Requirements for Accreditation

Essential Requirement 1: Overarching Management Policy Statements

The institution shall have an overall policy and mission statement.

Criterion 1.1 Relationship: This overall policy statement should indicate the institution's overall intentions/mission/aims. It should contain the number and name of all educational courses it offers in the field of health care, including those related to Nutritional Therapy. It should link with the institution's education policy statement and its strategic plan, and should be formulated and subscribed to, as appropriate, by its governing body, staff and students. Within the institution the relevant faculty, school or department should provide a policy context for the Nutritional Therapy courses being offered.

Criterion 1.2 Other policies: The institution must provide clear statements of its management policies in respect of those matters that support the fair and efficient delivery of the course(s). There should be a clear policy statement with the main organisational divisions of the institution.

Criterion 1.3 Review: Statements of institutional policy must be reviewed periodically and revised when necessary. NTEC's Annual Critical Course Review (ACCR) process will expect evidence of this.

Criterion 1.4 Continuance of Programme. The institution must demonstrate that if it were to cease functioning as an educational establishment or if the course were to be discontinued, it could make arrangements to complete the students' programme in a manner acceptable to NTEC and without any extra financial burden on the students.

Essential Requirement 2: Legal Organisation

The institution shall be legally constituted and shall be in compliance with all statutory regulations applicable to it.

Criterion 2.1 Constitution: The institution must provide evidence of its legal constitution and ownership and reflect this in its structure, function and policies. Accreditation by NTEC does not remove the obligation of an institution to comply with relevant statutory and legal requirements.

Essential Requirement 3: Institutional Management

The institution shall have a governing body and/or advisory board.

Criterion 3.1 General Principles: In order to conform with ER 3 all teaching institutions and programme leaders are expected to look carefully at, and to refer in their documentation when appropriate, to the Principles of Good Governance as defined by your university or validating university

Criterion 3.2 Composition and Representation: The governing body (or advisory board), whose duties and responsibilities must be clearly defined, must exercise ultimate and general control over the institution's affairs, and, in so doing, must provide adequate representation of the public interest.

Guideline: Governing body members should represent the founders, benefactors and the general public served by the institution. In an institution, which is a sole proprietorship, partnership, Registered Charity or Limited Company, a governing body or advisory board shall be created and utilised to satisfy this Criterion. In the case of a limited company, the role could be undertaken by the Board of Directors, or, by an Advisory Board reporting to the Board of Directors. The Governing body members should be responsible for directing the accomplishment of the purposes for which the institution was founded, and

may therefore be expected to include professionals and educationalists among their ranks. They should be responsible for establishing broad policy and long-range planning, appointing the Principal and/or Dean, developing financial resources, and playing a major role in the development of external relations.

Guideline: Governing body decisions should be made following representation by all interested parties.

Criterion 3.3 Meetings: Governing body or advisory board meetings must be held at regularly stated times. An Agenda for the meeting must be prepared and accurate minutes of the meeting kept and filed.

Guideline: Meetings of the governing body or advisory board should be sufficiently often and of sufficient length to enable it to fulfil competently its responsibilities to the institution.

Criterion 3.4 Responsibilities: The management of the institution's financial matters should be the responsibility of a body or committee separate from the academic committee or board.

Essential Requirement 4: Records

The institution shall have appropriate record-keeping systems.

Criterion 4.1 Permanent Academic Records: While observing the requirements of current data protection law, rules and regulations and other relevant legislation, the institution shall maintain and safeguard accurate academic records.

Criterion 4.2 Data: The institution must maintain data which will facilitate the compilation of the following records and statistics: student profiles, showing the number of students enrolled, progressing into each year, graduated, deferred and readmitted; admissions data showing the number of applications received and accepted, by gender and country location; the ages, and the educational and ethnic backgrounds of the student body.

Criterion 4.3 Clinical Records: The institution must maintain accurate, secure, confidential and complete clinical records of teaching clinic clients. It must also ensure that students and staff file copies with the institution of complete clinical records of all the patients they treat in other clinical placements. Records should be kept for 7 years, or until the age of 21 in the case of minors, whichever is the later.

Criterion 4.4 Clinical Audit: Institutions must complete an annual clinical audit to include at a minimum, client numbers, client conditions, number of clients seen per student

Essential Requirement 5: Staff

The institution shall have staff adequate for the educational courses offered and support those staff in their work and development.

Criterion 5.1 Number and Qualifications: The institution shall maintain teaching and supervising staff that are appropriately qualified to a standard appropriate to the level at which they are teaching.

All staff supervising in clinic:

- Must, wherever possible, be members of a professional body relevant to their role, said body having a Code of Ethics/Professional Conduct
- Must be registered as Nutritional Therapists with the CNHC or another regulatory body recognised by NTEC

- Must have a minimum of three years clinical practice post-qualification; this should equate to a minimum of 1 day a week in practice

Criterion 5.2 *Background, Experience and Performance:* The general education, the professional education, the teaching experience and the practical professional experience of all teaching staff shall be appropriate to the subject taught. Every staff member shall provide evidence of appropriate experience, and of continuing professional development, in his or her field and also in the field of education. The institution should ensure appropriate performance review processes exist for staff.

Guideline: Institutions must have a recruitment policy of employing teaching staff with a first degree or its equivalent (or appropriate professional experience at a graduate or higher level) and a staff development policy of encouraging teaching staff to develop the reflective and critical approach to practice.

Guideline: A professional development plan shall be in place for each member of the teaching and clinical supervising staff. This should cover developing competence and a facilitation of student learning.

Guideline: Staff supervising the clinical experience of students must be developing their awareness of effective approaches to clinical supervision, their compliance with core NTEC standards (Values & Aims of NT Education; Statement of Professional Principles & Values; the CNHC Code of Conduct) and their commitment to their own continuing professional development as supervisors and practitioners.

Criterion 5.3 *Insurance:* The institution must have insurance to cover student clinics.

Criterion 5.4 *Convictions:* All persons employed, or seeking employment, in whatever capacity, shall be required to disclose any convictions, including 'spent' convictions, under the Rehabilitation of Offenders Act. Such persons shall not withhold consent from the institution to make proper enquiries as to their background and suitability, and the institution shall undertake such enquiries.

Criterion 5.5 *Policy and Procedures:* A staff process shall be in place outlining the recruitment, appointment, induction, promotion, retention and development of appropriately qualified staff members. This should include measures to develop all teaching (including clinical teaching) staff's understanding and practice of education, as well as, where relevant, their professional development in their subject.

Guideline: All teaching staff shall be made aware of the institution's commitment to the critical review process required by NTEC, and be encouraged to develop their own form of self-critical reflective practice as a lecturer and, where appropriate, as a practitioner.

Criterion 5.6 *Professional Development:* Conditions of service shall be adequate and equitable, and administered ethically, to provide teaching and clinical staff members with academic freedom, adequate preparation time and opportunities for professional growth and development. A named member of staff shall have responsibility for teaching and clinical staff development policy.

Guideline: Staff contracts shall specify responsibilities clearly and staff appraisal should be carried out regularly.

Criterion 5.7 There shall be a process to ensure that all teaching and clinical supervisory staff have an agreed professional development plan and the institution's provisions for professional development should be reviewed periodically. Visiting lecturers' knowledge and skill should be relevant and up-to-date for the subjects they are invited to present and teach.

Guideline: Staff shall be encouraged to develop a research-minded approach appropriate to professional courses in higher and further education. Note here that the guideline is to encourage only, it is not a requirement but an area some Training Providers may wish to encourage.

Criterion 5.8 *Communication:* Provision shall be made for regular and open communication among members of staff, and between the academic and clinical staff and administrative officers of the institution.

Criterion 5.9 Grievances: The institution must have fair, efficient and published procedures for receiving, reviewing and responding to grievances expressed by any member of its staff. (See also Criterion 6.3 for student grievances. *NB This may be a single comprehensive policy.*)

Essential Requirement 6: Students' rights and responsibilities

The institution shall develop a statement of the rights, privileges and responsibilities of students and of disciplinary proceedings for failing to meet those responsibilities. This statement shall include a limitation of the institution's liability regarding future acceptance by the CNHC onto its register. The statement shall be made available to students through the prospectus, student handbook, and/or other appropriate means. All students' services and activities provided by the institution should reflect the institution's objectives.

Criterion 6.1 Association: Policies shall foster professional associations among students, staff, and the administration, and provide opportunities for the development of individual potential.

Criterion 6.2 Opportunity to be heard: Provision shall be made for obtaining students' views and for their participation in institutional and course decision-making.

Criterion 6.3 Grievances: The institution must have fair, efficient and published procedures for receiving, reviewing and responding to grievances expressed by students. The institution shall include NTEC's address in its published policy on student complaints so that if a student registers a legitimate complaint, believing that the institution has breached an Essential Requirement or Criterion under this set of accreditation requirements, the student may contact NTEC. (See also Criterion 5.9 for staff grievances.)

Guideline: The institution shall include, in student handbooks, specific guidance about precisely when a complaint to NTEC might be appropriate. Extracts from NTEC's Accreditation Requirements may be included if thought helpful.

Criterion 6.4 Policy: The institution shall have a clear educational and clinical disciplinary policy outlining all the processes involved, and the rights of students who are alleged to have breached the institution's expectations of student responsibilities. A student 'fitness to practise' policy should be in place.

Guideline: Such policy will normally be clear about the nature of student misconduct and about different stages of the disciplinary procedure, including the number and type of relevant warnings, the support systems available to students 'in trouble' and how to access the appeals procedure.

Criterion 6.5 CNHC Register – admission: the institution shall make clear in all relevant student publications that eligibility for entry to the CNHC Register upon graduation is dependent on more than just satisfactory completion of the course. The decision to admit an individual to the register is that of the CHNC not of a Training Provider, or NTEC, or any professional body.

Guideline: The institution should have a clear policy requiring students to have made a criminal record declaration on admission and to disclose to the institution if their health status deteriorates or they acquire a criminal record during their course.

Essential Requirement 7: Learning Resources

The institution must provide learning resources and equipment adequate for the Nutritional Therapy courses offered.

Criterion 7.1 Resources and Access: The institution should offer access to learning resources and appropriate information technology for students and it must demonstrate how students can access

specific library and learning resources. Learning resources should include peer reviewed publications and research.

Essential Requirement 8: Institutional Resources

Criterion 8.1 *Facilities:* The institution must provide facilities that are safe, accessible, functional, appropriately maintained and sufficient to house the course and to provide for its effective functioning. It shall provide a clinic and appropriate media and learning equipment adequate for the educational courses offered and, if necessary, shall have made specific arrangements for clinical learning in other healthcare settings. These facilities may be in the physical world or digital world.

Criterion 8.2 *Learning Environment:* Physical facilities shall meet all applicable legislation including fire, health and safety standards. In addition, the clinic's premises and facilities must enable staff and students to comply with the CNHC Code of Conduct. The institution's digital platform must have all appropriate encryption and firewall measures in place to ensure network security, user authentication, protection from any malicious influences and a clear policy on how data is stored, backed up, used and deleted.

Criterion 8.3 *Placement Activities:* The institution must be directly responsible for all of its placement educational activities, and have systems for approving and monitoring placement study.

Guideline: If components of the course are conducted at both physical and digital sites then all variations of the course must be of equivalent quality

Essential Requirement 9: Finance

There are different requirements for a private Training Provider and a University. Both are expected to have an adequate financial base for existing course commitments, and to demonstrate adequate financial planning and an appropriate financial management system. In the case of an institution that is a sole proprietorship, separate books and bank accounts for the course are required.

Criterion 9.1 *Resources:* The institution shall be financially resourced sufficient to support adequately its courses and activities, now and in the foreseeable future.

Criterion 9.2 *Continuance:* In the event of financial insolvency there needs to be a plan to enable enrolled students to complete their education be that with the validating university or another NTEC accredited provider.

Guideline: The institution must demonstrate that if it were to cease functioning as an educational establishment or if the course were to be discontinued, it could make arrangements to complete the students programme in a manner acceptable to NTEC and without further financial burden on the students.

Criterion 9.3 *Payment and Refund Policy:* The institution must state clearly the options available to students in the payment of fees and this statement must be related to a fair, consistent and transparent fee structure and fee policy. Whatever fee options are offered to students, no payment should be accepted for more than one year of a course in advance unless there are clear reasons for doing so. All course fees held for subsequent years should be ring-fenced. A refund policy must be in place and uniformly and fairly followed and a clear statement should cover how the course will be delivered in the event of the Training Provider ceasing to offer the course in the future.

Essential Requirement 10: Official Publications

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

1. Current purposes and educational intentions
2. Entrance requirements and procedures
3. Rules and regulations for conduct and attendance
4. Opportunities and requirements for financial aid (if applicable)
5. Procedures for discipline and/or dismissal (for academic and other reasons)
6. Grievance procedures for students
7. Fees and equitable refund policies
8. Course completion requirements
9. Members of the administration
10. Professional education and qualifications of full-time and part-time staff
11. Members of the governing body and/or advisory board
12. The outline syllabus, academic calendar and course schedule
13. The institution's admissions and credit-transfer policies
14. An accurate description of each component of the course of study
15. A description of learning and other physical resources
16. The details of the qualification to be awarded upon successful completion of the course(s)
17. Any legal requirements for practice which may be applicable; and
18. Reference to the institution's policy on equal opportunities
19. The Fitness to Practise Policy
20. Insurances: Both Business and Clinical

Criterion 10.1 *Honesty and Accuracy:* Publicity, advertising and other literature shall represent the institution's educational opportunities to students and the public, in language which is accurate, honest, clear and unambiguous.

Guideline: Wherever possible, institutions should use the same wording in descriptions of practices and approaches as the CNHC uses in its Code of Conduct, and which reflects the principles and values outlined in this document.

Criterion 10.2 *Representation of opportunities:* Publicity and advertising shall not misrepresent employment, career, development, or registration prospects for successful students.

Criterion 10.3 *Status with NTEC:* The institution, and its staff, shall at all times convey accurately its status and relationship with NTEC in all relevant publications and communications aimed at the public or students, and also in the course of any discussions with third parties.

Criterion 10.4 *Other Institutions:* No institution shall make comparative reference in its publications to other institutions or accredited courses which are in a formal relationship with NTEC.

Essential Requirement 11: Educational Programme

The institution shall have adopted a statement explaining the prerequisites for entry and the methods for assessing prior learning, including the evaluation of credit transfer, other sponsored learning, and experiential learning.

Criterion 11.1 *Prerequisites for entry:* Mature students without academic qualifications may be considered on merit, with work/life experience taken into account. Where academic requirements for entry are in place, there should be a clear minimum prerequisite for entry into the professional programme. MSc entry courses shall have a clear and specific admissions policy.

Criterion 11.2 Assessment Interviews: Ideally an interview should be required to evaluate interpersonal skills prior to joining the course. (Any fitness to practise policy is likely to include an initial interview as one of the first requirements). Should a Training Provider choose to defer the interview until the start of clinical Training, then the implications of allowing a student to join a course without confirmation they can undertake clinical Training should have been considered. A clearly documented exit route must be in place should the prospective student be unsuitable at interview and/or not meet the Training Providers' fitness to practise policy. The possibility of not being permitted to continue onto the clinical Training should be clearly explained to the student prior to commencing the course.

Criterion 11.3 Admissions Policy - Publication: The institution's admissions policy must be clearly stated in the institution's publications.

Criterion 11.4 Admissions Policy - Planning: The admissions policy must involve careful planning and regular monitoring to determine whether it is serving the needs and interests of students, and the expressed objectives of the institution.

Criterion 11.5 Admissions Criteria: The admissions policy should make clear its criteria for accepting, or not accepting, various entry qualifications, and the criteria for assessing applicants without the standard entry prerequisites should be explicit and transparent.

Criterion 11.6 Other Prerequisites: If the institution is offering courses as a substitute for the minimum entry requirements above, for example Return to Study or 'Access' courses for mature learners, these must be clearly identified as courses distinct from the professional Nutritional Therapy course when accreditation is being sought. The institution must demonstrate that appropriate resources are available to sustain these courses without adversely affecting the Nutritional Therapy course. NTEC does not accredit any such science access course.

Essential Requirement 12: Programme of Study

The course shall satisfy minimum requirements in respect of course content, course length, professional clinical competence, and the core curriculum as set out by NTEC and CNHC in their Core Curriculum. Professional Competencies are set out in the NOS.

Criterion 12.1 Clinical Practice: The overall aim of clinical practice must be to prepare a lawful, safe and effective Nutritional Therapy practitioner who is able to practise with autonomy. This requires competence at the stated levels and range of clinical practice defined in the core curriculum and identified in the NOS, paying particular attention to the NOS scope. Clinical practice assessment must be conducted in a realistic working environment (situational assessment) and be fully supervised (observed). This will require a significant amount of commitment on behalf of both the Training Provider (TP) and student. TPs will need to demonstrate that their graduates are confident to practise safely and effectively. The Accreditation Committee, as part of the accreditation process, will scrutinise how Training Providers and their students demonstrate that they meet the NOS and Core Curriculum and determine that clinical competencies have been fully met.

Guideline: In determining how the programme of study is organised amongst its different components and how it is timed, a clear and appropriate decision-making process should be followed and available for scrutiny.

Guideline: An exit route should provide an alternative qualification for those students not achieving competence in clinic. Such an award should clearly indicate it is not a qualification for practice or a route for registration with accrediting or professional bodies.

Criterion 12.2 Completion Certificate: To each person successfully completing the professional course, the institution shall award a certificate, diploma, degree or postgraduate degree, following both general practice in higher or further education and relevant legislation.

Guideline: Independent Training Providers shall provide a certificate of successful course completion indicating that such completion leads to an award that entitles the graduate to practise Nutritional Therapy. If affiliated to a university, appropriate wording on the certificate must be agreed. Degrees may only be awarded by approved universities or higher education institutions. A Nutritional Therapy qualification should only be awarded where clinical competence has been fully tested, and the criteria for safe practice fully demonstrated. An alternative academic qualification, that is not a Nutritional Therapy qualification (and so does not offer an automatic right of access to the CNHC register) may be awarded where clinical competence has not been fully demonstrated.

Criterion 12.3 Quality of learning: The course must be appropriate to an institution of higher education offering a validated course in Nutritional Therapy, and students should receive equivalent levels of personal support and, as far as possible, a collegiate experience of styles of teaching and learning.

Criterion 12.4 Quality of Teaching: The teaching of students shall be a high priority for the institution; the curriculum shall be both stimulating and of a high academic standard, enabling students to prepare for safe, independent, professional practice in Nutritional Therapy, by gaining the knowledge and skills and developing the capacities outlined in the Core Curriculum published by NTEC. Teaching and learning approaches should enable students to meet agreed outcomes for the programme; be consistent with the institution's statements and written materials and ultimately promote personal and professional development of students.

Criterion 12.5 CNHC Code of Conduct and BANT Professional Practice: Before undertaking clinical practice on the course, students should be both conversant with, and deemed competent to comply with, the standards of the CNHC Code of Conduct.

Guideline: Institutions should assess their students' understanding of the Codes through the use of personal portfolios which contain reflective accounts of their practice experiences and which demonstrate an understanding of the limits of their current competence.

Criterion 12.6 Clinical Teaching: The institution shall provide a clinical programme of sufficient size, variety and quality to fulfil its educational purposes. Clinical teaching and practice shall consist of formal tuition and practical clinical Training, and shall include supervised care of clients which allows the student to take increasing levels of responsibility for client care, as indicated in the CHNC Core Curriculum and the NOS.

Guideline: The clinical Training undertaken by each student shall take place under the institution's own specialist supervisors.

Guideline: Students may be encouraged to complete a portfolio matching their clinical Training to the NOS.

Guideline: The institution shall ensure that each student has the opportunity to observe, participate in, and, under supervision, take responsibility for the care of a varied caseload of clients receiving Nutritional Therapy. Supervision must be sufficient to ensure the safe and competent care of clients. Students should be enabled to reflect on their practice, to analyse it critically and relate it to theoretical perspectives.

Guideline: Appropriate emphasis should be placed on the political, social and economic aspects of the provision of Nutritional Therapy. Students should be aware of the expertise of other healthcare professional practitioners and of the circumstances when patients might benefit from referral to them.

Criterion 12.7 Behaviour in Clinic: The institution shall have a clear policy about all aspects of behaviour in the clinic and in clinical practice. Institutions shall have a policy that teaching staff (including clinical

supervisors), who are involved with student assessment, are not permitted to treat students in their role as Nutritional Therapy practitioners (and also as practitioners of other complementary therapies). There shall be a named member of staff with overall responsibility for all aspects of the clinic.

Criterion 12.8 Pastoral Care: There should be a clear policy on pastoral and tutorial support for students and evidence of its effectiveness in supporting students.

Essential Requirement 13: Student Assessment

The assessment of students' achievement shall be applied systematically throughout the course. A variety of measures shall be employed to ensure acquisition of knowledge, core skills, competence, behaviour and attitudes commensurate with each stage of the course leading, ultimately, to the performance expected of a fully trained, safe and independent practitioner.

Criterion 13.1 Assessment calendar: The institution shall have developed an appropriate set of assessment stages through the course, which should be presented in diagrammatic terms and which should be related to all elements (subjects, modules, units, etc.) of the curriculum. Detail should be offered to provide evidence of an assessment system that can keep each student, and the institution, informed about that student's educational progress. This detail should include indicators or measures of Nutritional Therapy competence, such that a clear-cut decision can be reached at the end of the course, in respect of each student, about the conferral of an award. Criteria on which students are assessed should be clear and explicit and available to students and staff. Guidance given to students and staff should be clear.

Guideline: Examinations, written assignments and clinical evaluation shall be used to document the acquisition of knowledge, skills, values and attitudes.

Guideline: Each level of clinical teaching shall have clear intentions linked to a clear means of assessing whether appropriate achievement has been attained.

Guideline: The institution and teaching faculty shall have an effective and efficient system to monitor students as they progress through clinical teaching. There should be a clear fitness to practise policy in place. Students who have difficulties should be identified early, and such weaknesses should be documented and communicated to the student and other relevant persons (Clinical Director, Dean, etc.). Suspension, dismissal, or the assignment of remedial work, if necessary, should be determined in a just and timely manner.

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

Guideline: Feedback on marked work must be designed to progress students. Markers should receive training and support in marking and evidence of the effectiveness of training and of marking in progressing students shall be provided.

Guideline: Marking shall either be anonymous or there must be a system in place to eliminate bias. Second marking should take place if an assessment is over 50% of a module unit's mark and marking should be moderated where there are 2 or more markers for the same work.

Guideline: Plagiarism: There must be a suitable plagiarism checking process with a clearly defined procedure for dealing with academic misconduct.

Criterion 13.2 External Examiners: The institution shall have appointed, at least one external examiner whose primary role is to assess the standards being achieved by students in relation to standards expected and demonstrated on similar courses nationally. As Nutritional Therapy has a diversity of

subjects to be examined, a Training Provider might like to consider the use of more than one external examiner, with examiners skilled in the areas to be examined and appropriately trained for their role. In particular external examiners will ensure:

- That students' overall standards of achievement in both the academic and clinical practice components of the course are commensurate with, and judged in line with, standards normally applying in further education
- That assessment intentions and methods support the learning of the Professional Core Curriculum
- That all assessments are conducted fairly and without prejudice and meet module Learning Outcomes

Guideline: The procedures for appointing such external examiners should be clearly set down and approved by the validating University.

Guideline: The roles and responsibilities of such external examiners shall be clearly set down in an examinations policy. Examiners should play a role in monitoring:

a) the wording and the marking, of the key assessments of the course, and should always be present at final examination board meetings, or, in exceptional circumstances, should agree in writing with the examination board's decisions before any results are published. (NTEC recognises that Universities may not involve the external examiner in key assessments as this area may be internally quality controlled).

Guideline: External examiners must write annual reports which identify the institution's strengths and weaknesses in respect of assessment. These shall be included as part of course documentation and quality assurance procedures that are presented to NTEC.

Guideline: Training Providers are advised that NTEC applies the following criteria to external examiners:

- The area of expertise of external examiners is within the area of assessment undertaken;
- Applicants should have recently been employed (or are still employed) within a university appointment;
- He/she must not have been employees of that Training institution within the last three years;
- CVs must be supplied for External Examiners not currently working within a university appointment, demonstrating the person's skill set to suit them for the role;
- If two external examiners are appointed for the same course, one must be from within a university appointment but the other may be selected with industry/profession knowledge to examine in a specific area, for example, clinical skills.

Essential Requirement 14: Evaluation

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

Criterion 14.1 Annual Evaluation: The institution must have procedures in place for carrying out annual evaluations of its structures and curriculum in relation to its educational mission and philosophy.

Guideline: Students' evaluation of courses and the teaching faculty should be one of the key perspectives considered in determining whether the institution is meeting its objectives, alongside evaluative inputs

from course managers, lecturers in classroom and clinic, external examiners, administrators, Board officers and other stakeholders as appropriate.

Guideline: 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. These data should also be analysed for indicators or trends in relation to success and failure, and to the sorts of difficulty experienced by students on the course.

Criterion 14.2 Action Planning: Such regular evaluation policies and procedures should lead to planned development articulated in detailed action plans which include time scales and named persons responsible for their implementation, and which therefore have a demonstrable impact upon the development of the course.

Guideline: The documented evaluations and planned development should form the basis for the Annual Critical Course Reviews which are required by NTEC.

=====

NB.

Transcripts: A transcript refers to a copy of a student's permanent academic record which usually means all courses taken, all grades received, all honours received and marks conferred to a student. A transcript may also contain the number of people in a class, and the average grade of the class. An official transcript is prepared and sent by the issuing school with an original signature of a school official.

Clinical Audit: An accepted definition of Clinical Audit is "a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change".

Complete Case Records: should include dated full case history recommendations and treatment follow up visits.

Appendix C: Policy and Procedures for Appeal and Arbitration in the Accreditation Process

Introduction

NTEC's appeals policy and procedures can be used by Training Providers that wish NTEC to reconsider their decisions related to the stages of accreditation, as follows:

- Rejection of a Training Provider's application to join the Training Providers Forum (TPF)
- Rejection of a Training Provider's application for Accreditation
- Rejection of a Training Provider's application for their Re- Accreditation
- Rejection of a Training Provider's application for the accreditation of a course substantially changed since accreditation was originally awarded
- Rejection of a Training Provider's application for the accreditation of a new or an additional courses
- Suspension or removal of a Training Provider from its accreditation status

NTEC must formally notify a Training Provider in writing of its action in all the above cases, and this official letter from NTEC will include notice of the Provider's right to appeal. This formal notice will be sent by recorded delivery.

Procedure for Appeal

Within 30 days of receiving the official notification of an NTEC decision, the institution should inform the Chair of NTEC in writing of its intention to appeal.

Within 60 days of receiving the official notification, a Provider must send a written statement of appeal, (including all the grounds of the appeal and any accompanying documentary evidence) to NTEC.

The appeal statement should state the reasons for seeking reconsideration of NTEC's decision, together with a detailed account of any error, oversight, omission or misjudgement which it is believed has occurred in NTEC's decision-making processes. If new information, previously unavailable to NTEC, forms any part of the appeal statement, the institution must explain precisely why it believes such new information should cause NTEC to reconsider its decision and why this information was not available prior to NTEC's decision.

All expenses incurred by NTEC in considering the appeal will be payable by the institution, unless NTEC acts to modify or reverse its original decision, having been persuaded of an error, omission or oversight on its part.

The Assessors will be invited to provide a statement in response to the appeal, either justifying its previous recommendation to NTEC Board or showing sympathy to the grounds of appeal, and this statement will be available to members of the Board, alongside the Training Provider's appeal statement. These statements will be discussed at a Board meeting convened for that purpose.

NTEC will inform the institution as soon as practicable after the meeting whether it has decided to affirm, modify or reverse its original decision.

Policy and Procedure for Independent Scrutiny of Appeal Decisions.

Should the institution feel it has grounds to contest the procedures of the appeal, as well as the original NTEC decision that led to the appeal process, it may ask for an outside arbitrator to review them both.

However, the burden is on the institution to establish that NTEC in reaching its decision(s):

- Did not follow its own rules and procedures as set forth in this Handbook; or/and
- Did not take into account substantial evidence on the record; or/and
- Abused its discretion in some way that was materially prejudicial to the institution.

Should the arbitrator find one or more of the above criteria to apply, he or she may refer the matter back to NTEC for a new discussion and new findings. Unless the arbitrator finds NTEC to be at fault, all expenses of this part of the appeal, including the arbitrator's reasonable fee and the costs of specially arranged meetings, shall be borne wholly by the Training Provider concerned.

To initiate the arbitration procedure, the Training Provider should inform the Chair of NTEC in writing, within 30 days of receiving NTEC's decision of its intention to seek arbitration. This notification should also contain a full explanation of how, in the opinion of the institution, one or more of the above criteria applies to NTEC's decision(s).

As soon as practicable, NTEC shall propose to the Training Provider the names of three 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 Training Provider requesting such a determination. Within seven days of receiving these names, the Training Provider shall select one. If the Training Provider rejects all three proposed arbitrators, NTEC will appoint one other, taking into account the reasons why the Training Provider rejected those previously proposed, with no further appeal by the institution.

All relevant information and documentation shall be made available to the arbitrator, who may also call for oral evidence from NTEC and the Training 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 Training Provider and to the Chair of NTEC.

The arbitrator may either affirm NTEC's decision(s) or determine that the decision(s) should be altered, in accordance with the criteria given above. In the latter instance, NTEC will be expected to take further action and to communicate its new decision to the Training Provider within 14 days of receiving the arbitrator's report.

NTEC will publish on their website for a minimum of five years where arbitration decisions have gone against them.

Appendix D: Complaints against Training Providers in a formal relationship with NTEC

1.0 Scope of complaints

1.1 NTEC may receive a complaint about a teaching institution in a formal relationship with NTEC, i.e. from the time of acceptance of membership of the TPF. Such a complaint may come from Nutritional Therapy student(s), graduate(s), member(s) of faculty or staff of a teaching institution, member(s) of the public, or another institution.

1.2 NTEC shall not intercede on behalf of individuals, nor act as a 'court of appeal' for faculty or staff members, or students, in matters of admissions, refunds, appointments, promotion or suspension, or dismissal. NTEC shall entertain a complaint only when it believes that the institution's practices indicate that the institution may be in breach of NTEC's Essential Requirements, criteria, policies or procedures.

1.3 The NTEC Administrator will record and acknowledge all complaints as indicated in Sections 3 and 4 of this document but will suspend any further investigation or action at any stage if the complainant is pursuing the issue through formal legal channels until the outcome of the legal proceedings is known.

1.4 Normally, NTEC will not pursue any complaint unless the complainant has already followed the internal institutional grievance or complaints procedures, or, in the case of the complainant being external to the institution, has correspondence indicating that they have pursued their complaint with the institution.

2.0 Types of complaint: un-attributed and attributed

2.1 There are two major types of complaint; un-attributed and formal. Within these categories, there are urgent and serious complaints.

2.2 Un-attributed complaints are those received or passed on to NTEC's office by phone, or in writing by email or post, where the complainant, although identified to NTEC, does not wish to be identified to the institution concerned. Normally the complainant wishes to inform NTEC of their concern but is not willing to pursue it themselves with the institution.

2.3 Formal complaints are those received by the NTEC office in writing by email or post where the complainant is willing to be identified to the institution concerned and is both informing NTEC of their concern and asking NTEC to investigate this.

2.4 A serious complaint is one that alleges a serious breach of NTEC's Essential Requirements.

2.5 For the complaint to be urgent it will describe circumstances which could have substantial, adverse effects upon the institution, students or staff, and patients of the clinic or of students under supervision.

3.0 Process of dealing with complaints

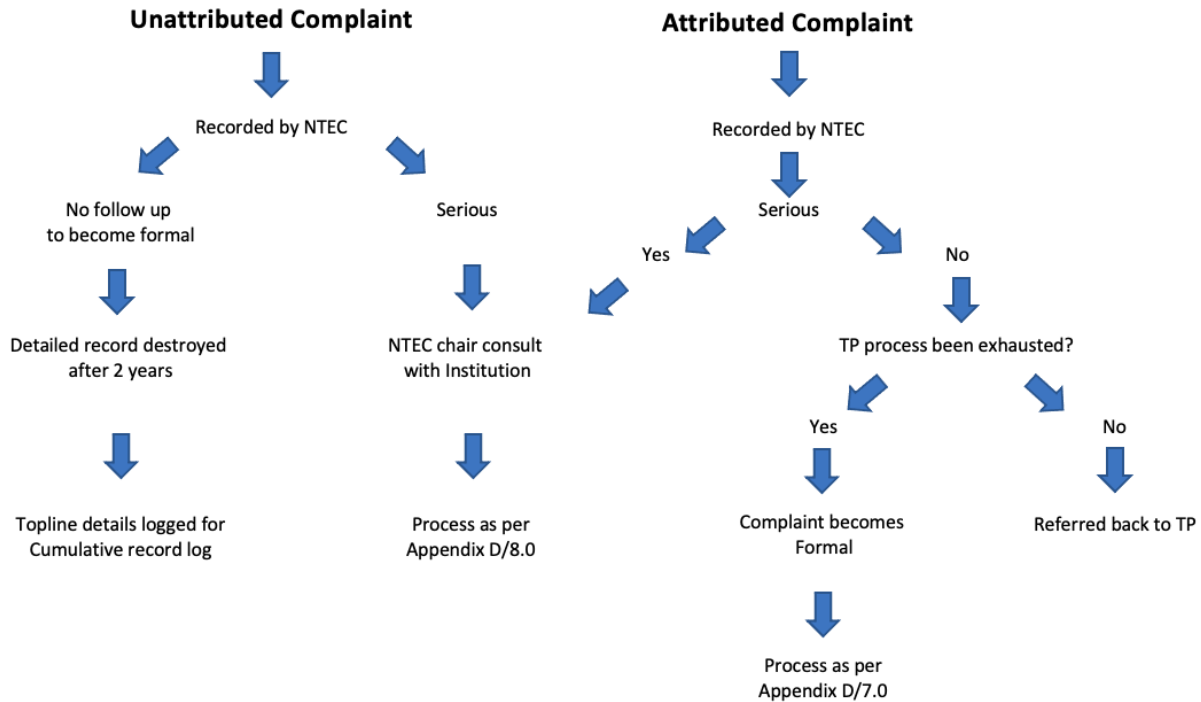
3.1 The process of following up complaints depends on the type, urgency and seriousness of the complaint.

3.2 All complaints will be recorded in the NTEC Office. Further details of this are in Section 4.0 of this policy.

3.3 Single un-attributed complaints normally cannot be followed up by NTEC.

3.4 Serious or urgent complaints may be followed up through a non-routine visit to the institution by one or more NTEC representatives as outlined in Section 8 of this policy.

3.5 Cumulative un-attributed complaints and formal complaints not deemed to be either urgent or serious may be followed up via a non-routine visit or as felt appropriate by NTEC.



4.0 Record of Complaints

4.1 All complaints received by NTEC members or the NTEC Office, formal and un-attributed, will be noted confidentially by the Administrator. If possible the confidential file note will include:

- Name and contact details of complainant
- Role of complainant in relation to the teaching institution
- Institution about which the complaint is being made
- Nature of the complaint
- Process that has been pursued within the institution so far

4.2 This confidential file note will be circulated to the NTEC Chair.

4.3 Unless the complaint is followed up, the individual confidential file notes will be destroyed after a period of two years by the NTEC Administrator.

4.4 The NTEC Administrator will maintain a cumulative log, updated by the Administrator of all complaints received with the names of the complainants removed, this will be circulated in August of each year to the NTEC Chair and should be sent to the Assessors by the Administrator.

5.0 Initial acknowledgement

5.1 NTEC's Administrator Office, from the NTEC Chair will acknowledge all complaints in a standard letter. In this, if the individual is a student, a member of staff, or a clinic client of the institution involved, they will be advised to take the complaint through the processes for complaint or grievance or whatever is the relevant policy of the teaching institution, if this has not already been done.

5.2 When the institution's formal complaints procedure has been exhausted, then the complaint can be actioned by NTEC.

6.0 Cumulative un-attributed complaints

6.1 If the complaints are bone fide, the NTEC Chair will inform the relevant Head of the Nutritional Therapy course of the nature of the un-attributed allegations.

6.2 Should the number of un-attributed complaints about any one institution appear to be excessive, that is, normally, three or more from different sources within any twelve-month period, the NTEC Chair will consult with the institution.

6.3 The Head will be invited to respond in writing.

6.4 Normally, within the next scheduled visit to the institution NTEC will enquire further into the nature of the complaints through discussion with relevant groups, review of documentation and discussion with the Head.

6.5 The NTEC Board will consider the Assessor's report and will agree what further action may need to be taken. This will be confirmed to the Head in a letter from the Chair of NTEC.

7.0 Formal complaints

7.1 Formal complaints shall be submitted in writing and addressed to the Chair of NTEC. Documentation submitted shall include:

- A clear description of the specific nature of the complaint
- Supporting evidence and all relevant documentation
- The relationship between the institution and the individual(s) initiating the complaint
- Evidence that the complainant has exhausted whatever institutional grievance or complaints procedures are available, including those of the linked university where appropriate.

7.2 When the written complaint is received, together with the supporting evidence, the Chair of NTEC will acknowledge receipt of the complaint and will inform the relevant Head of the Nutritional Therapy course that the complaint has been received and is being investigated.

7.3 The Head will be invited to respond in writing.

7.4 Unless the complaint is deemed to be either serious or urgent, within the next scheduled visit to the institution NTEC will enquire further into the nature of the complaints through discussion with relevant groups, review of documentation and discussion with the Head.

7.5 NTEC will write a formal report of this visit that will be sent in draft form to the institution for feedback on matters of fact.

7.6 The NTEC Board will consider the report and will agree what further action may need to be taken. This will be confirmed to the Head in a letter from the Chair of NTEC.

7.7 The report, together with an indication of further action agreed, will also be sent to the complainant.

8.0 Serious and urgent complaints

8.1 If a formal complaint or an un-attributed complaint alleges serious breaches of the Essential Requirements such that safe practice may be jeopardised, or describes circumstances which could have substantial, adverse effects upon the institution, students or staff, the NTEC Chair will consult immediately with the institution.

8.2 The Head will be invited to respond to the allegations in writing

8.3 If NTEC and the Training Provider are unable to agree, then a meeting may be required. All such costs will be met by the Training Provider being visited. During the visit the representative(s) will enquire further into the nature of the complaints through discussion with relevant groups, review of documentation and discussion with the Head.

8.4 The NTEC representative(s) will write a formal report of this visit and seek approval from the Board in a special meeting convened for that purpose. The report will then be sent in draft form to the institution for feedback on matters of fact.

8.5 The NTEC Board will consider the report of the NTEC's representative(s), together with the institution's response and will agree what further action may need to be taken including that within the Section of the NTEC's Accreditation Handbook relating to reconsideration of accreditation status.

Appendix E: The NTEC Training Providers Forum (TPF)

The NTEC Training Providers Forum meets twice a year. Meetings are organised by the NTEC Administrator and the purpose of the meeting is an information sharing meeting and to share best practice.

1.0 Meetings

1.1 Meetings will be attended by NTEC Board Members as relevant and BANT Council Members. An Accredited Training Provider will be invited to attend each meeting and may send a maximum of 2 members of the teaching and/or clinical team.

1.2 The Agenda for each meeting is set by the NTEC Administrator who attends each meeting. Meetings are designed as information sharing meetings and therefore minutes and action points are not appropriate.

1.3 All Training Providers can include items on the agenda, and these should be sent to the NTEC Administrator who will email out one month prior to the date of the meeting for agenda items.

1.4 Meetings may be held on-line or face to face.

2.0 Training Provider responsibilities

2.1 Report accurately its status and relationship with the NTEC in all relevant publications aimed at students, graduates and the public.

2.2 No Training Provider shall make comparative reference in any external communications to other NTEC accredited Training Providers.

2.3 Publicity, advertising and other literature shall represent the Training Provider's educational opportunities to students and the public, in language which is accurate, honest and unambiguous.

2.4 The minimum standard for the profession is a BSc (Hons). No Training Provider shall make representations that a higher standard is required, nor that a lower standard is acceptable.

