



## *NTEC Accreditation Handbook*

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**Disclaimer:** NTEC makes every effort to ensure that the courses it accredits are supported with appropriate resources. However, the teaching institution itself is responsible for the viability of courses and its overall financial soundness. NTEC takes no responsibility for the support of non-viable courses or for students on courses that cease to be offered.

### **Acknowledgments**

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**Forward from Maggy Wallace, Co-Chair of  
The Complementary and Natural Healthcare Council (CNHC)**

The Federal Working Group report (Foundation for Integrated Health February 2008) states “.....it should be the role of CNHC, with professional advice, to establish criteria for the accreditation of courses. But recognising the diversity of practice and acknowledging the different strands it should not, at this time, seek to replace or duplicate the work that is already carried out”.

This remains the position of CHNC. Here at the CNHC, we are aware of a number of initiatives that are currently underway in terms of accreditation throughout our partner professions. I would anticipate that, in due course, the Education and Standards Committee of the CNHC would, of course, wish to look at the issue of accreditation from a policy perspective. I am confident, however, that any such 'look' would start from the point of considering the extant systems and building on best practice.

I am therefore able to give the Nutritional Therapy Education Commission, and the training providers that are working towards the excellent standards that the NTEC has set, the assurance that the accreditation process you have all worked so hard to develop over the last couple of years will continue as we develop voluntary regulation within the CNHC.

Any possible developments proposed in the future, as the CNHC's work develops would be based on wide consultation with all those involved and build on what is already in place.

Maggy Wallace  
Co-Chair CNHC

21<sup>st</sup> August 2008

## **About This Handbook**

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

**Part One** provides essential information about NTEC's Accreditation Committee. It describes the structure of the Committee, the scope of its work, and the Committee's relationship with NTEC.

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

**Part Three** describes the process and procedures of accreditation for courses through 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; its 17 Essential Requirements (criteria for accreditation); Principles of Good Governance; Documentation required for visits; Appeal Procedures; and a Complaints procedure (for complaints against training providers)

## **Part One: The NTEC Accreditation Committee**

### **1.1 Accreditation Committee**

The purposes of the NTEC Accreditation Committee ('AC' for short), which is a committee of NTEC, are:

1. To ensure and foster high standards of professional education through the development of appropriate criteria and guidelines.
2. 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.
3. To encourage institutional self-improvement through a process of continuous critical self-evaluation made explicit in periodic reviews.

Amongst its specific tasks are:

- To review all programmes/courses submitted for accreditation
- To recommend a programme for accreditation approval after review; or to withdraw or refuse approval of a programme for failure to meet the requirements or to provide information and assistance, or for other good cause
- To monitor the quality of programmes during their period of accreditation
- To maintain and publish, on behalf of NTEC, the Council's list of approved courses of education and training
- To provide advice and recommendations to NTEC or other NTEC committees
- To keep its operations under review and periodically evaluate the accreditation criteria and processes being operated

### **1.2 Composition**

The AC will consist of the following (all appointments being made by NTEC):

- A Chair who shall be a member of NTEC
- Up to 3 persons with experience/knowledge of nutritional therapy education and training, not affiliated to any Training Providers Forum (TPF) members, one of whom shall be from the NTEC Education & Training committee if such a committee is in existence.
- Up to 4 other members, as recommended by the Chair of the Committee (can be nominated by others or self-nominated) and might be from complementary health or other professions.
- The Committee may have up to 3 co-opted members if an area of special expertise is required, all of whom will need to be confirmed in appointment by NTEC.

**Administrative Support is provided by** NTEC to support the smooth functioning of the Visiting Panels, the Accreditation Committee and other aspects of the accreditation system.

The full Terms of Reference, and the Conflicts of Interest Policy that will operate in relation to the work of the AC 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. NTEC's Accreditation Committee 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 evidence file** – this must be submitted, demonstrating the provider can meet the fundamental criteria of accreditation, namely 'NTEC's 17 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 Seventeen 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 Training Providers Forum (TPF). Where three or more sites apply for accreditation at the same time, a sample of the sites may be visited and subsequent visits will take in different satellite locations. (Evidence will be required that the training provision at all sites is of the same quality).

The Accreditation Committee will nominate 2 AC members (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 Accreditation Committee, at least 4 weeks before a proposed Visit.

#### **ii) A Visiting Panel review on site**

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 issues raised during the visit and to explain the likely recommendations that they will be making to the Accreditation Committee. The Panel Team Leader will then compile an Accreditation Report and recommendations based on the team members' contributions, within ten working days 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 Accreditation Committee for a final decision.

Details of the documentation required by NTEC as part of the accreditation process are set out below.

Training providers are invited to appoint an observer (usually a senior staff member closely involved with the course) on such visits, with a view to enhancing transparency and integrity of the NTEC Accreditation process and to enhance liaison between the Visiting Panel and the provider. The costs of the observer are borne by the provider, and are not chargeable to NTEC. However, it should be noted by the training provider and the observer that some panel meetings will be 'closed' meetings for the Visiting Panel only.

### **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 1-12; the course is the focus of evidence under Essential Requirements 13-17.

Training providers are advised therefore to submit two separate documents - an institutional report and a course report - although NTEC recognises that there will be some overlapping material on issues such as staffing and resources, which are relevant both to the organisation and policies of the institution and to the

organisation and policies of the course. Training providers should therefore ensure that the two documents refer to each other and that readers can easily follow the cross-referencing.

Three sets of the evidence file for accreditation should be sent to the NTEC Accreditation Administrator along with the *Notification for Assessment* form; these will then be circulated further as necessary. Four further sets of documentation will be required at a later date, upon confirmation of a Visit taking place and precise details of addresses will be provided by the NTEC Accreditation Administrator at the time.

The initial sets of documents will be scrutinised by selected members of the AC, 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 AC reserves the right to request additional information or not to proceed with a Visit, if the documentation provides no clear evidence that the provider and course are likely to demonstrate their potential to substantially meet the 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.

### ***Suggested Headings for the Institutional Report/Document for Accreditation***

Use of the following headings in an institutional report being submitted for Accreditation will help to ensure that the relevant Essential Requirements have been covered in the document.

**Institutional Policy, Organisation and Management.** This relates to Essential Requirements 1-6.

**Staff.** See Essential Requirement 7.

**Students' Rights and Responsibilities.** See Essential Requirement 8.

**Learning Resources.** See Essential Requirement 9.

**Institutional Resources.** See Essential Requirement 10.

**Finance.** See Essential Requirement 11.

**Publicity and Advertising.** See Essential Requirement 12.

### *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:

1. A letter from the Principal authorising the provider's application for Accreditation.

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

2. A Memorandum of Co-operation (or its equivalent) between the provider and the university, which indicates the nature of the relationship, the expectations from each partner of the other's contribution and the costs involved.

### *Additional Documentation about the Provider required from universities/recognized 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:

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

### ***Suggested Headings for the Course Report/Document***

**Educational Policy.** See Essential Requirement 13 (and also Essential Requirement 1).

**Recruitment and Admissions.** See Essential Requirement 14 and note above.

**Programme of Study.** See Essential Requirement 15 and note above.

**Assessment.** See Essential Requirement 16.

**Evaluation.** See Essential Requirement 17 and above.

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

The use of the above headings will ensure that any course document submitted for accreditation covers the relevant Essential Requirements, but in compiling a course document for Accreditation, course managers should also take into account the evidential criteria in the list above. In addition, course documents should take account of the most recent QAA benchmark statements for higher education courses in the health professions in general, or for complementary health courses offered in the higher education sector in particular, when these become available. Universities, or independent institutions linked with a university, are advised in their accreditation submission to make use of any relevant course documentation prepared for university validation or course validation or re-validation.

### **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 observation 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 team will be able to observe some or all of these facets. The team will expect to discuss all aspects of the programme with students and teachers, 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 Seventeen Essential Requirements (including the Core Curriculum, the NOS and any relevant QAA Benchmarks);
- 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 the physical and learning resources (including the resources for clinical learning), and planning to continue its development of these resources up to the completion of its first course, and beyond;
- 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 team's recommendation to the AC will be.

## 2.6 Successful Outcomes of the Visit

The Panel Team Leader will compile the Accreditation Report based on the team members' contributions, within ten days following the visit. After being approved by the other members of the Panel, the Report will be sent to the Accreditation Committee for consideration at the next meeting. Training Providers will receive a copy of the report after consideration by the Accreditation Committee.

The Report will be considered by the Accreditation Committee (AC) at its next meeting; the Accreditation Committee 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 Accreditation Committee would normally ratify the recommendation of the Visiting Panel. The AC will forward the Panel report and its recommendations to NTEC. Course providers will be informed of the final outcome and have an agreed accreditation status and duration (see further below). The Accreditation Committee will, at least annually, evaluate how the accreditation process is working and consider any adjustments needed.

On receipt of the Report and recommendation, NTEC will inform the training provider officially whether its application for Accreditation has been granted or denied.

Course providers will be able to have a right of appeal against decisions of the Accreditation Committee (see Appendix E).

Where a training provider is f<sup>1</sup> the Accreditation Report may nevertheless suggest that NTEC should impose additional requirements on the provider that must be fulfilled within a time period specified by NTEC.

These may take 3 forms: *non-standard conditions* (specific to a provider), indicating specific concerns with the 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; the AC 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

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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 provider's own most recently submitted documents and will take no responsibility if this is out of date or mistaken: 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 Committee 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 the 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 E).

## **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 the 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**

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

2 years' accreditation will usually be granted when there is one or more *non-standard condition* or *key recommendation* for the course provider to address.

3 years' accreditation will be granted when the course clearly meets all of the criteria and there are no *non-standard conditions* or *key recommendations* to address.

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.

The Accreditation Committee 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.

## **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 syllabus, assessment requirements and other regulations for each aspect of the course if amended after the accreditation (last) 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 Annual Critical Course Reviews that any of its suggested improvements or requirements stipulated are happening, and the AC reserves the right to corroborate such evidence by visit
- Receipt by NTEC of an Annual Resource Report (ARR);
- Receipt by NTEC of the relevant fees.

In addition, full accreditation may be granted with *key recommendations*, *recommendations* or *non-standard conditions*, which NTEC feels should be the focus of institutional or course development. These types of stipulations are provider-specific.

### 3.2 Failure to comply with Standard Conditions of Accreditation

Any course provider failing to submit the documentation required as a standard condition of accreditation within the required time will be reported, in the first instance, to the Accreditation Committee. In the event of continued failure to submit the required documents, or if the documentation submitted is considered not to meet NTEC's criteria, or if the provider has failed to pay its accreditation fees, this will be reported to NTEC. Examples of not meeting NTEC's criteria could include new course documents that are unclear or insufficiently detailed, or that the institution's finances are not satisfactory. In such cases, or in the event of a provider not satisfactorily responding to a specific *non-standard condition* of accreditation, the status of the course and the provider as fully accredited will be subject to reconsideration by NTEC.

### 3.3 Introduction and Rationale for Annual Reports required by NTEC

The 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 two separate reports to NTEC each year: an *Annual Resource Report (ARR)* and an *Annual Critical Course Review (ACCR)*. The nature of each of these annual reports is described here in full. It should be noted, however, that in any one year only one course review is required by NTEC. In years when a re-accreditation application is being made, additional documentation is required (as per Section 3.7).

NTEC believes that an Annual Resource Report provides reassurance about that institution's ability to continue to operate at the required level, in the interests of students, staff, patients and the profession as a whole. The Annual Resource Report is therefore one of NTEC's key mechanisms for ensuring that both the general public and the standards of the profession are protected. NTEC also 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 Resource Report (ARR)**

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. All training providers, after accreditation, are therefore required to submit an Annual Resource Report to NTEC. 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 patients;
- Details of any changes or planned changes in any other facilities and resources available to staff, students or patients.
- An account of expenditure deployed by the institution or faculty during the previous year to support student learning, e.g. this could include resources spent on library, student IT access, classroom or clinic equipment.
- Freestanding, independent colleges are also required to submit financial accounts and any related reports in keeping with the requirements specified under Essential Requirement 11. Colleges should therefore liaise with NTEC's AC about the timing of the submission of their Annual Resource Report.
- 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 NTEC officers. This may be integrated in the Annual Critical Course Review but must comprise an identifiable section of this.

### **3.5 The Annual Critical Course Review (ACCR)**

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 teachers; 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 teachers, 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 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.

### **3.6 Clinical Audit**

A clinical audit should be carried out at least annually. The Annual Critical Course Review or the Annual Resource Report should include evidence of the internal clinical audit.

### **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:

- A definitive document that relates to all the 17 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);
- ❑ A full ACCR resource report. For independent training providers, an updated business plan for a period of no less than three years is also required.

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 AC**

The re-accreditation Visit will usually take the same form as the initial Accreditation Visit in terms of the composition of team members. The length of the visit will normally be 1 or 2 full days.

However, the AC reserves the right to undertake an extended re-accreditation Visit if the Visiting Panel or the Accreditation Committee members consider that submitted documentation does not indicate robust and ongoing development. It is expected that renewed 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 only granting a shorter accreditation period, and also what has to be achieved and in a specified time-scale.

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, from its Annual Resource Report or if there is a substantiated reason for doing so.

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 E).

### **3.9 Accreditation of New or Additional Courses in Fully Accredited Training providers**

NTEC can envisage a number of situations arising in the future where it may be prepared to 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 accrediting of short courses covering specific aspects of nutritional therapy).

For such new or additional courses, the accreditation process does apply, however NTEC recognizes 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 a 'notification fee' (amount to be confirmed) 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 Accreditation Committee 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**

Training providers which have attained full accreditation status must always notify NTEC - within thirty days or sooner of such changes first occurring - of changes in ownership, management, contractual affiliations with other training providers, and of any other items which could substantially affect the institution's policies, staff, curricula, reputation, legal or financial status. The chair of the AC may then request full and complete information which shall be submitted to NTEC for such action as it may desire to take, including the shortening (or the extension) of the accreditation period previously awarded or the imposition of new conditions.

Full accreditation status does not transfer automatically with changes of ownership or type of control.

NTEC will normally expect substantial changes to have been anticipated and planned for in an institution's Annual Critical Course Review. The rationale for the change, details of the change and its resource implications, including implications for staff development, and an account of how the change will be managed should be fully discussed in the Annual Critical Course Review which precedes the change itself.

The Accreditation Committee will decide in all cases if the proposed changes are substantial enough to warrant an amendment to the terms of accreditation awarded by NTEC.

Substantial changes to an accredited course might include:

- ❑ A change in any one year of more than 50% of the content of any module, unit or section of the previously accredited course (Universities may also wish to provide documentation for minor modifications as well as part of their Annual Monitoring Report given that they are usually required to do so as part of the University Process).
- ❑ A significant change or addition to the mode of study in which the course was accredited, e.g. changing the teaching and learning on a module from a classroom-based, group learning context to individualised learning using a distance learning package of materials
- ❑ An increase in the number of students, or number of student intakes in a year, if higher than 20% above that which was specified at accreditation;
- ❑ Major organisational changes such as a change of location, including the location of teaching clinic accommodation, or a change of principal in an independent college or a course leader in a university-based course. Within university settings, substantial changes to courses usually require prior approval of the relevant faculty and of the university and are subject to considerable scrutiny. University providers or training providers linked with a university might therefore wish to include any relevant documentation that has been scrutinised by university colleagues as an appendix to the Annual Critical Course Review to NTEC which contains discussion of a proposed substantial change.

If, exceptionally, the planning of a substantial change and exploration of its implications is not complete at the time of submission to NTEC of the institution's Annual Critical Course Review, NTEC will expect to be informed of the institution's intention to make such a change as early as possible. NTEC will also expect that full documentation about the proposed change and its implications will be submitted no later than three months before the planned implementation of the change.

### **3.11 Reconsideration of Accreditation Status**

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 substantially alters the institutional and/or course arrangements on which it received its accreditation status, without approval of NTEC;
- An institution fails to provide evidence of actions required by NTEC
- An institution deliberately misrepresents its relationship to NTEC;
- An institution fails to pay its duly agreed fees owed 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 Accreditation Committee, NTEC will consider all the institutional information available to it and may invite representatives of the institution to a meeting of the AC to put their case. After considering all the evidence presented to it, NTEC may inform the institution in writing that their accreditation status is being changed or suspended.

### **3.12 Terms of Suspension**

Suspension will last for not more than one calendar year from NTEC meeting at which the decision was reached. The terms of reinstatement are at the absolute discretion of NTEC. 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, either by the institution submitting the detailed evidence required by NTEC or by the institution withdrawing from its association with NTEC. NTEC will require training providers that have had their accreditation suspended or withdrawn 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 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 publicity that incorporates this phrase.

NTEC will publicise the institution's new status of suspension in its own publications and on its web pages.

### **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 within one month of NTEC meeting at which the decision was reached, and the appeal will be considered in the first instance at the following NTEC meeting (See Appendix E 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 Chair of AC and following a notification to all members of NTEC. At least 50% of Council members must respond in approval of such action. The Training Providers Forum (TPF) Representative on NTEC will be excluded from this process and will not be eligible to comment. As well as members of the Council, all the Heads of accredited training providers must be notified without delay if such action is taken. The decision must be ratified either at the next available Council meeting or at an Extra-ordinary meeting called for the purpose.

It is expected that the institution itself will have informed its students, staff and all other interested parties of the circumstances that have led Council 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 Chair of AC, 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's Accreditation Committee 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 and its outcome to all NTEC members.

## **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 council and AC members' 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 Accreditation Committee's (AC'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 AC's 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 of 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 Seventeen Essential Requirements.

Such scrutiny must also be publicly reported, so that NTEC's committees - where the public interest is represented - can deliberate on findings and make refinements or recommendations about them in a wholly transparent manner.

#### *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 Teams*

NTEC will inform the institution of the proposed team 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

Accreditation Chair 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 team members. Proposed visitors will only be replaced if the institution's objection is considered reasonable by the Chair of the Accreditation Committee.

*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 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 team'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 team 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). The team 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 Seventeen Essential Requirements.

More particularly, and in order to evaluate the institution effectively, each site visitor 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 AC 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 team member will have responsibility for specific aspects of enquiry. These include theory and practice, educational approaches and management systems.

#### **4.4**     *The Accreditation Team's Investigative Activities*

The team'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, team 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
- Looking at library holdings, IT facilities and other learning resources, and talking to educational resource managers;
- Seeking further clarification from senior managers about specific matters that arise in the course of the visit.

NTEC expects each member of the team 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 Team Meeting*

The first meeting of the team is usually held the day before 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 team 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 team 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 team will take personal responsibility.

The team 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 team member should have prepared for this preliminary team meeting by thoroughly reading the institution's submitted documentation and the AC's comments on it. 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 team for the opening session on the first morning of the visit, at which team members will introduce themselves and their specific focus of enquiry to the staff of the institution. The team leader will also encourage team members to approach their work sensitively, as colleagues and peers of the staff in the institution being visited, and not to view themselves primarily as inspectors.

##### *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, teachers and administrators, to meet the team members

During the mutual introductions, team 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 team members which ideally will lead to beneficial learning on both sides. He or she should explain that the team will be rigorously seeking evidence to support the institution's documents submitted for accreditation.

At the same time the team 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 teachers 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 team 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 team's judgments 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 judgments may be made.

#### **2. Interviews**

In gathering evidence during the visit, the team will inevitably be involved in some form 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 teachers 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**

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. This should be arranged beforehand in consultation with teachers and team members so that there will be no surprises for the teachers concerned. An observing accreditation visitor should always try to talk with the teacher immediately before the class being observed, in order to establish the plan for the session and how it fits into an overall syllabus. Only by relating the session to a wider scheme of work can it be meaningfully discussed with the teacher. After the teaching session the observing visitor should find time to offer

constructive feed-back to the teacher, and the teacher 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 teacher. 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 visitor should try to determine whether:

- The teacher 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;
- The teacher and the students are indeed working at the level documented.

For **distance 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-patient interaction;
- Student-clinical supervisor interaction;
- Practical teaching sessions;
- Clinical skills assessment;
- Clinic notes, including appointment diaries and incident/accident books.

NTEC's Seventeen Essential Requirements (especially no. 15) provide the criteria for making specific judgments 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 patients are present, which might call into question the procedures being used or 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 Team's Discussion Meetings*

Throughout the visit the accreditation team 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 team members on the areas they have been investigating and a discussion of those areas by the entire team. At each meeting the team should review its progress and, if necessary, revise the remainder of its schedule to pursue issues that need further clarification.

This exchange between team 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 team 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*

Before leaving the institution the entire accreditation team meets with the Institutional Management and Course Leader and others have invited to attend, in order to summarise the team's findings. This closing session should provide the institution with an oral preview of all the major points that will be made in the team's written report and which will be the basis of any conditions or recommendations related to accreditation. Both the content and the tone of this oral report should be consistent with the later written report, with no surprises. It should include the observed strengths of the institution, as well as any concerns or issues requiring further attention or development.

The team leader will also be able to inform the institution what the team's recommendation to NTEC will be concerning accreditation, though she or he will emphasise that such a recommendation is in no way binding and that the team's report has to be discussed in the Accreditation Committee, as well as in NTEC itself, before the outcome is confirmed.

On completion of the oral report, the training providers' representatives are invited to raise questions on matters of misinformation or misunderstanding on the part of the team, and the team should be prepared to double-check factual matters wherever possible. However, the closing session should not turn into a debate. The institution will have the opportunity to respond to the team's written report in due course, and it should have enough information from the verbal report to begin preparing this response before the written report arrives, should it so wish.

If the closing session raises important, unresolved questions, the team may need to reconvene in order to consider some aspect of its report or to gather additional information and evidence. Normally, however, the team will conclude its work at this closing session, apart from any consultations about the detailed drafting of the report which may happen during the following days.

#### *Writing the Accreditation Team's Report and its Recommendation to the Accreditation Committee and NTEC*

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

1. An introduction that gives a brief description of the institution and its accreditation history, and the scope and structure of the team's visit.
2. The evidence in support of the team's findings must be clear and sufficiently thorough to warrant the team's recommendation to NTEC. It must also address all the points raised before the visit in response to the institution's submitted documentation.
3. 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.
4. The team'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 team's formal recommendation to the Accreditation Committee and NTEC.

The report in draft form will be circulated to team members for approval. The team's final report and formal recommendation about accreditation are then submitted to the Accreditation Committee. The Chair of the AC will decide (with the agreement of other AC members) if it is appropriate for Training Providers Forum (TPF) Representatives on the AC to see final reports. There may be some instances where the best interests of all would be served by excluding Training Providers Forum (TPF)



Representatives from some, or, all of the detailed discussions about a training provider at AC meetings. All team members are invited to the AC meeting at which the report is discussed. The institution is also entitled to have up to two representatives at this AC meeting. The AC will either send the report and a resolution to NTEC, or it will require the visited institution to take some specific action within a stated time before such a resolution is sent. The Chair of the AC will present the team's report and the AC's rationale for its decision at the appropriate Council meeting. The institution will receive formal notification of NTEC's decision subsequent to this Council 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 scrutinized before the date of the proposed visit;
- To write to the NTEC AC Chair with any objections or comments on the composition of the proposed team of accreditation visitors
- To provide sufficient copies of the documents for the Chair of the AC and the AC Members, for the institution's own internal staff and, subsequent to confirmation that the visit will proceed, for members of the accreditation team and the Board's observer;
- To provide a working room for the visitors, in which the documents required for the visit can be set out and kept confidential, where private papers can be kept by the team and where private discussions can be held as the visitors compile their report;
- To place in the team's private room an alphabetical list of the documents provided;
- 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 visitors at pre-arranged times;
- To appoint an observer for the institution
- 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 team 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 team 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 team about accreditation at the final session of the visit.

###### **3. After the visit**

- To scrutinise the Visiting Panel's report which will normally be sent within ten days of the visit, and to reply with a clear statement about any factual errors in this report for the benefit of the AC's discussions.

##### *The Role of the NTEC Accreditation Administrator*

###### **1. Before the visit**

- To ensure that the timing of the visit is appropriately related to the next Accreditation Committee and NTEC meetings;
- To consult with the AC in order to set up the visiting team, 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 team members each receive all the necessary documentation from the institution, together with any other relevant papers from the Board or the Accreditation Committee;
- To inform the team members of the date of the next Accreditation Committee, 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 AC members and that 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 team briefly on the eve of the visit at the team's hotel or other venue.

## **2. After the visit**

- To prepare copies of the accreditation team's final draft report for the Accreditation Committee;
- To ensure that the Visiting Panel leader and at least one of the visiting panel are in attendance at the next Accreditation Committee meeting where the report is discussed (all team members are invited to attend this AC meeting);
- To prepare the report for the Board, following discussion of the draft at the AC meeting.

### *The Role of the Team Leader*

#### **1. Before the visit**

- To read all the institution's submissions alongside the 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. As Chair at the preliminary accreditation team meeting**

- To greet the institution's principal and/or representatives who will have been invited to meet the team at the start of the preliminary team meeting,
- To facilitate the necessary introductions of team members
- To confirm with team members, the agenda that has evolved for the visit from the institution's documentation and the deliberations of the AC;
- To encourage mutual understanding of the task, and to explore key issues or questions identified by each team member;
- To share out the necessary work of the visit, taking into account the particular expertise and attributes of each member of the team, 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 team 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 team 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 team meet regularly between their individual observations and timetabled sessions, in order that team 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 team 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 team'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 team 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, only indicating the outcome of the visit in the form of what recommendation regarding accreditation the team's report will contain;
- To keep the meeting short with a brief report on the team's collective interpretations of the whole visit, and inviting the institutional leader or course leader to respond on matters of fact only;
- To ensure that the institution understands that this outline will form the basis of the team's report, which will go to the Accreditation Committee for discussion and which will subsequently be the basis for the NTEC's decision about accreditation.

### **6. At the conclusion and after the visit**

- To reach a consensus with the team members about the draft report of the Accreditation Visit;
- To ensure availability for liaison with the other team members during the days immediately following the visit;
- To attend the Accreditation Committee meeting at which the team's report is presented.

#### *The Role of the Panel Members*

The team 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 team'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 team discussions;
- To contribute to the team's draft report of the Accreditation Visit;
- To ensure availability for consultation about the draft report during the days immediately following the visit;
- To attend the Accreditation Committee at which the team's report is presented.

### **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 provider in question.

## **Appendix A: NTEC Accreditation Committee: Terms of Reference**

### **A. Purposes**

The purposes of the NTEC Accreditation Committee, which is a committee of the NTEC, are:

1. To ensure and foster high standards of professional education through the development of appropriate criteria and guidelines.
2. To assure the general public, the further and higher education community and other bodies that a training provider has clearly defined and appropriate aims, including those providing for the safety and competence to practise 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.
3. To encourage institutional self-improvement through a process of continuous critical self-evaluation made explicit in periodic reviews.
4.
  - a) To review all programmes submitted for accreditation
  - b) To recommend a programme for accreditation after the review; or to withdraw or refuse approval of an institution for failure to provide information and assistance or for other good cause
  - c) To monitor the quality of the programmes (and changes to programmes) during their period of accreditation
  - d) To maintain and publish, on behalf of the NTEC, the Council's list of approved courses of education and training, qualifications and institutions
  - e) To provide advice and recommendations to NTEC or other NTEC committees
  - f) To keep its operations under review and periodically evaluate the accreditation criteria and processes being operated

### **B. Membership Composition**

The AC will consist of the following (all appointments being made by NTEC):

Cut and past the composition referred to earlier in the document if agreed by the committee

- A lay Chair who shall be a member of NTEC
- 3 persons with experience/knowledge of nutritional therapy education and training, not affiliated to any Training Providers Forum (TPF) members, one of whom shall be from the NTEC E&T committee
- 2 Training Providers Forum (TPF) Representatives, nominated by the TPF
- Up to 4 other members, as recommended by the Chair of the Committee (can be nominated by others or self-nominated) and might be from complementary health or other professions. No more than two of these shall be nutritional therapists or nutritional therapy educators.

The Committee may have up to 3 co-opted members if an area of special expertise is required, all of whom will need to be confirmed in appointment by NTEC.

Committee members shall normally serve for up to 3 years. The Committee may constitute Working Parties at its discretion. The majority of such Working Parties must always consist of Accreditation Committee members.

### **C. Meetings**

The Committee will meet as determined by the Chairperson, but not less than 4 times per year. The Chair of the Committee will notify the servicing secretary of the decision in respect of the accreditation petition of an institution. The decision will be on the agenda of the next meeting so that the process and the outcome are documented.

### **D. Attendance at Meetings**

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

Attendees who are observers only may also be present with the concurrence of the Committee. Attendees who are not members of the committee may be asked to withdraw from specific parts of a session to facilitate open and frank discussion or at the discretion of the Committee.

### **E. Reporting**

The Accreditation Committee will produce an annual report, which will be presented to NTEC at its AGM Council Meeting.

### **F. Quorum**

The quorum for the meeting is a bare majority of its membership, but including its Chair.

### **G. Conflicts of Interest**

Before progressing to consider any application for accreditation, all members of the Committee must sign a note to official record that they detected no conflict of interest with regard to the matters at hand and that they have declared nothing in a Register of Interests that would call into question their impartiality.

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 of the Committee. If it is the Chair who has a potential conflict, they must discuss the matter with the Chairperson of NTEC.

If after such discussions a member is unable to sign a declaration that there is no conflict of interest, the Committee must appoint a substitute member with no such conflict.

If a Committee 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 until they have discussed the matter with the Chair of the Committee or NTEC (as appropriate) and been allowed to continue.

All members of the Accreditation Committee are aware of the need for confidentiality.

## **Appendix B: NTEC's Seventeen Essential Requirements<sup>2</sup> for Accreditation**

### **Essential Requirement 1: Overarching Policy Statement**

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.

Guideline: The statement of policy should provide direction for the institution. The statement should incorporate the purpose for which the institution was founded and the point of view/philosophies it represents. It should relate to the institution's resources — human, physical and financial.

**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 organizational divisions of the institution.

Guideline: Brief written statements should be included about structural matters that impact upon a course and its students: equal opportunities policies; recruitment and selection policies, including ways of assessing and giving academic credit to mature students for their life experience and their prior learning (APL) and an anti-discrimination policy in relation to candidates and students, together with an indication of how this will be implemented and monitored; policy to encourage the continuing professional development of staff (CPD).

**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.

Guideline: The re-examination of policy should determine whether all policy statements are still relevant, whether they are being fulfilled, and whether the statements are understood adequately by all those involved. This review process should include comments from representatives of the student body, teaching staff, clinical tutors, and the external examiner(s)

### **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 found as Appendix C in the Accreditation Handbook.

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<sup>2</sup> Based upon the British Acupuncture Accreditation Board's (BAAB) Seventeen Essential Requirements for Validation, used with the permission of the BAAB.

**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 utilized 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: Administration***

The institution shall have a Director, Principal or Dean (or equivalent) whose full-time or major responsibility is to the institution and an administrative staff of a size and organisational structure appropriate to the size and purpose of the institution.

**Criterion 4.1 *Institutional Administration:*** The Director, Principal or Dean shall be responsible to the governing body for the entire operation of an institution, and shall be directly responsible for the administration of the policies and procedures as set forth by the governing body.

**Criterion 4.2 *Academic Administration:*** Institutions must have defined clearly the academic responsibility for facilitating curriculum development and evaluation of courses, and vested this in a committee or board (e.g. an Academic Board), chaired by the Director, Principal or Dean, or other senior management figure.

**Criterion 4.3 *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.

**Criterion 4.4 *Contract of service (or service agreement clearly defining the role):*** The Director, Dean or Principal and other senior management figures should be in possession of a clearly set out contract, agreed by those in overall control of the institution, which provides him or her with a clear and workable framework within which to take full responsibility for the day-to-day direction of the institution.

#### ***Essential Requirement 5: Records***

The institution shall have appropriate record-keeping systems.

**Criterion 5.1 *Permanent Academic Records:*** While observing the requirements of the Data Protection Act and other relevant legislation, the institution shall maintain and safeguard accurate academic records.



**Criterion 5.2 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.

Guideline: These data should be in a form and in such detail that enables analysis for the institution's own critical course reviews.

Guideline: Institutions are advised that previous students may request transcripts of their personal academic and learning record.

**Criterion 5.3 Clinical Records:** The institution must maintain accurate, secure, confidential and complete clinical records of patients currently being treated by students and staff in its own teaching clinic. 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 5.4** Institutions must complete an annual clinical audit using a template provided by NTEC.

### ***Essential Requirement 6: Equal Opportunities Policy***

The institution shall have adopted and implemented a comprehensive policy demonstrating its commitment to equal opportunities.

**Criterion 6.1 Scope:** The policy should underpin all the institution's activities.

Guideline: The policy should explicitly demonstrate its application to students, to full-time, part-time and visiting lecturers and to patients.

**Criterion 6.2 Implementation:** All institutional procedures, documents and publications must, where appropriate, indicate an awareness of, and a commitment to, equal opportunities.

Guideline: The institution's prospectus, or other official publication, as well as published staff recruitment material, should state explicitly an institutional commitment to equal opportunities and to the institution's desire to reflect diversity in its population.

Guideline: In the course of teaching and learning the institution's staff and students should be encouraged to embrace diversity, and must avoid the use of either written or spoken language which may be deemed to be discriminatory or offensive to particular groups.

**Criterion 6.3 Review:** In common with other institutional policies, the Policy for Equal Opportunities must be monitored for effectiveness, reviewed periodically and revised when necessary.

Guideline: A specific staff member or team should have overall responsibility for monitoring and developing the Equal Opportunities Policy.

**Criterion 6.4 Complaints:** The policy must encompass, or make further reference to, fair, efficient and published procedures for receiving and responding to complaints and these procedures should embrace all employees, patients, students and other stake-holders in the institution.

**Criterion 6.5 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 6.4 for general complaints and Criterion 8.3 for student grievances. *NB This may be a single comprehensive policy.*)

**Essential Requirement 7: Staff**

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

**Criterion 7.1 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:

- a) must, wherever possible, be members of a professional body relevant to their role, said body having a Code of Ethics/Professional Conduct
- b) must have full professional indemnity insurance
- c) must be registered as nutritional therapists with the CNHC or another regulatory body recognised by NTEC

**Criterion 7.2 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 7.3 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.

Guideline: Disclosure should be requested on application forms and the responsibility for notifying the college of any change should be incorporated into staff contracts.

**Criterion 7.4 Policy and Procedures:** A staffing strategy shall be in place outlining the recruitment, appointment, induction, promotion, retention and development of appropriately qualified staff members. The strategy 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 teacher and, where appropriate, as a practitioner.

**Criterion 7.5 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 7.6:** 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 7.7 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.

Guideline: The staff shall adopt, subject to the approval of the institution's academic body, a set of guidelines which delineate staff administration and responsibilities within the institution. Minutes of any meetings that consider educational policies and issues should be taken by a member of the staff elected to do so and shall be kept in a permanent file within the institution.

**Criterion 7.8 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 6.4 for general complaints and Criterion 8.3 for student grievances. *NB This may be a single comprehensive policy.*)

### ***Essential Requirement 8: 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 8.1 Association:** Policies shall foster professional associations among students, staff, and the administration, and provide opportunities for the development of individual potential.

**Criterion 8.2 Opportunity to be heard:** Provision shall be made for obtaining students' views and for their participation in institutional and course decision-making.

**Criterion 8.3 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 6.4 for general complaints and Criterion 7.7 for staff grievances.)

Guideline: The institution shall include, in students' 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 8.4 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 8.5 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 institution, 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 9: Learning Resources**

The institution must provide learning resources and equipment adequate for the nutritional therapy courses offered.

**Criterion 9.1 Resources and Access:** The institution should offer access to library materials and learning resources and appropriate information technology for students, or it must demonstrate how students can access other specific library and learning resources.

Guideline: Students must have access to library materials, services and related learning resources, including IT equipment to facilitate and improve learning, foster inquiry and intellectual development, and support the educational programme(s).

Guideline: There should be a designated member of staff to oversee the running of the library if provided and/or access to other learning resources.

Guideline: All students should have access to a computer, for the preparation of assignments and for internet access.

Guideline: Opportunities must be available to ensure students have or can develop IT skills. There should also be an opportunity to access research on the Internet and in peer-reviewed publications.

### **Essential Requirement 10: Institutional Resources**

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.

**Criterion 10.1 Classroom and clinic size and equipment:** The institution shall provide clinic and classroom space, properly equipped and appropriate to its curriculum and size.

**Criterion 10.2 Health and Safety:** 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.

**Criterion 10.3 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 a practitioners of other complementary therapies). There shall be a named member of staff with overall responsibility for all aspects of the clinic.

**Criterion 10.4 Staff Facilities:** Adequate facilities, space for meetings and appropriate media and learning equipment shall be available for the support of administrative, teaching and other staff, as well as for students.

Guideline: Facilities and equipment shall be adequate for staff to maintain and process student records, and conduct their duties effectively.

**Criterion 10.5 Off-Campus Control:** The institution must be directly responsible for all of its off-campus educational activities, and have systems for approving and monitoring off-campus clinical training.

Guideline: If components of the course are conducted at sites geographically separated from the-main campus, the Principal, Dean, or other senior staff member must ensure that all educational components and services are of equivalent quality to that which is offered at the main site.

### ***Essential Requirement 11: Finance***

The institution shall have an adequate financial base for existing course commitments, must demonstrate adequate financial planning and must have 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 11.1 Resources:** The institution shall be financially stable, working to a business plan, and with resources sufficient to carry out its objectives and to support adequately its courses and activities, now and in the foreseeable future.

Guideline: The institution must have the financial capacity to respond to financial emergencies and unforeseen occurrences.

Guideline: If an accumulated deficit has been recorded, a realistic plan to eliminate such deficit must be presented clearly, understood and approved by the governing body or board of directors.

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 any extra financial burden on the students.

**Criterion 11.2 Control:** The institution shall have control of its financial resources and budgetary process and be free from undue influence or pressure from external funding sources or agencies.

**Criterion 11.3 Expenditure:** The income of the institution shall be expended to provide adequately for: instruction; administration; learning resources; student services and activities; teaching and clinical staff development; course promotion and advertisement; course development; maintenance; equipment; supplies; and all other specific functions that are consistent with the goals of the course and (or) the institution.

**Criterion 11.4 Budgetary Process:** The process by which the institution's budget is established, and resources allocated, must be defined clearly and implemented consistently.

**Criterion 11.5 Insurances:** Adequate and proper insurances shall be in place, including cover for employer's liability, third-party liability, buildings and contents, loss of business income, and professional indemnity insurance relating to the carrying out of nutrition treatment by students. Contents cover should be on a 'new-for-old' basis.

**Criterion 11.6 Audit:**

If, under current regulations, a training provider is required to carry out an audit, then the most recent set of audited accounts, certified by an independent registered auditor, must be made available to provide a detailed and accurate picture of the financial status of the institution. Management accounts may also be reviewed to ascertain the latest financial status of the institution.

Should an audit not be required, then a report and un-audited accounts, prepared by an independent qualified accountant, should be presented for the previous financial year. The accounts should comply

with relevant company law if the training provider is a limited company. If the training provider is not a limited company and is another organization - for example a partnership or sole trader - then the accounts must as a minimum include a balance sheet and profit and loss account and must be prepared by an independent qualified accountant. Again management accounts may also be reviewed to ascertain the latest financial status of the institution.

The appropriate individuals, or responsible groups, within the institution, should review and sign all year-end financial reports.

The Visiting Panel reserves the right to request to see earlier years' financial reports (either audited or un-audited).

**Criterion 11.7 *Indebtedness:*** Adequate resources shall be available to meet repayments of short-term and long-term indebtedness without adversely affecting the quality of the course.

**Criterion 11.8 *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 12: 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 Practice Policy.

**Criterion 12.1 *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 of this document.

**Criterion 12.2 Disclosure:** Courses, services and personnel not available during a given academic year must be identified at the earliest opportunity, with a statement to show how the material will be covered and by whom.

**Criterion 12.3 Representation of opportunities:** Publicity and advertising shall not misrepresent employment, career, development, or registration prospects for successful students. First destination statistics shall be available to potential course recruits.

**Criterion 12.4 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 12.5 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 13: Educational Policy**

The institution shall have a formally adopted educational policy which includes the preparation of nutritional therapy professionals as independent and accountable healthcare practitioners. This shall be in proper relationship to the institutional intentions/objectives/mission as stated in the Institutional Document under Essential Requirement 1.

**Criterion 13.1 Content:** The statement of policy must include a brief description of the institution's objectives and the effects the educational course is designed to have on students.

**Criterion 13.2 Relationship:** The institution must be able to link its statement of policy with its educational intentions, its resources, its current or projected courses, services and activities, and with the qualifications it awards.

Guideline: The statement of policy shall guide the adoption of priorities in allocating resources, and should ensure consistency in the conduct of the institution's activities.

Guideline: Planned curriculum changes in course content, approaches to learning, mode of study, and overall number of students or frequency of student intake must be reflected explicitly in changes to resource allocation.

**Criterion 13.3 Staff ownership:** Teaching and clinical staff who have worked as teachers \*\* on the nutritional therapy course within the institution during any one academic year, must have had opportunities to contribute to and agree the educational policies of the institution or faculty, and to take part in the Annual Critical Course Review. They should be able to demonstrate knowledge of those institutional policies which are relevant to the nutritional therapy course as a whole.

Guideline: Evidence shall indicate the processes set up to involve staff in shaping and reviewing educational policy, and also the means by which they acquire knowledge about all institutional policies which are relevant to the nutritional therapy course as a whole.

Guideline: Named staff shall have responsibility for specific elements of the course, (which may be expressed as subjects, modules, units, etc.), and for their ongoing monitoring, evaluation and curriculum development.

\*\* as regards visiting lecturers (or those delivering an ad-hoc lecture) , criterion 13.3 is not mandatory but it would be good practice if such lecturers contribute in the same manner as non-visiting teaching staff.

**Criterion 13.4 Review:** Statements of educational policy must be reviewed periodically and revised when necessary.

Guideline: The re-examination of policy shall determine whether courses are relevant to stated objectives, whether the objectives are being met, and whether the statements of those objectives are understood adequately by all those involved. This review process shall include comments from representatives of the student body, teaching staff, administration, practicing nutritional therapists and the governing body or advisory board.

#### **Essential Requirement 14: 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 14.1 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.

Guideline: For a degree level course at least 5 GCSEs at Grades A-C, or the equivalent Intermediate GNVQ and 2 'A' levels (or 4 A/S levels) or the equivalent Higher GNVQ may be required. However, NTEC recognizes that entry onto the course is not just about qualifications. Any entry should also be based upon interpersonal skills that include suitability for fitness to practice, which should initially be considered at course interview, hence Criterion 14.2

**Criterion 14.2** Ideally an interview should be required to evaluate inter-personal skills prior to joining the course. (Any fitness to practice 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 practice 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 14.3 Admissions Policy - Publication:** The institution's admissions policy must be clearly stated in the institution's publications.

**Criterion 14.4 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 14.5 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 14.6 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.

Guideline: Colleges might like to consider independent validation of science access courses.

#### **Essential Requirement 15: 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 the NTEC in its Core Curriculum and must be



designed to provide students with the information, knowledge and skills necessary to practise as independent nutritional therapy practitioners.

NTEC recognise that Masters Courses may be of a different length to the study time determined by NTEC (as below and as in the Core Curriculum) and may not be teaching the entire NTEC Core Curriculum. These Masters Courses will need to show how they assess APL for their students to ensure the NTEC Core Curriculum and the NOS have been fully covered and by Masters level students. This will be looked during the accreditation process and considered by the panel.

**Criterion 15.1** *Course Length and composition*<sup>3</sup>:

**Study Time**

*The minimum length of study time has been determined by NTEC as a total of 1500 study hours including appropriate clinical studies. (This length of time was identified as being that required to meet the knowledge base not the practical aspects of training).*

Guideline:

A Masters level course may not require the same length of study time as that set out by NTEC, if the Masters course requires students joining to have previously met the NOS and Core Curriculum requirements. Evidence of how such an MSc course requires its entrants to show that they meet the NOS and CC will be looked at by the accrediting panel.

**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 organized 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 15.2** *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. No training provider can provide a licence to practise; this is awarded by the regulatory body, NTEC. However, 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.

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<sup>3</sup> This is a change from the NTEC Core Curriculum for Training In Nutritional Therapy dated November 2004 and this change was approved by NTEC 17 March 2007.

**Criterion 15.3 *Quality of learning:*** The course must be appropriate to an institution of higher/further 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.

Guideline: The curriculum should contribute to the personal growth of students by helping them to understand fundamental theory, to develop responsible, independent judgment, to think critically and, ideally, to become 'research-minded', to appreciate the complexities of professional practice and to weigh up competing values and become reflective practitioners.

Guideline: The course must be sufficiently rigorous in breadth and depth to enhance the education of independent nutritional therapy practitioners by developing their critical appreciation of the diversity of nutritional therapy traditions and approaches.

Guideline: The course should aim to establish in students the habit of lifelong learning in preparation for continuing professional development.

**Criterion 15.4 *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 15.5 *CNHC Code of Conduct:*** 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. Before completing their course, students should have undertaken a clinical self-audit of their use of, and compliance with, 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 15.6 *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 patients which allows the student to take increasing levels of responsibility for patient care, as indicated in the NTEC Core Curriculum and the NOS.

Guideline: The majority of the clinical training undertaken by each student shall take place in the institution's own clinic under the institution's own specialist supervisors. Guideline: Students shall be encouraged to complete a portfolio matching their clinical training to the NOS.

Guideline: When a proportion of the students' clinical experience (i.e. clinical practice, not observation) is gained at off-campus premises, there shall be written agreements covering the use of those premises, specifying how the institution's objectives, course requirements, and standards of clinical training are to be carried out. The quality of external clinic supervisors should match the standards required by internal clinical supervisors and thought should be given to the training and support of any external clinic supervisors.

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 patients receiving nutritional therapy. Supervision must be sufficient to ensure the safe and competent care of patients. 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 15.7 Professional Competencies:** The syllabus shall lead to those minimum professional competencies - to be attained through clinical experience - which are included in the NOS and NTEC Core Curriculum. Knowledge and practical skills training should be benchmarked to the NTEC Core Curriculum and NOS.

**Criterion 15.8 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 16: 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 16.1 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 practice 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: One person shall be responsible for collating the variety of assessment information obtained during the clinical teaching, and for following students' progress.

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 units mark and marking should be moderated where there are 2 or more markers for the same work.

**Criterion 16.2 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. In particular external examiners will ensure:

- that students' overall standards of achievement in both the academic and practical 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 profession's core;
- that all assessments are conducted fairly and without prejudice.

External Examiners should be appropriately trained for their role.

Guideline: The external examiner(s) could be from an NTEC Training Providers Forum (TPF) member, and currently teaching in an Institution offering a nutritional therapy course, demonstrating knowledge of the standards and requirements of the profession, and experienced in assessing students in higher education contexts.

Guideline: The procedures for appointing such external examiners should be clearly set down.

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
- b) 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.

### ***Essential Requirement 17: 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 17.1 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, teachers 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 17.2 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.

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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". A Pilot Document "Practice Self Audit Tool" has been circulated by E&T to members of the Training Providers Forum (TPF).

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

## **Appendix C: Principles of Good Governance**<sup>4</sup>

### **1.0 Introduction**

The following Principles of Good Governance are a lightly edited version of those developed by BAAB as a guide only, for new and established institutions. They are indicative rather than exhaustive and are suggestive rather than prescriptive.

Institutions may choose to use the Principles to review their own processes. As a result of review they may wish to make modifications to their systems, but equally they may continue current practice they find to be effective which may vary from the Governance Principles.

Training Providers that are in earlier stages of development or where there may be concerns about aspects of governance or management may wish to consider the Principles in more detail.

### **2.0 Provision of excellent education**

Whatever additional purposes of the institution, an underlying principle is that of the provision of the best possible education, resulting in the production of safe, competent and professional practitioners, capable of working independently.

In terms of governance this may include:

- having an explicit commitment of those at governance /management level to meeting the requirements of NTEC and, through a process of continual review, to enhance the educational experience of the students
- ensuring the Advisory Board or Trustees has expertise in a range of relevant areas such as finance, human resource management, education and are able to represent the public interest
- developing vibrant, self-critical, committees at all levels of the organisation, enabling all members to participate and contribute
- having a reflective and continual audit of activity, with developmental action planning
- making the support of students and practice excellence the central focus of the educational enterprise.

### **3.0 Protection of public interest**

This is a central issue to the regulation (statutory or voluntary) of any profession and a key issue for all health-care professionals.

In terms of governance, this may include:

- ensuring the legality of the institution in compliance with Essential Requirement 2
- ensuring sound policies relating to safe practice and regular audit of this (Essential Requirements 10.2 and 10.3)
- being clear about what treatments are offered to patients (and students), the qualifications of those offering the treatments, students being present and treatment by students, confidentiality and responsibility for patient records, insurance, costs to the patient
- having grievance processes for members of the public, staff and students (grievance policies for staff and students Essential Requirements 7.8 and 8.3)
- being clear about staff roles, who is responsible for what, and having clear lines of accountability,
- and processes for monitoring and sanctions
- ensuring the integrity of all those involved, with professional body membership of staff, and

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<sup>4</sup> (ref. and attribution to BAAB & its Handbook)

- disclosure of any convictions (applicable to staff and students ) (Essential Requirement 7.3)
- adopting the Nolan principles; developing a Code of Conduct for Governing Body members

#### **4.0 Clarity of relationship between financial and academic interests**

The underlying principle here is to ensure that no conflict arises between the academic standards of the institution on the one hand and financial or profit consideration on the other. It is in the best interests of a teaching institution to maintain a professionally sound course in order that it achieves and maintains accreditation and attracts and retains its students.

Equally, it is fundamental that a teaching institution is financially sound.

Good governance may include:

- establishing a committee with a focus on resources/finance management, separate from an academic board (Essential Requirement 3.4)
- having clear criteria and processes of resource allocation to support academic standards, including staff-student ratios, library and IT provision, quality of teaching rooms and equipment (Essential Requirements 9.1,10.1,10.4)
- having criteria for the quality of staff and expectation and support for their continued development (Essential Requirements 7.1, 7.2, 7.5)
- owners of the institution being outnumbered on any committee of which they are a member
- having sufficient persons of good calibre on any committee, such that issues are debated fully and in a challenging way before decisions are made.

#### **5.0 Clarity of relationships of those in key roles:**

The underlying principle here is to ensure both clarity of role relationship – who can decide what in what situation, that there is no conflict of interest, and that there is no undue or unknown influence.

Good governance may include:

- the terms of reference and membership of all committees (Trustees, Directors, Management, Academic etc.) being clear and reviewed at agreed intervals, normally with agreed duration of membership
- all persons employed having role or job descriptions and person specifications and there being agreed policies for recruitment, selection and termination, which are supported and upheld
- all those staff and others such as Governors/Directors involved in the teaching institution declaring their interests and maintaining a register of these
- where the appointment of a member of a key committee appears advantageous, but that the person has a clear conflict of interest in relation to some aspects of the committee's business, having agreed and known procedures for ensuring exclusion at appropriate points in the meeting
- normally committee members being independent of each other

#### **6.0 Transparency of management:**

This relates to the openness of the organisation, enabling the decision making process to be explicit and therefore able to be challenged.

Thus it may include:

- involving stakeholders in key committees making available full minutes of meetings relating to institutional or course management (not finance/resource management or examination/assessment/student progress Boards) being available to staff and students on notice boards or through representatives
- developing specific feedback mechanisms

- developing clear criteria for closed decisions.

### **7.0 Stakeholder involvement:**

This means involvement of key interested parties in relevant decisions. The underlying principle here is to ensure that those who are affected by decisions can influence that decision.

For example, this may include:

- teachers, especially unit, subject or module leaders, and students being involved in ongoing curriculum development, management and review
- students and teachers, as well as those responsible for the clinic and course management and any validating university being involved in whatever is the most appropriate senior committee of the teaching institution (Governing, Advisory or Management Board or Joint Board of Studies)
- patients or representatives of the public interest being involved at all levels of governance, as well as in academic development.

### **8.0 Internal/External Accountability:**

This relates to transparency, to relationships and to audit/quality enhancement processes.

This may include:

- comprehensively reviewing the performance of all employees, including the Principal/Dean
- responding to student feedback.
- responding to external examiner feedback, to validating university and QAA processes,
- responding to NTEC feedback
- making available of all committee minutes and other internal documentation to external scrutiny

*The above Principles were originally developed through consultation between CHAC, BAAB and AC and approved at the July 2005 Board (of BAAB).*



## **Appendix D: Documentation Required for Accreditation Visits**

The purpose of this appendix is to provide a “checklist” of those papers, policies, procedures and diagrammatic representations that need to be available for every major accreditation visit. Teaching institutions could set out institutional documents for accreditors to peruse during major accreditation events in the visitors’ base room.

However, in order to ensure a systematic approach to the collation of the documents, as well as consistency between visits and visitors, the list below has been compiled, using NTEC’s Essential Requirements as a framework. Some of the documentation listed may be made available to accreditors within the documentation received from the institution in preparation for the visit, some will be in boxes and files in the visitors’ base room. Boxes and files could ideally be grouped in boxes numbered by reference to the Essential Requirements. Similarly it may be helpful to group assignments together, so that work relating to a specific module is grouped into boxes that also include the learning outcomes of the module, students’ written work and evaluation of the module.

### **ER 1 Policies**

- The provider's charter or articles of incorporation
- Mission Statement
- Strategic Plan for Institutional/departmental development
- Marketing and advertising strategy
- Quality Assurance documents or policies including the means by which institutional and educational policies are themselves periodically reviewed
- Educational philosophy and the relationship of this to health care in the country and the local community
- Recruitment and selection policy for students, including its relationship to the Disability Discrimination Act
- AP(E)L policy
- Policy for staff and student participation and representation in institutional and educational committees

### **ER 2 Legal Organisation**

- Statement of legal constitution of institution denoting structure, function and responsibilities, and an outline of the scope of the provider's governing body or advisory board
- Diagram showing relationship between owners/governors/advisory board/validating institution and institutional management
- List of governors/trustees/advisors with short CVs of each indicating which governor takes particular responsibility for representing the public interest
- Policy in respect of the Disability Discrimination Act

### **ER 3 Institutional Management**

- Diagram showing the relationship between management of the institution and educational management of the nutrition course e.g. Academic Board/Examinations Board and the faculty
- Minutes of Governors’/Advisory Board meetings
- Minutes of Executive group/Management group meetings
- Contract of Service for Director/Dean or Principal
- The most recent QAA institutional review (or, internal institutional review), together with evidence of action on any 'problem' areas which have been identified in it.
- (For universities only) A description of the specific management and accountability structures that relate to the Faculty/School in which the course or programme is located.

#### ER 4 Administration

Diagram of institutional administration showing who is responsible for administration of the policies and procedures set down and approved by the governing body of the institution

#### ER 5 Records

- Data Protection Act Certificate
- Records and statistics including student profiles, students' enrolment, number of students left, deferred, readmitted and graduated. Note of average length it takes for students to complete the course
- Admissions policy
- Admissions data including number of applicants, number acceptances
- Ages, ethnic background and educational background of the student profile

#### *Clinical records*

- Clinic Policy
- Evidence of compliance with Health and Safety legislation and all other relevant legislation (e.g. Fire Certification, Health and Safety Risk Assessment, Health and Safety Law/Poster, Electricity safety inspection certificate, Gas safety inspection certificate, Accident/incident book etc.).
- Copies of contracts/receipts for disposal of sharps boxes/clinical waste
- Certificate of Public Liability, Product and Professional Indemnity Liability Insurance Policies
- First Aid at Work Certificates for at least two Supervisors/teachers
- Confidential database of all patients treated
- Records of patients treated by students both within the institution and on placement if applicable
- Student records showing the number and variety of patients treated
- Internal Clinical audits for all those involved in teaching students in the institution's clinic
- Policy re student conduct in clinic
- Policy re-monitoring of any off-campus student experience/clinical observation/ teaching
- Fitness to Practice Policy

#### ER 6 Equal Opportunities

- Equal Opportunities policy
- Complaints/grievance policy and procedures for patients and all employees and for students

#### ER 7 Staffing

- CVs of all staff including registration certificates of clinic staff
- Policy and procedures re declaration of convictions and Criminal Records Bureau checks (staff and students)
- Strategy, policy and procedures re staff recruitment, re-appointment, induction, appraisal, promotion and staff retention
- Staff discipline policy (and its link to appraisal)
- Staff pay policy including funding for preparation time, meetings time and time for professional growth and development. Time for extra-curricular activities should be remunerated.
- Staff contracts
- Role and job descriptions mutually agreed between staff and management
- Staff CPD policy
- Policy re frequency of staff meetings

#### ER 8 Students' Rights and Responsibilities

- Statement of students' rights, together with appeals, complaints and grievance procedures
- Statement of students' privileges and responsibilities, together with disciplinary proceedings for failing to meet responsibilities and penalties e.g. for non-payment of fees, loss of library books

- Provision of Student Handbook including the above within it
- Structures, committees and processes through which the students' views are heard

### **ER 9 Learning Resources**

- Library catalogue
- Journal subscriptions
- IT provision

### **ER 10 Institutional Resources**

- Buildings description/plan identifying space for teaching, meeting, administration student association, staff association

### **ER 11 Finances**

- Statement of financial management that allows for independence from external funding and for annual external auditing should this be relevant.
- An institutional business plan covering, at a minimum, the next three years, which outlines the way in which the provider will be developed in terms of its physical and learning resources (this applies only to independent, free-standing training providers, as opposed to universities); the most recent Faculty/School strategic and business plan in which the planned nutrition course or pathway is included
- Statement of budgetary processes showing how resources are allocated and the decision making process for this
- Latest audited accounts
- Statement of latest financial position, together with business plan, income and expenditure and projected budget for coming year showing contingency funding and plans to clear any deficit without detriment to the quality of the course
- Documents relating to the latest accounts and judgment on the institution's financial position
- Financial management policy (in the case of an institution in sole-proprietorship, separate books and accounts are required for the course, and if more than one course is running separate accounts must be available for the Nutritional Therapy course)
- In a university a statement from provost or vice chancellor of university ensuring financial provision for the course
- A contingency plan which demonstrates how the provider would protect its students and ensure the completion of their course in the event of its failure to achieve or maintain business and financial viability, or in the case of the demise of owners or partners. (Any re-provision must not incur any extra financial burden for the affected students)
- Insurance policies covering employer's liability, building and contents, loss of business income, professional indemnity including cover for treatment by students
- Payment and refund policy for student fees to take effect when tuition paid for by students is not taken up

### **ER 12 Official Publications**

Official publications must "honestly and accurately set forth" the aspects listed under ER12.  
Web-site and other publications to show accurately status and relationship with NTEC

### **ER 13 Educational Policy**

- Statement of educational policy reflecting preparation of nutritional therapy professionals as independent accountable healthcare practitioners including the effect that the course is designed to have on students and how it fits within the institution's overall mission as well as with the allocation of resources to the course
- Evidence (from minutes) of staff ownership of the course and their involvement with curriculum planning, assessment, evaluation and the preparation of the Annual Critical Course Review

- Evidence of staff inclusion in periodic review and revision of policies, procedures and practices

**ER 14 Educational Programme (See ER 1 above)**

- Policy re prescription and/or provision of access courses
- Policy re students for whom English is a foreign language

**ER 15 Programme of Study**

- Education Policy for curriculum development and evaluation of the course
- Unit/Strand/Module Boxes with module descriptors, external examiners' reports (if module specific) samples of students' work showing summative, formative, and reflective self-assessments related to the module, student evaluation and individual lesson plan (if appropriate)
- Matrix or chart benchmarking the course to the Core Curriculum and documentation evidencing the clinical marking to the NOS
- Policy of student support academic/personal tutoring as well as frequency of tutorial input
- Evidence of the effectiveness of student support
- Course length, hours and hours allocated to clinical learning and pre-registration practice (if this latter is part of the programme)
- Certificate of successful course completion

**ER 16 Assessment**

- Training providers to have documentation available to show assessment methods and criteria

**ER 17 Evaluation**

- Policies and procedures for annual evaluation of teaching learning assessment and educational Institutional policy for selection and appointment of external examiners
- Roles, responsibilities and criteria for appointment of external examiners
- External examiners' written annual reports
- Evidence of the use of annual feedback from external examiners in course evaluation and curriculum change
- Evidence of the systematic fair and unprejudiced assessment of students' achievement in theory and practice commensurate with the stage of the course
- Advance annual assessment timetables published for each year of the course
- Assessment calendar/diagram showing assessment related to all elements of the course
- Policy for assessment of adjunctive courses, First Aid resource provision
- Evidence that all legitimate stakeholders are contributing to course evaluation
- Analysis of data indicating trends in success, failure and difficulties experienced by students (cf. ER 5 bullet point 2 above)
- Action Plan resulting from last annual report including time scales and named persons for implementation

## **Appendix E: 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.

### **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 submit three copies of 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.

All papers relating to an appeal must be received a fortnight before a Council Meeting in order to be considered at that meeting. Any papers received later than this will be held until the next Council Meeting.

Prior to the Council meeting the Chair of NTEC will ask the Accreditation Committee (AC) to provide a statement in response to the appeal, either justifying its previous recommendation to NTEC or showing sympathy to the grounds of appeal, and this statement will be available to members of the Council, alongside the training provider's appeal statement.

Representatives of the institution and of the AC may attend the Council meeting to present a brief supporting argument and to answer NTEC's questions. However, these representatives will be asked to leave the meeting, along with the AC Council representative, when NTEC members are ready to discuss the issues and make a decision.

NTEC will inform the institution as soon as practicable after the meeting whether it has decided to affirm, modify or reverse its original decision. NTEC's decision is final, unless or until an arbitrator refers the matter back to the Council.

**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's 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 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 F: COMPLAINTS AGAINST TEACHING 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, which alleges a breach of TPF membership criteria, an Essential Requirement, Criteria, policy, or procedure of NTEC.

1.2 NTEC shall not entertain a complaint against an institution unless such a breach is alleged. 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 TPF membership criteria, Essential Requirements, Criteria, policies or procedures.

1.3 NTEC 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 formal complaints, urgent and serious complaints**

2.1 There are two major types of complaint; un-attributed and formal. Within these categories, in addition, 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 TPF membership criteria, Essential Requirements., Criteria, policy, or procedure of NTEC.

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 will be followed up through a Special 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 will be followed up via a Special 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 and the information passed to the NTEC Office. 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
- The file note will be dated and signed by the person receiving the complaint, and that
- person's name and designation will be noted.

4.2 This confidential file note will be circulated to the Chair of AC when it is received.

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

4.4 The NTEC Office will maintain a cumulative record of all complaints received with the names of the complainants removed, this will be circulated in August of each year to the Chair of the NTEC, and the Chair of AC.

#### **5.0 Initial acknowledgement**

5.1 NTEC's Office, after confirmation from the Chair of AC, will acknowledge all complaints in a standard letter. In this, if the individual is a student, a member of staff, or a patient 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. A copy of this NTEC Complaints Policy and the Principles and the Essential Requirements of the NTEC (from the Accreditation Handbook) will also be sent to the complainant.

5.2 Once the complaint is formal and it is clear that the individual has already pursued this through the processes within the teaching institution if this is relevant, receipt of the complaint will be acknowledged and the complaint passed immediately to the Chair of NTEC, the Chair of the AC (see Section 7 onwards).

#### **6.0 Cumulative un-attributed complaints**

6.1 If the complaints are bone fide, the Chair of AC 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 Chair of AC 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 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.

6.6 The AC and NTEC 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.

## **7.0 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 AC and NTEC 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 TPF membership criteria or 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 Chair of AC will consult immediately with the Chair of NTEC and the institution.

8.2 If the complaints are bone fide the Chair of AC will inform the relevant Head of the nutritional therapy course of the nature of the allegations and request that NTEC representatives make an immediate Special Visit to the institution. All such costs will be met by the training provider being visited.

8.3 The Head will be invited to respond to the allegations in writing prior to the visit.

8.4 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.

8.5 The NTEC representative(s) will write a formal report of this visit that will be sent in draft form to the institution for feedback on matters of fact.

8.6 The AC and NTEC 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 G: Evidence required for Membership of the NTEC Training Providers Forum (TPF)**

### **Application for Membership of the Training Providers Forum (TPF)**

Membership of the NTEC Training Providers Forum (TPF) is subject to:

- A Training Provider Details, to be supplied with application
- B Training Provider (applicant) agreements as follows:
  - 1 to abide by:
    - 1.1 The Values and Aims of Nutritional Therapy Education at Appendix H
    - 1.2 The Statement of Professional Principles and Values at Appendix I, especially in respect of nutritional therapy staff involved in clinical practice training and supervision
    - 1.3 The requirements in the NTEC Accreditation Handbook
  - 2 to confirm professional membership and insurance:
    - 2.1 All clinical supervisors and assessors should be members registered as nutritional therapists with the CNHC or other registration body recognised by the NTEC. 2.2 Clinical training environment and its management should conform to that covered by the CNHC Code of Practice and current legislation.
    - 2.3 Training providers must ensure appropriate insurance to cover clinical training.
    - 2.4 All students must join an appropriate professional body before undertaking any form of clinical practice and be conversant with, and demonstrably competent in, the NTEC codes and professional body codes regarding safe practice.
- 3 to maintain advertising and communications standards:
  - 3.1 The training provider shall report accurately its status and relationship with the NTEC in all relevant publications aimed at students, graduates and the public.
  - 3.2 No training provider shall make comparative reference in its publications to other NTEC School Forum training providers.
  - 3.3 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.
  - 3.4 Publicity and advertising shall not misrepresent employment, career, or licensing prospects for successful students.
- 4 to implement the NOS and the NTEC Core Curriculum
- 5 to provide an appropriate clinical training programme
  - 5.1 A staff development policy, in particular clinical supervision development.
  - 5.2 The development of responsibility for offsite educational activities.

5.3 The provision of a clinical training programme of sufficient size, variety and quality to fulfil its educational purposes (NOS, NTEC CC, Professional Principles and Values). Clinical teaching and practice which consists of formal tuition and practical clinical training, including supervised care of patients which allows the student to take increasing levels of responsibility for patient care.

5.4 The majority of clinical practice assessment to take place in a realistic working environment.

5.5 Supervision which is sufficient to ensure safe and competent care of patients.

5.6 The development of effective and efficient systems to monitor students as they progress through clinical teaching, allowing early identification of those students having difficulties.

5.7 The development of a policy which will allow monitoring of all aspects of behaviour in clinic and in clinical practice and disciplinary procedures for any breach of the policy.

5.8 The development of a student 'fitness to practise' policy.



## Membership of the NTEC Training Providers Forum (TPF) Application Form

We:

Name of Institution...

Address

Email

Telephone

Fax

Agree to abide by the NTEC Accreditation handbook and to submit documentation, as requested. We also declare that we will not do anything to bring into question the integrity or reputation of the NTEC or any other member of the NTEC Training Providers Forum (TPF).

Signed on behalf of Institution

Signature.....Name .....

Position .....

Witness signature..... Name .....

Position.....Date.....

Address.....

.....

Breach of any of the conditions will result in expulsion from the Training Providers Forum (TPF) and may impact on the accreditation status of the course.

The NTEC reserves the right to refuse admission to any training provider which it deems does not meet the criteria set out herein.

Applicants will be invoiced for their fee, currently £75 per year for an unaccredited training provider

**Documentation for Membership of the NTEC Training Providers Forum (TPF)**

	<b>Attached</b>	<b>To</b>	<b>be</b>	<b>Date</b>	<b>for</b>
		<b>submitted</b>		<b>Submission</b>	
<b>1</b>					Details of organisation, its legal structure and ownership
<b>2</b>					A statement of any links to commercial or other vested interests outside the educational domain
<b>3</b>					Statement of course focus and educational intentions
<b>4</b>					Course documents e.g. Prospectus which must include entry requirements and procedures, fees and refund policies, course completion requirements, academic calendar, course overview, all as communicated to potential and current students
<b>5</b>					List of teaching, clinic and assessing staff with brief CVs
<b>6</b>					Details of insurance
<b>7</b>					Details of external examiners and verifiers
<b>8</b>					Description of administrative structure
<b>9</b>					List of members of governing body and /or advisory board
<b>10</b>					Description of learning and other physical resources and statement on the provision of safe and accessible facilities in line with current legislation
<b>11</b>					Procedure for discipline and/or dismissal of students
<b>12</b>					Procedure for discipline and/or dismissal of staff including tutor performance review for self-employed staff.
<b>13</b>					Grievance/appeals procedure for students.
<b>14</b>					Course evaluation document
<b>15</b>					Equal opportunities statement
<b>16</b>					Details of the qualification to be awarded on successful completion of the course

**Name of Institution:**

**Email:**

**Signed on behalf of institution by:**

**Name**

**Position**

**Date**

## Appendix H

### Values and Aims of Nutritional Therapy Education

These statements constitute the professional values and educational aims which underlie good practice in nutritional therapy education.

*Nutritional therapy education aims to be:*

- **student-focused** – making training accessible, attractive, and challenging in terms of both personal and professional development, whilst recognising student diversity, and making use of the unique contribution that their wealth of prior and experiential learning may bring to the learning situation;
- **patient-centred** – developing practitioners who constantly strive to improve the care of their patients through reflective practice, and who can demonstrate that they are safe, competent, ethical and effective. They need also to be aware of the limits to their competence and when to refer to other healthcare professionals;
- **practice-led** – rooted in the art and science of nutritional therapy informed by theory and creative of theory, and recognising that, as nutritional therapy is a practice-based profession, practice teachers and supervisors will normally remain engaged in practice;
- **appropriate** – preparing practitioners who have the knowledge, skills, attitudes and commitment to continuing professional development, necessary to function confidently, competently and with sensitivity, in independent, collaborative and multi-professional settings;
- **responsive** – capable of adapting to changing healthcare needs and perceptions and the evolving criteria and expectations of the profession, making full use of research findings to inform curriculum design, delivery and evaluation;
- **evidence-based – the practitioner strives to evaluate and implement care that is underpinned by sound principles and research.**
- **collaborative** – creating opportunities for shared learning with other nutritional therapy training providers, and healthcare professions, recognising a common purpose in the wider community of practice;
- **equitable** – providing equality of opportunity in all institutional policies and practices;
- **effective** – the practitioner strives to achieve effective outcomes in the care of patients
- **honest and accountable** – open to scrutiny and explicable in professional terms.

## Appendix I Statement of Professional Principles and Values

*The practice of nutritional therapy seeks to be:*

- **patient-centred** – patients are at the centre of the therapeutic process and their individual experiences of health and illness are acknowledged and respected;
- **therapeutic** – nutritional therapy acts as a catalyst for change and self-healing;
- **responsive** – the practitioner engages with, and responds to, the changes in the patient's condition over time, and integrates the patient's evolving priorities and choices;
- **enabling** – creating opportunities for patients to learn about themselves and their health and supporting them in making informed choices, which may advance the healing process;
- **compassionate** – an approach that brings sensitivity, empathy, humility and compassion to the therapeutic relationship;
- **effective** – the practitioner strives to achieve effective outcomes in the treatment of patients;
- **non-maleficent** – safe, avoiding doing harm, maintaining high standards of cleanliness, knowing when and where treatment is contra-indicated, and taking responsibility for referral where appropriate;
- **practice-led** – understanding that nutritional therapy evolves and develops from a synthesis of practice, knowledge and experience, where practice is both values based, evidence based and experience generated;
- **preventive** – the practitioner may identify dysfunction, often before symptoms of disease are present, and may work with the patient to restore and maintain good health;
- **collaborative** – working with colleagues and other professionals to ensure that the patient receives the best possible care and advice;
- **accountable** – practitioners individually and collectively are committed to transparent systems of accountability;
- **competent** – practitioners have a commitment to practising competently, which includes knowing the limits of their competence to recognising that professional judgements are open to question; and to building their knowledge and skills base by engaging in continuing professional development;
- **ethical** – where personal and professional boundaries are monitored and maintained, confidentiality is upheld, dignity is respected, informed consent is ensured and trust is honoured;
- **innovative** – every therapeutic encounter brings with it the potential for a fresh, innovative, evidence based response and for the development of the practitioner's capability and the patient's self-awareness;
- **reflective** – engaging in an ongoing and cumulative process of self-evaluation with cycles of reflection, deliberation and action.

**Ref: The British Acupuncture Accreditation Handbook August 2005**



## **Appendix J External Examiners: Further Guidance**

Training Providers are advised that the 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.