

British Acupuncture Accreditation Board

# Accreditation Handbook

2021 edition



Ensuring Excellence In Acupuncture Education

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## Change control

Version	Author	Date	Change
1	BAAB Accreditation Committee	pre-2010	First version of Handbook
2	BAAB Accreditation Committee	2010	Revisions and substantial re-write of first version; supersedes Version 1
3	BAAB Accreditation Committee	2013	Minor amendments. Supersedes all previous versions
4	BAAB Accreditation Committee	2016	Revisions. Supersedes all previous versions
5	BAAB Accreditation Committee	2020	Revisions to process requiring Handbook amendment; Simplification of use; Facilitation of online version; Production of Brief Guide. Supersedes all previous versions
6	BAAB Accreditation Committee	February 2021, v1.0	Revisions to Complaints procedures for Students (SETAP 3.12), Staff (SETAP 3.8) and Patients (SETAP 5.11). Addition of guidance on involvement of patients in decision making (SETAP 3.3 and 5.8)

The 2021, v1.0 version replaces all previous versions of the Accreditation Handbook.

## Acknowledgements

The substantive work for the 2020 edition was undertaken by Harriet Lansdown (acupuncturist and Lead Accreditation Officer for the Board) and Karen Charlesworth (acupuncturist and editorial/online consultant to the Board). Detailed scrutiny of the documents was also undertaken by Dr Ann Rumpus, Dr Kerstin Lehr, Helen Thomas and members of the Accreditation Committee. Feedback through consultation with the Council of Heads of Acupuncture Courses (CHAC), the Board and the British Acupuncture Council (BAC) has helped to develop the policies and processes contained in this Handbook.

The Board wishes to acknowledge the historic work of colleagues on which the current edition is based:

Dr Ruth Champion (Strategic Officer of the Board)

Dr Ann Hopper (Accreditation Officer, Board and Accreditation Committee member)

and John Hamwee, Alison Gould, Di Eckersley, Roger Hill, Dr Annie Milles, Felicity Moir, Dr Allen Parrott, Dr Rosemary Richardson, and John Wheeler in consultation with the profession's organisations, particularly the British Acupuncture Council (BAC), the Council of Heads of Acupuncture Courses (CHAC), the Board and its Accreditation Committee.

Also Petra Nannes, Pippa Sequeira and Joan Maynard for their detailed work on the layout and proofreading of current and previous editions of the Handbook.

British Acupuncture Accreditation Board  
63 Jeddo Road, London W12 9HQ

+44 20 8735 0466 | [baab@acupuncture.org.uk](mailto:baab@acupuncture.org.uk) | [www.baab.co.uk](http://www.baab.co.uk)

## Foreword

The British Acupuncture Accreditation Board (BAAB) fosters and monitors high quality educational and professional standards, so that the general public can be assured that graduates from BAAB-accredited programmes are knowledgeable, reflective, competent and safe acupuncture practitioners. The focus of the Board's work is the accreditation of degree-level programmes leading to a professional qualification in acupuncture.

The BAAB is independent, but works closely with and on behalf of the **British Acupuncture Council** (BAcC). Graduates from accredited programmes are eligible to apply for membership of the BAcC.

The transparent, rigorous and comprehensive accreditation processes of the BAAB are gained through seeking feedback from partner organisations, maintaining parity with higher education and through ongoing self-critical review. The accreditation of course providers is an important way in which a profession can demonstrate its maturity, its capacity for effective self-regulation and its public accountability.

## Use of this Handbook

For ease of navigation and comprehension, the hyperlinks in the text of this PDF version of the Handbook link to other, related sections of the PDF Handbook, or to related websites. Text hyperlinks are in **bold, orange text**.

Each Handbook section can be accessed online by any of the following methods:

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It is important to note that the PDF version of this Handbook (or section of the Handbook) may not be up-to-date at the time of reading. Course providers and all interested parties should check the most up-to-date version. The British Acupuncture Accreditation Board cannot be held responsible for any consequence arising from any failure to check the most up-to-date version.

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## List of abbreviations and common terms

AC	Accreditation Committee: the Board committee handling the work of accrediting new programmes, supporting accredited programmes to maintain Accreditation, and reviewing accredited course providers.
AO	Accreditation Officer: one of a Panel of officers working with course providers to support them in gaining and maintaining Accreditation.
AMAF	Annual Monitoring Audit Form: reflective and self-critical evaluation of an acupuncture programme, submitted each year to the Board while a course provider is fully accredited.
BAAB	The British Acupuncture Accreditation Board, also referred to as ‘the Board’.
(the) Board	the British Acupuncture Accreditation Board, also referred to as ‘the BAAB’.
CCR	Critical Course Review: the central document submitted by a fully accredited course provider in support of maintaining Full Accreditation.
Lead AO	Lead Accreditation Officer: the head of the Panel of Accreditation Officers.
NPP	New Programme Proposal: the initial document summarising a course provider’s intent to develop a new acupuncture training programme.
OLM	The Online Learning Matrix, a tool written by the BAAB intended to quality assure any online learning system used to teach acupuncture
SETAPs	The BAAB’s Standards for Education and Training for Acupuncture Programmes (2011)
SPA	The British Acupuncture Council’s Standards for the Practice of Acupuncture (2009)

## INTRODUCTION

The British Acupuncture Accreditation Board (also referred to as “the Board”) accredits acupuncture programmes with a final award threshold at Level 6 consisting of 360 credits, or at Level 7 consisting of 180 credits that lead to professional qualification or ‘licence to practice’.

This Accreditation Handbook sets out the [Standards for the Education and Training for Acupuncture Programmes](#) (SETAPs) and gives comprehensive details and guidance on all the Accreditation policies and procedures of the British Acupuncture Accreditation Board in relation to programmes leading to professional qualification.

The version of the Accreditation Handbook set out on the website [handbookbaab.co.uk](http://handbookbaab.co.uk) is the most up-to-date available, and supersedes the version published in this PDF. It is the responsibility of all course providers in a formal relationship with the Board to ensure that they are referring at all times to the most up-to-date version of this Handbook.

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## THE ACUPUNCTURE PROFESSION

Professional acupuncturists, as defined by their membership of the [British Acupuncture Council](#), have a higher education qualification in acupuncture, involving theory, practice and research within an agreed core of professional knowledge and understanding, attitudes, values and skills. They have an understanding of conventional medical language, as well as the skills to make a Chinese medicine diagnosis and safely manage treatment strategies for patients. Their focus is on assessing the individual, rather than labelling the illness. Every one of us is unique, and people with the same biomedical diagnosis may receive different treatments with acupuncture.

Acupuncture is a treatment modality used in Chinese medicine, which has a systematic method of diagnosis based on an integrative model of how humans function in health and disease. Variance from this model of healthy function is used to build a case for a particular diagnosis. Signs and symptoms that are taken into account may be physical, mental or emotional, and all these aspects are seen as interdependent. This interdependence is increasingly supported by modern medical evidence.

Treatment involves the stimulation of specific points (acupuncture points) on the body, which stimulate the nervous system to effect change. This is often achieved by the insertion and manipulation of very fine needles, but may also be produced by locally applied warming, pressure or a mild electrical current applied through the needles.

The overall aim of acupuncture treatment is to improve or restore the healthy functioning of the body. Traditional texts describe this as ‘restoring the flow of qi’ and describe the processes involved in complex and comprehensive terms. Modern research is beginning to describe the effects of acupuncture treatment in terms of

sound neurophysiological principles such as promoting the release of endorphins, engaging purinergic signalling, mu opioid receptor binding, electron transfer and restoring autonomic balance.

Research into acupuncture as a medical treatment has grown exponentially in the past 20 years. Over this period, there have been over 13,000 studies conducted in 60 countries, including hundreds of meta-analyses summarising the results of thousands of studies. A wide variety of clinical areas have been studied, including pain, cancer, pregnancy, stroke rehabilitation, anxiety and depression, sleep disorders and many more. This growing body of clinical research shows that acupuncture can safely treat a wide range of common health problems.

Acupuncture has a long history and has been continually developed by medical communities in many countries. As a consequence, there are a variety of styles of acupuncture which share a common root but are distinct and different in their emphasis. These include Traditional Chinese medicine (TCM), Five Element acupuncture, Stems and Branches, Japanese Meridian Therapy, Western medical acupuncture (WMA) and many others. The British Acupuncture Council (BACc), the largest membership organisation in the UK for professional acupuncturists, and the BAAB embrace this plurality under the principal of “unity in diversity” and sees the variety of approaches as the mark of a healthy profession.

## THE BRITISH ACUPUNCTURE COUNCIL

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The [British Acupuncture Council](#) (BACc) is the leading self-regulatory body for the practice of traditional acupuncture in the UK. It is a member-led organisation, governed by an elected Governing Board and driven by a specialist staff team. The BACc was one of the first organisations to become a [Professional Standards Authority](#) (PSA) Accredited Register. The [Accredited Register](#) scheme is designed to recognise that an accredited organisation maintains high standards of training, safe practice and professional conduct where the operational sector is not covered by statutory regulation.



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## ABOUT THIS HANDBOOK

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This Handbook is a guide to the Accreditation policies and procedures of the British Acupuncture Accreditation Board (“the Board”) in relation to acupuncture programmes with a final award threshold at Level 6 consisting of 360 credits, or at Level 7 consisting of 180 credits, leading to professional qualification.

It is written for the use of [Accreditation Committee](#) (AC) and Board members, for accredited course providers, and for those working towards Accreditation with the BAAB.

This 2020 edition of the Accreditation Handbook represents a major revision of the layout and content. This Handbook is designed to be used online, and this PDF version should not be viewed as the definitive version: users should check that the information given in this PDF version is up-to-date by accessing the appropriate section of the online version using the clickable QR codes and links given alongside each section (see [Use of this Handbook](#)).



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A printed Brief Guide providing an overview of the Accreditation process is available in hard copy to accompany the online version.

The Handbook comprises the following sections:

- **Part 1** describes the structure of the Board, the purpose of its activities and its internal and external relationships, including the principles and values underpinning good practice in acupuncture education;
- **Part 2** sets out the Board's Standards of Education and Training for Acupuncture Programmes (SETAPs);
- **Part 3** describes the process of Accreditation from the **New Programme Proposal to Full Accreditation**;
- **Part 4** describes the process of **maintaining Accreditation**;
- **Part 5** is a guide to the process of **Board Visits** to course providers, including the roles for Panel members and the course providers they visit.

Those seeking BAAB Accreditation of their acupuncture programmes should also be familiar with the most recent edition of the British Acupuncture Council's curriculum document, the Educational **Standards**, which includes the essential programme hours and content for the licence- to-practise programme at the required Honours degree level. In addition, readers should refer to the BAcC Standards of Practice for Acupuncture, the Code of Professional Conduct and the Code of Safe Practice and Self-Audit. All these documents are available from the **BAAB website**.



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currency

#### Currency of this Handbook

The Board has a policy of continuous review and development and this Handbook is therefore subject to amendment on an annual or biennial basis. Course providers in a formal relationship with the Board will be notified of any amendments to the Handbook on an annual basis.

While every effort is made to inform all interested parties of such developments, readers are advised always to consult the Board's office for the latest information on any aspect of the Board's work, and/or the online version of this Handbook.

Links to the online version of this Handbook are provided at the start of each section. The QR codes at the side of each section can be clicked or used with a camera on a smartphone or handheld device for quick access to the relevant section of the website. Users may also type the bit.ly URL into a browser address bar.

The Handbook maintains currency with the following standards and codes:

- British Acupuncture Council: **Educational Standards, Standards of Practice for Acupuncture (SPA), Code of Professional Conduct and Code of Safe Practice**
- Quality Assurance Agency: **Framework for Higher Education Qualifications (FHEQ)**
- Professional Standards Authority: **Standards for Accredited Registers**
- Health and Care Professions Council: **Standards for Education and Training**

## ABOUT THE BRITISH ACUPUNCTURE ACCREDITATION BOARD

The Board was established in 1990, and is a not-for-profit company focusing on acupuncture education in the UK. It works closely with the British Acupuncture Council (BAC), formed in 1995, which is the lead professional body for traditional acupuncture in the UK.

The Board consists of professional and lay members who direct and supervise the Accreditation of new and existing acupuncture courses, using the **Threshold Standards** set out in this Handbook.



[bit.ly/about-baab](https://bit.ly/about-baab)

## The purpose of the Board's activities

The Board accredits and monitors acupuncture courses whose providers are in a formal relationship with the Board. Graduates of BAAB-accredited programmes are eligible for membership of the BAC.

It is through approval of teaching programmes that a profession assures itself, and other legitimately concerned parties, that those entering the profession are appropriately knowledgeable and skilled, as well as ethically aware of their responsibility to the public.

The purposes of the Board's activities are therefore as follows:

- (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 higher education community and other agencies or organisations that a course provider has clearly defined and appropriate aims, including those providing for the safety and competence of its graduates
- (3) To ensure each provider has the resources to meet its aims, and can provide evidence that it is attaining them;
- (4) To encourage institutional self-improvement through continuous reflective and critical self-evaluation made explicit in **Annual Monitoring Audit Forms** (AMAFs);
- (5) To provide support and assistance to new and developing course providers and programmes;
- (6) To ensure students are kept well-informed, are listened to, and treated with respect and fairness;
- (7) To encourage diversity, experimentation and innovation within the boundaries of accepted standards and guidelines of academic quality, including the Quality Assurance Agency's **Framework for Higher Education Qualifications**.

The Board is keen to emphasise the developmental and supportive function of its Accreditation procedures; its officers are available to provide guidance with the educational work of course providers and programme managers as soon as a formal relationship with the Board has been established.

While the Board makes every effort to ensure that the programmes it accredits are supported with appropriate resources, the Board cannot take responsibility for non-viable programmes or for students on programmes that cease to be offered.



[bit.ly/baab-purpose](https://bit.ly/baab-purpose)

All course providers are required by the Board to have an updated contingency plan showing how their students will be supported to the end of their acupuncture programme in the event of course closure or of business failure within the course provider (see [SETAP 3](#)). However, the course providers themselves are solely responsible for the viability of programmes and their overall financial soundness.



[bit.ly/assessment-objectives](https://bit.ly/assessment-objectives)

#### The principle of assessment by self-defined objectives

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Each course provider is assessed in the light of its own defined objectives so long as these are in accordance with the Board's [Threshold Standards](#).

At the root of this process is the course provider's ongoing process of self-evaluation, as expressed in its [Annual Monitoring Audit Form \(AMAF\)](#) to the Board.

All course providers must be able to demonstrate that their policies are attached to self-defined objectives, and evidence the implementation of those policies. Course providers should also be able to demonstrate and evidence how they monitor the effectiveness of those policies, and how they review policies periodically and revise where necessary.

Accreditation by the Board provides an enabling framework that permits diversity and takes full account of the higher education context in which course providers operate.



[bit.ly/board-members](https://bit.ly/board-members)

#### Members of the Board

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Board members include:

- representatives of the acupuncture profession who are members of the [British Acupuncture Council](#);
- representatives of accredited course providers;
- specialists in education;
- representatives of the health professions;
- representatives reflecting the public interest.

The following appointments are made by the Board:

- Chair of the Board;
- [Chair of the Board's Accreditation Committee \(AC\)](#);
- The Board's [Accreditation Officers](#).

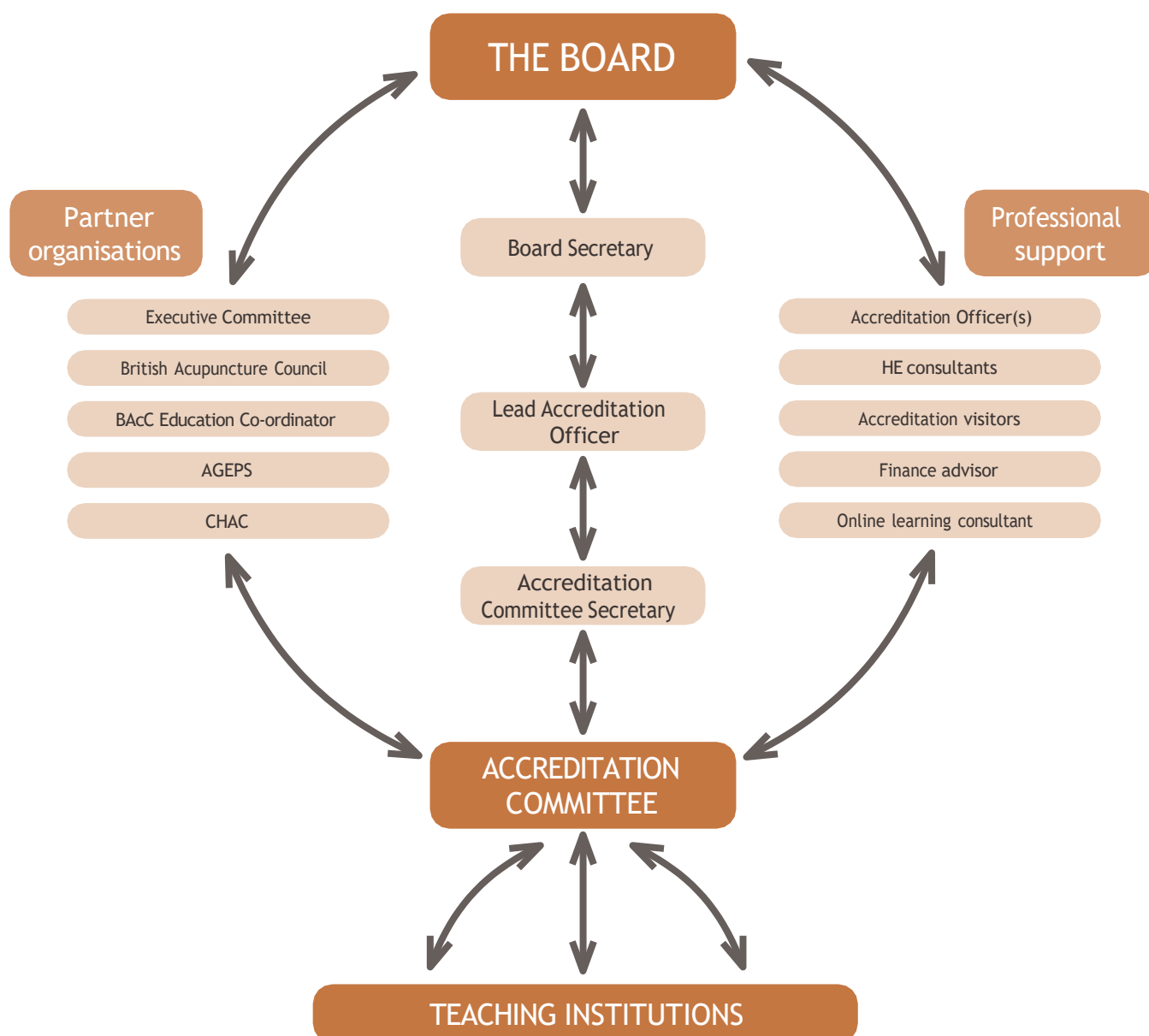
The Board's members, AC members and all Board representatives who visit course providers for Accreditation purposes must comply with the [Board's policy](#) on conduct, conflicts of interest and management of meetings and review in all relevant discussions and on all relevant occasions.

Meetings of the Board are normally held three times each year.

All correspondence should be addressed to the Chair of the Board.



## The Board's organisational structure





[bit.ly/Accreditation-Committee](https://bit.ly/Accreditation-Committee)

### The Accreditation Committee (AC)

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On behalf of the Board, the Accreditation Committee (AC) carries out the ongoing monitoring and administration of all Accreditation activities.

The AC's members include:

- representatives of a wide spectrum of the acupuncture profession;
- professionals with a health or education background who have experience of Accreditation processes;
- educationalists with higher education experience;
- a representative of the public interest;
- a lay Chair.

The AC keeps the Board informed on all matters related to the Accreditation of course providers in a formal relationship with the Board. It reports to the Board with recommendations about such matters, as well as about its own membership, its processes and other relevant issues.

Reports from the AC to the Board during the academic year include:

- an annual schedule of proposed **Visits** to course providers;
- an account of all such Visits with detailed recommendations to the Board;
- a commentary on any emerging issues arising from the **Annual Monitoring Audit Form (AMAF)** provided by all course providers in a formal relationship with the Board.

Decisions and recommendations of the AC are subject to Board debate, approval and ratification.

In addition to regular reports produced three times a year for Board meetings, the AC provides the Board with an annual review which

- critically evaluates its own performance over the previous year;
- sets itself an action plan for the coming year; and
- reports on the status of all course providers in a formal relationship with the Board.

The AC normally meets a minimum of three times a year and its schedule of meetings is published annually.

AMAFs and other documentation from the course providers are circulated several weeks before the date of the meeting at which they are to be discussed.

Relevant dates and lists of addresses are available from the Board's office.

## The Accreditation Committee chair and Accreditation Officers

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The chair of the **Accreditation Committee** (AC) and the Accreditation Officers (AOs) assist the Board in making fully informed decisions about the Accreditation of new and existing course providers.

On behalf of the Board, AOs support course providers in understanding the purposes and methods of critical self-study and continuous institutional self-evaluation, as expressed in the **Annual Monitoring Audit Form** (AMAF) required by the Board.



[bit.ly/AC-chair-officers](https://bit.ly/AC-chair-officers)

## The Board's external relationships

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The British Acupuncture Council. The Board works closely with the **British Acupuncture Council** (BAcC). An ongoing relationship between the Board and the profession is essential in order to identify and respond to emerging issues in the world of acupuncture.

The BAAB is funded through a grant from the British Acupuncture Council and from course provider fees. The funding structure preserves the independence and impartiality of the BAAB.

The higher education sector. The Board maintains a relationship with the higher education sector in order to keep abreast of changing issues in learning and teaching.

The Council of Heads of Acupuncture Courses. A relationship with the forum of course providers, the Council of Heads of Acupuncture Courses (CHAC), is a further way in which the Board fosters a dynamic approach to its work. CHAC has two nominated members who represent them on the Board, and the lead **Accreditation Officer** (AO) is invited to attend a part of CHAC meetings. Each course provider has a named AO providing regular support and communication and a point of contact. The Board conducts open consultations about any proposed changes in the standards or processes of accreditation.

A variety of feedback systems provide the Board with the course providers' views on its performance annually and following visits. A letter summarising the work of the Board over the previous year, and advising of dates and plans for the year ahead is sent out at the beginning of the academic year. The Board also hosts an Education Day annually at which teachers can come together to present, discuss and share effective practice on issues of their choice.



[bit.ly/board-relationships](https://bit.ly/board-relationships)

# 1 THE BOARD AND ITS WORK



[bit.ly/baab-principles](https://bit.ly/baab-principles)

## 1.1 PRINCIPLES GOVERNING THE BOARD'S WORK

The work of the BAAB is governed by some fundamental principles. These are:

1. The spirit of peer review. BAAB membership includes higher education specialists and acupuncturists. In carrying out assessments of higher education course provision, the BAAB respectfully acknowledges the professionalism of those it is assessing. In addition to confirming that a provider meets the threshold standards, the BAAB aims to add value to the operations of acupuncture higher education course providers, using the benefit of its wide perspective across course providers, and by encouraging the development of creative thinking in the provision and operation of acupuncture courses.

2. Acknowledging the boundary between development and judgement. The Board recognises the need to balance its ongoing role in supporting course providers' development, and its role of making judgements as to whether the provider meets and continues to meet the required standards. The Board addresses the issue through the way it manages the relationship between the **Accreditation Officers** (AOs), the **Accreditation Committee** (AC) and the Board.

The AOs work directly with the course providers in a supportive role. They offer advice but their view is not a guarantee of the AC's approval on any course of action. In reaching decisions about provision, the AC takes reports from AOs, and reports and documents from the course providers into consideration in order to reach independent judgements about Accreditation. All AC proposals and recommendations go to the Board for consideration, discussion and ratification where the Board agrees.

3. The agreed principles for acupuncture education. The Board expects all course providers to ensure that their curriculum is informed in every aspect by these principles, which state that acupuncture education aims to be:
  - student-focused: making programmes accessible, attractive, and challenging in terms of both personal and professional development, whilst recognising the individuality of students and making use of the unique contribution that their wealth of experience and talent may bring to the learning situation;
  - practice-led: rooted in the artistry and skills of acupuncture as an empirical and practical professional activity informed by theory and creative of theory, and recognising that, as acupuncture is a practice-based profession, acupuncture teachers will normally remain engaged in practice;
  - 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;

- appropriate: preparing practitioners who have the knowledge, skills, attitudes and commitment to continuing professional development necessary to function confidently, competently, respectfully and with sensitivity, in independent, collaborative and inter-professional settings;
- responsive: capable of adapting to changing healthcare needs and perceptions and to the evolving criteria and expectations of the profession, making full use of research findings to inform curriculum design, delivery and evaluation;
- collaborative: creating opportunities for shared learning with other healthcare professions, recognising a common purpose in the wider community;
- equitable: providing equality of opportunity in all institutional policies and practices;
- effective: achieving the highest standards, whilst making the most efficient use of resources, recognising that there needs to be a sufficient number of students to ensure peer support and to provide a collegiate experience, and that an appropriate teacher/student ratio for practical classes should normally be maintained;
- accountable: open to scrutiny and explicable in professional terms;
- critically self-aware and academically rigorous in accordance with other degree-level programmes in higher education, being aware not only of developments within acupuncture itself, but also of the place of acupuncture in relation to other disciplines and in relation to society at large.

4. The guidance from relevant professional and higher education bodies, including:

- Standards of education and training (SETs) set out by the Health and Care Professions Council. A [summary of these](#) can be read online;
- Guidance from [Advance Higher Education](#);
- Professional, statutory and regulatory body guidelines (see [Threshold Standards](#) in this document);
- Quality Assurance Agency for Higher Education: [A Framework for Higher Education Qualifications in England, Wales and Northern Ireland](#), and other relevant guidance from the QAA.

## 1.2 BOARD POLICY ON CONDUCT, INCLUDING CONFLICTS OF INTEREST

The Board's policy on issues of conduct, including conflicts of interest, guides all Board and Committee members, officers, and Accreditation Visiting Panel members. Following is a brief overview; the [full policy](#) is available online.



[bit.ly/baab-conduct-policy](https://bit.ly/baab-conduct-policy)

All Board members read, understand, sign and endeavour to uphold the Board's Code of Conduct which sets out the overall standard of behaviour expected of all those involved in the Board's work.

The public interest is at the centre of the Board's work, and all aspects of its work must be credible and worthy of public trust and confidence. The Board has a duty of care and an obligation to the acupuncture profession to ensure that its conduct is beyond reproach or concern at all times. Each Board member therefore has a fundamental responsibility to exercise impartial professional judgement; and the Board as a whole uses decision-making processes that ensure that no vested interests can influence the course of the Accreditation process. The Board endorses the [Nolan principles of public life](#), which are set out in full, with the Board interpretation of relevance to its work, [on the Board's website](#).

The reasonable perception of abuse as a result of a conflict of interest is potentially damaging to confidence in the work of the Board. The Board maintains a current register of interests that is open to the scrutiny of any Board member on request. The Chair has the right to challenge any member perceived as having an undeclared conflict of interest; Board members have a duty to declare any conflicts of interest, or if they know of an undeclared interest of another member, including connections with:

- persons in any specific role relating to the course provider under discussion,
- persons with responsibility for teaching, external examining, directorship or trusteeship,
- persons in any dispute with the course provider under discussion, including those involved in a course provider in dispute.

All aspects of the Board's work are subject to annual monitoring, including the evaluation of [Accreditation Visits](#), and an annual review of the [Accreditation Committee](#) and the Board. An annual action plan implements changes agreed as a result of this monitoring.



[bit.ly/threshold-standards](https://bit.ly/threshold-standards)

### 1.3 THRESHOLD STANDARDS FOR EVALUATION OF COURSE PROVIDERS AND ACUPUNCTURE PROGRAMMES

The Board's work in evaluating course providers and their acupuncture programmes is underpinned by agreed principles and professional and educational values. These are:

1. the [Standards of Education and Training for Acupuncture Programmes](#) (SETAPs), which reflect the values of
2. the BAcC's [Educational Standards](#);
3. [A Framework for Higher Education Qualifications in England, Wales and Northern Ireland](#), and other relevant guidance from the [Quality Assurance Agency for Higher Education](#);
4. The standard for a Bachelor's degree with Honours, as described in [A Framework for Higher Education Qualifications in England, Wales and Northern Ireland](#), and other relevant guidance from the [Quality Assurance Agency for Higher Education](#) (see [SETAP 1](#));

5. The standard for a Master's degree as described in [A Framework for Higher Education Qualifications in England, Wales and Northern Ireland](#), and other relevant guidance from the [Quality Assurance Agency for Higher Education](#) (see [SETAP 1](#)).

These form the threshold standards against which course providers' programmes will be judged by the Board's [Accreditation Visiting Panels](#) at each stage of the Accreditation process.

Policies or management decisions in a course provider that run counter to the Board's educational and/or professional values are described by the Board as 'unapproved practice'. This also includes policies (most likely to be finance or business-related) that are not covered by the [SETAPs](#) and are therefore not within the Board's educational remit.

### 1.3.1 Standards of Education and Training for Acupuncture Programmes (SETAPs): an outline

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[bit.ly/setaps-outline](https://bit.ly/setaps-outline)

The SETAPs cover the following areas:

<a href="#">SETAP 1</a>	Level of qualification required by the Board for accreditation of acupuncture programmes;
<a href="#">SETAP 2</a>	Programme admissions;
<a href="#">SETAP 3</a>	Programme management and resources;
<a href="#">SETAP 4</a>	Curriculum standards;
<a href="#">SETAP 5</a>	Clinical practice standards;
<a href="#">SETAP 6</a>	Assessment standards.



[bit.ly/setaps-intro](https://bit.ly/setaps-intro)

## 2 THE STANDARDS OF EDUCATION AND TRAINING FOR ACUPUNCTURE PROGRAMMES (SETAPs)

The SETAPs are the specific standards that inform the Board's Accreditation decisions.

The Board's Standards of Education and Training for Acupuncture Programmes (SETAPs) encompass and modify the Standards of Education and Training (SETs) required by the Health and Care Professions Council (a summary of these is available [online](#)).

Course providers working with the Board should also be familiar with the most recent edition of the British Acupuncture Council's curriculum document, [Educational Standards](#), which includes the essential programme hours and content for the pre-qualifying programme at the required minimum level.

**SETAP 1** Level of qualification required for Accreditation

**SETAP 2** Programme admissions

**SETAP 3** Programme management and resources

**SETAP 4** Curriculum standards

**SETAP 5** Clinical practice standards

**SETAP 6** Assessment standards



## SETAP 1: LEVEL OF QUALIFICATION REQUIRED FOR ACCREDITATION

This SETAP is concerned with the level of qualification required by the Board, which also meets the requirements of the BAAC for eligibility for membership.



[bit.ly/setap-1](https://bit.ly/setap-1)

**SETAP 1.1** BAAB-accredited course providers must offer a final award threshold at Level 6 consisting of 360 credits or a Post-Graduate Diploma/ Master's degree at Level 7, consisting of 180 credits

**SETAP 1.2** The award must contain the word 'acupuncture' in the title

**SETAP 1.3** Acupuncture programmes with concurrent awards

SETAP 1.1 BAAB-accredited course providers must offer a final award threshold at Level 6 consisting of 360 credits or at Level 7 consisting of 180 credits



[bit.ly/setap-1-1](https://bit.ly/setap-1-1)

The Board requires that course providers offer a minimum final award at Level 6 consisting of 360 credits ([Frameworks for Higher Education Qualifications \(England\)](#)). Normally, this will be delivered through 120 credits at each of Levels 4, 5 and 6. Typically in the UK, this equates to a Bachelor's degree with Honours.

Providers may also offer a final award at Level 7 consisting of a mixture of taught courses and research. This award is a Post-Graduate Diploma or Master's degree in the UK.

Any acupuncture course provider wishing to achieve accreditation with the British Acupuncture Accreditation Board (BAAB) must also meet:

1. the learning outcomes set out in the [Educational Standards](#) which are set at Honours degree level (Levels 4-6);
2. the requirements set out in the [Educational Standards](#).

These Standards present the educational outcomes required to meet the entry standards necessary for professional membership of the British Acupuncture Council (BAAC). Students who successfully complete a course which has been fully accredited are eligible to apply for membership of the BAAC.

Course providers must ensure that the academic level of their programme meets the requirements of Level 6 or Level 7 as described in the UK [Quality Code for Higher Education](#) (2014) or the [Scottish Credit and Qualifications Framework](#).

## Intermediate awards

Where the students have not completed the whole of the accredited programme, an intermediate award may be offered. These awards do not confer a licence to practice and must not use acupuncture in the title but rather be called 'healthcare studies' or other generic term. See [SETAP 6.7.2](#).



[bit.ly/setap-1-2](https://bit.ly/setap-1-2)

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#### SETAP 1.2 The award must contain the word 'acupuncture' in the title

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The title of the award may be one of the following:

- a Licentiate in Acupuncture (Lic. Ac.)
- a Bachelor's degree with Honours in Acupuncture (BSc.(Hons) Ac. or B.A.(Hons) Ac.)
- a higher academic award.

Prefixes or other additions to the award titles above are not acceptable without the permission of the Board.



[bit.ly/setap-1-3](https://bit.ly/setap-1-3)

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#### SETAP 1.3 Acupuncture programmes with concurrent awards

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Programmes with concurrent awards are unusual in healthcare. However, some acupuncture courses offer an embedded training in a related subject such as massage or tui na which is part of the accredited programme. These vary in length and style, and may be accredited separately by a relevant body for that discipline.

- The overall design of the curriculum must ensure that time devoted to a concurrent award enhances the study of Chinese medicine and acupuncture, and does not distract from it.
- The inclusion of other awards in an acupuncture programme needs to be justified in terms of the overall curriculum, learning outcomes and the student experience.
- The programme must be comprehensively mapped against the BAAC's Educational **Standards** to provide evidence that the course meets the requirements, including clinical hours.
- It may be necessary to include more than minimum 400 clinical hours overall, to ensure students receive sufficient acupuncture-specific clinical education.

## SETAP 2: PROGRAMME ADMISSIONS

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This SETAP is concerned with the admissions procedures for the programme, including the selection procedure and the information provided to those involved.

The course provider should make clear to applicants that graduates of accredited programmes are eligible for membership of the BAcC, but that the BAcC is the final arbiter of fitness to practise as an acupuncturist. This particularly applies to the sections of this standard that refer to criminal conviction checks, health requirements and English language level based on the International English Language Testing System (IELTS). In particular, course providers should demonstrate how they inform applicants that fitness to train is not a guarantee of fitness to practise i.e., meeting current BAcC requirements for admission to membership.

Acupuncture courses may be delivered on a full- or part-time basis; flexible delivery of an acupuncture programme is welcome and common. Running a part-time programme or a 'weekend' programme is acceptable provided the number of hours of both theory and practice meet the requirements of the BAcC.

SETAP 2.1 The admissions procedures must give both the applicant and the course provider the information they require to make an informed choice about whether to take up, or make an offer of, a place on a programme

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The course provider's entry requirements should be clearly set out in the information it makes available to interested applicants. Applicants should also be alerted to information available to them through the Board's [website](#).

The Board does not require course providers to interview applicants for their programmes, but believes that interviews are the best way for staff to help potential students understand the rigorous demands of a professional programme.

Applicants should meet the normal entry requirements for undergraduate or postgraduate programmes. If a student presents without the normal entry requirements, a process should be in place for the Recognition of Prior Learning (RPL).

Course providers should therefore provide all applicants to the programme with information on:

- How students are recruited and selected for the programme, and the course provider's criteria for entry requirements;
- Fees, including when and how they are to be paid, and whether options are available to pay by instalment. Fees cannot be accepted for more than one year of a programme in advance, and a refunds policy must be uniformly and fairly followed in respect of tuition paid for by students but not taken;
- Funds available for bursaries and loans;
- Accommodation and travel costs, costs of required texts and books, clinical equipment, and any other likely costs incurred by students whilst learning clinical practice in settings other than the course provider's teaching clinic;
- Whether any of the course provider's practical learning experience involves students identifying their own practice supervisors and/or patients;



[bit.ly/setap-2](https://bit.ly/setap-2)



[bit.ly/setap-2-1](https://bit.ly/setap-2-1)

- Any possible costs to be met by applicants, including RPL assessments or IELTS testing;
- Anticipated hours of study and options for mixed-mode delivery of the programme (see SETAP 4);
- Expectations of students in respect of their treatment with acupuncture during the programme as part of their learning (see SETAP 3.14, including expectations that students may be used as ‘models’ for teaching clinical skills to other students, for instance as part of the teaching and learning of point location, needling skills, clinical consultations and practitioner development;
- Expectations that the programme will demand from students a systematic, reflective and self-critical approach to their studies;
- Expectations of the student in terms of their necessary IT skills and the necessary minimum specification of the student’s IT equipment required to access and fully engage with the course provider’s Online Learning System (OLS). Please refer to the Board’s [Online Learning Matrix \(OLM\)](#) for further details, noting that this is an Advisory issue.



[bit.ly/setap-2-2](https://bit.ly/setap-2-2)

#### SETAP 2.2. The admissions procedures must include evidence of a good command of English

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The course provider’s selection and entry criteria should contain a rigorous process to assess reading, written and oral skills so that students may take full advantage of the programme from the start.

English language requirements should be clearly set out in the information made available to applicants. This must take account of the fact that, by the end of the programme, all students must have acquired the required level of English to meet the standard set by the BAAC at International English Language Testing System (IELTS) level International English Language Testing System 6.5 in each course component.



[bit.ly/setap-2-3](https://bit.ly/setap-2-3)

#### SETAP 2.3 The admissions procedures must include criminal convictions checks

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The Board requires, as a minimum, self-disclosure of criminal records consistent with the BAAC’s admissions policy. This is most effectively achieved by requiring self-disclosure of [Disclosure and Barring Service](#) records ([Disclosure Scotland](#), [Access Northern Ireland](#) or equivalent international body where appropriate).

The Board requires evidence of a course provider’s procedures in the case where an applicant declares either a criminal conviction or a spent conviction. A course provider considering an application from a person with a criminal conviction should refer to the current version of the British Acupuncture Council’s [Code of Professional Conduct](#) and consider if any criminal conviction may affect that person’s ability to meet those standards at the end of the programme.

Note that the [Health and Care Professions Council \(HCPC\)](#) requires enhanced-level DBS checks on all applicants. HCPC believes this requirement

is necessary with regard to the positions of responsibility that all healthcare professionals occupy, particularly those in independent practice.

SETAP 2.4 The admissions procedures must include compliance with any health requirements

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The course provider's health requirements should be clearly set out in the information made available for applicants. These requirements should be appropriate to the programme content and delivery, including clinical supervision. These requirements could include provision of information about, or the need to undertake, vaccinations and occupational health assessments.



[bit.ly/setap-2-4](https://bit.ly/setap-2-4)

SETAP 2.5 The admissions procedures must apply selection and entry criteria, including appropriate academic and / or professional entry standards

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The course provider must assure that the academic and professional entry standards, including those regarding literacy and numeracy, are appropriate to the level and content of the programme. Evidence is required regarding how these standards are communicated to applicants, and how they are applied by the course provider's staff in an equitable manner.



[bit.ly/setap-2-5](https://bit.ly/setap-2-5)

Entry Requirements for Post-Graduate Diploma/MSc degrees in Acupuncture

Course providers must ensure that applicants for postgraduate programmes demonstrate the required and relevant knowledge, background and skills before being accepted onto the programme. Specifically these are:

- Normally a 2:1 Honours degree (or higher) within 3 years, or, if longer than 3 years, evidence of similarly recent academic study or equivalent work experience;
- The Honours degree must be in a related subject such as human biological or behavioural science, or a health-related profession such as medicine, osteopathy, physiotherapy or nursing and include research resulting in a project or dissertation;
- The **IELTS requirement** at entry is 6.5, the current level required for joining the BAAC, and the typical minimum requirement for studying at Masters level in the UK;
- Insight into the acupuncture profession is required, evidenced by work experience, clinical observation and/or by researching the profession.



[bit.ly/setap-2-6](https://bit.ly/setap-2-6)

SETAP 2.6 The admissions procedures must include the accreditation of prior learning and other inclusion mechanisms

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The Board will require demonstration that the course provider's Recognition of Prior Learning (RPL) schemes and inclusion mechanisms are robust and that the course provider's policy and criteria are made available to applicants. The Board will also wish to ensure that the course provider has suitable systems in place to ensure that students who are eligible for inclusion mechanisms are able to meet the standards required for successful completion of the programme. The course provider will need to evidence how students' prior learning is mapped against the learning outcomes for the programme or for individual modules within it.

Recognition of Prior Learning (RPL) for Post-Graduate Diploma/MSc degrees in Acupuncture

The recognition of prior learning (RPL) is a process which enables people of all ages and backgrounds to receive recognition and formal credit for learning acquired in the past, through either the successful study of a qualification (or part of) or through learning gained via work and business experience.

In professional entry Post-Graduate Diploma/MSc acupuncture programmes, RPL is only acceptable for students with qualifications achieved within the last 3 years prior to entry, or for qualified healthcare professionals in practice within the previous year, by January of the intended year of entry.

RPL can only be achieved if the prior learning closely matches, and is at the same level of, the relevant module in the PGDip/MSc programme.

RPL is not permitted for the 400 hours of clinical practice.



[bit.ly/setap-2-7](https://bit.ly/setap-2-7)

SETAP 2.7 The admissions procedures must ensure that the education provider has equality and diversity policies for applicants, together with an indication of how these will be implemented and monitored

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The Board will need to be assured that a course provider has appropriate equality and diversity policies in place. These policies should be made explicit to applicants in the prospectus, and on the course provider's website, together with information regarding the process an applicant should follow if they feel they have been discriminated against.



[bit.ly/setap-2-questions](https://bit.ly/setap-2-questions)

Question examples posed by Accreditation Visiting Panels in relation to SETAP 2

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The following are examples of questions that may be posed by the Board's Committees, Officers or Panel members in relation to SETAP 2:

- What information do you give to applicants about the programme, and in what formats?

- How do you make sure that students reach International English Language Testing System (IELTS 6.5) when they complete the programme?
- How do you explain your criminal records policy?
- What arrangements do you have to make initial health checks and to give information about possible immunisation?
- If you give credits to applicants with prior learning, what is the process for assessing an applicant's RPL? When can applicants access this process in relation to the programme commencement?
- How do you monitor the effectiveness of your student equality and diversity policies?
- How do you tell applicants and students about your equality and diversity policies?
- How often do you review your admissions procedure and analyse application and admission patterns?
- Is there a record of the number of applicants, including students recruited and accepted?

#### Documents relating to SETAP 2

Following is a list of documents that should be made available for Full Accreditation visits or Re-Accreditation visits, either in the Panel members' base room or within the requirement documentation circulated prior to the Visit. See also [Section 4.3.5](#):

- the information that is made available to applicants;
- information handed out at open days or interviews;
- any 'welcome pack' or 'information pack' provided to successful applicants;
- a copy of the course provider's advertising material;
- records and statistics about student profiles, student enrolment, number of students withdrawn, deferred, readmitted and graduated, noting average length of time it takes for students to complete the programme;
- admissions policy;
- admissions data including number of applicants and number of acceptances;
- ages, ethnic background and educational background of the student body;
- equal opportunities policy;
- policy re criminal convictions checks for students or self-declaration;
- policy on inclusion mechanisms such as Recognition of Prior Learning.



[bit.ly/setap-2-docs](https://bit.ly/setap-2-docs)

## SETAP 3: PROGRAMME MANAGEMENT AND RESOURCES

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This SETAP is concerned with managing the programme, and the resources available to the academic staff, support staff, clinical supervisors, and students on the programme.



[bit.ly/setap-3-1](https://bit.ly/setap-3-1)

SETAP 3.1 The programme must have a secure place in the course provider's mission and overall business plan

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The Board will require a copy of the course provider's mission statement and business plan, to ensure that the programme is secure; is not under threat; and has sufficient financial, human, educational and clinical resources to support the programme's learning outcomes.

A letter setting out senior managers' ongoing commitment to the programme is also required by the Board.

Much of the evidence required for this SETAP may come from the course provider's senior managers or governors.

Evidence should also be available to show that there is a secure future for the programme and for existing students, in the event of financial emergencies or other unforeseen circumstances. The Board asks each course provider to demonstrate that if it were to cease functioning as an educational establishment, or if the programme were to be discontinued, the course provider has arrangements to complete existing students' programme in a manner acceptable to the Board and without any extra financial burden to the students.

As part of its documents, the course provider may wish to include funding or planning information as returned to the Charities Commission, the Office for Students, Scottish Funding Council, Higher Education Funding Council for Wales, Department for Employment and Learning (Northern Ireland) or other bodies as appropriate.

The course provider should also, for example:

- explain the context of its programme in terms of how it fits with the overall policy or mission statement, scholarly intentions, educational values and medium and long-term strategy;
- show how teaching and learning, including planning and developing of appropriate clinical resources and any online learning system, is managed and developed;
- explain its processes for reviewing the way its programme is delivered; and the related processes for development.



[bit.ly/setap-3-2](https://bit.ly/setap-3-2)

SETAP 3.2 The programme must be effectively managed

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The Board will want to see documentary evidence of the management structure that includes lines of responsibility for all staff, and links to clinical supervisors both within the teaching clinic and for any alternative learning experiences. Documents



should explain roles and responsibilities of all parties, as well as an outline of the course provider's committee structure, and the terms of reference for each committee. The organisational, financial and academic frameworks should be supported by an administrative staff appropriate to the purposes and size of the course provider.

The following management procedures should be in place to ensure:

- confidentiality and responsibility for patients' and students' records compliant with the [Data Protection Act](#) and the [General Data Protection Regulations \(GDPR\)](#);
- insurance for medical malpractice and public/products liability, as well as buildings, contents on a new-for-old basis and loss of business income;
- compliance of the property and the curriculum with the [Disability Discrimination Act](#);
- [Disclosure and Barring Service \(DBS\)](#) checks for staff;
- grievance procedures for members of the public, staff and students;
- criteria for the quality of staff employed and for their ongoing development;
- enough persons of a calibre on all committees to allow issues to be fully debated and challenged before a decision is reached;
- terms of reference and agreed duration of membership for all committees;
- criteria for closed decisions in meetings;
- criteria for the availability of full minutes of meetings (excepting those relating to finance/resource management and examination/assessment/student progress) on notice-boards or through staff/students representation and availability of all minutes and other internal documents to external scrutiny
- the involvement of subject teachers, module leaders and students (and whenever possible patients) in curriculum development, management and review at least annually and more frequently if possible;
- appropriate health and safety procedures, including First Aid provision;
- responsiveness to internal and external review of all staff (this review should include the director, principal or dean);
- responsiveness to student feedback;
- responsiveness to external examiner feedback, to feedback from a validating University, the Board, [QAA](#) or other external body.

The Board will require evidence that effective systems are in place to manage the programme, and that those individuals involved in management have the skills and expertise required to work with these systems. See also [SETAP 3.5](#), [SETAP 3.6](#), [SETAP 3.7](#), and [SETAP 3.8](#) in this Handbook.

### Clinic provision

Course providers must provide a designated teaching clinic or clinics, where the majority of teaching and supervision of students' clinical practice can take place. Normally this designated clinic is within the course provider itself, but may also be

a private or other practice of sufficient size to offer the range of experience and supervision students need.

A named member of staff should bear overall responsibility for all aspects of the clinic. It is particularly important that the course provider has the means to ensure and monitor the capability of its clinical supervisors, wherever they are teaching students.

Policies should be in place relating to:

- clinical practice including regular audit of safe clinical practice;
- the treatments offered to patients (and students);
- qualifications of those providing treatments;
- the fact that students are present to observe treatment by supervisors;
- treatments carried out by students themselves.

See **SETAP 5.3** for details of Clinic Policy.

Clear information must be in place, including contracts and service level agreements, if the course provider is in any partnerships with other education or healthcare providers. Such agreements must ensure that the course provider's institutional objectives, programme requirements and standards of practice are maintained. The Board will require assurance that there are clear procedures to deal with any issues arising as a result of partnerships, and that these are clearly written into any partnership agreement (**SETAP 5.5**).

#### Financial planning and resources

Adequate financial planning must be demonstrated through realistic business planning. Annual accounts will be submitted for appraisal by the Board's financial advisor each year, as part of the **Annual Monitoring Audit Form (AMAF)**. Resource Reports or budgets are no longer required annually, but the allocation of resources will be considered at **Re-Accreditation** events.

The BAAB wishes to assist independent course providers, their directors, staff, students and the public in its appraisal of finances. Financial stability and policies are ultimately for these ends.

If a course provider has been fully audited under Company/Charity law, they should submit their final accounts and the Audit Certificate. If not subject to full audit, submission of the final accounts appropriately certificated by an authorised accountant is sufficient.

The course provider's income must be able to provide for the following:

- teaching;
- administration;
- learning resources, including libraries and any online learning system;
- student services and activities;
- staff development;
- programme promotion and advertisement;

- programme development;
- maintenance;
- equipment;
- supplies;
- health and safety, including First Aid; and
- all other special functions consistent with the goals of the programme and of the clinic.

### Student fees

The course provider must state clearly in any publicity, including the Student Handbook, the options available to students for the payment of fees, and this statement must be tied to a fair, consistent and transparent fees policy.

No fee payment may be accepted for more than one year of the programme in advance. A refund policy must be uniformly followed in respect of tuition fees paid by students in respect of a place or any teaching that is not taken up.

### SETAP 3.3 The programme must be effectively governed

Good governance is at the heart of the higher education sector, and ensures that course providers operate responsibly, legally and ethically on behalf of students, staff, stakeholders, and on behalf of the provider's own reputation and the public interest.

A governing body protects the course provider's reputation by being assured that clear regulations, policies and procedures that meet legislative and regulatory requirements are in place, and followed. It provides oversight that the course provider's mission and strategy is being delivered effectively for students, and with due respect for the public interest. To achieve these aims, a governing body needs to function with independence. This enables members to question any information and explanations provided to them, and offer an objective view, especially from external and user perspectives.

Governing bodies receive assurance that academic governance is effective through a relationship with the Academic Board or equivalent, and through being assured that external and internal reviews, reports and feedback, are considered and acted upon.

BAAB accredited course providers must have a formal governance body in place which meets a minimum of two times a year.

The governing body's members, including the Chair, must be independent of the owners and/or managers of the course provider and of each other. Once established, the governing body will be responsible for the appointment of its new members.

This body may be positioned at an institutional or a discipline/subject level, depending on the size and legal standing of the teaching course provider. The relationship between the course provider, the senior management, and the governing body must be clearly stated in the terms of reference.



[bit.ly/setap-3-3](https://bit.ly/setap-3-3)

The skills range of the governing body must include expertise in governance, higher education, the health professions and finance. Individual members may encompass one or more of these areas of expertise. It must also include a lay member to represent the public interest. Other roles which might be considered are representatives of the local interest, of patients, experts in human resources or public relations or any other experts considered helpful to the management, governance and development of the course provider.

It is an important principle that student and teachers voices are clearly heard by the governing body. This may be through membership, or by reporting systems that encourage honest and representative communications to the meetings.

Where the governing body offers advice, there must be evidence that the advice has been considered and feedback given on what, if any, actions have been taken. If advice is not taken, an explanation must be provided.

The governing body will be expected to:

- have independent members
- have a publicly available constitution, terms of reference and regulations
- keep a register of relevant conflicts of interest
- reflect the purpose of the course provider
- protect the reputation of the course provider by being assured that effective policies are in place, and followed
- act as a critical friend, including advising on strategy and its effectiveness
- monitor the quality of educational provision, and the course provider's standing with the BAAB, and other external bodies
- ensure the student voice is heard
- ensure the staff voice is heard
- hear the patient voice, where possible, through a patient representative
- receive regular reports on the course provider's finances, and ensure financial records are either externally audited or certified by an accountant
- maintain oversight of the course provider's compliance with relevant legislation and regulations, e.g. **Health & Safety, Equality, diversity and inclusion**
- have dedicated administrative support relating to the Chair, and responsible for producing agendas and taking minutes

Further guidance on good governance

The **Higher Education Code of Governance** - Committee of University Chairs (CUC)

**Conditions for Registration** - Office for Students

**The Nolan Principles of Public Life**

SETAP 3.4 The programme must have regular monitoring and evaluation systems in place that relate to the course provider's mission and philosophy

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[bit.ly/setap-3-4](https://bit.ly/setap-3-4)

The Board will require a course provider to explain how it carries out a reflective and self-critical evaluation of the programme's effectiveness, and will use documents from the course provider's monitoring and evaluation system (including internal and external evaluations) both during an **Accreditation Visit** and in routine monitoring.

The Board requires evidence that monitoring and evaluation systems (for example, internal quality audits, external examiner reports, and student feedback) are appropriate to, and effective for, the programme.

Evidence for this standard may include:

- internal annual programme reports;
- analysis or review of the programme content;
- external examiners' reports with the course provider's responses to them;
- a critical review of current arrangements for all teaching and learning including opportunities for reflective learning, and encompassing any online learning system;
- analysis of student feedback through module evaluations, clinical supervision, programme committees and staff-student liaison committees;
- analysis of feedback through clinical placement audits and evaluations;
- records of partnership meetings with those providing clinical practice experience in external clinics;
- analysis of tutor feedback through module evaluations and experience in clinics, including any teaching/learning material disseminated via any online learning system;
- analysis of programme committee work and annual reports from such committees;
- audits of clinical supervision and safe practice;
- action plans and evidence of any action already taken.

SETAP 3.5. There must be an adequate number of appropriately qualified and experienced staff to deliver an effective programme

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[bit.ly/setap-3-5](https://bit.ly/setap-3-5)

There must be an adequate number of appropriately qualified and experienced staff to deliver an effective programme, including teaching, administrative, pastoral, management and technical staff who support the programme and the clinic. The Board will evaluate appropriate staffing levels in the context of the course provider's education philosophy, provision and resources; the number of students on the programme and the frequency with which the programme runs.

Staff contracts should specify responsibilities clearly, and staff appraisal should be carried out regularly. Information will also be required about the course provider's

contingency staffing policy and provision, to demonstrate how situations such as staff absence are handled.



[bit.ly/setap-3-6](https://bit.ly/setap-3-6)

SETAP 3.6 There must be a named person with overall responsibility for the programme who must be an appropriately qualified and experienced member of the BAAC, unless other arrangements have been agreed with the Board

The Board will require evidence that programme leaders have:

- previous experience of effective programme leadership;
- proven ability to organise and deliver a programme;
- professional qualifications and appropriate professional membership;
- an educational qualification or written reflections on previous educational experience.



[bit.ly/setap-3-7](https://bit.ly/setap-3-7)

SETAP 3.7 Subject areas must be taught by staff with relevant specialist expertise and knowledge

Course providers must have a recruitment policy which aims to employ teachers with at least a first degree or its equivalent, a significant proportion of whom should also be qualified as teachers and /or have considerable recent and relevant teaching experience. The Board requires evidence that a majority of teaching staff are appropriately qualified.

Teachers who are less experienced or do not have a qualification should be fully supported through a process of peer review, mentoring, appraisal and staff development. Course providers should provide support and encouragement for them to gain a relevant teaching qualification, or be committed to undertake research of a publishable standard.

All core staff teaching the theory and practice of acupuncture should have substantial clinical experience and be BAAC members or members of a professional body with equivalent standards. Standards must include having full medical malpractice and public/products liability insurance, and subject to active codes of conduct, ethics and safe practice (SETAP 5.6).

Theory and practice should inform each other. The Board will require assurance that all teachers understand the inter-relationship between theory and practice of acupuncture: teaching of theory should be illustrated by examples from clinical practice. Likewise, clinical supervisors must be able to draw on relevant theory and research to support their clinical teaching.

Acupuncturists who are clinical supervisors must see themselves as both professional acupuncturists and as professional teachers in higher education. **Accreditation Visiting Panel** members will seek direct evidence from clinical supervisors about how they are supported in their practical, theoretical and educational development.

The Board will also seek evidence of staff involvement in curriculum development, assessment and evaluation. Involving as many teachers as possible in the development of the curriculum and the evaluative reporting required by the Board will help teachers to understand the nature of a rigorous, self-critical review process (see SETAP 3.8).

The Board will require an indication of how the various contributions of staff to the programme are evaluated. The level of involvement of the course provider's staff in teaching other acupuncture or inter-professional programmes must be clearly stated, as will the expectation the course provider has of its teachers' involvement in practice, in research or in other scholarly work.

Current CVs of teaching staff must be available routinely as required by the Board.

SETAP 3.8 A staffing strategy must be in place outlining the recruitment, appointment, induction, promotion, retention and development of appropriately qualified staff



[bit.ly/setap-3-8](https://bit.ly/setap-3-8)

The course provider's staffing strategy should outline the recruitment, appointment, induction, promotion, retention and development of appropriately qualified staff. This should include the monitoring of criminal record or health self-declarations.

The Board will require assurance that the course provider has appropriate equality and diversity policies as well as policies regarding harassment or bullying. These policies should be made explicit to all staff, usually in a Handbook, together with information about what staff should do if they feel that they have been discriminated against, harassed or bullied, or have any other complaint or grievance. Wherever possible, procedures governing discrimination, harassment, bullying, complaints and grievances should conform to the [Codes of Practice](#) published by ACAS.

The Board will require assurance that all staff have the time and opportunity to develop and maintain their subject-specific knowledge and skills as well as their educational expertise. It is particularly important that knowledge and skills relevant to the acupuncture profession are kept current, to allow teaching staff to continue to deliver the programme effectively (see the BAcC's [Standards of Practice for Acupuncture](#) (SPA).

The staffing strategy should be the responsibility of a named senior member of staff who has the authority and the budget to ensure that teachers' developmental needs are met, and that the developmental policy is itself annually reviewed. The strategy should demonstrate how teachers and clinical supervisors new to the programme are supported or mentored, and identify who is responsible for all aspects of the induction of new staff,

Course providers who provide any part of their teaching using an online learning system (OLS) are particularly advised to use the guidance provided in the Board's [Online Learning Matrix](#) (OLM) for support for teachers to create and deliver high quality online learning and staff with responsibility for maintenance of the VLE or OLS.

The Board will also require assurance that there is an equitable staff development policy that includes annual review of the individual developmental needs of all

teachers and clinical supervisors. If peer observation is part of a staff development scheme then this should be detailed within the overall policy for development of staff.

The staff development policy should encourage teaching staff and clinical supervisors' commitment to self-critical review of their own educational and clinical practice and the systematic recording of their reflections. One important aspect of such self-critical review is a recognition and understanding of the diverse approaches to acupuncture theory and practice. For example, if teachers choose to write for publication as part of their personal and professional development, then all members of the course provider and its management must recognise teachers' individual rights to academic freedom.

Any programme of staff development should ensure opportunities not only for the development of continuing professional and educational expertise, but also the development of research awareness and the development of research expertise.



[bit.ly/setap-3-9](https://bit.ly/setap-3-9)

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SETAP 3.9 The resources and facilities in all settings must be effective, and support the learning and teaching activities of the programme

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Learning resources and facilities (including stocks of periodicals and subject books) and electronic resources (including internet access) must be appropriate to the curriculum and readily available to students and staff.

This SETAP requires that sufficient staff and learning resources must not only be available and appropriate for delivery of the programme, but should also be used effectively and should comply with relevant health and safety legislation as well as legislation relating to disability discrimination. The course provider should provide information about the learning resources students and staff have access to, including how library booking systems are used, or how clinic or skills laboratory resources are used.

During an **Accreditation Visit**, **Accreditation Visiting Panel** members will view learning resources directly during a tour of the clinic, classrooms, library and electronic equipment and facilities. The Board will also need to ensure that the course provider's electronic equipment and facilities are appropriately used and readily available, including online learning systems.

Online learning systems must meet, to at least 'Effective' level, the issues set out in the Requirements section of the Board's **Online Learning Matrix (OLM)**. These issues are:

- Accessibility;
- Licensing;
- Copyright and intellectual property rights;
- Back-ups.

Course providers using VLEs and online learning systems are strongly recommended to use the supportive guidance set out in the Board's OLM.

The Board will want to ensure that resources are effectively used in clinical settings, and as part of the course provider's evidence to show that it meets the standard, it



must demonstrate how it supports student learning in all clinical practice settings. Where a teaching clinic external to the course provider is used, the Board must see the clinic, including the resources that are available and used by students, and the clinic will be expected to meet a comparable standard to a clinic within a course provider. Where substantial experience is gained within alternative settings, the Board will require evidence that the students' learning is contributing to the achievement of the programme outcomes, and that student learning is appropriately supported, monitored and documented (see SETAP 5.5).

SETAP 3.10 There must be adequate and accessible facilities to ensure the welfare and wellbeing of students in all settings

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The Board will require evidence of how a course provider's systems support all students, including mature students, students with disabilities, and those with caring responsibilities. Parity of support should be extended to all students in all settings where learning occurs, and whatever mode of the programme students are undertaking (full-time, part-time, weekend or other mode). Evidence will also be required of the support for students during periods of sick leave, carers' leave, or any other planned or unplanned leave, as well as any financial help available. The Board will also require details of any educational and counselling services and specialist teaching facilities in place to support students with learning difficulties.



[bit.ly/setap-3-10](https://bit.ly/setap-3-10)

SETAP 3.11 A system of academic and pastoral student support must be in place

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Students are entitled to expect regular academic tutorial support to further their learning of both theory and practice. The Board will require evidence of appropriate student pastoral support such as a personal tutoring policy and structure, a counselling service and learning disability support.



[bit.ly/setap-3-11](https://bit.ly/setap-3-11)

SETAP 3.12 A student complaints process must be in place

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A formal complaints policy and procedure must be in place for students, across all areas and contexts where students are taught and engage in learning. The Board will expect to see the policy and will explore how students are informed about and experience the process. Wherever possible, the complaints process should conform to the **Good Practice Framework** published by the Office of the Independent Adjudicator.



[bit.ly/setap-3-12](https://bit.ly/setap-3-12)

Appeals about academic matters can only be made against procedure, not academic judgement. See SETAP 6.7.4.



[bit.ly/setap-3-13](https://bit.ly/setap-3-13)

SETAP 3.13 A policy must be in place that sets out the relationship and the boundaries between students and their teachers and clinical supervisors

The Board will expect to see a policy that sets out the relationship and boundaries between students and their teachers/clinical supervisors. Policies should cover issues such as:

- Whether it is permissible for teachers or supervisors to offer treatments to students outside the classroom;
- How allegations of abuse of power relationship (e.g., harassment or discrimination) between teachers and students are handled.

See SETAP 5.3.



[bit.ly/setap-3-14](https://bit.ly/setap-3-14)

SETAP 3.14 Protocols for obtaining consent must be in place where students participate as patients or as 'models' for clinical or skills teaching

Students are often expected to act as models or patients for activities in clinical skills teaching (e.g., point location, needling and practitioner development), both in the classroom and the clinic.

Course providers must tell students the level to which they are expected to participate in this (see SETAP 2.1), and take account of cultural differences. The Board will require evidence of how and where this is made clear to students and applicants, and that systems are in place for obtaining their informed consent. Documentary evidence such as a copy of a consent form or the relevant guidelines will normally be required by the Board's Panel members.

Examples of activities where guidelines are required for gaining and recording students' consent include:

- disclosure of personal information;
- consent to treatment from an acupuncturist or another student;
- role play and experiential groups;
- practice of clinical teaching and practising point location (which may include undressing and touch).

To maintain safe practice, and to meet legal and insurance requirements, course providers must ensure that all students give consent prior to participation in any activities that may impact on their own health or safety, or the health or safety of others. A risk assessment is advised in the case of disabled or otherwise vulnerable students, and the students should be given an opportunity to disclose such information in a safe and supportive environment.

If a student is unable to take part in any aspect of professional skills development, or unable to model for specific techniques, this information should be recorded on a consent form designed for the purpose. This record should also state what arrangements have been put in place to support alternative ways of developing professional skills in the clinic and classroom.

SETAP 3.15 Throughout the programme, the course provider must identify where attendance is mandatory, and have associated monitoring mechanisms in place

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[bit.ly/setap-3-15](https://bit.ly/setap-3-15)

The programme literature, such as students' and teachers' Handbooks, should make clear when attendance is compulsory. Attendance for mandatory elements must be recorded in a register and monitored. Absences must be followed up with systems in place to make sure that students receive all the necessary knowledge and practical experience before they complete the professional programme.

The repercussions of missing compulsory teaching must be set out clearly. Where attendance is linked to assessments, the systems in place for monitoring assessments must be clearly explained to students.

Recording of hours and attendance is particularly relevant for clinical observation and practice, where an absolute minimum of 400 hours must be spent in a clinical setting. The Board will need to see clear evidence that students have met the minimum clinical hours.

SETAP 3.16 There must be a process in place throughout the programme for dealing with concerns about students' profession-related conduct

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[bit.ly/setap-3-16](https://bit.ly/setap-3-16)

Students may have issues related to professional conduct that do not relate to their academic ability. Course providers should play a role in identifying students who may not meet 'fitness to practise' standards, and assist them to address concerns relating to professional conduct.

The process should focus on identifying and helping to address concerns, but should also afford an appropriate range of outcomes, including providing an interim award that does not grant eligibility for membership of the BAAC (see SETAP 1.1).

The Board will want to see evidence to support the course provider's choice of process, which must be appropriate to the programme and its delivery. It is important that there is clear written accountability for any decision made, and that the process is robust, fair, and transparent. The Board will seek evidence that a clear process of communication between the course provider and the teaching staff is in place and in use. This process must record the occasions on which the student was given the opportunity to address issues of profession-related conduct, and demonstrate a clear rationale for all subsequent decisions. The BAAC [Code of Professional Conduct](#) and the [Standards of Practice for Acupuncture \(SPA\)](#) should be used to inform the course provider's policy and process.

SETAP 3.17 Adequate health and safety provision, including sufficient First Aid provision, must be in place

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[bit.ly/setap-3-17](https://bit.ly/setap-3-17)

All course providers must meet the legal requirements for health and safety on their premises, such as building control, and fire, electrical and gas safety. The Board will wish to see certificates demonstrating legal requirements have been met, unless the programme is delivered on university or equivalent campuses.

The need for trained first aiders in acupuncture course providers varies from course provider to course provider and from time to time. There may be several members of staff with first aid skills on site, on a clinical day during the week; or only one member of staff with no first aid training teaching a group of students, during the weekend.

The aim of first aid is to reduce the effects of injury or illness suffered at work, whether caused by the work itself or not. First aid provision must be 'adequate and appropriate in the circumstances'. This means that sufficient first aid equipment, facilities and personnel should be available

- to give immediate assistance to casualties with both common injuries or illness and those likely to arise from specific hazards at work;
- to summon an ambulance or other professional help.

The [Health and Safety \(First Aid\) Regulations 1981](#) requires employers to provide suitable first aid equipment, facilities and personnel so that immediate assistance can be given to employees and students if they are injured or become ill on the premises.

#### First Aid personnel

Suitable personnel may be:

- First aiders with 6 hours training, Emergency First Aid in the Workplace (EFAW);
- First aiders with 18 hours' training in First Aid in the Workplace (FAW). FAW training includes EFAW and also equips the first-aider to apply first aid to a range of specific injuries and illness;
- An appointed person whose role includes looking after the first-aid equipment and facilities and calling the emergency services when required.

Course providers are required to produce an assessment of need document covering the range of possible scenarios in their premises. Based on their own particular circumstances, they can then decide on the appropriate level of first aid training and the number of staff needed to cover the level of risk in a range of scenarios.

The Health and Safety Executive has a [simple process for assessing risk and fulfilling the legal requirements](#) of the Health and Safety (First Aid) Regulations 1981.



[bit.ly/setap-3-questions](https://bit.ly/setap-3-questions)

Question examples posed by Accreditation Visiting Panel members in relation to SETAP 3

The following are examples of questions that may be posed by the Board's Committees, Officers or Panel members in relation to SETAP 3:

- How do you ensure that teaching staff keep up to date with BAcC guidance and educational debate within higher education?

- How does your staff recruitment policy reflect your policies, including your education policy and your equal opportunities policy?
- How do teachers learn about your staff grievance policy?
- Are teachers mentored and by whom?
- What is your staff appraisal policy?
- Do you use peer observation as part of staff development? If so, do you use these observations in staff appraisals?
- How is staff appraisal monitored for its effectiveness?
- How is your staff development policy linked to mentoring and appraisal?
- Do you encourage teachers to maintain their own reflective professional portfolios in relation to both their clinical practice and their educational practice?
- What facilities and personnel are available for student support?
- How are students informed about these facilities?
- How accessible are these facilities and personnel?
- Is there analysis of student support systems in classrooms and clinics?
- Have teaching and learning resources (including staff numbers and expertise) been considered and analysed in respect of their adequacy to meet students' needs?
- Do students participate, as patients or 'models' for point location in teaching? If so, how do you obtain their consent?
- How do you monitor student attendance?
- If students do not attend, how will you deal with this?
- Can students access information technology and library resources when off site or at weekends?
- Do you use visiting lecturers? If so, how do you include them in your quality assurance systems?
- Is there a record of student progression year on year and analysis of attrition rates to determine factors contributing to it?
- Is there analysis of student graduation numbers and are figures available of their employment after graduation?
- If major changes have been made to the programme, is detailed evaluative information that informed the change available?
- Are library texts and web listings kept up to date?
- Is there enough money to replace stocks and maintain periodicals in paper or electronic form?
- Do you encourage students to access the ARRC (Acupuncture Research Resource Centre) database?
- Are there enough core texts available or arrangements made such as reserving certain titles for reference or short-term loan only?
- Are buildings including classrooms, clinics, student and staff facilities, and toilets accessible to disabled patients, students and staff?



[bit.ly/setap-3-docs](https://bit.ly/setap-3-docs)

#### Documents relating to SETAP 3

Following is a list of documents that should be made available for **Full Accreditation Visits** or **Re-Accreditation Visits**, either in the Panel members' base room or within the requirement documentation circulated prior to the Visit, for both University-based courses and independent course providers. See also **Section 4.3.5**:

- documents relating to institutional and administrative management;
- mission statement;
- strategic plan for institutional/departmental development;
- marketing and advertising strategy;
- in a University, a statement from Provost or Vice-Chancellor of University ensuring financial provision for the programme;
- statement from the course provider regarding provision that would be made in the event of the programme being discontinued for whatever reason;
- insurance policies covering employer's liability, building and contents, loss of business income, and professional indemnity including cover for treatment by students;
- quality assurance policy including the means by which institutional and educational policies are themselves periodically reviewed;
- educational philosophy and the relationship of this to healthcare in the country and the local community;
- recruitment and selection policy for students, including its relationship to the **Disability Discrimination Act**;
- policy in respect of the Disability Discrimination Act;
- statement of legal constitution of course provider, denoting structure, function and responsibilities;
- diagram showing relationship between owners/governors/advisory board/validating course provider and institutional management;
- list of governors/trustees/advisors with short CVs of each, indicating which governor takes particular responsibility for representing the public interest;
- diagram showing the relationship between management of the course provider and educational management of the acupuncture programme, eg 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;
- institutional first aid policy;
- institutional fire policy;
- diagram of institutional administration showing who is responsible for administration of the policies and procedures set out and approved by the governing body of the course provider;
- certificate of compliance with the **Data Protection Act**;

- evidence of compliance with [General Data Protection Regulations \(GDPR\)](#).

#### Documents relating to staff management

- complaints/grievance policy and procedures for patients, employees and students;
- CVs of all staff;
- policy and procedures regarding self-declaration of convictions and [Disclosure and Barring Service](#) checks (staff and students respectively);
- strategy, policy and procedures regarding staff recruitment, reappointment, 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;
- staff contracts;
- role and job descriptions mutually agreed between staff and management;
- staff CPD policy;
- policy on frequency of staff meetings.



[bit.ly/setap-3-docs-staff](http://bit.ly/setap-3-docs-staff)

#### Documents relating to students' welfare

- 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;
- library catalogue;
- journal subscriptions;
- IT provision;
- buildings description/plan identifying space for teaching, meeting, administration student association, staff association;
- health and safety documentation, e.g. fire certification, gas appliance checks;
- payment and refund policy for student fees to take effect when tuition paid for by students is not taken up;
- policies and procedures for annual evaluation of teaching learning assessment and educational resource provision;



<http://bit.ly/setap-3-docs-welfare>

- evidence that all legitimate stakeholders are contributing to programme evaluation;
- analysis of evaluation indicating trends in success, failure and difficulties experienced by students;
- action plan resulting from last annual evaluation including time scales and named persons for implementation;
- policies and procedures for student consent to act as ‘models’ for point location, needling, clinical consultations and practitioner development.



[bit.ly/setap-3-docs-additional](https://bit.ly/setap-3-docs-additional)

Additional documents to be provided by independent course providers for Accreditation Visits

Following is a list of documents that should be made available for Full Accreditation Visits or Re-Accreditation Visits, either in the Panel members’ base room or within the requirement documentation circulated prior to the Visit, for independent course providers only:

- statement of financial management that allows for independence from external funding and for annual external auditing;
- 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 programme;
- document from the Board’s financial advisor with scrutiny of latest accounts and judgement on the course provider’s financial position;
- financial management policy. In the case of a course provider in sole proprietorship, separate books and accounts are required for the programme. If more than one programme is running, separate accounts must be available for the acupuncture programme;
- a detailed statement from the course provider regarding the provision that would be made for all existing students to complete their acupuncture programme in the event of the programme being discontinued for whatever reason;
- insurance policies covering employer’s liability, building and contents, loss of business income, and professional indemnity insurance 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.



## SETAP 4: CURRICULUM STANDARDS



[bit.ly/setap-4](https://bit.ly/setap-4)

This SETAP details the principles that are essential to the design and delivery of the curriculum.

An acupuncture programme must reflect the philosophy, core values, skills and knowledge base as articulated in curriculum guidance from the profession.

The Board's approach enables course providers to design their own curriculum, but central to that curriculum must be the learning outcomes set out in the BAcC's [Educational Standards](#). This ensures that students who successfully complete the programme meet the required professional outcomes and are thereby deemed fit to practise as independent and accountable healthcare practitioners.

The academic level of the curriculum must meet the requirements of the [UK Quality Code for Higher Education](#) (2014) higher education qualification at either:

- Level 6: Bachelor's degree with Honours. Normally, this will be delivered through 120 credits at each of Levels 4, 5 and 6; or
- Level 7: Master's degree.

See [SETAP 1](#) for more information.

The Board encourages the development of flexible approaches to teaching and learning and will look sympathetically at innovative curricula. Courses may be full- or part-time and may involve elements of online, blended and distance learning. See [SETAP 4.9](#).

### Undergraduate programmes

The expectation is that undergraduate programmes will be no less than three years of full-time study or part-time equivalent, with a notional total of 3,600 study hours.

Two-thirds of this total is likely to be independent study, but a minimum of 1,200 hours should be structured time when students will be either

- in direct contact with a member of staff of the course provider; or
- working on aspects of the curriculum in a structured and interactive way.

Most importantly, no fewer than 400 of the 1,200 hours should be related to clinical practice in the direct care of patients (see [SETAP 5](#)).

### Post-graduate programmes

Post-graduate professional entry level programmes in acupuncture offer opportunities for appropriately qualified candidates to achieve faster access to the profession, at a level appropriate to their experience. Post-graduate programmes are usually expected to be delivered over a minimum of 2 years, and specific standards for the design of post graduate courses are set out in [SETAP 4.10](#).



[bit.ly/setap-4-1](https://bit.ly/setap-4-1)

SETAP 4.1 The learning outcomes must ensure that those who successfully complete the programme meet the expectations of the BAcC

It is crucial to demonstrate that an acupuncture programme meets the required professional standard.

In the documents submitted for an **Accreditation Visit**, the course provider will demonstrate how its learning outcomes meet the BAcC's **Educational Standards** by cross-referencing its learning outcomes to that document. The course provider should refer readers to the module descriptors, learning outcomes and module assessments that show how all of the profession's outcome statements are covered by successfully completing the programme.

Such cross-referencing should include the BAcC's generic statements, including those referring to the required overall level and length of the programme, and the way in which hours are allocated within it, as well as the learning, teaching and assessment processes.

In the event of a major change to an acupuncture programme, the course provider may be asked to complete an updated version of this cross-referencing document.

The Board will want to ensure that every student completing the programme has met the core BAcC expectations, no matter what optional modules they choose. Likewise any student who has a break in study, or whose programme has been adjusted due to disability, must be equally able to meet the BAcC's requirements for study hours and curriculum content.



[bit.ly/setap-4-2](https://bit.ly/setap-4-2)

SETAP 4.2 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any curriculum guidance from the profession

The BAcC's **Standards of Practice for Acupuncture (SPA)** reflect the artistry of professional practice expected of an experienced practitioner and to which a graduate might aspire. These standards guide the direction of life-long learning for acupuncturists and provide a focus for analysis and reflection.

As the skills for life-long learning are introduced through the curriculum (**SETAP 4.6**), the SPA is an invaluable resource for students to become familiar with the BAcC's guidance for reflecting on the complexity and subtle skills of professional acupuncture practice.



[bit.ly/setap-4-3](https://bit.ly/setap-4-3)

SETAP 4.3 Integration of theory and practice must be central to the curriculum

Within a course provider's curriculum, the Board will seek evidence of how theory and practice are inter-related in both the theoretical and practical elements of the programme.

One of the best ways of demonstrating this standard is to show how the curriculum puts practice at its centre. The curriculum can be seen as a framework within which all approaches to teaching, learning and assessment have practice at their centre. The curriculum should in turn be informed by evaluation of these activities (see also SETAP 5.1 and SETAP 5.8).

#### SETAP 4.4 The curriculum must remain relevant to current practice

The Board will require evidence that the programme is informed by, and critically reflective upon, current acupuncture practice. This may include an exploration of:

- how staff enhance their own practice-related expertise through ongoing clinical and/or research experience, or through relevant professional engagement;
- how scholarly activity and research affects the delivery and development of the programme;
- the contribution that clinical supervisors, practitioners, patients, and past and present students make to the programme planning, and
- how changes in policy, health and social care developments affect programme planning.

The Board will also require evidence of how students are equipped to understand the political, social and economic aspects of the provision of acupuncture within the wider framework of healthcare in the UK, and how the currency of theory and practice are maintained by:

- predicting or reflecting change in health and social care and its organisation, changes in the law and in the by-laws affecting some clinics;
- predicting patients' changing needs;
- reflecting developments in the profession's research base and technological advances;
- developing students' ability to respond to changes in practice;
- enabling students to initiate change in their own practice to ensure continuing safe and effective practice.

Students should also gain a practical understanding of the professional and business management necessary to the successful running of an acupuncture practice. Preferably this will be explored at the same time as related issues are taught in the classroom about setting up in practice and the principles of business planning and business ethics.



[bit.ly/setap-4-4](https://bit.ly/setap-4-4)



[bit.ly/setap-4-5](https://bit.ly/setap-4-5)

SETAP 4.5 The curriculum must ensure that students understand the BAcC's standards of conduct, performance, ethics and safety, and their impact on practice

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The BAcC [Code of Professional Conduct](#) and [Code of Safe Practice](#) are broad, generic standards to which all members of the BAcC must adhere. Detailed Guides are available to accompany the Codes. These standards should be integrated into the curriculum as a whole, and must be taught and demonstrated in clinical practice throughout the programme. Before completing their programme, students should have undertaken their own safe practice self-audit.

The Board will expect to see specific reference to the [Educational Standards](#), the [Standards of Practice for Acupuncture](#) (SPA), and the BAcC Code of Safe Practice and Code of Professional Conduct and their accompanying Guides in reading lists for students, as well as some evidence in course providers' documentation about how these key professional documents inform curriculum design and content.



[bit.ly/setap-4-6](https://bit.ly/setap-4-6)

SETAP 4.6 The programme provision must support and develop autonomous, reflective practitioners

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The Board will look for evidence of autonomous and reflective thinking both in teachers and students. The curriculum should contribute to the personal as well as the professional growth of students.

The programme should also establish in students the habit of lifelong learning (see [SETAP 4.2](#) and the [Standards of Practice for Acupuncture](#) (SPA)).

Students should be encouraged to consider:

- the personal values and attitudes they bring to their practice;
- the effect of these values on their own practice and the judgements they make;
- the limits of their safe and effective practice;
- their personal responsibility to make sure they are safe practitioners when they complete the programme and to maintain the safety of the public as a priority throughout their careers;
- their commitment to lifelong learning.



[bit.ly/setap-4-7](https://bit.ly/setap-4-7)

SETAP 4.7 The range of learning and teaching approaches used must encourage scholarly approaches to practice and encourage evidence-based practice

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This SETAP refers to both classroom and clinic environments, so the information that is provided here may also be used to show how the course provider meets [SETAP 5.7](#), which is concerned with clinical supervision.

Students are entitled to stimulating teaching of a high academic and educational standard. Adult learning approaches need to be designed to help students, not only

to learn knowledge – such as anatomy and point location – that is basic to practice, but also to understand fundamental theory, to develop responsible, independent judgement, to think critically and to become ‘research minded’. The programme must be rigorous enough for students to gain a critical appreciation of the diversity of acupuncture traditions and approaches to practice.

Students also need to understand that the complexity of a practice like acupuncture demands a variety of research approaches from which evidence of all kinds can be obtained, and that the concept of ‘evidence-based practice’ is itself problematic and open to critical enquiry.

The Board will expect a critical, enquiring, reflective and scholarly approach to learning to be encouraged through student-centred and independent learning, and through a variety of teaching and assessment strategies.

A range of teaching approaches could include the use of:

- discussion groups;
- workshops;
- practice simulation and debriefing;
- reflective diaries or logs;
- professional development portfolios or personal development plans;
- literature reviews and ‘journal clubs’;
- a range of texts and journals available in the clinic;
- reviews of clinical supervision;
- self-appraisal leading to the planning of future learning.

SETAP 4.8 When inter-professional learning is part of an acupuncture course, the profession-specific values, skills, and knowledge of each professional group must be adequately addressed



[bit.ly/setap-4-8](https://bit.ly/setap-4-8)

Successful projects to encourage inter-professional learning can develop students’ ability to communicate and work with others. Where inter-professional learning is offered, it should not compromise the teaching and learning of profession-specific values, skills and knowledge. How a course provider envisages inter-professional education developing, and how it benefits those groups involved, might be the subject of questioning by **Accreditation Visiting Panel** members.

It is essential for students to know and to understand the importance of working with and as part of the wider health and social care community, and to be aware of others’ expertise and of the circumstances in which patients might benefit from being referred on.

Knowing how and when to refer patients is also part of students’ understanding of the limits of their own competence (see also **SETAP 5.10** and **SETAP 6.1**).



[bit.ly/setap-4-9](https://bit.ly/setap-4-9)

#### SETAP 4.9 Online, blended and distance learning

Online learning provides innovation, value and flexibility in a curriculum, and is often valued by students. Innovative programmes will offer some elements of online learning, which are appropriate to the overall curriculum, learning outcomes and the student experience.

The quantity and content of any online learning is a choice for each course provider, and is encouraged but is not a requirement.

Online learning is supportive of, but is not a substitute for, face to face teaching and learning. Regular personal contact between students and teachers is essential, particularly for the teaching of clinical skills, clinical observation and practice which must always be provided within a physical clinic environment.

The BAAB has produced an [Online Learning Matrix \(OLM\)](#) which describes a range of quality standards for online, blended and distance learning. The OLM provides a common language and a guide to the issues involved in establishing an effective system.

The OLM sets out four minimum requirements which must be met to ensure that online learning systems used for acupuncture courses are compliant with the minimum level of legislation ([SETAP 3.9](#)).



[bit.ly/setap-4-10](https://bit.ly/setap-4-10)

#### SETAP 4.10 Post-graduate Diploma/MSc in Acupuncture

The acupuncture profession seeks to maintain equivalence with comparable health professions and with developments in higher education. Post-graduate professional entry level programmes in acupuncture support this principle, and offer opportunities for appropriately qualified candidates to achieve faster access to the profession, at a level appropriate to their experience. Eligibility to join the BAcC on graduation and educational equivalence with other health professions is a valuable option for applicants with appropriate backgrounds.

The entry requirements for post-graduate professional entry level health professions programmes must ensure that applicants have transferable skills from a relevant undergraduate degree, and have an insight into, or understanding of, the acupuncture profession.

It is an important principle that all graduates from acupuncture courses have met all the learning outcomes of the BAcC [Educational Standards](#) and completed the minimum 400 clinical hours, regardless of the level of the award. Post-Graduate Diploma awards consisting of 120 credits and Master's awards consisting of 180 credits mean that the hours of study may be fewer than those of undergraduate programmes. Post-graduate programmes seeking accreditation with the BAAB must provide assurance that a combination of prior work and academic achievement, plus successful completion of the course meet all the BAcC standards, as described in the SETA.

Post-graduate programmes are usually expected to be delivered over a minimum of 2 years, typically in 2 x 45 weeks. It is possible that the clinical hours requirements mean that this will be exceeded for acupuncture programmes.

## Essential Standards for the accreditation of Post-Graduate Diploma/MSc Acupuncture Programmes

Any acupuncture course wishing to achieve accreditation with the British Acupuncture Accreditation Board (BAAB) must fulfill the requirements set out in the [Standards of Education and Training for Acupuncture Programmes](#) (SETAPs) and the learning outcomes in the Educational Standards which are set at Honours degree level (level 6).

Learning outcomes in post-graduate degrees must be at the level appropriate for the award, even though the current accreditation requirements are met at Level 6.

The course provider must have teaching staff with Master's level qualifications or above to manage and deliver the programme.

Course providers must ensure that applicants demonstrate the required skills and knowledge for entry onto a postgraduate programme. This is to ensure that each applicant meets the BAAC standards and entry requirements.

All pre-qualifying acupuncture programmes must provide students with a minimum of 400 hours spent in a clinical setting. In at least 200 of those hours, students will take increasing responsibility for the personal management of patients through all aspects of the treatment encounter.

## Standards for the design of Post-graduate Diploma/MSc Acupuncture Programmes

Post-graduate programmes vary in design and this has implications for the kind of award at which eligibility for BAAC membership is reached.

Programmes which offer a Post-Graduate Diploma as professional entry must demonstrate that all the learning outcomes in the SETA and the minimum of 400 clinical hours are met within or above 120 credits to meet BAAC requirements.

Programmes which offer a Masters as professional entry must demonstrate that all the learning outcomes in the SETA and the minimum of 400 clinical hours are met within or above 180 credits to meet BAAC requirements.

A Masters design which embeds the 60 credit research project element within the programme, such as within the clinical module(s), will need to demonstrate clearly which learning outcomes of the SETA the module meets.

Research projects which are part of the award must be focused on clinical practice.

Admission procedures for Post-Graduate Diploma/MSc programmes: see [SETAP 2.5](#).

The recognition of prior (experiential) learning requirements for Post-Graduate Diploma/MSc programmes: see [SETAP 2.6](#).



[bit.ly/setap-4-questions](https://bit.ly/setap-4-questions)

#### Question examples posed by Accreditation Visiting Panel members in relation to SETAP 4

- How is the programme informed by and critically reflective of current practice?
- How regular is the contact with the Board, and with the BAAC?
- How do members of the teaching team maintain and enhance their own practice-related expertise?
- How do scholarly activity and research affect the programme and programme development?
- What journal and electronic sources are used in the curriculum?
- What contribution do clinical supervisors, practitioners, past and present students, and patients make to the programme planning process?
- How do changes in policy and health and social care developments affect your programme's development?
- What inspires the design of your curriculum?
- How is your programme explicitly related to your education values and policy?
- How can you demonstrate that practice is central to your curriculum?
- How would you explain the overall programme and how a student progresses from day one to completion?
- Can you explain how the learning outcomes of the programme meet the education standards of the BAAC?
- Could you explain how your students will be able to use a range of approaches in their practice after they qualify?
- What teaching methods do you use, and why?
- What is the reasoning behind the programme content, its sequencing, and the balance between the number of hours for different subjects?
- How do you make sure your curriculum stays relevant to current practice?
- How do you ensure participation by all teachers in curriculum development?
- By what processes can students lodge a formal complaint?
- Has the course provider reflected on the effectiveness of its committee structures to support the curriculum?
- How effective is communication across committees?
- Have staff and student participation in programme development been evaluated?



## Documents relating to SETAP 4



[bit.ly/setap-4-docs](https://bit.ly/setap-4-docs)

Following is a list of documents that should be made available for Full Accreditation Visits or Re-Accreditation Visits, either in the Panel members' base room or within the requirement documentation circulated prior to the Visit. See also [Section 4.3.5](#):

- statement of programme aims and outcomes;
- Programme Handbook;
- policy for staff and student and patient participation and representation in institutional and educational committees;
- statement of educational policy reflecting preparation of acupuncture professionals as independent accountable healthcare practitioners, including:
  - o the effect that the programme is designed to have on students;
  - o how it fits within the course provider's overall mission;
  - o how it fits with the allocation of resources to the programme.
- evidence (from minutes) of staff ownership of the programme and their involvement with curriculum planning, assessment, evaluation and the preparation of the [Annual Monitoring Audit Form \(AMAF\)](#);
- evidence of staff inclusion in periodic review and revision of policies, procedures and practices;
- policy regarding prescription and/or provision of access courses;
- policy regarding students for whom English is not a native language;
- education policy for curriculum development and evaluation of the programme;
- unit/strand/module boxes with module descriptors, outline of assessments/examination papers, 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 plans (if appropriate);
- policy of student support academic/personal tutoring, as well as frequency of tutorial input;
- evidence of the effectiveness of student support;
- programme length, hours and hours allocated to clinical learning and pre-registration practice (if this latter is part of the programme);
- certificate of successful programme completion.



[bit.ly/setap-5](https://bit.ly/setap-5)

## SETAP 5: CLINICAL PRACTICE STANDARDS

This SETAP details the Board's expectations of acupuncture programmes in terms of the nature, management, distribution and supervision for all aspects of clinical practice.

Clinical practice brings together all the knowledge, skills and understanding that students acquire through their training and education as professional acupuncturists.

Course providers must provide a designated teaching clinic or clinics, where the majority of teaching and supervision of students' clinical practice can take place. Normally this designated clinic is within the course provider itself, but may also be a private or other practice of sufficient size to offer the range of experience and supervision students need.

Clinical practice is defined as any practice related to acupuncture in which students are in direct or interactive contact with patients. It therefore includes all the time that students are observing practitioners or other students in their work with patients irrespective of whether that is in the classroom, teaching clinic or in other healthcare settings, including the patient's home.

Clinical practice does not include practice in the classroom, for example, for practical anatomy, point location, needling or massage, where this is carried out on fellow students or staff. It also does not include the viewing and analysing of pre-recorded video recordings. This practice and analysis in the classroom is fundamental to learning but cannot be counted in the required minimum 400 hours.

### Professional body requirements

The BAAC's [Educational Standards](#) specify that within a 'pre-qualifying' acupuncture programme (a programme that allows students to qualify as acupuncturists):

1. A minimum of 400 hours must be spent in a clinical setting. These hours are spent in supervised clinical practice, incorporating the diagnosis and treatment of patients and the planning of treatment strategies. Students should take increasing responsibility for patient care through these clinical experiences. Students must spend a minimum of 200 hours being responsible for the personal management of patients through all aspects of the treatment encounter;
2. For the 200 hours of personal management of patients, the ratio of students to supervisors is no greater than 4 students to 1 supervisor.

The Board will require evidence of how clinic practice provision complies with the BAAC's requirements. This includes the ways in which:

- clinical hours are recorded and signed off by supervisors;
- clinical learning is logged and reflected upon by students;
- clinical assessments are organised, recorded and moderated;
- clinical supervisors are prepared for and supported in their role;
- curriculum information and curriculum change as well as student information is communicated to clinical supervisors

Normally, students should be provided with a log in which they can record the dates and hours they have attended clinic, which will be signed by their supervisor. The log provides evidence of how many hours have been achieved at each stage of clinical learning. Logs should be included as part of the final assessment, ensuring that the minimum hours are met by each student at the end of the programme.

In the log, or in an accompanying portfolio, reflective journal or through assessments, the practice of clinical skills are recorded, and reflected on by students. Feedback mechanisms should highlight where further learning is needed and where competency in particular skills has been achieved. Towards the end of the programme, students and their supervisors must be confident that prospective graduates are ready to become members of the professional body as knowledgeable, reflective, competent and safe acupuncture practitioners.

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#### SETAP 5.1 Clinical practice must be central to and integrated with the entire programme

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[bit.ly/setap-5-1](https://bit.ly/setap-5-1)

Clinical practice is defined as any practice related to acupuncture in which students are in direct, interactive contact with patients. Students should be encouraged to reflect on and to discuss critically all aspects of observed practice, and later in the programme to reflect on and discuss the practice in which they participate. Students should have frequent opportunities to observe expert practitioners treating patients directly.

All teaching clinics should provide students with a sufficient number and range of patients to ensure that students gain experience in treating people with a broad range of presenting conditions.

The Board will want to ensure arrangements are in place to ensure that clinical supervisors are sufficiently experienced practitioners, and are appropriately prepared for their responsibilities as role models, as teachers and as assessors in clinical practice. The Board will also investigate how communication is maintained with clinical supervisors, and will seek evidence of the way that these members of staff are appointed and appraised. Clinical supervisors must be supported and encouraged to take part in developing the programme and curriculum in order to ensure that clinical learning outcomes, levels and progression are consistent with overall programme (see SETAPs 5.6, 5.7, 5.8 and 5.9).

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#### SETAP 5.2 The distribution of clinical learning hours throughout the programme must be consistent with the learning outcomes at the relevant stage of learning

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[bit.ly/setap-5-2](https://bit.ly/setap-5-2)

All theoretical aspects of the programme should have a direct link with students' concurrent experience of practice, and all their clinical work should be related by clinical supervisors to students' current level of theoretical understanding.

Students should move on a continuum from observation to gradual participation in all aspects of clinical practice until such time as they are assessed as able to undertake increasing responsibility for the management of patients.

Throughout this clinical learning, students should have experience of a “broad range of presenting conditions which reflect those commonly seen in acupuncture practice in the UK” (BAcC **Educational Standards**). They should also have the opportunity to follow individual patients through a treatment plan over a period of time. These two approaches provide breadth and depth to the clinical experience, allowing learners to develop their understanding of the clinical practice of acupuncture.

Careful records should be kept by supervisors of the hours spent by students at each stage of this learning trajectory, including the nature of their participation, the patients with whom they are interacting, and the range of conditions and diagnoses treated.

All clinical teaching should allow students the opportunity to:

- reflect on their practice;
- analyse it critically; and
- relate it to theoretical perspectives concurrently taught in classrooms.

Even if clinical practice is observed and taught in external clinics and alternative settings, the quality of the practice being observed and taught is ultimately the responsibility of the course provider (see also **SETAPs 3.1, 3.2 and 4.3** for the Board’s requirements).

Clinical learning has a focus in three different areas:

- the development of practical acupuncture skills;
- observation in a clinical setting with patients; and
- a final minimum of 200 hours of clinical practice in which students are increasingly responsible for the personal management of patients.

The following guidelines describe in more detail how this learning might be delivered and what can be included in the required minimum hours.

In previous versions of the Accreditation Handbook, this information was included in Appendix C.

#### The development of practical acupuncture skills

The initial development of acupuncture skills may sometimes take place in the classroom. As indicated in the introduction to this SETAP, such practice in a classroom may be felt to be essential but does not contribute towards the required 400 hours of clinical practice. Staff who are also going to be the students’ clinical acupuncture teachers should normally take responsibility for such classroom practice (see **SETAP 5.6**) to ensure that there is continuity in the student experience from classroom to clinic.

Skills such as point location, removal of needles, moxibustion, cupping and acupressure, once learned, may be practised in the teaching clinic, under the direct supervision of core acupuncture staff. When such practice contributes to the treatment of patients under the management of another student or of a clinical supervisor it can count towards the first 200 hours of practice. Such experience may

not be gained in clinics where acupuncture is performed by non-core acupuncturists, until the student has already been deemed competent in that skill.

Students who have been assessed as competent in these skills may then take personal responsibility for performing these skills, but the professional responsibility for the management of the patients remains with the clinical supervisor. Students who have been assessed as competent in a particular skill such as massage, and certificated as such to begin to establish a complementary therapy practice, cannot count their subsequent independent practice in this therapy as acupuncture clinical hours.

Before undertaking clinical practice, students themselves should be both conversant with, and demonstrably competent in, the standards of hygiene and clean needle technique as described in the BAcC's [Code of Safe Practice](#). Before completing the programme, students should have undertaken for themselves a self-audit of their own use of, and compliance with, the BAcC's Code of Safe Practice.

#### The observation of clinical practice

Observation of clinical practice is an important aspect of student learning and should start as early in the programme as possible. The expected learning outcomes associated with observation should be explicit, and students should be clear about their learning objectives as observers. Most observation usually takes place in a teaching clinic, where senior students are taking increasing responsibility for treating patients. Students who are observing should be involved in the case discussions and given time to ask questions whenever possible. It is important that they are also given the opportunity to see their supervisors and other expert acupuncturists treating patients directly, and not just observe other students.

Observation may include practice of acupuncture undertaken in other settings, such as drug and alcohol rehabilitation clinics, private and commercial acupuncture practices, NHS pain clinics, IVF services or physiotherapy practices. It is particularly valuable for students to learn about the diversity of traditions and specialisations within acupuncture.

Students should always be able to observe professional and expert practitioners directly. Opportunities may include observing through live video links or masterclasses where interaction with the acupuncturist can take place. Students should be encouraged to reflect on and discuss all aspects of observed practice.

There is no prescribed limit on the nature of the observation or on the hours spent in observation. However, it is important that the hours are not double counted, i.e., on dual award programmes where observation of practice could contribute to two awards, one of which is not acupuncture. Course providers are free to make their own decisions consistent with the aims of their programme and their assessment of student learning from such experience, but they will be expected to justify their decisions.

#### The personal management of patients

As indicated in the BAcC [Educational Standards](#), the personal management of patients should account for no less than 200 hours of clinical practice, with students taking increasing responsibility

for the personal management of patients through all aspects of the treatment encounter.

Within the programme, students should move on a continuum from observation to gradual participation in all aspects of clinical practice until such time as they are assessed as able to begin taking responsibility for the management of patients.

The level of supervision required by clinical practice students will relate directly to their developing competence as acupuncturists. Course providers should provide sufficient resources for supervisors so they can be flexible in responding to students differing needs at this stage. It is important to recognise that, although students may take increasing personal responsibility for the management of patients, the course provider is ultimately responsible for the quality of care given by their students.

Initially it is expected that the supervisor is in the room at key points of the patient assessment and whilst the acupuncture treatment is carried out. Increasingly, as the student gains competence and confidence, the supervisor should be available for discussion and review of the patient, and to check any aspects of diagnosis or treatment they feel is necessary.

Towards the end of the final phase of clinical practice, a summative assessment of clinical practice must be passed to provide assurance that a student is ready for independent practice. This assessment should take account of the learning outcomes in the SPA, particularly those set out in Diagnosis and Treatment, Communications and Interaction, and Safety. The final assessment will be available for external examiner scrutiny and contribute to the final award.

Some course providers offer a short final phase of 'indirect supervision', during which students may practise without a supervisor present at all, with supervision taking place through reflection and discussion with the supervisor outside the clinic. Where this takes place, the requirements stated in SETAP 5.10, must be fully met.

By the end of the course students should be able to take full professional responsibility for the safe, ethical and competent treatment of patients. The successful completion of clinical practice, including the requisite hours, is key to meeting the standards required by the BAAC for eligibility for membership. In this way, clinical supervisors, under the auspices of the course provider, uphold the professional entry requirements of the BAAC.

This responsibility should be taken seriously, and measures should be in place for imposing additional hours of supervision, if students are not ready for independent practice by the end of the programme.



[bit.ly/setap-5-3](http://bit.ly/setap-5-3)

#### SETAP 5.3 The clinical practice setting must provide a safe and supportive environment

All teaching clinics must comply with relevant environmental and health and safety legislation, including the guidance for provision of sufficient First Aid resources (see SETAP 3.17).

All teaching clinics must comply with the standards for the safe and hygienic practice of acupuncture as defined by the BAAC *Code of Safe Practice and Guide to Safe Practice*. The submission of an *Institutional Clinical Self-Audit* (ICSA) is required annually (see Section 4.2.3). These audits are externally verified periodically, normally within the *Full Accreditation and Re-Accreditation* process. See Section 5.3.5.(e).

### Clinic Policy

The Board requires each teaching clinic to have a clinic policy outlining the agreed rules and regulations that operate within the clinic to ensure consistent, safe and ethical practice, as well as risk management.

Each course provider will develop their own clinic policy which is applicable to their situation, but the topics below should be considered for inclusion.

In previous versions of the Accreditation Handbook, this information was included in Appendix C.

### Management and responsibilities

- a named person in charge of the clinic, who will be the clinic co-ordinator
- role descriptions of staff and supervisors with particular reference to their responsibility in respect of the ongoing development and monitoring of standards within the clinic for all supervisors and students.

### Guidelines of expectations for students' responsibilities at different stages (levels, years)

- indication of supervisors' authority and actions in the event of students overstepping boundaries and putting patients at risk
- communications between clinical supervisors with regard to treatment processes, patients, students, development issues, etc, for example how different styles and approaches are managed whilst achieving a consistent experience for students and patients
- policies concerning staff illness or absence, when clinic may have to close at short notice, and how patients and students are informed and consequent attendance adjusted.

### Confidentiality and patient records

- information about patient records, including where they are kept and in what format, how access is gained
- information on accessible database for 'contact tracing' in emergency situations
- implications of confidentiality in the context of students' and supervisors' roles, discussions and responsibilities.

### Codes of behaviour and professional conduct

- standards to be achieved within the clinic, including expectations of staff and students in dress and behaviour
- access to and compliance with the BACC Code of Safe Practice and Code of Professional Conduct

- an explicit statement of ‘fitness to practise’ criteria and the expectation that students will meet them.

#### Facilities

- information about the clinic facilities, compliance with current disabled access legislation, checklist of what is in each treatment room, whereabouts of first aid equipment, supplies of towels, disposables, etc.

#### Accidents, clinical incidents and safety

- Clinical incident policy, including the following:
  - definition of a clinical incident, differentiating between minor clinical incidents recorded in the patient’s records, and significant clinical incidents
  - process for recording a significant clinical incident in the clinic’s accident file
  - process for reporting a significant clinical incident to the person responsible for including this in the **Annual Monitoring Audit Form (AMAF)**;
  - information on managing and reporting of accidents or clinical incidents such as the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)** requiring employers, or in certain circumstances others who control or manage the premises, to report to the relevant enforcing authority and keep records.
  - review and development process with regard to changes or improvements in response to any accidents or clinical incidents
  - information on hepatitis B vaccinations and the making of informed choice for persons at risk
  - information on evacuation in the event of fire, location of extinguishers and management of moxibustion in this context
  - guidelines for cleaning staff in the event of a dropped needle or other situations when qualified staff are not present
  - copies of the course provider’s fire policy with an emphasis on prevention and evacuation (this policy should cover all the buildings in which students learn as well as the clinic)
  - First Aid policy. Course providers are required to produce an assessment of need document covering the range of possible scenarios in their course provider. Based on their own particular circumstances, they can then decide on the appropriate level of first aid training and the number of staff needed to cover the level of risk in a range of scenarios. See **SETAP 3.17** for more information.



### Hygienic technique

- description of students' and supervisors' access to the learning and development of hygienic techniques, correct handwashing procedures, information on sterile procedures, etc.

### Ethical issues

- ethical and other issues to be considered in various treatment/demonstration situations, eg groups of students with one patient, students/staff demonstrating on fellow students/staff
- guidelines on who it is acceptable to treat in what situation and an indication of possible implications if treatment of students by faculty is allowed
- guidelines on the treatment of friends and family members
- guidelines on anti-discrimination policies
- guidelines on the use of videos in clinic and their disposal
- guidelines for any research undertaken in the clinic, involving patients or students.

### Needling

- guidelines on how needling is supervised, what students at different stages can be expected to take responsibility for
- how 'competency' in needling is defined
- guidelines on the teaching of needling dangerous points, how this is managed and what is acceptable.

### Attendance

- information on how the clinic is organised, which student groups use it when, what happens if a student is absent/off sick, how student attendance is monitored
- the monitoring of clinical hours must be carefully logged to ensure that students achieve the minimum 400 hours expected by the professional body.

### Review process

- information on how a course provider's self-audit of compliance with the BAAC's Code of Safe Practice is managed
- information on how any participant (student, teacher/supervisor, patient) feeds into the ongoing management and development of the clinic and of the support, supervisory and assessment processes
- policy review mechanism/date.



[bit.ly/setap-5-4](https://bit.ly/setap-5-4)

SETAP 5.4 An effective system must be in place to monitor and approve all environments in which students undertake clinical practice

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All teaching clinics are subject to the approval of the Board within the normal Accreditation process. New locations need to be approved in principle by the Board before they are used for teaching purposes through a visit by the relevant **Accreditation Officer (AO)** or during a **Re-Accreditation Visit**.

During an Accreditation event, the Board will expect to visit teaching clinics both within the course provider itself and external to the course provider, to ensure parity of provision for student learning in all settings.

The Board will expect to see collaborative working with any external clinical supervisors, and written agreements covering the use of those premises that specify how the course provider's objectives, programme requirements and standards of clinical training are carried out.

Such policies should enable the course provider and the clinical supervisors in external clinics to respond appropriately when difficulties arise and ensure that feedback from clinical supervisors and students during clinical practice is acted upon (**SETAP 3.10** and **SETAP 5.5**).



[bit.ly/setap-5-5](https://bit.ly/setap-5-5)

SETAP 5.5 Teaching clinics external to the course provider must meet Board expectations

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Teaching clinics external to the host course provider may be either an

1. External clinic operating as an additional teaching facility providing the same clinical teaching as the course provider; or
2. A clinic providing an alternative practice, such as specialist drug and alcohol rehabilitation clinics, multibed clinics or clinical experience in China or another country.

All teaching clinics must meet the Board expectations as outlined in this section.

In previous versions of the Accreditation Handbook, this information was included in Appendix C.

#### External Clinics

The educational rationale for using the external clinic either as the main teaching clinic or as part of a multi-site provision must be clearly stated.

The Board requires that the quality of experience, support, supervision and assessment of students to be equivalent to that provided within the host course provider.

The course provider must have a signed agreement with the organisation within which the external teaching clinic is located. This agreement should include:

- the nature and location of the external facility, its legal status and the owner's name or name of the organisation's lead or link person
- a brief description of that element of the facility which will be designated the teaching clinic
- the way in which communication between the two organisations will be maintained, including conflict resolution and reporting of complaints and clinical incidents
- the approximate amount of time the facility will be operating as a teaching clinic
- the supervisory arrangements, whether these are provided by the course provider or the external clinic, and including the training and support of the supervisors
- a signed statement by the organisation's owner or lead person agreeing to all arrangements including complying with the Board's requirements
- a statement of financial agreement and insurance arrangements.

Supervisors and visiting practitioners in external clinics acting as clinical supervisors must work within the course provider's equality and diversity policies.

The Board expects the course provider to have an audit and monitoring process that covers all clinical supervisors. The Board expects students to know how they can access these policies if they feel that they have been discriminated against.

#### Alternative practice

Alternative practice is clinical experience that students may gain in settings other than the teaching clinic. Such experience is valuable, and may include experience overseas, or within a specialist practice offering focused treatment to a particular group of patients, such as drug and alcohol rehabilitation services.

If alternative practice experience is offered within the programme, the expected learning outcomes, and the way in which learning is to be supported and assessed, must clearly relate to the programme aims and be at a level commensurate with the rest of the course.

Course providers are expected to have a clear policy for the selection and monitoring of these alternative practice settings, which should include explicit safe practice standards. Agreements need to be in place, indicating the nature and expected outcomes of the experience, the role of the student, the learning resources and support available and how their attainment of learning outcomes will be assessed and by whom. In addition it is important that appropriate insurance arrangements are made for whatever is agreed as their role within the practice situation. These agreements and insurance need to be in place whether the student is undertaking an individually negotiated 'elective' or the experience is arranged by the course provider for a group of students.

Topics covered in such agreements should include: patient needs and how these are safeguarded; why the specialism is appropriate for students in the light of ongoing professional discussion about postgraduate and undergraduate levels of training; how students are assessed for the skills, knowledge and understanding appropriate to the specific specialist area, including their understanding of any ethical or

legal considerations; clear statements about limits to competence; and whether placements are obligatory or voluntary.

Experience gained in alternative practices may be observational or participatory. If students are involved as participants in direct patient care, it is the responsibility of the course provider to ensure that the supervision students receive is appropriate. A professional experienced acupuncturist of at least equivalent knowledge and experience as that required of supervisors within the teaching clinic must directly supervise students at all times. Unless students are fully articulate in the language of the patients they should be fully supervised in all interactions with patients.

Assessment contributing to the student's progression on the course must be undertaken by teaching staff appointed by the UK course providers, who are familiar with the student's programme. While the assessment may contribute to the student's progression this should not be the final assessment of the student's competence as an acupuncture practitioner.

Alternative practice outside of the teaching clinic(s), however long it may be, may not be counted as more than 80 hours towards the required 400 clinical hours, of which not more than 40 hours can be counted towards the 200 hours for the management of patients. Students practising overseas are expected to undertake at least 100 hours of clinical experience in the UK after their alternative experience in order to consolidate their skill in the management of patients in a UK setting.



[bit.ly/setap-5-6](https://bit.ly/setap-5-6)

SETAP 5.6 There must be an adequate number of appropriately qualified and experienced staff in clinical learning settings

As stated in the introduction to SETAP 5, the formal requirements of the BAaC for the 200 hours of personal management of patients are that the ratio of students to supervisors must be no greater than 4 students to 1 supervisor.

Clinical supervisors must be members of the BAaC or have an equivalent level of education and be members of a professional body with an active code of ethics/ professional conduct, CPD requirements and full medical malpractice and public/ products liability insurance.

The overall responsibility within any one clinical session must lie with a highly experienced acupuncturist supervisor. Additional supervisors may have a range of experience in order to ensure that students receive proper support to enable them to practise their skills safely. All supervisors are ultimately accountable for those patients being treated by students under their supervision. BAaC membership provides insurance cover for members who supervise students. Supervisors who are not BAaC members, must check their insurance and ensure they are covered for any incidents arising from student's clinical work.

Students need to learn from more than one clinical supervisor in any given year of the programme. Offering more than one perspective on each student's clinical progression enhances their range of experience and adds to the validity of assessment of practice.

The skills and the number of available supervisors should be adequate to ensure safe and competent care of patients, whilst at the same time enabling students to

gradually increase their knowledge and understanding of acupuncture practice as they progress from observers to competent practitioners.

The Board will seek evidence that course providers have a policy covering all aspects of clinical supervision, including the length of time supervisors must have been practising acupuncture, how the course provider prepares clinical supervisors for their role, and how supervision standards are maintained with refresher courses.

SETAP 5.7 Clinical supervisors must have relevant knowledge, skills and experience

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[bit.ly/setap-5-7](https://bit.ly/setap-5-7)

Acupuncturists working as clinical supervisors need to be seen as guardians and gatekeepers of their own profession, working carefully within the professional body's codes of safety and conduct, and acting with integrity as assessors of students' practical competence in accordance with the course provider's formative and summative assessment criteria.

Clinical supervisors must have extensive relevant knowledge, skills and experience as acupuncturists. Ideally they will also have some experience of teaching and assessing clinical work.

Supervisors must be provided with appropriate induction preparation followed by regular support and appraisal, so that they are able to develop their abilities as teachers and assessors, as well as their professional acupuncture skills. Clinical supervisors must see themselves as both professional acupuncturists and as professional teachers in higher education. As such they should be actively involved in the development of the programme, ensuring clinical practice remains central to the curriculum.

Clinical supervisors must be members of the [British Acupuncture Council](#) (BAcC) or have an equivalent level of education, be members of a professional body with an active code of ethics/professional conduct, and have full medical malpractice and public/products liability insurance. Supervisors need to be seen as guardians and gatekeepers of their own profession by working strictly within their professional body's codes of professional conduct as well as acting with integrity as assessors of students' practical competence in accordance with the course provider's formative and summative assessment criteria.

The Board will seek evidence that course providers have a policy covering all aspects of clinical supervision, including the length of time new supervisors need to have been practising acupuncture, how the course provider prepares clinical supervisors for their role and how supervision standards are maintained with refresher courses.

SETAP 5.8 There must be ongoing formal collaboration and documented communication between clinical supervisors, teachers and managers who are responsible for developing the curriculum

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[bit.ly/setap-5-8](https://bit.ly/setap-5-8)

Formal structures must be in place to ensure this collaboration and communication is active and ongoing.

Clinical supervisors must also be involved in curriculum design, curriculum changes and the evaluation of teaching and learning, as well as in the design of assessment strategies for practice experience.

Accreditation Visiting Panel members will look for evidence that this policy is comprehensively implemented.

Course Providers should gather structured feedback from patients using surveys, focus groups, or any other suitable means. Feedback from patients should be considered by staff responsible for the management and development of the clinic, and for curriculum development. It should also be reported to the governing body or equivalent.



[bit.ly/setap-5-9](https://bit.ly/setap-5-9)

SETAP 5.9 Students, as well as clinical supervisors and their managers, must be fully prepared for clinical learning

Students should recognise that fulfilment of practice hours is a requirement, and that their successful completion of the programme will depend on fulfilling the necessary practice hours.

Accreditation Visiting Panel members will need reassurance that clinical supervisors feel well informed about their responsibilities (see also SETAP 5.6, SETAP 5.7 and SETAP 5.8).

Before students start their clinical practice experience they should have access to, and plenty of time to absorb, relevant information available in the student handbook, the clinic policy and the BAAC's *Codes of Professional Conduct* and *Safe Practice*. They should be encouraged to ask questions about these documents and about how they will be assessed in practice and how they need to record and reflect on their experience of practice. This should be undertaken within the context of teaching or discussion groups. They may also need specific practical details like a map and dates and times when they are expected to be available. They should also recognise that fulfilment of practice hours is a requirement of the programme and that their licence to practise will depend on fulfilling the necessary practice hours.

Preparation should include information about and understanding of:

- the learning outcomes to be achieved;
- the timing and duration of clinical experience and associated records to be maintained;
- expectations of professional conduct.

#### Clinical Assessment Procedures

Details of clinical assessments should be clearly set out in a Handbook or policy document and include:

- the timing and style of both formative and summative assessments
- how assessments may be affected by the use of external or alternative clinics (SETAP 5.5)

- how to meet the clinical hours requirement when illness or absence occurs
- possible outcomes of 'fitness to practice' issues
- the implications of any actions to be taken in case of failure.
- students may sit the clinical aspect of the course for a maximum of three times (for example,, a first attempt followed by two retakes).

#### Handbooks and other documentation

Before students start their clinical practice experience, they should have access to, and plenty of time to absorb, relevant information available in the student Handbook, the clinic policy and the BAAC's Code of Professional Conduct and Code of Safe Practice. They should be encouraged to ask questions about these documents, how they will be assessed in practice and how they need to record and reflect on their experience of practice. This should be undertaken within the context of teaching or discussion groups.

Students may also need specific practical details such as a map, and dates and times when they are expected to be available.

SETAP 5.10 Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct



[bit.ly/setap-5-10](https://bit.ly/setap-5-10)

The Board will take particular note of how clinical teaching and learning fully prepares students for entry into the acupuncture profession, and how students learn to understand the limits of their own competence. Professional conduct should be modelled by teachers and supervisors throughout the programme.

Evidence will also be required about how the programme prepares students for independent lifelong learning. The Board expects that the **British Acupuncture Council (BAAC)**'s **Standards of Practice for Acupuncture (SPA)** will be used in clinics to help students engage in their own deeply individual enquiry into the art and science of practice. The use of reflective journals by students should be encouraged from the start, in the hope and expectation that they will naturally become personal portfolios of continuing professional development in students' later careers (see also **SETAP 4.2** and **SETAP 4.6**).

Evidence will be required that clinical supervisors contribute to decisions about students' progression in respect of their clinical performance including their professional behaviour (see also **SETAP 3.16**).

Towards the end of a course, students benefit from practising with decreasing levels of supervision. If the course provider decides it is appropriate for their programme, the final stage of this increasing independence is that the students may practise without a supervisor present, with supervision taking place through reflection and discussion with the supervisor away from the teaching clinic. This is termed 'indirect supervision'. Programme managers may choose whether to include this sort of experience within their programme and if they do, whether this experience is gained within or beyond the teaching clinic. It is recognised that such experience may be seen as of value to students in gaining confidence and in learning about the realities of managing practice. The opportunity may be used to enable students to

begin to establish their practice. However, it is important to recognise the potential vulnerability of the patients, the students and the course provider themselves in such situations.

#### Indirectly supervised practice

The following guidelines, approved by the BAAB and the BAcC, pertain to all course providers whose students are allowed to treat patients without direct supervision prior to their completion of the course:

- Students must have completed 360 hours of clinical practice, of which no less than 160 hours should be in the personal management of patients.
- They have passed an intermediate assessment(s) indicating that they are competent to manage patients within specific, explicit parameters.
- They have successfully completed study of all aspects of acupuncture-specific theory and practice; western medicine including recognition of signs and symptoms that might suggest serious underlying pathology, together with the appropriate response; and the majority of professional practice including communicating with patients and legal and ethical issues.
- They hold a current First Aid certificate.
- They have undertaken a safe practice self-audit and have demonstrated that their practice is compliant with the BAcC's **Code of Safe Practice**.
- They, or the course providers, have an insurance policy covering their indirectly supervised practice prior to completion of the course.
- The premises in which the student is intending to practise meets the requirements of the local authority where this is relevant, or an equivalent standard, and there is documentary evidence to support this.
- Students have a letter of recognition from the course provider confirming their status as a pre-qualifying student practitioner. The term 'licence to practise' should not be used as it might be seen to imply qualification, nor should the practice be seen as 'independent'. The term 'pre-registration' should also be avoided as it could imply that the student was eligible for statutory registration on completion of their course. During this period students continue to be supervised by the course provider, albeit indirectly, and ultimately the course provider remains responsible for the quality of the student practice. It is recommended that students be given the status 'pre-qualifying practitioner', irrespective of the location of practice.
- The student's status as a pre-qualifying practitioner is made clear to each patient orally and/or through an information sheet given to the patient. In addition, the student must include a contemporaneous file note in the file of every patient they treat, confirming the details of their discussion of their status with their patients (see below for text of this note). Course providers are responsible for ensuring that a signed and dated file note is included with the records for each patient treated.
- The course provider has a published policy for dealing with patient complaints and within this it is clear how complaints from patients are handled.



- The course provider has a clear policy about the nature of supervision available, including a named supervisor(s) and regular frequent timetabled events for review discussion with each student practitioner, including group sessions.
- Students must maintain an accurate record of the hours accrued in practice along with full details of patients treated and treatment given. The course provider has a rigorous system of checking the hours and assessing the knowledge and skills of pre-qualifying students.
- The course provider's programme regulations include appropriate disciplinary measures to be taken in the event that a student fails to follow these guidelines.

#### Suggested wording for contemporaneous file notes

I have explained to [patient's name], at their first appointment, that I am a pre-qualifying acupuncture student at the [name of course provider]; that I have received permission to practise under indirect supervision while completing the final part of my course; and that I [or name the course provider] carry full medical malpractice and public/products liability insurance cover. I have also explained that, as a pre-qualifying student, my treatment records are subject to scrutiny by my supervisors, all of whom are fully qualified acupuncturists and members of the professional body, the British Acupuncture Council, or another approved professional body. I have provided my patient with contact details for the [name of course provider] should they wish to verify my status or discuss aspects of their treatment with my supervisors.

The file note should be signed and dated by the pre-qualifying practitioner on each occasion of taking on a new patient and kept as part of the permanent record for each patient. The BAcC recommends that a copy of the contemporaneous file note is given to the patient.

#### SETAP 5.11 Learning and teaching methods must respect the rights and needs of patients, students and colleagues in all clinical learning environments



[bit.ly/setap-5-11](https://bit.ly/setap-5-11)

Patients attending a teaching clinic must be able to feel safe, heard and respected during their treatment. They should be clear about who is in charge, kept informed about who will be involved in their care, and about any observers who will be present. It must be clear to them that they have a right to consent or not to have students involved in their care on each occasion they visit. In multibed clinics, there should be a private room for consultations which patients must be aware of and may request at any time. A patient complaints procedure should be clearly advertised and easy to access. Patient complaints procedures should follow any expectations or guidance published by the BAcC. Discussion involving the use of Chinese medicine terms which might cause misunderstanding or alarm to patients should be explained to them or conducted outside the treatment room.

Students in the clinic have a right to be treated respectfully by supervisors and by patients. Supervisor's feedback to students should generally be given outside the treatment room, unless it is entirely informative and/or positive. Students should

feel confident that their supervisor will step in to manage any situations which the student feels unable to deal with on their own. All students should be clear about their role and responsibilities, and their expected standards of behaviour in clinic should be set out in the clinic policy or handbook.

Clinical staff should be aware that their behaviour in clinic serves as a model of professional behaviour as described by the [British Acupuncture Council \(BACC\)](#)'s [Code of Professional Conduct](#) and [Code of Safe Practice](#). As key educators for the programme, they should be supported in their role by senior staff. This includes the opportunity to have an induction to the role, receive regular staff development, be made fully aware of their rights and responsibilities, and be fully involved in the discussion and development of clinic policies, including assessment procedures.

A particular issue in clinical teaching can occur when students encounter the work of acupuncturists or supervisors who practice traditions other than the one fundamental to their programme. Students may need extra help to critically analyse and to interpret the practice observed, and the clinical team should discuss their approach to these situations. Students may also need reassurance that when they are assessed by such practitioners, the course provider has ensured that every supervisor has been trained to fully understand and abide by the course provider's published assessment criteria.



[bit.ly/setap-5-questions](https://bit.ly/setap-5-questions)

#### Question examples posed by Accreditation Visiting Panels in relation to SETAP 5

- How do you ensure you have sufficient clinical supervisors and clinic rooms to cover the BACC requirements in terms of clinical hours for each student?
- How do you ensure that clinical supervisors are trained and prepared to effectively teach and assess students?
- What form of contact do you maintain with clinical supervisors?
- How often do you meet with off-campus supervisors?
- How do you ensure the quality of off-campus clinical provision?
- What support mechanisms do you have in place for clinical supervisors?
- How do you assess student progression in practice?
- How might you decide to offer overseas specialist placements?



[bit.ly/setap-5-docs](https://bit.ly/setap-5-docs)

#### Documents relating to SETAP 5

Following is a list of documents that should be made available for [Full Accreditation Visits](#) or [Re-Accreditation Visits](#), either in the Panel members' base room or within the requirement documentation circulated prior to the Visit. See also [Section 4.3.5](#):

- the clinic policy

- the **Institutional Clinical Self-Audit (ICSA)**, ie the review and action plan plus documents related to this including:
  - a. certificate of local authority registration, if applicable;
  - b. evidence of compliance with health and safety, fire and first aid legislation, for example:
    - i. fire blanket and fire extinguisher certificate and/or log of maintenance of fire equipment;
    - ii. fire risk assessment;
    - iii. fire evacuation procedures;
    - iv. PAT: portable appliance testing certificate;
    - v. records of clinical incidents and accidents;
    - vi. health and safety risk assessment;
    - vii. health and safety law/poster;
    - viii. gas safety inspection certificate (if relevant);
    - ix. electricity safety inspection certificate.
  - c. copies of contracts/receipts for disposal of sharps boxes/clinical waste;
  - d. certificate of medical malpractice and public/products liability insurance policy;
  - e. first aid at work certificates for at least two clinical supervisors/teachers.
- confidential database of all patients treated;
- database of patients treated by students within the teaching clinic;
- student records showing the number and variety of patients treated and in what setting, ie teaching clinic, alternative experience, observation;
- policy re student conduct in clinic;
- policy re circumstances in which a teacher and supervisor may also be the student's acupuncture therapist;
- policy for the monitoring and evaluation of students' clinical experiences in each type of setting.

Note that the individual audits of the course provider and each treatment room and those of every individual supervisor need to be available if the **Visit** includes external verification of the clinic.

[bit.ly/setap-6](https://bit.ly/setap-6)

## SETAP 6: ASSESSMENT STANDARDS

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This SETAP details the Board's requirements relating to all aspects of the assessment of students.

In this SETAP, the word 'assessment' is used to include all forms of interaction with students by which an understanding of their progress is gained, including those interactions that enable students to demonstrate their competence as developing professional acupuncturists.

Assessment standards should ensure that students:

- meet the requirements of the programme at the appropriate academic level;
- are assessed fairly and consistently;
- achieve the expectations of the [British Acupuncture Council \(BAC\)](#)'s [Educational Standards](#).

Each course provider should set out an assessment strategy that encompasses the educational values and the learning outcomes of the programme, and that is also designed to encourage in students a commitment to:

- a reflective and critical stance to theory and practice;
- their own personal and professional development as acupuncturists.

The course provider should also provide students and teachers with:

- an assessment timetable made public at the beginning of the academic year;
- clear and explicit assessment criteria.

The Board requires an assessment policy regarding students' progress in both theory and practice. It also requires assessment procedures, such as the marking criteria and the documentation of student progress, to be fair, consistent and readily available to students, teachers, accreditors and other interested stakeholders.

As well as being summative to reach a judgement on the standard, assessment should also include formative elements which help the students to understand their progress and the measures they need to take to improve their performance.

Comprehensive information about assessing and assessments can be accessed at [Advance HE](#), where there is innovative and supportive information about a range of topics in higher education.

At least one external examiner should be involved in the design and marking of the first year of work on new programmes. As the programme develops, external examiners should maintain an involvement, particularly with regard to assessment.

No changes should be made in either the timing, the form or the topic of the publicly distributed timetable of assessments without the students' full involvement in the process.

SETAP 6.1 The assessment strategy must ensure that students achieve the expectations of the BAcC [Educational Standards](#).



[bit.ly/setap-6-1](https://bit.ly/setap-6-1)

The Board will require a copy of the course provider's assessment strategy and its policies and procedures as part of the documentation submitted for Accreditation. This strategy should be consistent with the values of the course provider and the ethos of the programme, aligned with the [British Acupuncture Council \(BAcC\) Educational Standards](#).

The Board will also need evidence of how the course provider ensures that assessment of clinical practice is thorough, consistent and fair. Information about how the course provider prepares and maintains contact with clinical supervisors, as well as how marks are moderated, will also be relevant to this.

Assessments should test theoretical and practical knowledge and skills to ensure that the student can practise acupuncture safely and effectively, whilst being aware of the limits of their own competence.

One person should be responsible (e.g., the clinic director) for collating assessment information for the whole of the students' clinical experience. This person should have an informed overview of each student's progression in clinical and professional competence.

Programme managers should encourage students in their final year to aspire to the high standards of the BAcC's [Standards of Practice for Acupuncture \(SPA\)](#) for their personal individual practice ([SETAP 4.2](#)). It is not a requirement of undergraduate courses that the SPA should be used as a benchmark for proficiency in a qualification for acupuncture practice. However, becoming conversant with them prior to qualification will assist students in meeting the BAcC requirements for continuing professional development (CPD) once they are qualified and practising.

SETAP 6.2 All assessments must provide a rigorous process by which compliance with external frameworks can be measured



[bit.ly/setap-6-2](https://bit.ly/setap-6-2)

The Board's primary responsibility is to ensure that the programme meets the expectations of the [Standards of Education and Training for Acupuncture Programmes \(SETAPs\)](#). This includes the expectation that assessments meet recognised requirements of undergraduate degree programmes at levels 4, 5 and 6, such as in the [QAA UK Quality code For Higher Education, advice and guidance: Assessment](#).

Some course providers may also be meeting the requirements of other bodies from which they are seeking approval, such as universities. Mapping assessments against the requirements of the Board and other bodies is a useful way of demonstrating compliance with the necessary standards.



[bit.ly/setap-6-3](https://bit.ly/setap-6-3)

SETAP 6.3 Professional aspects of practice must be integral to the assessment procedures in both theory and practice

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Those aspects of the BAcC **Code of Professional Conduct** and **Code of Safe Practice** that are relevant to theoretical and practical aspects of the acupuncture curriculum should be incorporated into both formative and summative assignments in order to ensure that, before they qualify as acupuncturists, students fully understand:

- their moral obligations to patients;
- their ethical obligations to their colleagues; and
- their ethical obligations to their professional body.

The Board will seek evidence of this area of learning through the Clinic Handbook (SETAP 5.3), the students' reflective journals and students' formal written assessments, as well as expecting these professional aspects of practice to pervade curriculum content at all levels.



[bit.ly/setap-6-4](https://bit.ly/setap-6-4)

SETAP 6.4 Assessment methods must be employed that measure the learning outcomes and skills required to practise safely, ethically and effectively

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The variety of assessment methods chosen should be justified in terms of the type of knowledge and understanding required for the achievement of the learning outcomes relevant to the appropriate level in the programme.

To reflect the diversity of approach in acupuncture education and practice teaching, course providers will be able to design their own assessment approaches. This may range from formal written assessments to peer and self-assessment, and should include formative exercises as well as summative assessments. The developing competence of students may be tested by various means that may include, but are not limited to:

- a range of written or oral presentations such as essays or class presentations;
- examinations (unseen or open book);
- case studies;
- observation;
- supervision reports;
- reflective portfolios, critiques or learning journals;
- experiential activities;
- interviews;
- practice- or project-based reports;
- dissertations and independent study reports.

The Board will expect to see outlines of what is expected of students in the individual assignments and examples of examination papers, as well as a complete record of the students' results. As a whole, these should reflect the acquisition of the

learning outcomes, including those related to the practice of acupuncture as safe, competent, responsible and independent practitioners of acupuncture.

Students who have difficulties should be identified early. The nature of their difficulty must be documented and communicated to other staff as appropriate. Remedial work and support should be undertaken as indicated, and subsequent progress monitored carefully.

Failure, suspension or dismissal should be determined in a just and timely manner, working with clear criteria for each possible eventuality.

SETAP 6.5 The measurement of student performance must be objective and ensure fitness to practise

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The strategies used for assessment at all stages of learning should contribute to the necessary objectivity for any fair marking system. A policy of double marking and/or moderation should be in place to ensure objectivity.

Assessment practices should be clearly set out in a marking policy.

Achieving a measure of objectivity in assessing clinical work is particularly challenging, and includes recognition of the possible influence of personal values and beliefs. The Board will expect to understand how clinical supervisors achieve and monitor clinical assessment and how this cumulatively demonstrates fitness to practise.

**Accreditation Visiting Panels** will expect to see samples of students' work, as well as asking students about the level of feedback they receive on their assignments and whether they feel it is sufficient to help them improve their work.



[bit.ly/setap-6-5](https://bit.ly/setap-6-5)

SETAP 6.6 There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in assessment

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Students, alumni, classroom teachers and practice supervisors, as well as programme leaders, should all have a voice in the internal evaluation of the assessment policy and processes. For example, one source of evidence is the programme's attrition rate and the reasons given by students for leaving.

Fundamental to this aspect of assessment is the development of acupuncturist teachers as educators through formal courses and through their experience of marking and of curriculum development. Teachers should be encouraged to act as external examiners for other programmes as part of a moderating system that benefits mutual learning.

Evidence for the educational component of their professional development can be demonstrated through teachers' CVs.



[bit.ly/setap-6-6](https://bit.ly/setap-6-6)

SETAP 6.7 Assessment regulations must clearly specify requirements for programme awards

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Assessment regulations must clearly specify requirements for the following.



[bit.ly/setap-6-7-1](https://bit.ly/setap-6-7-1)

#### SETAP 6.7.1 Student progression and achievement

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Students should have information about what is expected of them at every stage of the programme, including the consequences of late submission of assignments. They must be clear about how assessment procedures work, how they can recognise their progression through the levels of the programme in both theory and practice, and how their work is judged and by whom.

Teachers involved should be equally clear regarding their roles and responsibilities in assessment and also regarding the criteria for assessments that they are expected to mark and the consistency with which they are expected to work.

Good communications between teachers and the programme leader, module leaders and clinical supervisors are essential to this process, and such communication should, whenever possible, be conducted face-to-face and not rely entirely on electronic contact.

The programme may have credit and non-credit related elements in its assessment. How information is made available to students about this and all other aspects of the assessment scheme will be subject to enquiry from the Board.



[bit.ly/setap-6-7-2](https://bit.ly/setap-6-7-2)

#### SETAP 6.7.2 Programme awards

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BAAB-accredited course providers must offer a final award threshold at Level 6 consisting of 360 credits or a Post-graduate Diploma/Master's degree at Level 7 consisting of 180 credits. Individual course providers may call their award a licentiate or degree in acupuncture according to their circumstances.

Programmes accredited by the Board must have 'acupuncture' in the title of the programme (see SETAP 1.2).

Intermediate awards where the students have not completed the whole of the accredited programme must not use acupuncture in the title but rather be called 'healthcare studies' or other generic term.

This also applies to the title of the award when a student has achieved enough credits for a University degree award to be given but has not successfully completed either

- all the required practice elements of the programme; or
- the required theoretical element of the programme, such as the final project or dissertation.

Graduates with such awards will not be eligible for membership of the **British Acupuncture Council** (BAcC).

This information must be clear both to students and to staff and reflected in programme publicity.



### SETAP 6.7.3 Aegrotat awards

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An aegrotat award may not have acupuncture in the title because the student will not have completed all the required elements of the accredited programme. Equally, a graduate with an aegrotat degree will not be eligible for direct entry to the **British Acupuncture Council** (BAcC).

This information must be clear both to students and to staff and reflected in programme publicity.



[bit.ly/setap-6-7-3](https://bit.ly/setap-6-7-3)

### SETAP 6.7.4 Right of appeal for students on academic decisions

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Course providers must have an appeals procedure which is clear to students and available to them in student Handbooks or other documentation.

Equipped with an understanding of how their work is assessed (see **SETAP 6.7.1**), students should be able to appeal if they wish to request a review of a decision about their assessment, progression or achievement. They should know to whom they should go for advice about the appeals procedure.



[bit.ly/setap-6-7-4](https://bit.ly/setap-6-7-4)

### SETAP 6.7.5 External examiners

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Two external examiners must be appointed, one of whom must be a member of the **British Acupuncture Council** (BAcC), and one who has extensive experience in higher education. Between them, comprehensive feedback on both the professional and the academic parts of the programme can be provided.

External evaluation from external examiners forms an essential part of any evaluation or moderating process. Where necessary, external examiners should be appointed in conjunction with a linked University. Procedures for their appointment should be clearly set out in the course provider's assessment and examination strategy.

The primary role of an external examiner is to assess the standards being achieved by students in relation to standards expected by the Board and the BAcC, and demonstrated on similar programmes nationally. It is also part of the external examiner's role to ensure that assessments are conducted fairly and without prejudice. In addition, the external examiners should monitor the wording and marking of key assessments of the programme, and whenever possible attend final examination board meetings to agree pre-published results.

If an external examiner is not yet in place for **Approval for Development to Full Accreditation**, the Board will require evidence that at least one external examiner will be appointed as soon as possible.

External examiners will anticipate working to a defined role with clear areas of responsibility. Their written reports will be required in Accreditation documents; these should outline strengths and weaknesses in the assessment policy and process, as well as the programme leader's response to them. The external examiners' written reports will be taken into consideration at all stages of Accreditation, particularly Full Accreditation.



[bit.ly/setap-6-7-5](https://bit.ly/setap-6-7-5)



[bit.ly/setap-6-questions](https://bit.ly/setap-6-questions)

#### Question examples posed by Accreditation Visiting Panels in relation to SETAP 6

- Why have you chosen particular types of assessment for each module?
- Do you include formative assessments?
- What is your policy on re-sits, for both academic and clinical practice components?
- How do you ensure consistency of standards of assessment between assessors?
- How do you ensure through assessment that students have the capacity to reflect on their experience of clinical practice?
- Is there a system for continuous assessment and ongoing feedback for students during clinical practice?
- What happens if a student is failing in clinical practice but is doing well in academic subjects?
- How does the design of your assessment procedure produce students who are fit to practise?
- How are the BAcC [Codes of Professional Conduct and Safe Practice](#) reflected in assessments?
- Are final year students able to articulate ethical issues related to the professional practice of acupuncture?
- How do the approaches to assessment promote the personal and professional development of students and their commitment to CPD?
- Do you have the option to grant an aegrotat award? If so, do you make it clear that an aegrotat means that a graduate with this award cannot use it to become a member of the BAcC?
- Are students aware that they have the right to appeal assessment decisions?
- Is one of the external examiners a member of the BAcC and at least one of them experienced in higher education?
- How do you ensure that teachers are prepared for their role in assessment?
- Do you have a clearly identified member of staff responsible for collating and monitoring assessments?
- How do you use external examiners' reports in programme evaluation and change?
- Have changes in assessments been communicated to students and examiners as well as the Board?



[bit.ly/setap-6-docs](https://bit.ly/setap-6-docs)

#### Documents relating to SETAP 6

Following is a list of documents that should be made available for [Full Accreditation Visits](#) or [Re-Accreditation Visits](#), either in the Panel members' base room or within the requirement documentation circulated prior to the Visit. See also [Section 4.3.5](#):

- assessment policy (or the relevant section of a teaching, learning and assessment policy);
- 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 programme 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 programme (and including knowledge of safe needling techniques and of the [Code of Safe Practice](#) before students undertake work in the clinic);
- advance annual assessment timetables published for each year of the programme;
- assessment calendar/diagram showing assessment related to all elements of the programme;
- policy for assessment of adjunctive courses, e.g., massage, First Aid.



[bit.ly/3-accreditation-new-programmes](https://bit.ly/3-accreditation-new-programmes)

### 3. THE ACCREDITATION PROCESS FOR NEW PROGRAMMES

This section describes the Board's processes and procedures for the Accreditation of new programmes. For details of the Board's processes and procedures for maintenance of Accreditation, please see [Section 4](#) of this Handbook.



[bit.ly/3-intro-np](https://bit.ly/3-intro-np)

#### 3.1 INTRODUCTION TO THE ACCREDITATION PROCESS FOR NEW PROGRAMMES

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Course providers are judged in the light of their own stated objectives, so long as these are in accordance with the Board's standards in [Section 1.3](#) and with the Board's other criteria for Accreditation as stated in [Section 2](#) of this Handbook.

##### The role of the Board

The Board fulfils both a development function and an assessment function, in its relationships with acupuncture course providers. In this respect, the Board's role is like that of a teacher who both encourages and assesses a student (see [Section 1.1](#)). The assessment role comes to the fore during Accreditation events.

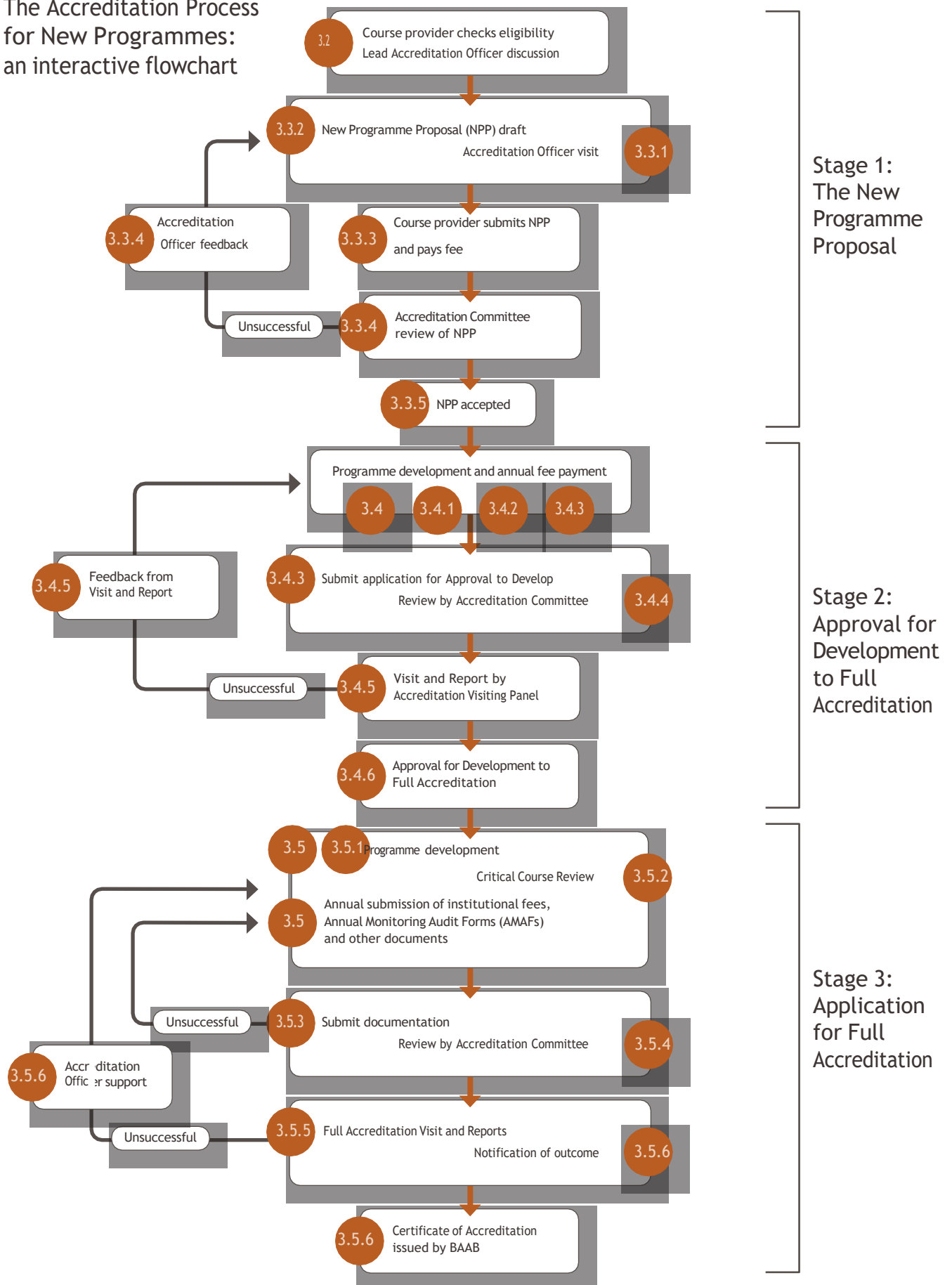
##### Overview of the Accreditation process

Following initial contact from a course provider new to the Board ([Section 3](#)), the Accreditation process is in three phases:

- Stage 1: Submission of a [New Programme Proposal \(NPP\)](#);
- Stage 2: [Approval for Development to Full Accreditation](#);
- Stage 3: Application for [Full Accreditation](#).

Once awarded, Full Accreditation is maintained through [Annual Monitoring Audit Forms \(AMAFs\)](#) and periodic [Re-Accreditation](#). These processes are detailed in [Section 4](#) of this Handbook.

## The Accreditation Process for New Programmes: an interactive flowchart





bit.ly/3-2-  
eligibility

## 3.2 ELIGIBILITY FOR ACCREDITATION

To be eligible for Accreditation, a course provider and its acupuncture programme must comply with the Board's **SETAPs**. Course providers need to provide documented evidence of compliance.

Any course provider, whether an independent College or a University, may seek Accreditation, so long as it offers a professional programme in acupuncture at Level 6 (Licentiate or Bachelor's degree with Honours) or above, and expects to be able to demonstrate compliance with the Board's SETAPs.

Course providers seeking Accreditation should be familiar with the most recent edition of the British Acupuncture Council's curriculum document, **Educational Standards**, which includes the essential programme hours and content for the programme through Levels 4 to 6.

All programmes offered for the purpose of educating an acupuncture practitioner for entry into the acupuncture profession must also comply with the British Acupuncture Council's documentation and values. Course providers seeking the Board's Accreditation should also familiarise themselves with the following important texts prior to making an application:

- the BAcC **Standards of Practice for Acupuncture** (SPA);
- the BAcC **Code of Professional Conduct**; and
- the BAcC **Code of Safe Practice** and **Institutional Clinical Self-Audit** (ICSA).



bit.ly/3-2-1-  
types-cp

### 3.2.1 Accrediting different types of course provider

Broadly speaking, the Board would expect to accredit acupuncture programmes in two types of course provider environment, and will distinguish between them in its Accreditation processes as follows:

- (1) Independent course providers in which acupuncture is either the sole professional course on offer, or one of a small number of professional complementary therapies and/or East Asian medicine courses on offer.  
  
In this case, the Board will require evidence to assess all aspects of the course provider that have an impact upon the acupuncture programme. This is likely to mean that all the policies and practices throughout the entire course provider will be scrutinised in the course of the Board's Accreditation procedures. However, the Board will only consider the acupuncture programme for Accreditation. Any reference to the Board's Accreditation in the course provider's publicity or promotional literature must therefore be clearly limited to the acupuncture programme only.
- (2) Recognised higher education course providers in which acupuncture is one of many degrees or equivalent programmes being offered. In this case, the Board's officers and **Accreditation Visiting Panel** members will still examine all the policies and practices of the course provider that have a direct impact upon the acupuncture programme and acupuncture students. However, the Board recognises that such higher education course providers are likely to have undergone rigorous scrutiny of their institutional

policies and practices by other agencies for quality assurance purposes. The Board will therefore be prepared in principle to accept evidence for the course provider's policies from the most recent institutional reviews by an appropriate higher education body such as the [Quality Assurance Agency \(QAA\)](#).

### 3.3 STAGE 1: THE NEW PROGRAMME PROPOSAL (NPP)

The first stage of accrediting a new acupuncture programme is to submit a [New Programme Proposal \(NPP\)](#) (see [Section 3.3.2](#)).

Course providers considering developing an acupuncture programme for Accreditation by the Board should read this Handbook to familiarise themselves with the Board's requirements and processes before contacting the Board's office.

Via the Board's office, course providers will be put in touch with the Board's Lead Accreditation Officer (LAO), who will answer any queries and ensure that the course provider understands:

- The threshold standards expected (see [Section 1.3](#));
- the resources required to run a programme;
- the process which the course provider will undergo;
- the costs involved.

The Board's [Accreditation Committee \(AC\)](#) will be informed of the course provider's intention.

The course provider will be directed towards the relevant documents on the Board's website, including a [New Programme Proposal \(NPP\) pro-forma](#) for completion.



[bit.ly/3-3-npp](https://bit.ly/3-3-npp)

#### 3.3.1 The role of the Accreditation Officer

A course provider wishing to pursue Accreditation will be allocated an [Accreditation Officer \(AO\)](#) for advice and support throughout all phases of the Accreditation process. The Board expects the course provider to maintain regular contact with its AO once the [New Programme Proposal \(NPP\)](#) has been accepted. The AO likewise has a responsibility to maintain contact and support the course provider, while reporting progress to the [Accreditation Committee \(AC\)](#).

In order to maintain a strong relationship with the Board and to share relevant developments, the assigned AO will visit each course provider in a formal relationship with the Board annually from the New Programme Proposal stage up to the time of [Approval for Development to Full Accreditation](#), and occasionally thereafter as indicated by [Annual Monitoring Audit Forms \(AMAFs\)](#) and at the discretion of the AC.

These visits are essentially a form of peer review, although this should not be regarded as lessening their significance to the Board or their potential importance in



[bit.ly/3-3-1-AO-role](https://bit.ly/3-3-1-AO-role)

helping course providers to prepare effectively for the formal phase of Accreditation. The visits enable a mutual exploration of ideas and a sharing of progress, so that course providers are brought up to date with the Board's latest thinking and the Board is aware of the course provider's most recent developments.

The specific objectives of such visits are to:

- follow up issues of concern that AC raise as a consequence of Annual Monitoring Audit Forms (AMAFs) submitted to the Board;
- enable the AO to get to know and be known by some of the teaching and administrative staff within each course provider;
- enable ideas and plans for development to be discussed at an early stage;
- encourage an honest exploration and a genuine dialogue about issues and problems;
- promote insights into the way in which both the Board and the course providers are managed.

At such a visit, the AO should be given the opportunity to talk to staff and students and to observe any relevant activity including education programme team meetings, exam boards, teaching, etc. Although the programme for the visit should be agreed before the visit, there should be no 'set pieces' or meetings specifically arranged because of the AO's visit, with the exception of discussions with staff. The main aim is to view the course provider in its normal mode of operation.

Contact with the AO, and the AO's comments on the developing application, constitute part of the review process contributing to Full Accreditation.



[bit.ly/3-3-2-npp-process](https://bit.ly/3-3-2-npp-process)

### 3.3.2 The process for a New Programme Proposal (NPP)

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The NPP comprises:

- An outline of the course provider's organisation;
- An outline of the planned programme;
- The resources that are already in place, and those that are planned, together with a timescale for these;
- The issues the course provider needs to address;
- A statement of commitment to the principles, standards and expectations of the Board, to be signed by the appropriate senior person in the course provider's organisation;
- The course provider's contact details.

The NPP should be discussed with the **Accreditation Officer** (AO) as it is drafted, and recommendations incorporated.

A **pro-forma for the NPP** can be found on the BAAB website.



### 3.3.3 Submitting a NPP

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The New Programme Proposal (NPP) may be submitted to the Board office by email to [baab@acupuncture.org.uk](mailto:baab@acupuncture.org.uk), and payment of the fee should be organised with the Secretary to the Board.



[bit.ly/3-3-3-npp-submit](https://bit.ly/3-3-3-npp-submit)

### 3.3.4 Review of the NPP by the AC

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The New Programme Proposal (NPP) will be reviewed at the next meeting of the **Accreditation Committee** (AC) against the Board's standards as set out in **Section 1.3**, and, in addition, the following criteria:



[bit.ly/3-3-4-npp-review](https://bit.ly/3-3-4-npp-review)

- The course provider's representative has had a thorough discussion with the Lead **Accreditation Officer** (AO) and subsequent contact with the allocated AO;
- The NPP demonstrates that the course provider has given serious thought to the planned development, is developing the programme to meet the requirements of **SETAPs**, and is aware of some of the issues they will need to address;
- The relevant senior person in the course provider organisation has confirmed in the NPP that they are committed to developing the institutional context and the programme with a staff team, to meet the Board's requirements, and to comply with the Board's processes including fee payment.

The AC may defer forwarding the NPP until they are satisfied that the course provider meets the above criteria. The course provider will receive feedback through its AO, and may resubmit the NPP.

Should this resubmission be unsuccessful again, the course provider will be informed by letter from the chair of the AC. Exceptionally, the course provider may resubmit one further iteration of the NPP.

If the AC considers that the criteria have been met, the NPP is forwarded to the Board with the AC's recommendation for acceptance.

The Board will consider the NPP together with the AC's recommendation. The Board may accept or reject the NPP.

If the Board rejects the NPP, the Chair of the Board will inform the course provider of this decision, and the reasons. The course provider has the right of appeal. Please refer to the **BAAB policy on complaints and appeals**.

### 3.3.5 Acceptance of the NPP

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The chair of the Board will inform the course provider that its New Programme Proposal (NPP) has been accepted. The minutes of the relevant Board meeting will record the Board's decision to accept the course provider into a formal relationship with the Board, and the course provider's name will be added to the list of course providers for internal use by the Board and the **British Acupuncture Council** (BAC) staff.



[bit.ly/3-3-5-npp-acceptance](https://bit.ly/3-3-5-npp-acceptance)

Acceptance of a course provider's NPP is an endorsement of the course provider's potential for developing towards Accreditation, but is not a guarantee that Accreditation will be successfully achieved.

A course provider which has had its NPP accepted may advertise the fact that it 'is in a formal relationship with the Board' and that 'the programme is being developed to meet the requirements of the Board and is subject to Accreditation by the Board'. No other wording in any publicity or promotional literature is permitted without written permission from the Lead **Accreditation Officer**. A course provider which misrepresents its Accreditation status in its publicity will jeopardise its relationship with the Board.

If a programme is already running, graduates of that programme are not eligible for membership of the BAAC. Graduates wishing to become members of BAAC may continue to apply for membership through the independent route until the course provider and its programme have achieved Full Accreditation.



bit.ly/3-4-approval-  
development

### 3.4 STAGE 2: APPROVAL FOR DEVELOPMENT TO FULL ACCREDITATION

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Once the **New Programme Proposal** (NPP) has been accepted, the next formal milestone for Accreditation is Approval for Development to Full Accreditation.

Course providers may publicise that the programme is Approved for Development to Full Accreditation, but should be clear in any literature that this is not Full Accreditation and that graduates of the programme must still apply individually to the **British Acupuncture Council** (BAAC) for membership.

A course provider is normally expected to make an application for Approval for Development to Full Accreditation within one year of, and no more than two years after, the **acceptance of the NPP** by the Board.

During this time, the course provider is expected to develop its programme in a systematic, reflective and self-critical fashion, taking account of the Board's requirements as set out in this Handbook, and the expectations of **FHEQ (England) Level 6 or Level 7 award qualifications**.

Please note that during this period the Board expects the course provider to inform the Board office and AO by email whenever they are involved in, or threatened with, legal proceedings, and to provide information about the background and nature of those proceedings if requested (see **Section 4.5**).



bit.ly/3-4-1-fees

#### 3.4.1 Fees

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Annual fees are payable to the Board once the course provider's **New Programme Proposal** (NPP) has been accepted by the Board.

These are payable for the remainder of the academic year in which NPP has been accepted, and in December of each academic year thereafter.

### 3.4.2 Application timescales for Approval for Development to Full Accreditation



[bit.ly/3-4-2-timescale](https://bit.ly/3-4-2-timescale)

During the year after the **New Programme Proposal (NPP)**'s acceptance, the course provider has the responsibility to negotiate the timing of its application for **Approval for Development to Full Accreditation** once it feels ready to do so. The course provider is strongly advised to consult with its **Accreditation Officer (AO)** before doing so.

Should the development period at this stage of Accreditation extend beyond one year, the course provider will be expected to submit a progress report on all aspects of its institutional and programme development. This should identify those tasks still to be undertaken in order to meet the Board's requirements, and provide an action plan that indicates how and by when such tasks will be successfully achieved.

If the course provider has not applied for Approval to Develop within two years after the acceptance of the NPP, it will be informed of the Board's intention to remove it from the list of course providers who are in a formal relationship with the Board. After a minimum of one month and with the formal approval of the Board, the course provider will then be removed. The Board will require evidence to confirm that the course provider no longer claims that it is in a formal relationship with the Board in either its documentation or its website, and this information will be published in the Board's literature and on its web page. Exceptionally, a course provider may apply for an extension of this period of no more than one additional year, stating the extenuating circumstances that have led to the delays and indicating how the problems encountered will be overcome.

Course providers that have been removed from the list may resubmit their NPP after at least one year has elapsed. On resubmission, the NPP must include:

- a detailed planning schedule;
- an account of the problems experienced previously and how they have been overcome;
- an action plan demonstrating what will be done differently.

The **Accreditation Committee (AC)** will consider these before making a recommendation to the Board, and the Board will decide whether to re-accept the course provider onto the list of those in a formal relationship with the Board.

### 3.4.3 Submitting an application for Approval for Development to Full Accreditation



[bit.ly/3-4-3-application-development](https://bit.ly/3-4-3-application-development)

Please note the guidelines for the electronic submission of documents to the **Accreditation Committee (AC)** set out in **Section 4.3.4**.

For an application for **Approval for Development to Full Accreditation**, the following documentary evidence is required:

- Justification for
  - o the development of the programme; and
  - o confidence in sustainable recruitment of students;

- a description of the underlying philosophy of the course provider and of the programme, and the relationship between the two, including how this supports the Board's principles and values (see [Section 1.1](#));
- a clear strategic and business plan outlining the intended development and costs of the programme and of the resources to support the programme, including staff, the development of a viable teaching clinic, access to other clinical facilities, and the development of any online learning system;
- a description of the planned management of the programme, including resource, curriculum and clinic management structures, staffing, student and patient input, and mechanisms to monitor and evaluate the programme;
- CVs of all key staff likely to be involved in the teaching (including clinical supervision) or management of the programme, including their role(s) in relation to the programme;
- a description of the planned recruitment and selection processes for students including those with non-standard entry qualifications and those with credit exemptions;
- a description of how diversity is encouraged and supported;
- an outline of the whole planned curriculum, together with detailed unit/module/subject descriptions for a minimum of the first two years;
- details of clinical experience including a breakdown of the hours per year of the programme and the type of experience being gained;
- an outline of approaches to teaching, learning and assessment, including an assessment schedule, assessment regulations, marking criteria and mechanisms for appeals;
- an action plan identifying curricular and staff development and other issues not included in the strategic and business plan, for completion prior to the commencement of the second year of the programme that has been Approved for Development to Full Accreditation;
- a commitment to appoint external examiners, including at least one who will be involved in the first year's assessments and at least one who is a member of the BAAC;
- details of student support systems;
- a letter from the principal or dean or appropriate senior manager authorising the course provider's application for Approval for Development to Full Accreditation;
- confirmation that students who commence their acupuncture programme would be enabled to complete this programme at a professional and educational level acceptable to the Board in the case where the course provider decides to discontinue the programme, or should the programme fail to achieve or maintain Full Accreditation by the Board;
- publicity and advertising materials.

In addition to the above, for independent course providers:

- evidence showing that the course provider is in compliance with all relevant local and statutory planning requirements;

- a description of the organisational structure of the course provider including the terms of reference of the course provider's governing body and other committees;
- the policy on staff recruitment and selection and a copy of a staff contract;
- standards of conduct and disciplinary policy for staff and students;
- policy on complaints and grievances from staff and students;
- if the programme is also validated by a University, a copy of the memorandum of agreement (or equivalent document) outlining the nature of the relationship between the two organisations, the expectations from each partner of the other's contribution and the costs involved;
- if the organisation is already established, a copy of the most recent audited accounts with an explanatory commentary on these;
- where relevant, the most recent QAA institutional review, together with evidence of action on any 'problem' areas which have been identified in it.

In addition to the above, for Universities:

- the University's mission statement;
- the most recent QAA institutional review, together with evidence of action on any 'problem' areas which have been identified in it;
- the most recent faculty/school QAA audit;
- the faculty/school strategic and business plan in which the planned acupuncture programme or pathway is included;
- a description of the specific management and accountability structures that relate to the faculty/school in which the programme is located.

Documentation for all course providers should follow the format of the SETAPs, cross-referencing with appendices where necessary.

#### 3.4.4 Review of documentation by the AC

The submitted documentation will be scrutinised by the Board officers and members of the Accreditation Committee (AC) in the context of the background information and an indication of issues outstanding compiled by the course provider's Accreditation Officer (AO).

It will also be considered against the standards set out in Section 2 and, in addition, the following criteria:

- documentation is complete;
- the programme planning demonstrates that it is likely to meet the SETAPs;
- there is one appropriately qualified and experienced acupuncture teacher either in post or appointed two months prior to the planned start of the programme, and firm planning for a second to be appointed within six months of the programme commencing (a total of no less than 1.0 whole-time equivalent between the two posts);



[bit.ly/3-4-4-  
doc-review](https://bit.ly/3-4-4-doc-review)

- firm plans are in place for a teaching clinic to open within six months of the commencement of the programme;
- firm arrangements have been made for the first cohort to observe clinical practice during their first year.

Following discussion by the AC, a written response will be sent to the course provider confirming or postponing the planned Visit. This will set out either:

- the specific points which the Board's Accreditation Visiting Panels will wish to follow up during the Approval for Development to Full Accreditation Visit; or
- the reasons for the postponement.

The AC reserves the right not to proceed with the Visit if the documentation provides no clear evidence that the course provider or programme are likely to be able to demonstrate their potential to meet the Board's requirements during the Visit.



[bit.ly/3-4-5-approval-visit-report](https://bit.ly/3-4-5-approval-visit-report)

#### 3.4.5 Approval for Development to Full Accreditation: Visit and Report

Shortly before the course provider submits its application for Approval for Development to Full Accreditation, a provisional date for an Accreditation Visiting Panel Visit to the course provider is arranged by the Accreditation Officer (AO). The Visit normally takes place within one day and may be combined with University validation if appropriate (see Section 5.6).

The Accreditation Visit is undertaken by an Accreditation Visiting Panel of members approved by the Board, supported by the course provider's designated AO (see Section 5). The Panel will include at least one acupuncturist who is experienced in professional acupuncture education.

The job of the Panel is to ascertain, through all the sources of evidence available to it, whether the course provider and programme are functioning in accordance with Board's Standards for the Education and Training of Acupuncture Programmes (SETAPs), and that the curriculum will meet the Educational Standards, which includes the essential programme hours and content for the programme award.

The Accreditation Visiting Panel will expect to have a discussion with the programme manager who has responsibility for the documents and for the running of the programme, and with everyone else who is closely concerned with the planning and development of the programme. Ideally, an Approval for Development to Full Accreditation Visit will take place a few months before the planned start of the programme; however, the Board recognises that flexibility on dates may be needed, and therefore the Visit may also take place after the programme has started.

Normally, Panel members will have a pre-meeting and a post-meeting on the day of the Visit and the Panel leader will indicate to the course provider, on completion of the Visit, what the Panel's overall recommendation to the Board will be.

### Report on the Visit

The AO will compile the Report on Approval for Development to Full Accreditation, based on the Panel's contributions, normally within 10 days of the Visit. The Report will include any combination of the following:

- Conditions are defined as changes, improvements or enhancements which will be required by the Board within a defined timescale. Conditions may be straightforward issues or more complex matters such as further work on the curriculum, the quality of teaching, clarification of assessment, clinical practice details or policy revisions, etc. Approval for Development to Full Accreditation will not be awarded until conditions have been met.
- Recommendations will highlight issues for consideration by the course team. A report on the outcomes, with a rationale for the action taken or not taken, is expected in the following [Annual Monitoring Audit Form \(AMAF\)](#). Recommendations will include those areas of the curriculum, policies or other issues that require further development but are not of sufficient consequence to be conditions. They are useful as a focus for development of the programme.
- Commendations are for effective practice. Commendations are acknowledged and shared in communications with other course providers, the [British Acupuncture Council \(BAC\)](#), and external organisations.

After being approved by the other members of the Panel, the Report will be sent to the course provider for comment on matters of factual accuracy only.

The Report will be considered by the [Accreditation Committee \(AC\)](#) at its next meeting, and may be amended after this meeting in order to clarify what was found or what is expected. It will then be forwarded to the Board with the AC's summary and recommendation. It may receive further amendments for clarification at this stage.

After consideration of the Report and the AC's overall recommendation, the Board will make a decision about Approval for Development to Full Accreditation.

### 3.4.6 Notification of outcome

The course provider will be officially notified of the outcome of its application by the Chair of the Board. The amended Report will be forwarded to the course provider, including any [Conditions](#), [Recommendations](#) and [Commendations](#).

Approval for Development to Full Accreditation will only be granted when conditions have been met within the timescale indicated.

### Successful outcome

The award of Approval for Development to Full Accreditation is indicative that the Board considers the proposed programme to have the potential to meet the [SETAPs](#), and that the course provider is committed to continuing its development in partnership with the Board.

The course provider will be listed in the appropriate section of the Board's website.



[bit.ly/3-4-6-outcome-notification](https://bit.ly/3-4-6-outcome-notification)



## Unsuccessful outcome

If the course provider has not been awarded Approval for Development to Full Accreditation, the Accreditation Report will clearly state what must be achieved before the course provider resubmits. The course provider will be asked to notify the Board within two months of the Visit whether or not it wishes to remain on the list of course providers in a formal relationship with the Board. If a course provider decides to remain on the list, it will continue to be supported by the **Accreditation Officer (AO)**, and will be expected to resubmit its Approval for Development documentation within one year of the Visit.

Only in exceptional circumstances will a course provider be considered a third time for Approval for Development to Full Accreditation.

A course provider may appeal. Please refer to the **BAAB policy on complaints and appeals**.



[bit.ly/3-5-application-accreditation](https://bit.ly/3-5-application-accreditation)

## 3.5 STAGE 3: APPLICATION FOR FULL ACCREDITATION

Once the programme has received **Approval for Development to Full Accreditation**, the next formal milestone is the application for Full Accreditation.

Course providers with Approval for Development to Full Accreditation are expected by the Board to continue their institutional and programme development, and to submit for Full Accreditation within three years. Normally there will be at least one academic year between Approval for Development to Full Accreditation and submission for Full Accreditation.

On receiving Full Accreditation, any subsequent graduate is eligible for membership of the BAAB, including any student currently enrolled.

Course providers falsely representing their Accreditation status or their graduates' potential for BAAB membership will put their Accreditation status in jeopardy.

To maintain Approval for Development to Full Accreditation, course providers are required to submit on an annual basis:

- **Annual Monitoring Audit Forms (AMAFs)**;
- the relevant **annual institutional fee**.
- for independent course providers: audited or certified accounts.

The details for completing the AMAF are described in **Section 4.2**.

For courses preparing for Full Accreditation, new programme documents should be included with the AMAF as they are developed, such as

- module/unit outlines for the third year of the programme;
- the appointment of staff and their CVs;
- the development of other resources especially clinical facilities;



- an assessment timetable for the whole programme, indicating the nature and timing of all assessments including their weighting within a module/unit and their weighting in the final assessment
- staff and student Handbooks.

### 3.5.1 Timing of application for Full Accreditation

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The timing of an application for Full Accreditation is based on the need for the course provider to demonstrate that the programme meets the **SETAPs**.

Course providers will therefore normally submit for Full Accreditation:

- once their first cohort on the approved for development programme has completed two years of the programme;
- there is external examiner's feedback on the standard of at least their first-year work;
- the teaching clinic has been fully operational for at least a year;
- the first cohort of students has commenced its 'management of patients' clinical experience at least two months prior to the **Accreditation Visit**.



[bit.ly/3-5-1-timing](https://bit.ly/3-5-1-timing)

### 3.5.2 Critical Course Review in the application for Full Accreditation

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The primary document required for Full Accreditation is the Critical Course Review (CCR). This is an overview which includes the developments and issues included in the **Annual Monitoring Audit Form** (AMAF), and provides the assurance that the course is ready for Full Accreditation.

The format of the CCR should follow the topic areas of the Board's 6 **SETAPs** and discuss how the development of the course has reached the requirements of each SETAP.

**SETAP 5** must include a mapping document which demonstrates how the curriculum meets the learning outcomes in the BACC's Educational **Standards** by cross-referencing its learning outcomes to that document. The course provider should refer readers to the module descriptors, learning outcomes and module assessments that show how all of the profession's outcome statements are covered by successfully completing the programme (see **SETAP 4.1**).

The Board is interested to hear about things which have not always gone as planned, and how these have been addressed, or changed in response to whatever problems may have arisen. The ways in which problems are managed is a useful indicator of how effectively course provision is understood and progressed. This can include areas which remain unresolved, with a commentary of the discussion on the ideas and process for resolving them.

The CCR will include references to additional documents, which will be added as appendices and must be clearly cross-referenced within the text.



[bit.ly/3-5-2-CCR-full](https://bit.ly/3-5-2-CCR-full)

Required appendices will include:

- external examiner's report(s) and the programme team's response to these;
- assessment policy;
- clinic policy;
- staff and student Handbooks;
- minutes of programme management/curriculum review meetings;
- minutes of student/staff meetings;
- a review of the strategic and business plan for the programme;
- CVs of all staff involved in the programme, including their roles in relation to the programme;
- an **Institutional Clinical Self-Audit** (ICSA) for compliance with the BAcC's **Code of Safe Practice**.

In addition to the above, for independent course providers

- the audited or certified accounts for the previous year with an explanatory commentary on these.

In addition to the above, for universities:

- any relevant **QAA** audit reports that have been published since Approval for Development to Full Accreditation.



[bit.ly/3-5-3-submitting](https://bit.ly/3-5-3-submitting)

### 3.5.3 Submitting the application for Full Accreditation

Even when the documents listed above have been previously submitted with the **Annual Monitoring Audit Form** (AMAF), they may be required to be submitted again to ensure the Board has the latest version.

Please note the guidelines for submission of electronic documents to the **Accreditation Committee** (AC) are set out in **Section 4.3.4**.

Course providers must ensure that the full and correct title of their current acupuncture programme, including the licentiate or degree award, is on the documentation that is sent to the Board (see **SETAP 1.2**).

Any documents which are only available in hard copy can be made available during the **Accreditation Visit** in the **Accreditation Visiting Panel** members' base room, such as:

- minutes of other relevant meetings (including governors' or trustees' meetings in the case of independent course providers);
- examples of students' assessed work;
- all policy documents.

## 3.5.4 Review of documentation by the AC



[bit.ly/3-5-4-review-docs](https://bit.ly/3-5-4-review-docs)

The submitted documentation will be scrutinised by the Board's officers and members of the **Accreditation Committee** (AC) in the context of the background information and an indication of issues outstanding compiled by the course provider's **Accreditation Officer** (AO).

It will also be considered against the standards set out in **Section 1.3** and, in addition, the following criteria:

- documentation is complete;
- the programme is being implemented as planned with appropriate adjustments and demonstrates that it meets the Board's **Standards of Education and Training for Acupuncture Programmes** (SETAPs) and any other relevant standards;
- the physical and learning resources (including the resources for clinical learning and any online learning system) for the programme to date have been developed appropriately, and there is firm planning to continue the development of these resources to maintain and enhance the quality of the learning environment for the students;
- there is a clear staff development strategy based on performance review and programme development and backed by sufficient resources to support the staff in their roles as subject specialists, teachers and in the generation of scholarly activity;
- there are sufficient appropriately qualified and experienced acupuncture teachers in post to support the professional elements of the programme. This will include a minimum of two qualified and experienced acupuncture teachers (no less than 1.0 WTE) for two cohorts and three (no less than 1.5 WTE) for three cohorts and firm planning to appoint to further posts to take account of increasing student numbers and BAcC clinical supervision requirements;
- the teaching clinic is established with sufficient resources (supervisors, space and mix of patients) to sustain the planned clinical practice;
- programme development is participatory with regular and systematic internal monitoring and evaluation of the programme by staff and students in order to develop and improve all aspects of the curriculum;
- all other required institutional processes, mechanisms and policies are in place and subject to regular review in the quest for improved quality.

Following discussion by the AC, a written response will be sent to the course provider confirming or postponing the planned Visit. This will set out either:

- the specific points which the Board's **Accreditation Visiting Panel** will wish to follow up during the Full Accreditation **Visit**; or
- the reasons for the postponement.

The AC reserves the right not to proceed with the Visit if the documentation provides no clear evidence that the course provider or programme are likely to be able to demonstrate their potential to meet the Board's requirements during the Visit.



[bit.ly/3-5-5-fa-visit-reports](https://bit.ly/3-5-5-fa-visit-reports)

### 3.5.5 Full Accreditation: Visit and Reports

Because there will be more to see and to discuss, the Full Accreditation Visit will be significantly longer than the Approval for Development to Full Accreditation Visit.

The Full **Accreditation Visiting Panel** will normally consist of three to four members, including the **Accreditation Officer** (AO). In addition, an **observer** will be appointed by the Board and the course provider is invited to appoint its own **institutional observer**. Where possible, the Panel will include some members who visited for **Approval for Development to Full Accreditation**, and will always include a minimum of two acupuncturists and normally one non-acupuncturist who will also be the Panel leader.

The Board's Observer does not take part in the formal Accreditation processes, but is present to observe the Panel's processes of review and to report back to the Board on the integrity of the process.

The Full Accreditation Visit will normally extend over three days and will include observation of:

- classroom teaching, and any teaching delivered via an online learning system;
- observation of clinical teaching and supervision;
- scrutiny of student work and its assessment;
- the reading of minutes of relevant meetings; and
- other document scrutiny.

The Panel will expect to discuss all aspects of the programme with:

- students and teachers;
- clinical supervisors;
- relevant administrative staff;
- managers, including the trustees or governors of independent course providers, and whichever senior officers have responsibility for resources and quality management in universities.

The Accreditation Visiting Panel will expect to follow up the issues identified by the **Accreditation Committee** (AC), but may also pursue other issues that arise from discussions, observations or any other aspect of their Visit.

The Visit will include external verification of compliance in the clinic with the BAC's **Code of Safe Practice** (see **Section 5.3.4**). This forms a discrete aspect of the Visit, with its own report, and should be separated as far as possible from the observation of clinical teaching.

It is important that students and teaching staff will be available for discussion with the Panel, as well as the programme leader(s), clinical supervisor(s) and senior manager(s). On the day they arrive, the Panel will normally have a Panel pre-meeting and a meeting with senior staff of the course provider, undertake the external clinic verification, and some scrutiny of course work, leaving two full days for discussion with the various groups and for observation of teaching in classrooms and the clinic. At the end of the final day, the Panel will compile their draft Report,

and will meet with senior staff to indicate to the course provider their overall recommendations to the AC.

The timetable for the Visit will be arranged between the AO, the Panel leader and the programme manager or other relevant person in the course provider in good time prior to the Visit, and should allow for some flexibility during the Visit. The AO will send the course provider a sample timetable to assist in making the arrangements.

See [Section 5](#) for more detailed information regarding Accreditation Visits.

#### Report on the Full Accreditation Visit

The AO and/or the Panel leader will compile the Full Accreditation Report based on the Panel's contributions, within 10 days following the Visit. The Report will include any combination of the following:

- Conditions which are defined as changes, improvements or enhancements which will be required by the Board within a defined timescale. Conditions may be straightforward issues or more complex matters such as further work on the curriculum, the quality of teaching, clarification of assessment, clinical practice details or policy revisions, etc. Full Accreditation will not be awarded until conditions can be demonstrated to have been met;
- Recommendations which highlight issues for consideration by the course team. A report on the outcomes of the course team's consideration, with a rationale for the action taken or not taken, is expected in the following [Annual Monitoring Audit Form \(AMAF\)](#). Recommendations will include those areas of the curriculum, policies or other issues that require further development but are not of sufficient consequence to be conditions. They are useful as a focus for development of the programme;
- Commendations are for effective practice. Commendations are acknowledged and shared in communications with other course providers, the BAAC, and external organisations.

After being approved by the other members of the Panel, the Report will be sent to the course provider for comment on matters of factual accuracy only.

The AC will then consider the Panel's Visit Report, the Report of the Board's Observer, together with comments from the course provider on matters of factual accuracy, amending the Visit Report as necessary. They will then send the Visit Report and the Observer's Report, together with a summary of their discussion and their overall recommendation, to the Board.

After consideration of the Reports and the AC's overall recommendation, the Board will make a decision about the award of Full Accreditation.

#### 3.5.6 Notification of outcome

The course provider will be officially notified of the outcome of its application by the Chair of the Board. The amended Report will be forwarded, including any [Conditions, Recommendations and Commendations](#).



[bit.ly/3-5-6-notification](https://bit.ly/3-5-6-notification)

Full Accreditation will only be granted when Conditions have been met within the timescale indicated.

#### Successful outcome

The award of Full Accreditation is indicative that the Board considers that the programme is meeting the SETAPs and that the course provider is committed to continuing its development in partnership with the Board.

Please note that when awarding and issuing its certificates of Accreditation to successful course providers, the Board will always use the programme title that appears in the course provider's own most recent documents and will take no responsibility if this is out-of-date or inaccurate.

Course providers may then publicise that the programme is fully accredited, and their graduates are eligible to apply for membership to the BAAC. Such course providers will be issued with a Certificate of Accreditation by the Board. This certificate remains the property of the Board and must be returned if requested, should the Accreditation status of the course provider or programme be changed. Fully accredited course providers may also use the Board's logo on relevant letterheads and publicity material including their websites.

The decision of the Board regarding Full Accreditation of a course provider will be reported to the British Acupuncture Council and will be published in the **listing of all the fully accredited programmes** on the BAAB website.

#### Unsuccessful outcome

If the course provider has not been awarded Full Accreditation, the Accreditation Report will clearly state what must be achieved before the course provider resubmits. The course provider will continue to be supported by the **Accreditation Officer (AO)**, and will be expected to resubmit its Full Accreditation documentation within two years of the Visit. Exceptionally a course provider may request an extension, stating clearly why this is necessary and what it is doing to rectify whatever is preventing its progress to Full Accreditation.

Should a course provider fail to resubmit within the required time, its situation and status will be subject to reconsideration by the Board.

Only in exceptional circumstances will a course provider be considered a third time for Full Accreditation.

A course provider may appeal. Please refer to the **BAAB policy on complaints and appeals**.

## 4. MAINTAINING ACCREDITATION

This section describes the Board's processes and procedures for maintenance of Accreditation.

### 4.1 INTRODUCTION TO MAINTAINING ACCREDITATION

Accreditation is maintained through

- The **Annual Monitoring Audit Form (AMAF)**;
- dialogue with the course provider's **Accreditation Officer (AO)**, demonstrating continuing development of the accredited programme to meet the **SETAPs**;
- demonstrating robust and critically reflective management of the programme through periodic **Re-Accreditation**;
- submitting **institutional fees** to the Board.



[bit.ly/4-1-intro](https://bit.ly/4-1-intro)

### 4.2 ANNUAL MONITORING AUDIT FORM (AMAF)

The Annual Monitoring Audit Form (AMAF) provides assurance that course providers continue to meet the BAcC's **Educational Standards** and the Board's **Standards for Education and Training for Acupuncture Programmes (SETAPs)**. It also provides quality assurance that the course provider continues to meet the threshold standards set out in **Section 1.3**, and maintains the course provider's status as an accredited course provider.

This yearly assurance allows periodic **Re-Accreditation** to be held normally at four to six year intervals, rather than more frequently.

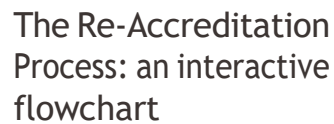
All course providers in a formal relationship with the Board are required to submit an AMAF to the Board each year. The form reflects the previous academic year (September to August) and demonstrates planning for the current academic year.

The Board believes that the main vehicle of effective programme development and improvement is rigorous, regular, reflective and self-critical evaluation, involving all those connected with managing, teaching, assessing, resourcing or participating in the programme. The AMAF is part of this ongoing evaluation, and provides a structured form for reporting on developments.

The AMAF for the relevant year, along with submission dates, will be sent to course providers in early autumn. The AMAF is also **available for download** on the BAAB website.



[bit.ly/4-2-AMAF](https://bit.ly/4-2-AMAF)





### 4.2.1 Completing the AMAF

A separate **Annual Monitoring Audit Form** (AMAF) must be completed for each BAAB accredited programme.

The Board expects the completed AMAF to be concise and evaluative rather than descriptive, and to be both honest and self-critical.

Seven sections of the AMAF should be completed:

- Section 1 About the course provider
- Section 2 Course leader's Evaluative Summary of the programme in past academic year, including
  - addressing issues raised from the **Accreditation Committee** (AC)'s response to last year's AMAF
  - evaluating the delivery of the course throughout the year including any issues and developments that have arisen and how these have been responded to.
  - responding to issues arising from aspects of the AC's work.
- Section 3 Response to external examiners' reports
- Section 4 Course statistics and evaluation of course statistics
- Section 5 Action plans, including
  - action plan for last year with outcomes, and
  - action plan for current year with person responsible and target date.
- Section 6 Mapping document, identifying any changes and enhancements for each **SETAP**
- Section 7 Declaration, providing assurance that the programme continues to meet the threshold standards set out in **Section 1.3**.



[bit.ly/4-2-1-completing-AMAF](https://bit.ly/4-2-1-completing-AMAF)

### 4.2.2 Supporting documents

The **Annual Monitoring Audit Form** (AMAF) is submitted with a range of supporting documents including:

- external examiners' reports;
- internal quality document completed and approved in past twelve months, if applicable;
- any external quality monitoring document completed in past twelve months, if applicable, eg **QAA** report;
- documentation relating to any significant changes made to the programme which impact upon the **SETAPs** mapped in Section 7 of the AMAF;
- **Institutional Clinical Self-Audit** (ICSA);
- audited or certified accounts, which may submitted at a different time of the year, when the accounts have been completed;
- documentation relating to formal complaints and grievances in an Appendix, with a commentary on these in the main report.



[bit.ly/4-2-2-supporting-docs](https://bit.ly/4-2-2-supporting-docs)



bit.ly/4-2-3-  
ICSA

### 4.2.3 Institutional Clinical Self-Audit (ICSA)

This section describes the institutional clinical self-audit which is sent with the **Annual Monitoring Audit Form (AMAF)**, which ensures that the course provider's teaching clinic(s) are compliant with the British Acupuncture Council (BACc)'s **Code of Safe Practice**.

The BACc's safe practice self-audit tool for members has been adapted as the ICSA for course providers to use in their annual self-audit.

#### Clinic policy and ICSA review

Course providers are expected to have a policy for the management of the teaching clinic(s), the practices within, and the supervision of students (**SETAP 5.3**). The clinic policy should incorporate or make reference to the BACc **Code of Safe Practice** and **Guide to Safe Practice**, and detail the way in which compliance with the Code will be monitored. Internal peer review of compliance should be considered.

There will be a named co-ordinator for the clinic with responsibility for ensuring that the premises and facilities enable acupuncture practitioners and students to comply with the Code of Safe Practice. The clinic co-ordinator will have responsibility for ensuring that the clinic policy is developed, implemented and reviewed, although overall responsibility for standards of practice in the teaching clinic rests with senior managers.

Course providers that use alternative acupuncture practices for the direct supervision of students, are required to have clear policies in place regarding their selection and monitoring (see **SETAP 5.5**). Where possible, these practices should comply with the BACc's Code of Safe Practice and be subject to their own self-audit. The course provider, however, is not required to include these practices in their ICSA.

Practices used only for observation purposes do not need to be included in the ICSA.

#### Self-audit

Acupuncture teachers and supervisors should audit their own practice at least once a year. Senior students on acupuncture courses should undertake a self-audit prior to the completion of their course in order to review the safety of their practice and to familiarise themselves with the process of self-audit. Peer-to-peer auditing is a useful way to bring a fresh view to the audit, and potentially a more thorough assessment process.

The audit tool is broken down into 4 key parts as follows:

- |        |   |
|--------|---|
| Part A | Clinic details and a summary of the process of the self-audit                   |
| Part B | A checklist to ensure the teaching clinic has all the relevant documentation.   |
| Part C | A record of the findings and actions that need to be taken following the audit. |

- Part D This requires an assessment about whether the criteria set out in the Code are met. The ICSA requires a reflective process to encourage the improvement of standards in the teaching clinic.

#### ICSA review and action plan

Once the ICSA has been completed, the clinic co-ordinator, and the head of the acupuncture course and other clinical staff if appropriate, should review the audit, including any issues outstanding from the previous year, making use of the Guide to Safe Practice and any other relevant literature and discussions they have had about safe practice.

An institutional safe practice action plan will then be developed. This may include changing procedures, specific support for supervisors, more general staff development or the provision of additional or renewed facilities. It should focus not only on rectifying non-compliance but on developing a strong culture of enhancing safe practice within all clinic areas.

The findings of this review and the action plan should then be summarised in Part C of the ICSA.

ICSA records should be retained within the organisational records of the teaching clinic for a minimum of three years in order that comparisons can be made year on year.

#### Submission of documentation to the Accreditation Committee

Course providers must submit Part A (the details, process of self-audit summary, and actions from the previous year's audit) and Part D (details of the audit) to the [Accreditation Committee](#) (AC) as an appendix to their Annual Monitoring Audit Form (AMAF) or Accreditation documentation. Please note that the self-audit records themselves are not required.

For a [Full Accreditation](#) or [Re-Accreditation](#), the clinic policy ([SETAP 5.3](#)) is also required.

Course providers submitting for [Approval for Development to Full Accreditation](#) but with no clinic in place, are required to submit plans for the clinic and their draft clinic policy document at this stage. Self-audit of clinic facilities must take place as soon as is practicable and the institutional safe practice review and action plan must be submitted with any interim AMAF and with the documentation for Full Accreditation. A Full Accreditation [Visit](#) will not take place until this review has been received.

#### 4.2.4 Audited or certified accounts (independent course providers only)

If a course provider has been fully audited under Company/Charity law, they should submit their final accounts and the Audit Certificate. If not subject to full audit, the final accounts appropriately certificated by an authorised accountant is sufficient.



[bit.ly/4-2-4-accounts](https://bit.ly/4-2-4-accounts)

Details of resource budgeting will be reviewed at Re-Accreditation accompanied by a commentary including:

- an account of actual expenditure deployed by the course provider or faculty to support student learning, e.g. resources spent on library, student IT access, classroom or clinic equipment, staff development, etc
- details of any current or future expenditure plans
- a commentary on any significant financial challenges faced by the course provider and/or programme, and how these are being addressed.

Universities are not required to submit detailed annual financial statements in the same way but the Board reserves the right to ask Universities for detailed financial information should information in the public domain indicate financial insecurity.



[bit.ly/4-2-5-submission](https://bit.ly/4-2-5-submission)

#### 4.2.5 Submission dates

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See [Section 4.3.4](#) for guidance on how to submit electronic documentation to the AC.

Submission dates and the current [Annual Monitoring Audit Form \(AMAF\)](#) are sent to course providers at the beginning of the academic year. The form is also [available for download](#) on the BAAB website. The dates are normally a month prior to an [Accreditation Committee \(AC\)](#) meeting and will usually be in September, February, and (by arrangement) in May.

The AC secretary will send out at least two reminders of the dates for submitting AMAFs.

Preparing for the AMAF is considered as a normal and ongoing part of the internal quality review of a programme. Other planned work or holidays are not acceptable reasons for late submissions. Course providers may, in advance of the deadline, provide a justifiable reason for a late submission. These will be considered on a case by case basis. If accepted, a revised date will be set in order for AC members to rearrange their work schedules.

Unplanned late submissions are considered as a 'red flag', and may initiate an [Accreditation Officer \(AO\)](#) visit at the expense of the course provider.

There is no necessity to submit an AMAF for the academic year in which the course provider has an Accreditation [Visit](#). In the following year, the AC will expect a submission which includes reporting on any [Conditions or Recommendations](#) made at the Review.



[bit.ly/4-2-6-evaluating-AMAF](https://bit.ly/4-2-6-evaluating-AMAF)

#### 4.2.6 Process of evaluating the AMAF

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When received by the Board, the [Annual Monitoring Audit Form \(AMAF\)](#) is approached in a spirit of peer review (see [Section 1.1](#)).

The [Accreditation Committee \(AC\)](#) has a designated acupuncturist and educationalist member for each course provider. The AMAF is sent to them, and

they work together to write a detailed report for the AC. Members set aside time to carefully read, consult and report on the AMAFs for which they are responsible.

This report is discussed by the Committee at the relevant meeting, and written feedback is sent to the course provider after the meeting. The Board expects this feedback to be considered by the course team and reported on in the next AMAF.

If the AMAF raises particular concerns, the AC may ask the course provider's **Accreditation Officer** (AO) to arrange a **Special Visit** to address the issues directly with the course provider, and report back to the AC.

## 4.3 RE-ACCREDITATION

The Board undertakes Re-Accreditation **Visits** to all Accredited programmes every 4-6 years (see **Section 5**). The Re-Accreditation process provides external verification that course providers continue to meet the **threshold standards** (see **Section 1.3**) and continue to develop their provision.

Possible outcomes following Re-Accreditation are described in **Section 4.3.9**.



[bit.ly/4-3-re-accreditation](https://bit.ly/4-3-re-accreditation)

### 4.3.1 Criteria for success at Re-Accreditation

The following list is a guide to the criteria that a successful programme meets at Re-Accreditation:

- the required documentation is complete;
- the programme is being managed as planned with appropriate adjustments and is meeting the Board's threshold standards as set out in **Section 1.3**;
- the physical and learning resources for the programme have been developed appropriately to maintain and enhance the quality of the learning environment for the students;
- there are sufficient appropriately qualified and experienced acupuncture teachers in post to support the professional elements of the programme, including meeting the BAcC clinical supervision requirements;
- the teaching clinic is established with sufficient resources (supervisors, space and range of patients) to continue to sustain clinical practice;
- programme development is participatory, with regular and systematic internal monitoring of the programme by staff and students, to support development and enhancement of the curriculum;
- there is a clear staff development strategy, based on performance review and programme development, and backed by sufficient resources to continue to support staff in their roles as subject specialists, teachers, and in the generation of scholarly activity;
- scholarly activity is actively pursued by staff, in the form of research, presentation of papers, publication in scholarly journals and consultative



[bit.ly/4-3-1-re-accreditation-criteria](https://bit.ly/4-3-1-re-accreditation-criteria)

work, and this is contributing to the ongoing teaching and development of the programme;

- all other institutional processes, mechanisms and policies are being reviewed in the quest for improved quality.



[bit.ly/4-3-2-re-accreditation-timing](https://bit.ly/4-3-2-re-accreditation-timing)

#### 4.3.2 Timing of Re-Accreditation

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The timing of a Re-Accreditation is usually determined by the overall progress of a programme, as demonstrated through the regular **Annual Monitoring Audit Forms (AMAFs)**. The **Accreditation Officer (AO)** recommends to the **Accreditation Committee (AC)** the anticipated year of the Re-Accreditation, normally agreeing this with the programme leader by January of the preceding academic year.

##### Less frequent Re-Accreditations

Some programmes are subject to less frequent Re-Accreditations - normally at a maximum interval of four to six years. These programmes will be demonstrating, through the AMAF and AO contact:

- Robust systems of management, evaluation and development;
- Evidence of responsiveness to student, external examiner and Board feedback;
- Sustained student recruitment and retention.

##### More frequent Re-Accreditations

Some programmes may be subject to more frequent Re-Accreditations if they give rise to persistent concern for the Board. For instance, these programmes may be demonstrating, through the AMAFs and AO visits:

- Issues with the overall management or operation of the programme;
- Issues with student or staff recruitment or retention;
- Issues with meeting the required standards

An exceptional Re-Accreditation may be required at shorter notice if the Board considers it necessary in the light of, for instance, very substantial changes to the programme, staffing or location of a programme.

Recently accredited programmes normally undertake a Re-Accreditation within four years of achieving Full Accreditation.

### 4.3.3 Documentation required for Re-Accreditation



[bit.ly/4-3-3-re-accreditation-docs](https://bit.ly/4-3-3-re-accreditation-docs)

Documentation for the Re-Accreditation is the result of the reflective and self-critical evaluation of the programme by all those involved. It provides evidence that the course provider is continuing to meet the requirements of the Board, and is developing professional and scholarly activity appropriate to an accredited programme.

If a course provider is submitting documents for Re-Accreditation, they will not need to submit an **Annual Monitoring Audit Form (AMAF)** in the same year.

#### Critical Course Review (CCR)

The primary requirement for Re-Accreditation is the Critical Course Review (CCR) of the programme. The CCR is a full critical evaluation of the programme over the period since Full Accreditation or the previous Re-Accreditation. It assesses the programme's status in relation to the Board's **SETAPs**, and provides an overview of developments included in the AMAFs since the last Accreditation event.

The CCR should follow the format of the Board's **SETAPs 1-6** and include the following supporting documents:

- a list of all staff involved in the programme, including their roles and CVs;
- a mapping document showing where the learning outcomes of the BAAC's Educational **Standards** are covered in the curriculum;
- an outline of the entire programme, including an outline of all modules/units in the student Handbook and/or the programme/Handbook;
- the clinical Handbook;
- details of any changes to the pattern of management of the programme;
- sets of minutes, covering the previous three most recent meetings, for all key committees, such as the Board of Governors/Advisory Board/Trustee meetings, Resource or Finance Committee meetings, Staff-Student liaison groups and Programme Management/Curriculum Review meetings (or their equivalents);
- a review of the strategic and business plan for the programme;
- a revised or current business/action plan;
- the completed pro-forma for the annual **Institutional Clinical Self-Audit (ICSA)**, with a summary of developments over the years since Full Accreditation or the last Re-Accreditation;
- a summary and evaluative review of any formal complaints or significant clinical incidents that have occurred since Full Accreditation or the last Re-Accreditation, and changes made to policy or procedures as a result;
- for independent course providers, audited or certified accounts for the previous year with an explanatory commentary;
- a resource report showing budgetary allocations over the last three years for strategic developments, libraries, staff and curriculum development, learning

technology, student welfare support, clinical equipment and resources, institutional support for research and scholarship, development of premises;

- any recent QAA or other external reviews.

The Critical Course Review should contain a clear Table of Contents including all supporting documents as appendices. Ideally, all the CCR papers should be combined as one document with hyperlinks to referenced documents; otherwise clear references should be given to external file names of all appendices. This helps readers to find relevant sections more easily.

As Accreditation Committee (AC) and Accreditation Visiting Panel members scrutinise the submission, they may request further documents as necessary. The designated Accreditation Officer (AO) will let the course provider know if anything further is required.



[bit.ly/4-3-4-submit-electronic-docs](https://bit.ly/4-3-4-submit-electronic-docs)

#### 4.3.4 How to submit electronic documentation for Accreditation or Re-Accreditation

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Documentation for accreditation is submitted electronically to the Board either by email or via a file-sharing-system compliant with the requirements of GDPR legislation.

Course providers should liaise with the Accreditation Committee (AC) secretary to ensure a submission is safely received.

- Where possible, documents should be submitted in Word format to allow highlighting and notes to be added by readers.
- All supporting documents must be clearly labelled as Appendix 1, 2, etc, and clearly referred to in both in the table of contents, and in the text;
- The full and correct title of the course provider's current acupuncture programme, including the award, is clearly stated on the documentation that is sent to the Board.



[bit.ly/4-3-5-visit-docs](https://bit.ly/4-3-5-visit-docs)

#### 4.3.5 Documentation to be made available at the Visit

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In line with environmental considerations, the Board wishes to avoid

- the need to provide hard copies of electronically-available documents
- the need to scan documents only available in hard copy

Therefore, any documents which are available electronically can be sent in advance of the visit. Any documents which are only available in hard copy may be seen by the Visiting Panel in the base room during the visit. These should be clearly labelled and may include:

- examples of a range of students' assessed work, such as has been sent to external examiners, including the assignment itself, and marking criteria, completed mark sheet and feedback;



- policy documents;
- certificates (fire, electrics, safety, First Aid etc);
- student portfolios.

If some of the documentation to be viewed during the Visit is in electronic format, course providers should ensure that either there are at least two computers with access to the online platform in the base room; or that Panel members' laptops can be enabled to access all the documentation during the Visit.

See also the list of documentation at the end of each of the [SETAPs](#).

#### 4.3.6 Review of documentation by the Accreditation Committee

The submission is made available to all members of the [Accreditation Committee](#) (AC) once it has been received at the BAAB office. Two acupuncturist and educationalist readers who normally review the [Annual Monitoring Audit Forms](#) (AMAFs) for a given course provider will provide a detailed written report on the submission, and the [Accreditation Officers](#) AOs will provide background information and comment. The AC discusses the submission and agrees specific points to be followed up at the [Visit](#). A written response is then sent to the course provider, confirming or postponing the planned Visit, and setting out the topics to be explored.



[bit.ly/4-3-6-ac-doc-review](https://bit.ly/4-3-6-ac-doc-review)

#### 4.3.7 The Re-Accreditation Visit

The Re-Accreditation Visit is undertaken to confirm the course provider's own assessment of the programme in relation to the [SETAPs](#).

The [Accreditation Visiting Panel](#) usually has three or four members, including the [Accreditation Officer](#) (AO) and a minimum of two experienced acupuncturist educationalists. The Visit normally extends over two to three days.

The Panel will follow up the issues identified by the [Accreditation Committee](#) (AC) but may also pursue other issues that arise during the Visit.

The Panel expects to discuss all aspects of the programme with students, graduates, teachers, clinical supervisors, and relevant administrative staff and managers. They also meet with trustees/governors of independent course providers and senior management with responsibility for resources and quality management in universities.

The Visit includes a tour of facilities, scrutiny of assessed student work and other documents in the base room, and where possible, observation of classroom teaching and clinical supervision.

There is an external verification of compliance with the BACC's [Code of Safe Practice](#) in the teaching clinic, using the [Institutional Clinical Self-Audit](#) (ICSA). The ICSA verification is conducted separately from observation of clinical teaching, and is carried out when the clinic is not in use.

For detailed information about visits, see [Section 5](#).



[bit.ly/4-3-7-re-accreditation-visit](https://bit.ly/4-3-7-re-accreditation-visit)

The Visit ends with a formal summary of the Accreditation Visiting Panel's impression of the programme's compliance with the SETAPs, and any Conditions, Recommendations or Commendations that they will advise to the AC and the Board (see [Section 4.3.8](#)).

These outcomes are provisional and may be amended by the AC or the Board as the Re-Accreditation Report is passed to them for consideration.



[bit.ly/4-3-8-re-accreditation-report](https://bit.ly/4-3-8-re-accreditation-report)

#### 4.3.8 The Re-Accreditation Report

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The [Accreditation Officer](#) (AO) and/or the Panel leader writes the Report based on the notes taken during the [Visit](#), and in consultation with the other [Accreditation Visiting Panel](#) members. The Report may contain Commendations of effective practice, Conditions which must be met and Recommendations for improvement and enhancements (see [Section 4.3.9](#) for a fuller description of Commendations, Conditions and Recommendations).

Once agreed by the Panel, the Report will be sent to the course provider for comment on matters of factual accuracy only.

The amended draft is discussed at the next [Accreditation Committee](#) (AC) meeting where the members of the Accreditation Visiting Panel are present to explain and justify their overall recommendation.

Once the AC has agreed on the Report and its outcomes, it is sent on to the Board with an overall recommendation from the AC that the programme either

- fully meets the standards (see [Section 2](#)); or
- meets the standards with certain conditions to be met within a timeframe; or
- (exceptionally) does not meet the SETAPs.

The Board will consider the Report at its next meeting where the Chair of the AC and the AOs are present to explain and justify the AC's overall recommendation. After discussion, the Board members vote on a formal resolution regarding the Accreditation status of the course.

The final Report and the Board's resolution on the outcome is sent from the Chair of the Board to the course provider as soon as possible after the meeting.



[bit.ly/4-3-9-re-accreditation-outcomes](https://bit.ly/4-3-9-re-accreditation-outcomes)

#### 4.3.9 Outcomes of Re-Accreditation

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The [Re-Accreditation Report](#) will include any combination of the following findings:

- Conditions: defined as changes, improvements or enhancements required by the Board within a defined timescale;
- Recommendations: highlight issues for consideration by the course provider. A report on the outcomes of their consideration, with a rationale for the action taken or not taken, is expected in the following [Annual Monitoring Audit Form](#) (AMAF);

- Commendations: of effective practice. Commendations are acknowledged and shared in communications with other course providers, the BAAC, and external organisations.

If the programme is found to fully meet the **Threshold Standards** and there are no Conditions, Re-Accreditation is confirmed and a new Certificate of Accreditation is sent to the course provider with the final Report.

If the programme largely meets the Threshold Standards, but is subject to conditions, Re-Accreditation is confirmed and the Certificate of Accreditation is sent with the final Report, on the assumption that the conditions will be met within the timeframe given. In this case, evidence confirming the programme now meets the Threshold Standards is expected to be submitted to the **Accreditation Committee (AC)** within the given timeframe.

If this evidence is not received, or in the unlikely event of the programme not meeting the **SETAPs**, then after considering all the evidence presented to it, the Board has three options:

1. The Board may offer a time extension, and invite the course provider to resubmit documentation by a specific date with support and guidance from the Board officers. The resubmission will provide evidence of compliance with the SETAPs;
2. The Board may inform the course provider in writing that their Accreditation status is being reconsidered, and that evidence of compliance with the SETAPs must be submitted by a given date. If documentation is not received, or is not considered acceptable, the course provider is warned that their Accreditation status may be suspended;
3. The Board may suspend the course provider's Accreditation.

#### 4.3.10 Suspension of Accreditation

The Board reserves the right to suspend Accreditation if a programme fails to meet the requirements for continuing Accreditation as set out in this Handbook, or fails to meet the expectations of the Board. Specifically:

- if the course is in substantial non-compliance with the threshold standards set out in **Section 1.3**;
- if the course provider fails to submit documentation or provide evidence of actions within the time limits set by the Board;
- if the course provider makes unapproved changes of institutional, management and/or programme arrangements, making the programme ineligible for Accreditation;
- if the course provider fails to comply with all relevant laws and regulations;
- if the course provider deliberately misrepresents its relationship to the Board or to other bodies;
- if the course provider does not pay agreed fees owed to the Board.



[bit.ly/4-3-10-suspension](https://bit.ly/4-3-10-suspension)

In any of these circumstances, the Board considers all the information available to it and may invite representatives of the course provider to the Board to put their case before suspending Accreditation.

See [Section 4.6.2](#) for details of the terms of suspension.



[bit.ly/4-4-major-changes](https://bit.ly/4-4-major-changes)

#### 4.4 MAJOR CHANGES TO ACCREDITED PROGRAMMES

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It is the responsibility of the course provider to inform the [Accreditation Officer](#) (AO) and the Board of any Major Change to the accredited programme.

Major Changes to an accredited programme might include:

- a change in any one year of more than 25% of the content of any module, unit or section of the previously accredited programme;
- a significant change or addition to the mode of study in which the programme was accredited, e.g. changing the teaching and learning on a module from a classroom-based group learning context to individualised learning using an online learning system;
- an increase in the number of students, or number of student intakes in a year;
- changes to any part of the regulations of the programme, including:
  - programme title;
  - admission regulations;
  - assessment regulations;
  - progression regulations;
  - graduation regulations;
- changes in the host organisation or affiliated higher education course provider.
- major organisational changes such as
  - change of location, including the location of teaching clinic;
  - change of principal or course leader in an independent course provider, or a programme or pathway leader in a University-based programme;
  - changes in ownership, management or contractual affiliations with other course providers.

Please note that Full Accreditation status does not transfer automatically with changes in ownership or type of control.

Normally major changes are anticipated and planned, and will therefore be included in the course provider's [Annual Monitoring Audit Form \(AMAF\)](#). 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 relevant AMAF.

In the event that a major change has not been anticipated in the AMAF, the programme leader should inform their AO and write to the chair of the **Accreditation Committee** (AC) outlining the changes as indicated above.

Normally this will be discussed at the next AC meeting. Exceptionally, after discussion with the course provider's AO and the lead AO, the chair may take chair's action and report this to the next AC meeting.

The AC will decide in all cases if the proposed changes are substantial enough to warrant an amendment to the terms of Accreditation awarded by the Board, including the imposition of new Conditions or Recommendations (**Section 4.3.9**).

#### 4.5 LEGAL OR FINANCIAL DIFFICULTIES

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[bit.ly/4-5-legal-financial](https://bit.ly/4-5-legal-financial)

##### Legal proceedings

It is the responsibility of the course provider to inform the Board's office, the **Accreditation Officer** (AO) and the chair of the **Accreditation Committee** (AC) by receipted email whenever the course provider's acupuncture programme, acupuncture staff, or the course provider itself, are involved in or threatened with legal proceedings.

Further details may be requested about the background and nature of those proceedings.

'Legal proceedings' means:

- any action that involves the civil or criminal law;
- any action brought before a small claims court;
- any case taken to an industrial tribunal.

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

In all such cases the course provider is required to keep the Board's AO informed about the progress of the case and its outcome. In some circumstances the course provider may also be required to send a written report of the case and its outcome to all Board members.

##### Financial difficulties

All course providers, including Universities, are required to report financial difficulties that might affect the acupuncture programme and its students, as soon as these become apparent.



[bit.ly/4-6-status-reconsideration](https://bit.ly/4-6-status-reconsideration)

## 4.6 RECONSIDERATION OF ACCREDITATION STATUS

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The Board reserves the right to reconsider the Accreditation status of a course provider and programme at any time if, after a reasonable period of notice and warning, any of the following apply:

- a course provider fails to submit documentation within the time limits set by the Board;
- a course provider substantially alters the institutional, management and/or programme arrangements on which it received its Accreditation status, without approval of the Board;
- a course provider fails to provide evidence of actions required by the Board;
- a course provider deliberately misrepresents its relationship to the Board;
- a course provider fails to pay its duly agreed fees owed to the Board;
- a course provider is deemed, after due process, to be in substantial non-compliance with the Board's threshold standards as set out in [Section 1.3](#).

In any of these circumstances, and after due consideration and overall recommendation by the [Accreditation Committee](#) (AC), the Board will consider all the institutional information available to it and may invite representatives of the course provider to the Board to put their case.



[bit.ly/4-6-1-board-options](https://bit.ly/4-6-1-board-options)

### 4.6.1 Options available to the Board

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After considering all the evidence presented to it, the Board has three options:

1. The Board may extend the deadline and invite the course provider to resubmit documentation, or provide other evidence of compliance by a given date, after receiving further specific support and guidance from the Board officers;
2. The Board may inform the course provider in writing that its Accreditation status is being reconsidered and that unless acceptable documentation is submitted by a given date, which should be no more than three months after the Board's letter, its Accreditation with the Board will be suspended;
3. The Board may suspend the course provider's Accreditation.



[bit.ly/4-6-2-terms-suspension](https://bit.ly/4-6-2-terms-suspension)

### 4.6.2 Terms of suspension

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Suspension will not last for more than one calendar year from the Board meeting at which the decision was reached. The terms of reinstatement are at the absolute discretion of the Board.

During that year, the course provider is required to produce the evidence required by the Board to their satisfaction or to withdraw from its association with the Board.

While its course is suspended, the course provider remains in a formal relationship with the Board under the status of 'subject to Accreditation by the British Acupuncture Accreditation Board', and the Board will expect to see programme publicity incorporating this phrase.

During the period of suspension, graduating students will not be eligible to apply for direct entry to BAAC membership, and the course provider is required to inform all actual and prospective students that this is the case. The Board requires a copy of this notification to students.

The Board requires course providers that have had their course's Accreditation suspended to return their Board Certificates of Accreditation and to provide evidence that they no longer use the Board's logo on any publication, including in letters and any printed matter, on the internet, in email or in any form of social media.

The Board will publicise the programme's new status of 'subject to Accreditation by the British Acupuncture Accreditation Board' in its own publications and on its [website](#).

#### 4.6.3 Appeals procedure

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In the event of suspension, the course provider has the right of appeal.

The appeal statement and supporting documentation should be received within 30 days of the Board meeting at which the decision was reached, and the appeal will be considered in the first instance at the following Board meeting.



[bit.ly/4-6-3-appeals](https://bit.ly/4-6-3-appeals)

#### 4.6.4 Exceptional circumstances

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The chair of the Board has the authority to suspend the Accreditation of a course provider at whatever stage they have achieved, with immediate effect; this power may be exercised in exceptional circumstances.

Such exceptional circumstances will include, but not be limited to, the cessation of trading of an independent course provider. Such a decision must be taken in consultation with the chair of the [Accreditation Committee](#) (AC) and following an email to all members of the Board. At least 50% of Board members must respond in approval of such action. As well as members of the Board, all the heads of accredited course providers will be notified if such action is taken, and the decision must be ratified at either the next available Board meeting or an extraordinary Board meeting called for the purpose.

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



[bit.ly/4-6-4-exceptional-circumstances](https://bit.ly/4-6-4-exceptional-circumstances)



[bit.ly/4-6-5-accreditation-withdrawal](https://bit.ly/4-6-5-accreditation-withdrawal)

#### 4.6.5 Withdrawal of Accreditation

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After a period of suspension, the Board will consider the status of the suspended course provider. Should the course provider not have met the requirements, the Board may withdraw from its association with the course provider. The course provider will be notified that it is no longer in a formal relationship with the Board.

The Board will require the course provider to return its Board certificates of Accreditation if it has not already done so, and to provide evidence that it no longer uses the Board's logo on any publication, including in letters and any printed matter, on the internet, in email or in any form of social media.

The Board will publicise the fact that the course provider is no longer in a formal relationship with the Board on its [website](#).

The decision of the Board is final. The course provider may not seek to submit a [New Programme Proposal](#) for consideration for at least three years.



## 5. ACCREDITATION VISITS

In this section of the Handbook, the Board sets out its expectations about the conduct of its Visits.

### 5.1 INTRODUCTION TO ACCREDITATION VISITS

A formal Accreditation Visit by the Board's representatives will normally follow the successful submission of documents for

- [Approval for Development to Full Accreditation](#);
- [Full Accreditation](#); or
- [Re-Accreditation](#).

The Board's representatives justify their questioning during a Visit by reference to:

- the [Accreditation Committee \(AC\)](#)'s written report on submitted documents derived from its internal discussion, which is sent to the course provider before the Visit and which acts as the Visit agenda;
- the threshold standards set out in [Section 1.3](#).

However, the [Accreditation Visiting Panel](#) also has the flexibility to pursue additional issues which arise during a Visit.



[bit.ly/intro-accred-visits](https://bit.ly/intro-accred-visits)

### 5.2 PRINCIPLES WHICH GUIDE VISITS

In carrying out its evaluative functions and giving approval, the Board must make summative judgements about a programme and a course provider, regarding its potential to enable students to achieve the required academic and professional standards. However, the Board also endeavours to ensure that formal and informal Visits, coupled with reporting procedures, can result in developmental, formative learning for everyone involved in these processes.

The Board has a formal [Code of Conduct](#) inclusive of conflicts of interest which applies to

- members and officers of the Board;
- members of the [Accreditation Committee \(AC\)](#);
- everyone involved with the Board's Accreditation procedures, including members of the [Accreditation Visiting Panel](#), the [Board Observer](#) and the [institutional observer](#).

In addition, further principles that guide the Board's Visits are set out below.



[bit.ly/5-2-visit-principles](https://bit.ly/5-2-visit-principles)



[bit.ly/5-2-1-peer-review](https://bit.ly/5-2-1-peer-review)

### 5.2.1 Peer review and the public interest

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In the spirit of peer review of practice and of mutually beneficial learning, the Board chooses its **Accreditation Visiting Panel** members from amongst the acupuncture profession and other allied practice professions.

Peer review is based on the principle that public accountability is best ensured when professional activities are scrutinised by those who themselves engage in allied professional practice. Such scrutiny must derive from the codes of practice, professional values and criteria that have been developed by professional peers and agreed by the profession as a whole. In the case of **Full Accreditation Visits** the key criteria will be the threshold standards set out in **Section 1.3**.

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



[bit.ly/5-2-2-educational-evaluation](https://bit.ly/5-2-2-educational-evaluation)

### 5.2.2 Accreditation as educational evaluation

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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 acupuncture.

Each Accreditation Visit is thus an evaluation event, in which the course provider is systematically investigated by the **Accreditation Visiting Panel** members in order to make the necessary external evaluation of its current level of professional and educational practice.

Course providers in a formal relationship with the Board are expected to be engaged in a continuous process of internal reflective and self-critical evaluation using the mechanism of the **Annual Monitoring Audit Form (AMAF)** submitted to the Board. The Board's Accreditation Visits are, however, a key component in the public recognition of a course provider as a centre of good professional practice within the profession of acupuncture.



[bit.ly/5-2-3-transparency](https://bit.ly/5-2-3-transparency)

### 5.2.3 Accountability and transparency

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The Board is keen to ensure that its activities are seen to be fair and firmly embedded in agreed standards and processes. Accountability (ultimately to the public, and immediately to the profession and to the students) is fundamental to the Board's composition, *modus operandi* and Reports.

To achieve transparency of its processes the Board invites the course provider being visited to ask a senior member of staff or member of the governing body to act as an **Observer** during all **Full Accreditation** and **Re-Accreditation Visits**.

In addition, the **Panel** for a Full Accreditation Visit includes a **Board Observer** whose role and responsibilities are described in **Section 5.5.6**.

#### 5.2.4 Honouring diversity

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The BAAC's [Codes of Practice](#), its Educational [Standards](#), and the [Standards of Practice for Acupuncture](#) (SPA) together with the Board's [SETAPs](#) provide the common framework and minimum quality requirements which are necessary safeguards for the protection of the public interest.

However, the Board recognises that there are many different traditions and valid approaches to the practice of acupuncture. Individual course providers will often have their own distinctive 'philosophy of acupuncture' which they wish to retain while still complying with these common standards. The Board expects [Accreditation Visiting Panel members](#) to respect the diversity of acupuncture traditions, and holds that the work of each course provider should be understood within the terms of its own philosophy, aims and purposes.

In arriving at considered judgements, Accreditation Visiting Panel members are required to recognise and to set aside:

- comparisons with differing philosophies and approaches to practice and education in other course providers; and
- comparisons with their own personal 'ideal' of what constitutes best practice.



[bit.ly/5-2-4-diversity](https://bit.ly/5-2-4-diversity)

### 5.3 GENERAL INFORMATION REGARDING VISITS

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#### 5.3.1 Timing of Visits

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A Visit is normally scheduled in relation to the particular [Accreditation Committee](#) (AC) and Board meetings where

- (before the Visit) the Visit and the agenda will be agreed and the [Accreditation Visiting Panel](#) confirmed; and
- (after the Visit) the subsequent [Full Accreditation Report](#) or [Re-Accreditation Report](#) on the Visit will be discussed.

All course providers in a formal relationship with the Board receive in advance the dates of forthcoming Board meetings and AC meetings. The Visit should be arranged with the course provider's allocated [Accreditation Officer](#) (AO) to fit in with these fixed dates in the calendar.

Note that the timing of a [Full Accreditation Visit](#) should allow enough classes to be held during the Visit for the Panel to witness teaching and learning in a variety of contexts and subject areas.

Once the appropriate timing for a Visit has been agreed between the course provider and the AO, the relevant documentation will be sent to AC members and other appropriate persons at least four weeks before the AC meeting at which the Visit will be confirmed.



[bit.ly/5-3-1-visit-timing](https://bit.ly/5-3-1-visit-timing)



[bit.ly/5-3-2-visit-panels](https://bit.ly/5-3-2-visit-panels)

### 5.3.2 Accreditation Visiting Panels

In appointing the Board's Accreditation Visiting Panels, the following criteria will inform the selection:

- the Panel will include at least two acupuncturists, one of whom will also be involved in professional education;
- the Panel will also include an appropriately experienced non-acupuncturist, normally an educationalist;
- for **Full Accreditation Visits**, normally the Panel leader will be the non-acupuncturist;
- the Panel will always include experienced Panel members. No more than one of its members will be on their first Accreditation Visit;
- as far as possible, the acupuncturist Panel members should represent a diversity of acupuncture traditions;
- the Panel will normally include members who have institutional experience directly relevant to the type of course provider being visited (independent, University-affiliated, University)
- the designated **Accreditation Officer** (AO) will normally attend visits to support the Panel.

The AO will inform the course provider of the proposed Panel members in advance of the Visit. If the course provider wishes to make an objection to any of the proposed Accreditation Visiting Panel members, it should inform the AO in writing within seven days of receiving the list of names, giving reasons for its objection. Normally, course providers may only register objections to a single proposed Panel member.

Proposed Panel members will only be replaced if the course provider's objection is considered to be based on sound reasons by the chair of the **Accreditation Committee** (AC).

#### Conflict of interests issues

All Accreditation Visiting Panels will be chosen to ensure that:

- no member is a current employee, appointee, or contractor to, of the course provider being visited, nor has been within the previous five years, nor has a close family member who is or has been such an employee, appointee or contractor;
- no member will be a graduate of the course provider being visited;
- no member will have a pecuniary interest in the course provider being visited, nor be involved with another course provider in the immediate geographic area;
- no member will have publicly expressed opinions about the course provider and its suitability for Accreditation, nor have special knowledge of, a special relationship with, or any other potential conflict of interest with the course provider being visited.

### 5.3.3 Board expectation of Accreditation Visiting Panel members

In general, the Board expects its **Accreditation Visiting Panels** to evaluate how the course provider's stated purposes are being met, by assessing its performance as a course provider against the threshold standards set out in **Section 1.3**.

The Board expects each member of the Accreditation Visiting Panel to have a good understanding of the threshold standards for Accreditation and the course provider's philosophical basis, history and goals.

More particularly, and in order to evaluate the course provider effectively, each Accreditation Visiting Panel member is expected to participate fully in the following six major components of a **Full Accreditation Visit** or **Re-Accreditation Visit**:

1. reviewing all the relevant documentary material provided by the course provider and the **Accreditation Committee** (AC)'s response before the Visit, and checking it in appropriate ways during the Visit (**Section 5.4.1**);
2. the initial Panel meeting to allocate individual tasks and responsibilities (**Section 5.4.2**);
3. gathering further evidence through a close examination of relevant aspects of the course provider and programme (**Section 5.3.4**);
4. Panel meeting(s) to deliberate more fully and share information, identify gaps in the evidence and begin to arrive at conclusions (**Section 5.4.4**);
5. the closing session with course provider staff (**Section 5.4.5**);
6. compiling the Panel's Report and formulating an overall recommendation to the AC (**Section 5.4.6**).

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

### 5.3.4 Activities of the Accreditation Visiting Panel

The Accreditation Visiting Panel's investigations are directed at pursuing the specific questions raised by the **Accreditation Committee** (AC)'s response to the course provider's submitted documentation. In general, then, the Panel's task is to acquire evidence from as many sources as possible, in order to verify the claims made in the submission: a firm base of empirical evidence is required for the Panel to be able to make sound overall recommendations to justify decisions on whether the course provider meets the Board's Accreditation criteria, which include the threshold standards set out in **Section 1.3**.

The principle of reliable evidence

The base of empirical evidence constructed by the **Accreditation Visiting Panel** during a Visit includes the principle of triangulation, i.e., the investigation of more than one source of evidence for a given claim. The Accreditation Visiting Panel will seek triangulation wherever possible.



[bit.ly/5-3-3-AVP-members](https://bit.ly/5-3-3-AVP-members)



[bit.ly/5-3-4-AVP-activities](https://bit.ly/5-3-4-AVP-activities)

For this reason, a Visit will include a large element of fact-finding and fact-clarification, in order to assess whether the course provider's documentation provides an accurate portrait of the programme and its context.

During a **Full Accreditation Visit** or **Re-Accreditation Visit**, members of the Accreditation Visiting Panel are likely to engage in some of the following activities, dependent on their specific responsibilities. These activities are guided by the principles given below.



[bit.ly/5-3-4-a-scrutinising](https://bit.ly/5-3-4-a-scrutinising)

#### 5.3.4 (a) Scrutinising

Scrutinising includes:

- examination of admissions procedure, student records, progression data and assessed student work;
- examination of administrative records, curriculum documents, programme 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 students' written work, the course provider's response and supervisors' reports on students' clinical practice;
- looking at library holdings, IT facilities and other learning resources.



[bit.ly/5-3-4-b-interviewing](https://bit.ly/5-3-4-b-interviewing)

#### 5.3.4 (b) Interviewing

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. Provided the interviewer spends more time listening than talking, interviews are able to provide a good sense of how the course provider is viewed from 'within'.

The **Accreditation Visiting Panel** will keep a record of all interviews. The record is used either as new evidence; further evidence to be cross-checked with evidence from other sources; or as a means of identifying issues that require further investigation.

Interviewing includes:

- Interviews with a variety of full-time and part-time teaching staff from both east Asian medicine/acupuncture and western medicine, including clinic supervisors and point location instructors;
- talking to current students on different years of their programme, and also to alumni of different years where possible, about their experience of the programme and of the course provider;
- interviewing members of the governing body;
- interviewing administrative personnel including reference to the maintenance of students' personal records, records of clinical hours and records of progress;
- talking to educational resource managers;

- seeking further clarification from senior managers about specific matters that arise in the course of the Visit.

#### 5.3.4 (c) Classroom observation

This is arranged beforehand in consultation with teachers and **Accreditation Visiting Panel** members so that there are no surprises for the teachers concerned. An observing Accreditation Visiting Panel member will 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.

Visiting classes includes observation of classes, and of tutorial sessions. During observations, the Accreditation Visiting Panel member will try to determine whether:

- the teacher is clear about their 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.

After the teaching session, the observer will try to find an opportunity to offer constructive feedback to the teacher, and the teacher should be invited to comment critically on their own performance and to reflect more generally about the institutional support and encouragement available for their professional development as a teacher. If there is no opportunity for a personal feedback meeting during the Visit, it may take place after the Visit by email or by telephone.



[bit.ly/5-3-4-c-classroom-obs](https://bit.ly/5-3-4-c-classroom-obs)

#### 5.3.4 (d) Clinic observation

Acupuncturist **Accreditation Visiting Panel** members will observe the clinic, and the clinical teaching being delivered. If a patient is present, they will take care to avoid discussion with staff or students that might call into question the approach to treatment.

Visiting the clinic includes:

- observation of clinics, and of clinical supervision and teaching
- when observing the clinic and clinical teaching, the Panel members will wish to ascertain that the claims made by the course provider in its documentation are actually borne out in practice. In particular, they will want to see:
  - student-patient interaction;
  - student-clinical supervisor interaction;
  - practical teaching sessions, including needling, point location or other techniques;
  - clinical skills assessment;
  - clinic notes, including appointment diaries and incident/accident books.



[bit.ly/5-3-4-d-clinic-obs](https://bit.ly/5-3-4-d-clinic-obs)

Accreditation Visiting Panel members in the clinic will try to give feedback at a convenient time to staff or students whose clinical activities and practices they have witnessed. The Panel members will 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 telephone.



[bit.ly/5-3-4-e-external-audit](https://bit.ly/5-3-4-e-external-audit)

#### 5.3.4 (e) External audit of clinic

All teaching clinics will be subject to external verification of their self-audit, normally as a discrete part of a **Full Accreditation Visit** or **Re-Accreditation Visit**.

Occasionally, separate visits may be needed because practitioners are not available during the Visit, where there are external clinics, or because non-compliance issues have been identified.

External audits verify the course provider's compliance with the BAcC's **Code of Safe Practice**, and focus on clinic facilities and the safe practice of the supervisors.

Two **Accreditation Visiting Panel** members who are acupuncturists take the role of external verifiers, accompanied by the course provider's clinic co-ordinator. During the audit the clinic should be closed to patients and students.

All aspects of work relating to the teaching clinic must be available to the verifiers, including the institutional clinic policy as well as other relevant institutional documents as mentioned in the checklist of documentation in the **Institutional Clinical Self-Audit (ICSA)**.

The verifiers will have studied the course provider's ICSA review and action plan and any response from the **Accreditation Committee (AC)**. They will check the clinic rooms and facilities against the ICSA, and ask about processes of cleaning, hygiene and safety.

Each verifier will normally observe at least two supervisors actually needing a 'patient'. This may be a colleague, student or patient who has been informed about the process and consented. Both verifiers may observe the same supervisors if their availability is limited. Should a doubt arise about any supervisor, their practice must be observed both by the second verifier and the institutional co-ordinator.

Clinic audit: concluding the external audit and verification

Verifiers will be particularly concerned with any discrepancies between their observations, the course provider's ICSA review and the Code of Safe Practice.

Oral feedback will normally be given by the senior acupuncturist verifier in a meeting immediately following the audit that includes:

- the principal or course leader/director;
- the course provider's co-ordinator for safe practice;
- the clinic director;
- the acupuncturists who have been observed needling.



Where there is a full compliance, the course provider will be congratulated. Any unsafe practices observed should be reported in the meeting, and actions to remedy the issues discussed by the verifiers and the course provider.

Where there are minor areas of non-compliance which can be resolved easily, the verifiers may suggest they are remedied and reported in the action plan for the following year. More major issues may become a **Recommendation or a Condition** in the overall Visit report. In the event of any serious issues being found, the course provider will be invited to submit a remedial action plan to AC in a specified timescale. The Board may require a second verification visit to take place once the remedial action has been completed. This will be at the expense of the course provider and will form a **Special Visit**.

A written report on the external audit forms part of the Accreditation Visiting Panel's report to the AC and the Board. Any areas of non-compliance will be identified, along with any actions, Recommendations or Conditions discussed in the meeting.

#### Clinic audit: non-compliance with Code of Safe Practice

If a course provider has not completed the remedial action plan by the due date, or is found at the remedial verification visit not to be in compliance with the Code, the Board will deem the course provider to be in non-compliance.

The Board will inform the course provider of its decision in writing within two weeks of the meeting at which the decision was reached.

Such a course provider will be in breach of the Board's **SETAPs** and its Accreditation status will be subject to review by the Board.

The Board may also report its findings to the BAcC's Preliminary Investigating Committee if non-compliance by course providers involves possible breaches of the Code of Safe Practice by individual BAcC members.

#### 5.3.5 Reporting and confidentiality during Visits

During Accreditation Visits, all information and perspectives that are shared with members of the **Accreditation Visiting Panel** contribute to the evidence accumulated during the Visit. In this context, therefore, all comments, however informally expressed to an Accreditation Visitor or Officer, are 'on the record'. However, it is normal practice in the reports of such Visits, not to attribute comments to individuals by name. If it is relevant, comments are normally attributed to the role, rather than the person.

The Panel will always seek information from other sources should a comment from an individual indicate concerns about the quality of educational or clinical provision.



[bit.ly/5-3-5-visit-confidentiality](https://bit.ly/5-3-5-visit-confidentiality)

#### 5.3.6 Course provider feedback on the Visit process

Course providers will be expected to include comments on any aspect of the verification process in their response on the accuracy of the **Accreditation Visiting Panel's** Report and in their evaluation of the Accreditation Visit submitted to the **Accreditation Committee** (AC) for its consideration.



[bit.ly/5-3-6-cp-feedback](https://bit.ly/5-3-6-cp-feedback)



[bit.ly/5-4-visit-process](https://bit.ly/5-4-visit-process)

## 5.4 VISIT PROCESS

The following items apply differently to the various types of Visit.

- All items apply in full to a **Full Accreditation Visit**;
- Some items will not apply to **Re-Accreditation Visits**: for example, there is not always a **Board Observer** at a Re-Accreditation Visit, and teaching may not be observed;
- Similarly, some items will not apply to an **Approval for Development to Full Accreditation Visit**: these Visits are much shorter, and the programme may not have begun at the time of the Visit.

However, the process (described in this Section) and the involvement of the key personnel (**Section 5.5**) still apply in principle.



[bit.ly/5-4-1-before-visit](https://bit.ly/5-4-1-before-visit)

### 5.4.1 Before the Visit

When the **Accreditation Committee** (AC) has confirmed that the Visit is proceeding, all relevant documentation should be sent by the course provider to the Board's office. See **Section 4.3.4** for more information on submitting documents electronically.



[bit.ly/5-4-2-initial-AVP-meeting](https://bit.ly/5-4-2-initial-AVP-meeting)

### 5.4.2 Initial Accreditation Visiting Panel meeting

The first face-to-face meeting of the **Accreditation Visiting Panel** is held early in the Visit, normally at the Panel's hotel. The **institutional observer** is welcome to attend.

Some Accreditation activity, such as scrutiny of documentation set out by the course provider in the Panel's base room and/or the external verification of compliance with the BAcC's **Code of Safe Practice**, may take place prior to this initial Panel meeting.

The institutional or **programme leader** and another senior member of staff from the course provider are invited to meet the Panel members prior to the initial meeting to briefly discuss the forthcoming Visit, including any necessary logistical information.

The **Panel leader** will then chair a private meeting of the Accreditation Visiting Panel.

In an introduction to this meeting, the Panel will include a review of the general issues for the Visit, and the specific focus of enquiry for which each individual member of the Panel will take personal responsibility. The Panel will plan individual and Panel activities for each part of the Visit, using the working schedule or agenda that the course provider has given beforehand, in consultation with the **Accreditation Officer** (AO) and the Panel leader.

Each Panel member will have prepared for the Visit by thoroughly reading the course provider's submitted documentation and the **Accreditation Committee**

(AC)'s response to it. Any areas of conflicting opinion about the course provider's strengths or weaknesses, as represented in its documentation, should be identified at this initial briefing, not to arrive at premature conclusions or consensus but in order to establish a fuller agenda for further investigations during the Visit. The discussion should also prepare the Panel for the opening session with the staff at which Panel members will introduce themselves and their specific focus of enquiry to the staff of the course provider.

The Panel leader will also encourage Panel members to approach their work sensitively, as colleagues and peers of the practitioners in the course provider being visited. In the interests of transparency and fairness, the group process and their individual work during the Visit will be subject to continuous monitoring and evaluation by the institutional observer and by the **Board's Observer**.

#### 5.4.3 Introductory session at the course provider

At this meeting, the course provider's staff will meet the **Accreditation Visiting Panel** members and the **Board's Observer**. For this reason, it should be attended by as many staff as possible, including managers, teachers and administrators.

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

The Panel leader will establish:

- the formality of the Visit that makes it necessarily a challenging experience for all concerned; and
- the developmental approach of Panel members that, ideally, will lead to beneficial learning on both sides.

Wherever possible, the balance of emphasis between these two aspects should be made clear in each encounter (see **Section 1.1**).

The Panel leader will also explain that the Panel will be rigorously pursuing the issues identified in the **Accreditation Committee** (AC)'s written response to the course provider's documents submitted for Accreditation, and will be seeking evidence accordingly.

The Panel leader will finally explain that, during a Visit, the Accreditation Visiting Panel members strive to gather a fuller and deeper understanding of the entire course provider and its context; and that 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 course provider in its written submission.



[bit.ly/5-4-3-cp-introductory-session](https://bit.ly/5-4-3-cp-introductory-session)



[bit.ly/5-4-4-AVP-meetings](https://bit.ly/5-4-4-AVP-meetings)

#### 5.4.4 Accreditation Visiting Panel discussion meetings

During **Full Accreditation Visits** and **Re-Accreditation Visits**, the **Accreditation Visiting Panel** will hold discussion meetings, either in the course provider's premises or at the hotel, or at some other convenient venue.

The meetings include brief reports from the Panel members on the areas they have been investigating and a discussion of those areas by the entire Panel. The Panel may review its progress and, if necessary, revise the remainder of its schedule to pursue issues that need further clarification.

The **Board's Observer** will also be invited to comment on the Panel's process at these meetings.

These meetings are also open to the course provider's institutional observer.

By the end of the Visit, the Panel will have reached a consensus about:

- the content of its **Full Accreditation Report** or **Re-Accreditation Report**;
- the strengths of the course provider and any areas of concern;
- the overall recommendation to the Board about Accreditation status to be made in its Report;
- whether **Conditions and/or Recommendations** will be set.



[bit.ly/5-4-5-cp-closing-session](https://bit.ly/5-4-5-cp-closing-session)

#### 5.4.5 Closing session at the course provider

Before leaving the course provider, the **Accreditation Visiting Panel** meets with the institutional or programme leader and others whom s/he may have invited to attend, in order for the Panel leader to summarise the Panel's findings.

This closing session will give the course provider a preview of all the major points that will be made in the Panel'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 will be consistent with the later written Report, giving the course provider a full summary of all areas. The oral report includes the observed strengths of the course provider, as well as any concerns or issues requiring further attention or development.

The **Panel leader** will also be able to inform the course provider what the Panel's overall recommendation to the Board will be concerning Accreditation. S/he will emphasise that such a recommendation is in no way binding and that the Panel's Report must be discussed by the **Accreditation Committee (AC)**, as well as by the Board itself, before the outcome is confirmed.

On completion of the oral report, the course provider or programme leader is invited to raise questions on matters of misinformation or misunderstanding on the part of the Panel and the Panel are prepared to double-check factual matters wherever possible. However, the closing session should not become a debate. The course provider will have the opportunity to respond to the Panel's written Report in

due course. Enough information will be given in the oral report to begin preparing this response before the written Report arrives, should the course provider so wish.

If the closing session raises important, unresolved questions, the Panel may need to reconvene in order to consider some aspect of its Report, or to gather additional information and evidence. However, other than any consultations regarding the detailed drafting of the Report that will happen during the following days, the Panel will normally conclude its work at this closing session.

#### 5.4.6 Accreditation Visiting Panel Report and overall recommendation

Before the end of the Visit, the **Accreditation Officer** (AO) will have received draft Report contributions from each Panel member, which have been agreed by all Panel members. The Report should include the following sections:

- an introduction that gives a brief description of the course provider and its Accreditation history, with the scope and structure of the Panel's Visit;
- an evaluation in relation to each of the Board's Accreditation criteria relevant to the stage of Accreditation under consideration. The evidence in support of the Panel's findings must be clear and sufficiently thorough to justify the Panel's overall recommendation to the Board. The evaluation must also address all the points raised before the Visit in the **Accreditation Committee** (AC)'s response to the course provider's submitted documentation;
- an account of the strengths of the course provider, the areas of concern or in need of development and the areas of non-compliance (if any) with reference to the threshold standards set out in **Section 1.3**;
- the Panel's overall recommendation about Accreditation, together with any further statements about the imposition of specific **Conditions and Recommendations** to be associated with the Panel's overall recommendation to the AC and the Board.

The Report in draft form will be sent to Panel members for amendment, prior to being sent to the course provider to comment on matters of factual accuracy.

The Panel's final Report and overall recommendation about Accreditation are then submitted to the AC.

All Panel members and the **Board's Observer** are invited to the AC meeting at which the Report is discussed.

The AC will either send the Report and a resolution to the Board, or it will require the visited course provider to take some specific action within a stated time before such a resolution is sent.

The chair of the AC will present the Panel's Report and the AC's rationale for its decision at the appropriate Board meeting. The course provider will receive formal notification of the Board's decision subsequent to this Board meeting.



[bit.ly/5-4-6-AVP-report](https://bit.ly/5-4-6-AVP-report)

## 5.5 ROLES AND FUNCTIONS OF KEY PERSONNEL IN VISITS



[bit.ly/5-5-1-acu-leader](https://bit.ly/5-5-1-acu-leader)

### 5.5.1 Acupuncture programme leader

#### Before the Visit

- submit the required documentation on time in the required format;
- contact the Board's **Accreditation Officer** (AO) with any objections or comments on the composition of the proposed **Accreditation Visiting Panel** members;
- receive and consider the **Accreditation Committee** (AC)'s report on its documentation, which will form the basis of the agenda for the Visit;
- provide a base room for the Panel, in which the documents required for the Visit can be set out and kept confidential, where private papers can be kept by the Panel, and where private discussions can be held as the Panel members compile their Report;
- place in the Panel's base room the relevant documents required by the Panel (see **Section 4.3.5**);
- ensure that all members of the course provider, including the students, understand the nature of the Visit and the role of the Board;
- ensure that all teachers and relevant administrators have access to this Handbook and to the course provider's own documentation in support of their application for Accreditation;
- appoint an **institutional observer**;
- liaise with the Board's AO and the **Panel leader** about a workable programme for the Visit, and agree a schedule in which relevant personnel, including students and alumni, will be available to meet the Panel members at prearranged times.

#### Throughout the Visit

- liaise with the Board's AO or Panel leader about any changes to the Visit programme originally agreed;
- assign an administrative officer who will be available to supply additional information and records needed by the Panel;
- assign a member of staff who knows the clinic routine and can act as a link between students, tutors and the Panel if there are issues emerging related to the clinic;
- liaise with the Panel leader, including to arrange a time or times for a private meeting with the Panel leader about the progress of the Visit and any issues arising, if required;
- provide, as requested, any additional details about the course provider or the programme

- meet with the **Board's Observer** to discuss the process of the Visit;
- receive the oral report and overall recommendation of the Panel about Accreditation at the final session of the Visit.

#### After the Visit

- scrutinise the 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 for the benefit of the AC's discussions.
- Respond to the invitation to speak with a member of the AC, not involved with the Visit, to discuss the Visit and offer feedback on the event.
- Distribute the Board's feedback forms to those involved with the Visit and ensure they are returned.

#### 5.5.2 The Board's Accreditation Officer (AO)



[bit.ly/5-5-2-AO](https://bit.ly/5-5-2-AO)

#### Before the Visit

- inform the course provider of the impending Visit in the preceding year;
- ensure that the timing arranged for the Visit is appropriately related to the next **Accreditation Committee** (AC) meeting;
- organise the members for the **Accreditation Visiting Panel** ensuring that they meet the criteria and are available for the entire length of the Visit and for the following week when the Report is being revised;
- provide the Panel members and the AC with the course provider's previous Accreditation Visit Report and the previous AC responses to the course provider's **Annual Monitoring Audit Forms** (AMAFs):
- ensure that the Accreditation Visiting Panel members each receive all the necessary documentation from the course provider, together with any other relevant papers from the Board or the AC;
- inform the Panel members of the date of the next AC, at which their final Report will be discussed and which they are invited to attend;
- engage an **Observer** for the Board who will be available for the entire length of the Visit and for the next meeting of the AC at which the final Report of the Visit will be discussed;
- organise the Visit with the course provider and Panel leader with regard to:
  - dates and timing;
  - the timetable for the Visit meetings and activities;
  - documentation to be submitted in advance or to be available during the Visit, and any extra documents required by the AC or Panel members;
  - link persons during the Visit within the course provider.
- book hotel rooms for the Panel members;

- collate a report in response to the course provider's submitted documentation, based on the comments of AC members, and to send this report to the course provider, making clear that this is the basis of the Panel's agenda for the Visit;
- invite the **institutional/programme leader**, another senior member of staff and the **institutional observer** to meet the Panel briefly at the outset of the Visit.

#### Throughout the Visit

- advise the Accreditation Visiting Panel on the Board's Accreditation procedures;
- occasionally function as a Panel member;
- record important points or decisions made as the Visit proceeds ;
- ensure that Panel members remain focused on the AC's agenda of issues and on the requirements of the final **Full Accreditation Report** or **Re-Accreditation Report**;
- develop, in accordance with the Panel's findings, a final Report which includes the Panel's overall recommendation to the Board's AC;
- secure general agreement on the Report and its overall recommendation before the Panel disbands;
- liaise with Panel members during the days immediately following the Visit in order to arrive at full agreement on all the particulars of the final draft of the **Full Accreditation Report** or **Re-Accreditation Report**;

#### After the Visit

- edit and agree the Accreditation Visiting Panel's final draft Report for the AC;
- send a copy of the Report, including the Panel's overall recommendation to AC, to the institutional leader or programme leader, inviting comments in response on the Report's factual accuracy only;
- ensure that the **Panel leader**, the Board's Observer, and at least one of the Visiting acupuncturists from the Accreditation Visiting Panel are in attendance at the next AC meeting where the Report is discussed (all Panel members are invited to attend this AC meeting);
- prepare the Report and recommendation for the Board, following discussion of the draft at the AC meeting.



[bit.ly/5-5-3-AVP-leader](https://bit.ly/5-5-3-AVP-leader)

#### 5.5.3 The Board's Accreditation Visiting Panel leader

**Accreditation Visiting Panel** leaders are key members of the BAAB's accreditation process and work closely with the designated **Accreditation Officer** (AO). They scrutinise the documentation submitted by the course provider, and the issues raised by the **Accreditation Committee** (AC) on the documents



prior to the Visit, in relation to the Board's [SETAPs](#) and the BACC's Education [Standards](#). They advise the AO on the organisation of the timetable for the Visit.

During the Visit, the Panel leader chairs the main meetings, co-ordinates the work of the Panel and, together with the AO, ensures that the agenda issues are thoroughly investigated through a process of triangulation.

Accreditation Visits are highly significant events for the course provider involved. The outcome can have substantial effects on their finances, staffing, workload and ability to recruit new students. During Visits, the Panel may have to address difficult issues, and deeply question staff and managers about their processes, practices and policies. Consequently, tensions can occur. Part of the Panel leader's role is to ensure transparency of process and be open to managing any disputes that may arise.

The BAAB's procedures aim to avoid such difficulties by ensuring that all the key issues are clearly explained in the AC's response to the documents which is circulated to the course provider and to the Accreditation Visiting Panel prior to the Visit. At all times the Panel members are representing the Board in this regard. On occasion however, issues may arise during the Visit that are not anticipated or that have not been recognised in advance. Accreditation Visiting Panel leaders are expected to arrange a time for a private meeting (i.e., with no observers) with senior personnel from the course provider or the programme leader during the Visit, in order to explore any issues or problems that might have arisen. Panel leaders are expected to use their experience and expertise to manage these situations as fairly and neutrally as possible. Any remaining dissatisfactions should be referred back to the AC for consideration by the committee.

Team leading at these events is a valued and skilled role. The Board appreciates experienced personnel who agree to take on the role and will be supportive in regard of any difficulties. Accreditation Visiting Panels represent the Board at these events, and the Panel leader will have the support of the AO and the AC to take the final responsibility for pursuing, and wherever possible, resolving any issues which arise.

The responsibilities of the Panel leader are set out below.

#### Before the Visit

- read all the course provider's submissions alongside the Board's Handbook and the threshold standards set out in [Section 1.3](#);
- check the timetable for the Visit agreed by the AO with the course provider, to ensure that it is appropriate and manageable;
- become thoroughly familiar with the issues raised by the AC's report on the course provider's documentation;
- work with the AO to confirm a list of items and issues to be attended to during the Visit. This list will act as an initial checklist for the individual Panel members to guide their enquiries.

As chair at the preliminary Accreditation Visiting Panel meeting

- greet the course provider's **programme leader**, another senior member of staff and the **institutional observer** who may have been invited to meet the Panel at the start of the initial Panel meeting;
- facilitate the necessary introductions of Panel members and the **Board's Observer**, and to clarify the Observer's role in the Panel and their programme of activities during the Visit;
- welcome the institutional observer and explain this role to the Board's Panel;
- confirm with Panel members, including the AO, the agenda that has evolved for the Visit from the course provider's documentation and the deliberations of the AC;
- encourage mutual understanding of the task and of the Board's philosophy, and to explore key issues or questions identified by each Panel member;
- share out the necessary work of the Visit, taking into account the particular expertise and attributes of each member of the Panel, and to ensure that each member has a personal focus of enquiry;
- 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 course provider during the Visit.

As chair at the opening session

- chair that part of the introductory session in which all the Panel members (including the Board's Observer) introduce themselves to the course provider's staff;
- set the tone for the Visit with a formal reminder of the significance of the Visit for the Accreditation status of the programme, and setting out which issues are to be probed or observed during the Visit by particular Panel members;
- clarify the respective roles and activities of the Board's Observer and the institutional observer;
- arrange a time for a private meeting (i.e., with no observers) with the institutional leader or programme leader during the Visit, in order to explore any issues or problems that might have arisen.

As Panel leader throughout the Visit

- ensure that the Panel meets regularly between its individual observations and timetabled sessions, in order that Panel members have the opportunity to express their impressions and form considered judgements as the Visit progresses;
- create time at appropriate stages of the Visit for a mutual appraisal of its progress, involving both the Panel members and representatives of the course provider;

- confirm at the appropriate times any issues which have emerged or been agreed as a result of meetings and the Panel's activities, and to set the next day's agenda accordingly;
- 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 programme leader for this purpose;
- ensure that the Board's Observer is regularly given the opportunity to make observations to Panel members about the process being observed;
- ensure that the course provider's observer is satisfied that they have observational access to a sufficient range of the Panel's activities;
- ensure that all Panel members are aware of the [Full Accreditation Report](#) or [Re-Accreditation Report](#) which is needed at the end of the Visit, and to encourage them to identify particular issues and, if possible, draft sections of the Report as the Visit progresses.

#### As chair at the closing session

- conduct the proceedings in a carefully considered manner, only indicating the outcome of the Visit in the form of what overall recommendation regarding Accreditation the Panel's Report will contain;
- make clear that the AC and the Board may challenge and amend any recommendation the Panel has proposed;
- keep the meeting short with a brief report on the Panel's collective interpretations of the whole Visit, and inviting the institutional leader or programme leader to respond on matters of factual accuracy only;
- ensure that the course provider understands that this outline will form the basis of the Panel's Report, which will go to the AC for discussion and which will subsequently be the basis for the Board's decision about Accreditation.

#### At the conclusion and after the Visit

- reach a consensus with the Panel members and the AO about the draft Report of the Visit;
- ensure availability for liaison with the AO, the Board's Observer and other Panel members during the days immediately following the Visit;
- attend the AC meeting at which the Panel's Report is presented.

#### 5.5.4 The Board's Accreditation Visiting Panel members

- read all the course provider's submissions before the Visit, alongside this Handbook and the threshold standards set out in [Section 1.3](#) and to become familiar with the [Accreditation Committee \(AC\)](#)'s Report on the course provider's submission;



[bit.ly/5-5-4-AVP-members](https://bit.ly/5-5-4-AVP-members)

- make their own travel arrangements to arrive on time for the Visit;
- keep all expenses within reasonable limits using standard rail fare or equivalent for travel claims;
- provide key issues and questions at the Panel's **initial meeting**;
- observe, as appropriate, the clinic and clinical teaching in action;
- observe, as appropriate, classroom teaching in action;
- take part in other important **Visit activities**, including scrutinising relevant documents, talking to members of the course provider's staff, students and others, and participating in Panel discussions;
- contribute to the Panel's draft **Full Accreditation Report** or **Re-Accreditation Report** of the Visit;
- ensure availability for consultation about the draft Report during the days immediately following the Visit;
- attend the AC meeting at which the Panel's Report is presented;
- undertake external verification of **Institutional Clinical Self-Audit (ICSA)**, taking the lead role for feedback if so designated by the AO.



[bit.ly/5-5-5-institutional-observer](https://bit.ly/5-5-5-institutional-observer)

#### 5.5.5 The institutional observer

The institutional observer is entitled to have access to all the information that has been made available to the **Accreditation Visiting Panel** and to attend most Panel meetings, except

- the meeting at which the decision about Accreditation is made;
- any private meeting(s) between the **Panel leader** and the **programme leader**; or
- any ad hoc private meeting called by the Panel leader.

The role of the institutional observer is therefore to:

- observe the Panel members and their **activities** during the Visit;
- act as a knowledgeable go-between who is able to liaise between the course provider and Panel members when particular sources of evidence are requested;
- report directly to the programme leader;
- contribute to the course provider's own evaluation of the Visit.

### 5.5.6 The Board's Observer

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[bit.ly/5-5-6-board-observer](https://bit.ly/5-5-6-board-observer)

#### Before the Visit

The Board's Observer should become familiar with

- the purposes and policies of the Board;
- the contents of this Handbook;
- the course provider's documentation submitted before the Visit; and
- the **Accreditation Committee (AC)**'s report on that documentation compiled by the **Accreditation Officer (AO)**.

#### Throughout the Visit

- silently observe a range of events involving Panel members, including a balance of clinical teaching, classroom teaching and meetings held with governing bodies, senior managers, staff and students;
- silently observe the Panel members discussing their findings and impressions, and arriving at judgements through their deliberations;
- recognise the danger of becoming the person to whom grievances may be aired;
- speak to the Panel at the end of each day, or as often as invited by the Panel leader, about the process and practice of their enquiries;
- ensure that all members of the Panel are observed at work in as many different situations as possible;
- ensure that they are included in the introductions prior to observations and meetings;
- make judgements about the Panel's attention to all relevant aspects of the course provider, especially those defined as the agenda for the Visit, and about how well Panel members are meeting the Board's requirements for enquiries that are both sensitive and rigorous;
- meet with the programme leader towards the end of the Visit, in order to gain an insight into the course provider's feelings about the work of the **Accreditation Visiting Panel**.

#### After the Visit

- construct a written Observer's Report for the Board about the Panel's work in terms of its integrity as an enquiry or educational evaluation of the course provider;
- ensure that the Observer's Report includes a commentary on the extent to which the Panel's Report, once it has become available in draft form, stands as a true and accurate record of the Panel's enquiry and findings to convey

to the Board an indication of how the Visit was received by the course provider;

- draw the Board's attention to issues for consideration in future Visits;
- identify good practice and to suggest possible improvements to Accreditation processes;
- provide for the Board a list of sessions attended by the Observer during the Visit;
- attend the AC meeting at which the Panel's Report is presented and to speak there about the work of the Panel during the Visit.



[bit.ly/5-6-joint-events](https://bit.ly/5-6-joint-events)

## 5.6 JOINT UNIVERSITY ACCREDITATION/VALIDATION AND RE-ACCREDITATION EVENTS

Joint Accreditation/validation events are not usually encouraged, because the Board's Accreditation process is different from the validation and major programme review activities that are undertaken in higher education.

The main focus of University accreditation or validation is a proper concern for academic levels and standards, whereas the focus of Accreditation by the Board is a concern for both academic and professional standards. There will always be a necessary overlap between academic and professional issues, and the Board takes both areas into account, because the quality of practice depends on a combination of the practitioner's level of knowledge and understanding of theoretical concepts as well as their interpersonal intentions and technical skills.

Whilst there is a close relationship between the two types of accreditation activity, joint events can also reduce the effectiveness of the Board's **Full Accreditation** and **Re-Accreditation** processes:

- they can reduce the time for exploration of the programme's ability to meet the Board's threshold standards, as set out in **Section 1.3**;
- they can reduce the Board Panel's opportunities to focus on both academic and clinical practice issues
- they may cause dissonance between the University team and the Board's **Accreditation Visiting Panel** which, in a joint event, is more of a challenge to manage than if these events are separate.

In exceptional circumstances, there may be practical reasons for joint events, and there are benefits to this approach:

- they can enhance the working relationship between the two organisations
- they can enhance understanding in the University of the Board's Full Accreditation and Re-Accreditation processes and threshold standards
- they can reduce workload for the programme team regarding preparation and the stress inevitably experienced by validation, Accreditation and Re-Accreditation events.

However, the more complex the event (e.g. multiple pathways on a programme, **Full Accreditation Visits**) the less likely it is that a joint event would adequately meet acupuncture programme Accreditation needs.

The **Accreditation Committee** (AC), based on the recommendation of the course provider's **Accreditation Officer** (AO), in consultation with both the principal or programme leader and the University concerned, will make the decision as to whether a planned Visit may be joint with the University.

Following are the principles upon which the decision should be made:

- the AC, the University and the course provider (if different) all agree that a joint event is appropriate;
- planning takes account of the requirements of both organisations involved and the remit and responsibilities of the different members of the validating/ accrediting/review Panel is explicit;
- the design of the event enables both the Board and the University to follow their normal processes;
- if the acupuncture programme is part of a wider healthcare programme (e.g. combined with a herbal medicine course) there must be agreed time within the event for the Board's Panel to explore issues related to the acupuncture pathway;
- staff who contribute to the acupuncture pathway are available for relevant aspects of the Board's review;
- acupuncturists who are part of the Board's Accreditation Visiting Panel should not be the sole acupuncturist on any validating Panel, although they will contribute to the discussion of professional and other issues;
- the Board can accept documentation prepared for the University, providing it clearly addresses the **SETAPs** and any issues arising from previous Board Visits or Reports. This may be achieved by submitting an introductory guide or 'map' indicating where information required by the Board can be found in the documents, or by adding Appendices;
- there should be time available within the Visit for a separate meeting of the Board's Accreditation Visiting Panel, before any conclusions are drawn or feedback given to the programme team;
- the Board's Accreditation Visiting Panel is responsible for its own Visit Report.

## 5.7 SPECIAL VISITS

From time to time, the Board or the Accredited course provider may request a visit to the course provider by a Board officer that is outside the normal **Accreditation Officer** (AO) visits. This may be in order to follow up concerns or action following a **Full Accreditation Visit** or **Annual Monitoring Audit Form** (AMAF), to participate in a validation event, to be consulted on specific issues, or for other reasons.



[bit.ly/5-7-special-visits](https://bit.ly/5-7-special-visits)

As these visits are beyond the 'normal' Board activity, the course provider will be expected to reimburse the Board for the expenses incurred, together with the direct cost of the Board officer's time at the current daily rate.



[bit.ly/5-8-monitoring-visits](https://bit.ly/5-8-monitoring-visits)

## 5.8 MONITORING AND EVALUATION OF VISITS

The Board is always seeking ways to enhance its own learning through a systematic approach to evaluation of its practice and process. Accordingly, for every **Full Accreditation Visit** and **Re-Accreditation Visit**, the BAAB asks for participant evaluation following the event, so that feedback may be used to improve the BAAB's processes.

The Board's pro forma for evaluating Accreditation Visits are used for this purpose. These are sent to all participants who respond directly to BAAB during the course of a Visit. Returned forms are reviewed, and the collated feedback is included in the Report sent by the **Accreditation Committee (AC)** to the Board. Feedback is further used in the BAAB's own annual self-reflective process, and communicated to the course providers.

In the spirit of obtaining accurate feedback, the BAAB has also introduced the practice of holding a post-Visit phone call to the **programme leader**. This is conducted by a member of the AC who is fully aware of the course provider's circumstances, but has not been involved in the Visit or the Accreditation process. The confidentiality of the programme leader and the course provider is entirely respected, but if the programme leader explicitly requests any given issue(s) are followed up, the AC member will caution that confidentiality cannot be maintained in these circumstances. Nothing in the feedback given will affect Accreditation status in any way.

Following this phone call, the AC member will write a report for the AC containing the feedback given in the call. As with the pro forma, the feedback is included in the Report sent by the AC to the Board, and is further used in the BAAB's own annual self-reflective process.



## CONCLUSION

This concludes the standards, requirements, and guidance, as revised in 2020, for the interactive online edition of the BAAB's Accreditation Handbook. The revision has aimed to clarify the content and to bring it fully up to date with current practice. Feedback on the content is welcomed and the 2020 version will be updated annually as feedback is received and as practice develops.

The Board will continue to consult with its members, with the [British Acupuncture Council](#) (BAC), accredited course providers and other stakeholders, and to maintain currency with higher education and other health professions in order to ensure its standards and procedures support acupuncture to develop as a profession equal to health professions in the UK.



Ensuring Excellence In Acupuncture Education

British Acupuncture Accreditation Board  
63 Jeddo Road, London W12 9HQ

+44 20 8735 0466 | [baab@acupuncture.org.uk](mailto:baab@acupuncture.org.uk) | [www.baab.co.uk](http://www.baab.co.uk)

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