

BRITISH ACUPUNCTURE ACCREDITATION BOARD

POLICY ON THE USE OF EXTERNAL CLINICS AND PLACEMENTS BY TEACHING INSTITUTIONS.

Background, context and introduction

A number of teaching institutions are now using, or considering using, external facilities for the clinical education of their students. The driving forces include the desire to offer a wider variety of clinical experience to students, the availability of clinic teaching space and geographical convenience for students. This creates challenges for the teaching institutions about equivalence of the educational value and standards of the experience gained and for both the teaching institutions and the BAAB about how such clinical experience may be adequately monitored and evaluated. Such monitoring is necessary to confirm that clinical education meets the standards required and thus the quality of student experience, professional standing and public safety are all ensured.

This is the final policy drawn up after consultation with CHAC and the AC and was approved at the Board in April 09. It is anticipated that the policy will be included in the revision of the Handbook, and will be implemented from September 2009.

The policy is in three sections. The first lists the four issues that need to be considered in establishing any clinical practice outside of the 'base' teaching clinic (i.e the teaching clinic which is part of the core teaching institution or within the campus of the core teaching institution). In the second section the issues are considered in relation to observed clinical experience only (i.e experience in which the student observes and may question but does not participate in any aspect of treatment) and in the third section the issues are considered in relation to 'hands on' experience outside of the base teaching clinic. In this latter section policies relating to alternative, 'off site' clinics (ie. where a major or all of the student clinical practice takes place), specialist clinics and overseas placement are outlined.

Section 1. Key issues

- The educational rationale of the experience proposed
- Evidencing the equivalence of standards in clinic experiences away from the teaching institution.
- Time to be spent in such external clinics
- Meeting the requirements of COSP and its annual audit.

Section 2. Clinics used for observation only (ie where students play no part in the consultation or treatment process)

Educational rationale:

- The use of external clinical sites for observation is likely to be of positive benefit as it gives students a broader experience of clinical activity and of the diversity of practice including multi disciplinary or integrated approaches.
- Facilities which could be usefully included would be GP practice, pain clinics, addiction clinics, mental health departments, multi bed clinics

- The educational rationale for these observed experiences should be clear both to those providing the experience and to the students.

Hours

These hours fall into the 200 hours of practice not used for the management of patients, as set out in the Accreditation Handbook, Appendix E, Clinical Practice Policy.

- The number of hours allocated solely for observation should be at the discretion of the teaching institutions and a clear rationale given.
- As the majority of these 200 hours will be needed for the practice of acupuncture skills on patients a rough guideline would be that normally no more than 90 hours should be allocated to such external observations.
- Of the remaining hours, up to 25 hours may be undertaken in special interest clinics or overseas.
- Those TI's choosing to allocate a high proportion of the hours to observation will need to evidence that the appropriate skills have been mastered

Code of Safe Practice

- Premises where observational clinical opportunities are undertaken will **not** need a CoSPCA visit by BAAB site visitors but good practice might involve students in doing their own CoPSCA there and reflecting on the findings.

In implicitly or explicitly supporting such observational placements the institution needs to clearly articulate its requirements on:

- the management of student welfare, including suitable support for learning within the institution
- learning outcomes for students and means for obtaining student feedback and reflection
- ensuring staff/practitioners observed have sufficient knowledge of the programme the students are undertaking to enable them both to support students and to promote discussion.
- Careful recording of student hours undertaken
- Maintaining a variety of experience for individuals
- Consideration and provision of any legal or insurance safeguards

Section 3. Practice outside the main on site teaching clinic

- A. Alternative, off-site 'general practice' teaching clinics: clinics where a major part or all of student clinical practice could take place, under the auspices of the teaching institution.**

Clinic practice is defined in the Accreditation Handbook App E 3.0 as 'any practice related to the acupuncture in which students are in direct or interactive contact with patients'. Some institutions now offer or are considering the possibility of alternative or multi site clinical facilities.. These would be seen as **sites that aim to function as a full clinical training facility**; where students practise the skills of moxibustion, massage, point location, pulse taking etc and/or treat patients as part or all of their 200 'management of patient' hours. Such clinics are envisaged as 'general practice' to distinguish from any 'special placements' which may also be utilised.

Equivalence of standards and quality of educational experience

It is important to ensure that all students have opportunities to achieve the depth and breadth of clinical experience required to become competent and safe independent practitioners. If an external clinic could be such a major provider the teaching institution will need to describe its role and functions clearly and ensure that internal monitoring processes are in place that match those of the on-site teaching clinic.

To ensure that the **quality** of the learning experience is equivalent in all clinics used the following issues should be addressed and covered in the clinic policy:

- The educational rationale for using a 'multi site' approach including the number of hours to be spent by students in each location should be clearly stated.
- The staffing policy; supervisors or 'core acupuncture teachers' (BAAB 2007 p86) need comparable experience as teachers and practitioners. Institutions need to make explicit their requirements for any clinic supervisors employed and a minimum of 5 years clinical practice is recommended with suitable supervision training provided.
- Staff/supervisors who are well inducted into the work of the teaching institution, and are able to offer the necessary level of student supervision and feedback/discussion opportunities
- Equivalent standards for assessments. This could be aided for example by using staff from the 'home' clinic for moderation.
- Patients: range and numbers. Students need to have treated and been exposed to a suitable range and number of patients over their practise period and this needs to be made explicit, monitored and ensured.
- Record keeping - hours and logs need to be of similar form in all clinics
- Staff student ratios need to meet the BAAB requirements
- Maintenance of equivalent standards of student welfare, support and access to resources including reference texts
- Plans for and evidence of good, regular liaison between the teaching institution and the off-site clinic

Hours

- The rationale needs to be clearly expressed by the teaching institution

Code of Safe Practice

- BAAB require all off-site premises used for student practice to meet the relevant standards set out in the Code of Safe Practice.
- Clinical staff should also demonstrate their adherence to the BAAC codes
- Evidence needs to be provided in an annual CoSPCA
- Normally, external verification will occur at regular intervals.

It is likely that there would be an additional cost for visiting an off-site teaching clinic.

B. Practice at special interest clinics

Some institutions may wish to offer their students the possibilities of specialist placements, in this country, to enhance their experience. Settings might include pain clinics, detox units, hospices or other special interest clinics. These are seen as opportunities where students would be involved in having contact with or providing treatment to patients as opposed to observation only. In this instance therefore there are the added requirements for the teaching institution of checking and putting into place suitable insurance processes.

Educational rationale

The rationale needs to be spelt out in the institutions clinic policy as well as student literature. This should include the topics of

- Patient needs and how these are safeguarded
- Evidence of students having attained knowledge and understanding appropriate to the specialist area , including that of limits to competence and ethical and legal considerations and of having been assessed on the appropriate skill sets
- Specialisms considered appropriate in the light of discussions within the profession on Post Graduate versus undergraduate levels of training
- Clear statements about limits to competence
- Whether placements are voluntary or obligatory

Equivalence of standards:

To ensure that the **quality** of the learning experience is equivalent in all clinics used the following issues should be addressed and covered in the clinic policy: The institution needs to articulate

- Clear learning outcomes and appropriate assessments
- Record keeping - hours and logs need to be of appropriate form and well recorded
- Staff student ratios need to meet the BAAB requirements
- Maintenance of equivalent standards of student welfare, support and access to resources including reference texts
- Plans for and evidence of good, regular liaison between the teaching institution and the clinic with annual auditing of the benefits

Hours:

- The number of hours allocated for such experience needs careful justification but should be in line with the guidelines in the Handbook and not exceed **a total of 60 hours including no more than 40 of the required 200 hours of patient management.**

Such placements or hours in excess of those that can be counted could be 'over and above' the hours required by the BAcC/BAAB.

Code of Safe Practice:

- Specialist acupuncture clinics used would not be submitted to an external CoSPCA verification, but it would be good practice to ensure that standards are equivalent to those laid down in the BAcC Code of Safe Practice and for students to perform their own audit and reflections.

Legal and insurance

Consideration and provision of legal contracts and insurance safeguards should be made for such placements.

C Overseas placements

The opportunity for students to work in clinics abroad, whether in China or elsewhere, is seen as a potentially positive educational experience. The policy relating to overseas experience is clearly expressed in the BAAB Clinic Policy (Handbook App E section 7.0 p87) As with all variations to 'home ' based experience the rationale needs explicit documentation by the teaching institution covering the topics relating to specialist clinics above and paying particular attention to teaching/language implications and support.

Equivalence of standards:

To ensure that the **quality** of the learning experience is equivalent in all clinics used the following issues should be addressed and covered in the clinic policy: The institution needs to articulate

- Clear learning outcomes and appropriate assessments
- Record keeping - hours and logs need to be of appropriate form and well recorded
- Staff student ratios need to meet the BAAB requirements
- Maintenance of equivalent standards of student welfare, support and access to resources including reference texts
- Plans for and evidence of good, regular liaison between the teaching institution and the clinic with annual auditing of the benefits

Hours

- However long the placement the number of hours allocated for such experience should be in line with the criteria listed below and with the guidelines in the Handbook and not exceed ***a total of 100 hours including no more than 75 of the required 200 hours of patient management.***

Such placements or hours in excess of those that can be counted could be 'over and above' the hours required by the BAAC/BAAB.

Code of Safe Practice

- Overseas acupuncture clinics used would not be submitted to an external CoSPCA verification, but it would be good practice to ensure that standards are equivalent to those laid down in the BAAC Code of Safe Practice and for students to perform their own audit and reflections.

Summary of Overall Policy

The use of all external clinics needs to fulfil the following criteria:

- Evidence of the educational rationale for the chosen placements/alternative clinics
- Evidence of well thought through and monitored experience for students (logs, staffing ratios etc)
- Evidence of staffing skills and relationship to the institution, preferably with overlap
- For Section 3 type clinics, evidence of regular meetings, liaison and critical monitoring between the institutional and clinic staff
- Evidence of appropriate means of assessment and moderation
- Audit information as usual including : Student feedback and external examiners reports
- Appropriate legal and insurance arrangements

Hours

It is suggested that the following be used as guidelines for all clinical practice

First 200 hours:

- a maximum of 90 used in 'observation only'
- a minimum of 110 of skills practice with patients

Of these latter hours, up 25 hours may be spent practising skills in special interest clinics or overseas.

200 patient managed hours:

- 160 hours in 'general practice'
- maximum of 40 hours in either of; special interest clinics

indirectly supervised practice.

OR a maximum of 75 hours in overseas practice

Additional hours may be instituted in excess of that required by the BAcC/BAAB