



Betonica Herbal Apprenticeship

Course Prospectus

The Betonica herbal apprenticeship programme is the first of its kind in the UK. The course is a blend of modern science and traditional knowledge, going back to the age old form of herbalist training; apprenticeship.

The programme combines the key aspects of the European Herbal & Traditional Medicine Practitioners Association (EHTPA) syllabus with additional skills and knowledge; in particular community clinics and education, organic growing and field to dispensary medicine.

This four year apprenticeship programme (on completion of the final clinical exam), will allow you to practice as a medical herbalist with full insurance and the ability to join a professional association (if you so wish).

Main aim

To create an alternative learning experience in herbal medicine, combining community, sustainability and organic principles.

Who can take the course?

The course is open to anyone. While there are no specific prerequisites, there may be additional learning tasks for individuals who need further skills to enable them to complete the course. **Please note a reasonable level of fitness is required for this course**, if you have reduced mobility but would still like to take the course, please get in touch.

Programme start date

1st September 2016

Where does the course take place?

The course takes place at a variety of locations and if the first choice of location is not available we may use alternatives but you will be informed of these in advance unless in exceptional circumstances.

Some of the programme will be taught outside, with an emphasis on plant ID and hands on growing, harvesting and medicine making. There will also be a chance to visit herb gardens and herbal suppliers to find out more about how herbal medicines are made.

[Elder Farm](#), Greenham, Wellington, Devon, TA21 0JY



“Elder Farm is a five and a half acre organic farm in Devon which is part of the Ecological Land Co-operative's first site in the UK. Elder Farm is run by Helen and Stuart Kearney, who have a background in permaculture, cooperatives, organic growing and outdoor education. Helen is a medical herbalist with practices in two nearby towns. They use their plot to grow herbs to make into medicines, soap and other herbal products, and edible and cut flowers.

Elder Farm is a small off grid medicinal herb farm, which is being established using permaculture principles. We offer a range of learning opportunities for visitors from the UK and abroad. Our goal is to reconnect people to sustainable growing methods, and to the amazing healing power of plants.”



[Tracebridge Sourdough](#), Rose Cottage, Tracebridge, Wellington, Somerset, TA21 0HG

Tracebridge Sourdough have a beautiful workshop space called the paradise room which is self-contained with its own kitchen and wood burner, nestled in a beautiful native woodland.

Accommodation

At some locations free camping may be available (and encouraged), but we can provide you with a list of local hotels and B and Bs if camping is not for you.

Food

On almost all seminar days food will be provided (all organic and local), food will not be provided on clinic days. Special dietary requirements can be catered for. **All food brought with you must be completely nut free (and products such as hand creams etc), due to a severe nut allergy.**

Transport

Free pickups will be available at the start and end of each seminar weekend to the local train station (either Taunton or Tiverton Parkway). A list of transport options will be provided when joining the course, lift sharing is encouraged.

Outline of study

The programme runs on an academic year from **September to May**, and there is an additional Summer school in June. In the first year there are fewer face to face study days, in the second, third and fourth years the seminar days are **one weekend per month**, with an additional Summer school week in June. Clinical hours will be completed separately.

What is a herbal apprenticeship?

An apprenticeship can mean different things to different people and even within herbal medicine the term can mean different things. We have chosen to use that word because the course will be small, and each apprentice will work closely on a one to one basis with their course tutor to develop into a well-rounded medical herbalist. There will also be one on one training with a herbalist in their clinic where an apprentice will not only be observing in the clinic, they will be working in the clinic.

Apprentices will be required to work in the Betonica community clinic and at Elder Farm as part of the apprenticeship, and this free labour will allow the course fees to remain as small and affordable as possible.

Self-directed study

The course consists of 58 days of seminars, and approx 270 days of self-directed study. That equates to approximately 12 hours per week minimum. Self-directed study is an important part of the learning journey as it prepares herbalists for solitary practice.

	Year 1*	Year 2	Year 3	Year 4
Seminar days	7	21	21	21
Clinic days	0	14	28	28
Self-study days	67	67	67	67

*The first year of the apprenticeship can be taken as a stand-alone course for anyone wanting to learn more about herbs and health. At the end of the first year you can then decide if you want to become a full herbal apprentice or leave the course with a greater understanding of herbal medicine.

Assessment process

The programme is based upon a traditional apprenticeship style model, but with some modern additions. Assessment will be in various forms; coursework, essays, short answer tests, and practical examinations will form the majority of the assessments. There will also be a final project and final clinical examination (FCE) at the end of the four year apprenticeship.

Successful completed of the FCE will allow the herbalist to qualify, gain insurance and join a Professional Association if they so wish.

Assessments and self-development are monitored through a portfolio which will be assessed on a monthly basis by a course tutor. Some assignments and projects will be externally assessed to ensure consistency in marking and that learning goals have been met. The external assessor can change a mark and their final decision stands.

Grading

Some assessments will be graded pass/fail, some will be graded on a percentage and others will be graded using a scale e.g. A score of 3 or more is a pass, a score of 5 is distinction.

1	2	3	4	5
Significant gaps in their ability to demonstrate the standard	Minor gaps in their ability to demonstrate the standard	Fully meets the Assessment Criteria	Some examples of exceeding the standard in some areas; meets in all other areas	Consistently exceeds the standard across most of the areas

Fees

2016 - 2017	<i>Unwaged</i>	<i>Waged - £10,000 - £20,000 household income</i>	<i>Waged - £21,000 + household income</i>
Year one	£850	£950	£1050
Year two	£1500	£1600	£1700
Year three	£1500	£1600	£1700
Year four	£1500	£1600	£1700

Fees are payable by August 20th before the start of the academic year. Payment in instalments can be arranged.

This course is non-profit and the fees are kept to an absolute minimum, they are for room hire, food, and the cost of teaching and materials only. Any additional money will go towards a bursary fund and the Betonica Community Clinic.

Deposit

A deposit of £100 is required to confirm your place as places are limited.

Clinical observation and practice

The minimum requirement to qualify as a medical herbalist is 500 clinical hours (72 days). You can begin accruing clinical hours from your second year.

- 100 hours can be completed with a local herbalist
- 100 hours can be completed at a participating herbal clinic
- 215 hours can be completed at the Betonica community clinic
- 15 hours can be completed observing a primary care setting
- 70 hours can be completed in a first aid environment

Cost of clinical training

Please note there is a cost to clinical training, but depending on the route you choose the total amount will be different. For example, first aid skills can be completed for free with the Red Cross or St John Ambulance. Depending on the herbalist you choose to work with, they may accept your time and dispensary skills as part of the payment for their time in teaching you.

Some herbal clinics and herbalists charge a fee to attend their clinic; this is usually between £30 and £40 per day but can vary depending on the location and experience of the practitioner.

The cost of attending the Betonica community clinic will be kept to a minimum, but you should budget for £30* per day. *Please note this is a set fee and a sliding scale is not available.*

Year 2	14 days (98 hours)	£420
Year 3	28 days (196 hours)	£840
Year 4	28 days (196 hours)	£840

Additional insurance is required to undertake clinical training; this must be arranged between yourself and Balens', the cost is approx. £20 per year.

In addition, a DBS (Disclosing and Barring Service – previously CRB) check within the last three years will also be required. Please note: this can be done for free through St John's ambulance while undertaking first aid training and first aid events with them; this is highly recommended and will count towards your clinical hours.

Please note: Some clinical equipment will be required, a white lab coat, stethoscope and sphyg will be the minimum requirement.

Betonica community clinic

The Betonica community clinic will be a mobile/pop up clinic operating in Somerset/Devon area providing affordable healthcare to the community. The clinic will also provide education on healthy eating, exercise, mental health and much more. The clinic will be developed by the Betonica apprentices as part of their second year project, and will evolve as the needs of the communities change.

About the lecturers

All lecturers are experts in their field, the majority are practising medical herbalists but some guest lecturers will be brought in to teach specific topics.

Helen Kearney MNIMH

Helen has a BSc (Hons) in Herbal Medicine and is a member of the National Institute of Medical Herbalists. She has a background in permaculture, first aid and teaching gardening and growing.



Helen trained for five years in Herbal Medicine in London gaining experience in the dermatology department of Whipps Cross Hospital, Middlesex University Archway Clinic, Westminster University Herbal Medicine Clinic and the University of East London Clinic. She continues to keep up to date with the latest findings on herbal medicine, attending seminars and lectures as well as keeping a connection with the plants she uses as medicine by making many of her own tinctures, creams and ointments, and offering herb walks and teaching workshops.

Helen has gained a lot of experience in acute medicine (both herbal and orthodox) through her work as a festival first aider and community first responder. Helen has also worked in the Calais 'jungle' as part of a team of medics.

Helen is an excellent teacher and will be introducing the world of growing and harvesting medicinal plants and trees, as well as telling a tale or two!

Laura Carpenter MNIMH



Laura Carpenter gained a BSc (Hons) in Herbal Medicine from the University of East London and is a member of the National Institute of Medical Herbalists (NIMH), the regulating body for medical herbalists, established in 1864.

Laura undertook the degree part time over five years, and completed her clinical training at the Stratford Herbal Medicine clinic and the Dermatology department of Whipps Cross Hospital in London, completing over 600 hours of clinical training. In 2013 NIMH awarded her the Dorothy Carroll Award for top final clinical examination.

Laura went on to become a member of the Post Graduate Training board for NIMH, ensuring continuing professional standards were met for all NIMH registered medical herbalists, and she became editor of Herbal Thymes magazine in May 2014.

Laura then became the director for communication for NIMH in January 2015, taking a temporary seat on the NIMH council until September 2015.

She then set up Tilia Magazine, a professional magazine for herbalists in the UK and Ireland, in December 2015, and is the chief editor.

Prior to become a herbalist Laura worked in the learning and development field in the Public sector, and developed an award winning national training programme.

Laura practices from her home clinic in Wellington, Somerset. She runs herbal medicine workshops, herb walks, and talks to local community groups on different aspects of health and herbal medicine.

Laura will be teaching various subjects throughout the course and is the course tutor and leader.

Sara Rooney MNIMH



Sara is a firm advocate of integrated health and the benefits of taking a holistic approach. Sara's interest in medicinal plants stems from working on an Amazonian rainforest reserve in Ecuador after completing a degree in Anthropology and Spanish at Sussex University, Brighton. In Ecuador, she assisted the local Shaman in the propagation of medicinal plants from the rainforest and observed the medicinal qualities of plants used in a community with little access to Western drugs. Sara was so impressed in the therapeutic qualities plants could have that she decided to learn more about their diverse properties and how they could be used therapeutically as a natural form of medicine.

Subsequently, she returned to the UK and completed her BSc (Hons) in Herbal Medicine at the University of East London. Sara's dissertation on herbal medicine and Polycystic Ovarian Syndrome (PCOS) was awarded a First Class Honours. An article based on her research has been published in the internationally acclaimed and peer reviewed, Journal of Herbal Medicine, by Elsevier.

Rooney, Sara and Pendry, Barbara A. (2014)
'Phytotherapy for Polycystic Ovarian Syndrome: A review of the literature and evaluation of practitioners' experiences',
Journal of Herbal Medicine (doi:10.1016/j.hermed.2014.05.001).

She is a Member of the **National Institute of Medical Herbalists** (www.nimh.org.uk) the oldest organisation of herbalists in the UK.

She is a member of the **Professional Training Board** of NIMH and is involved in helping organize and deliver a high quality program of professional seminars to the members.

She completed training in **Functional Medicine**- 'Nutrition head to toe' workshop last year and is enrolled in the functional medicine training program. She regularly attends conferences and seminars and has a particular interest in women and children's health.

Sara will be teaching the nutrition sections of the programme.

Dawn Ireland CPP URHP



Dawn Ireland is a practicing medical herbalist in Torbay, Devon, and a member of the URHP and CPP. She has written articles for a number of magazines on herb related subjects.

Apart from running her practice in Torquay, Devon, she teaches at the local adult education college, and runs a business creating natural vegan and herbal skincare products established in 2003, Green Wyse.

Dawn promotes herbalism by offering talks, herb walks and workshops to various groups in the local area.

Dawn will be teaching the practical pharmacy sections of the course.

Lyn Blythe CPP NIMH



Lyn is a practicing medical herbalist, with clinics in Swindon and Melksham, Wiltshire.

She has written articles for magazines and journals, promoting the use of herbal medicine, and gives talks and runs workshops.

Lyn also holds degrees in Physiology and Biochemistry and in Physiotherapy. She has over 30 years' experience of working with patients in both the NHS and private sector as a physiotherapist, and more recently specialising in research and treatment of neurological conditions.

Lyn will be teaching the clinical skills section of the programme.

General course outline

The apprenticeship programme focusses on self-development towards becoming the best medical herbalist you can be, building skills and knowledge in order to become a safe and confident practitioner.

The apprenticeship is based on core subjects rather than modules, each year new skills for each core subject are added.

All seminar days are compulsory unless otherwise stated. If you cannot attend a seminar day you may be able to complete the day during the Summer school but you must not rely on this. It may not be available and you would need to attend that seminar day the following year.

2016 – 2017 Academic diary

Year 1	Year 2	Year 3	Year 4
	Fri 2nd – Clinic duty Sat 3rd – Sun 4th Sept Clinical skills and pharmacy	Fri 2nd – Clinic duty 17th – 18th Sept Botany Herb grower visit – Avicenna	Fri 2nd – Clinic duty 24th – 25th Sept Advanced pharmacology Medical Testing and diagnosis
October 29th – 30th 2016 (Tracebridge) Introduction Kitchen pharmacy Observational skills Plant walk	Fri 30th (Sept) – Clinic duty Sat 1st – Sun 2nd Oct Anatomy and physiology Phytochemistry	Fri 30th (Sept) – Clinic duty 15th – 16th Oct Anatomy and physiology Phytochemistry	Fri 30th (Sept) – Clinic duty 22nd – 23rd Oct Advanced therapeutics Coaching in the consultation
	Fri 4th – Clinic duty Sat 5th – Sun 6th Nov Materia medica Herbal history	Fri 4th – Clinic duty 19th – 20th Nov Herbal therapeutics Pharmacology	Fri 4th – Clinic duty 26th – 27th Nov Advanced nutrition Research skills – clinical audit
	Fri 2nd – Clinic duty Sat 3rd – Sun 4th Dec Anatomy and physiology Pathology	Fri 2nd – Clinic duty 10th – 11th Dec Business skills Clinical skills (PE)	Fri 2nd – Clinic duty 17th – 18th Dec Research project Clinical skills (PE)
	Fri 12th – Clinic duty Sat 13th – Sun 14th Jan Research skills	Fri 12th – Clinic duty 21st – 22nd Jan Pathology	Fri 12th – Clinic duty 28th – 29th Jan Research project

	Materia medica	Differential diagnosis	
	Fri 3rd – Clinic duty Sat 4th – Sun 5th Feb	Fri 3rd – Clinic duty 18th – 19th Feb	Fri 3rd – Clinic duty 25th – 26th Feb
	Anatomy and physiology Clinical skills	Clinical skills – counselling Ethics	Research project
Feb 18th – 19th 2017 (Tracebridge)	Fri 3rd – Clinic duty Sat 4th – Sun 5th Mar	Fri 3rd – Clinic duty 18th – 19th Mar	Fri 3rd – Clinic duty 25th – 26th Mar
Case history taking Clinical skills Materia Medica Plant walk	Pathology TCM	Herbal therapeutics Ayurveda	Research project
	Fri 31st (Mar) – Clinic duty Sat 1st – Sun 2nd Apr	Fri 31st (Mar) – Clinic duty 15th – 16th April	Fri 31st (Mar) – Clinic duty 22nd – 23rd Apr
	Botany and growing herbs	Pathology Nutrition	FCE preparation
	Sat 6th May Assessments	Sun 7th May Assessments	Sat 13th – Sun 14th May Final assessments (including FCEs)
Summer school 9th – 11th June 2017	Summer school Mon 5th – Wed 7th June	Summer school Thur 8th – Sun 11th June	
Business skills (setting up and running a community clinic) Plant ID Growing medicinal plants	Pathology Research skills Plant ID	Pathology DDX Herbal therapeutics Research project	

Course specification

Please note: The full course specification is still being finalised and will be available shortly.

Core subjects	Year one programme
Botany, harvesting and growing	<ul style="list-style-type: none"> • Growing herbs • Herb garden visit • Harvesting herbs • Plant ID and botany
Anatomy and physiology	<ul style="list-style-type: none"> • A level biology content • Surface anatomy
Biochemistry and pharmacology	<ul style="list-style-type: none"> • (See botany and A level biology)
Materia medica and therapeutics	<ul style="list-style-type: none"> • Introduction to Materia medica
History, ethics, law and research	<ul style="list-style-type: none"> • Herbal medicine laws and legislation
Pathology	<ul style="list-style-type: none"> • Introduction to immune system • Bridging the gap between home remedies and clinical practice • Herbal first aid
Clinical skills	<ul style="list-style-type: none"> • Communication skills • Observation • Case history taking • Introduction to BP and pulse • Home pharmacy skills • Beginning reflective practice
Business skills (including community projects and education)	<ul style="list-style-type: none"> • Planning the new Betonica Community clinic

Accreditation

The Betonica herbal apprenticeship programme is not currently accredited but is working towards accreditation with the National Institute of Medical Herbalists (NIMH). The course assessments are however assessed by a previous City and Guilds assessor (who is also a medical herbalist), and the course specification and content is assessed by an independent course assessor (a previous herbal medicine course leader).

How to apply

To apply for the programme, please complete the application form at appendix 3 and email it to info@betonica.co.uk. There will be a course open day at Elder Farm on 10th September 2016.

Appendix 1 – NIMH code of ethics - 2011

Your Obligations to Your Patients

Your duty of care

1. You have a duty to your patients to maintain high standards of care, competence and conduct.
2. The relationship between you and your patient is that between a professional and a client who is entitled to put complete trust in you as a professional. It is your duty not to abuse this trust in any way.
3. Any patient consulting you has the right to expect that you will:
 - 3.1 make their care your overriding priority
 - 3.2 listen to them carefully and respect their confidentiality
 - 3.4 explain your findings to them and ensure that they understand what you tell them
 - 3.5 inform them clearly of the nature and purpose of any proposed treatment
 - 3.6 respect their autonomy and encourage their freedom of choice
 - 3.7 ensure that they know how, where and when you may be contacted
4. In providing care you must:
 - 4.1 assess any condition thoroughly, with appropriate examination and investigation
 - 4.2 recognise the limits of your professional competence and work within them
 - 4.3 provide, where appropriate and with the patient's consent, relevant information to other health professionals who are caring for them
 - 4.4 consult others and refer for investigation and treatment elsewhere, when necessary
 - 4.5 keep accurate and comprehensive case notes and records
 - 4.6 review the patient's treatment and progress at agreed intervals and assess the suitability of further herbal medicine treatment
 - 4.7 encourage patients promptly to seek other forms of medical treatment if you feel that herbal medicine is no longer the most appropriate means of treating their problems
 - 4.8 act promptly and appropriately if you become aware of an error on your part, ensuring that the NIMH's insurers are informed prior to any further action or comment
 - 4.9 act promptly if a patient complains about any aspect of your professional practice and keep a record of the complaint and any actions taken
5. It is fundamental that you and those that you employ treat your patients with respect. This includes their gender, ethnicity, disability, culture, beliefs, sexuality, lifestyle, age, social status, language difficulties or any other characteristic. Your own views, values, beliefs and attitudes must never be allowed to prejudice the care and well-being of your patients.

Fees

6. When a patient consults you this involves entering into a contractual relationship. The patient will normally pay a fee. Even if the patient does not pay a fee, or where there is no explicit contractual relationship (e.g. in an emergency) you still have a duty to apply the standard of care expected of a professional herbalist.
7. A notice of your fee structure must be made readily available in your clinic or treatment room. This notice, and any advertisement quoting fees, must quote charges for both initial and subsequent sessions and must make clear what each fee covers.

Case notes

8. You must keep accurate, comprehensive, easily understood, contemporaneous and dated case notes recording:
 - the patient's personal details (name, address, telephone number and date of birth)

- the presenting complaint and symptoms reported by the patient
- relevant medical and family history (including the GP's name and address)
- your clinical findings
- any treatment given and details of progress of the case, including reviews of treatment planning
- any information and advice that you give, especially when referring the patient to any other health professional
- any decisions made in conjunction with the patient concerning their treatment
- records of the patient's consent to treatment, or the consent of their next-of-kin

9. You are required to keep patient records for a minimum of seven years. In the case of minors these records must be kept until the patient reaches at least the age of 25 (seven years after reaching 18). This applies even when you have referred a patient on, or you have left the practice where you administered the treatment.

10. Your patient's case notes and records are your property, and you must retain them even if you move to another practice. If, as a clinical supervisor, you oversee a student's work under your professional practitioner insurance, the patient's records are yours. Although a patient can by written application seek access to notes they have no legal rights of ownership. However, if a patient requests a copy of their notes, you must follow the procedure laid out in the Data Protection Act 1998 and keep a record of this on the file. Your professional insurance policy may require you to keep records for seven years, so it is important that you know where they are at any time in order to fulfil the requirements of your insurance to defend an allegation against you.

11. On selling or otherwise transferring your practice, you may pass on the original records if (a) the new owner will be subject to the same or similar rules to those headed 'Case Notes' above and (b) the patient is informed in writing in advance of the transfer and given the opportunity to object, in which event you must retain the original records. You must also ensure that patients are kept fully informed and offered appropriate choices about their continuing care and the safe keeping and location of their original records. As it will be your professional insurance policy that will defend you for previous work performed, you must ensure that the notes can be easily accessed in order to fulfil the terms of the policy and in any event to allow yourself to be defended whether by the insurers or anyone else.

12. If you practise out of a clinic or are part of a group practice you should be aware of your responsibilities in relation to your patient's case notes. It is your individual responsibility to retain access to the case notes of all the patients that you see/treat both in private practice and in a clinic. When joining a practice or clinic you should ensure as part of your agreement that you are able to access and preferably keep copies of all notes in the event that you leave. Not being able to produce copies of notes may invalidate your insurance cover and may prejudice your position if a claim is brought against you.

Where members are operating a clinic or running a practice they should appoint someone to be responsible for the safety and security of notes/records and to deal with all requests.

Access to case notes and records should be maintained for all herbalists currently or previously members of the clinic/practice. Clinics/practices who store case notes and records on a "computerised" system must notify the Information Commissioner

13. You must not use knowledge gained from patients or from their records in any other context for personal or professional gain.

14. Patient records must be kept secure and confidential at all times. Where you hold patient's details in a computerised system, you must notify the Information Commissioner. Where records are held in a manual system, the Data Protection Act 1998 still applies.

15. You may destroy old records in accordance with paragraph 9 in a secure manner. The method of disposal is not regulated but burning and shredding are most appropriate methods. You must also make appropriate arrangements for the safe keeping and transfer of patient notes in the event of your death or serious injury.

16. If you write your case notes in any language other than English it will be your responsibility to provide a full translation, if called upon to do so by the NIMH, in the event of a complaint being made, or the records being required for official purposes, or a request being made by the patient under the terms of the Data Protection Act 1998.

Delegation of professional duties

17. When delegating your professional duties you must delegate to a person who is competent to do so, carries professional indemnity insurance and, if they are not members of NIMH, is made aware of and agrees by contract with you to be bound by the NIMH Code of Ethics and Practice.

18. The practitioner is responsible for dispensing. If this responsibility is delegated to a dispenser they should be competent, trained, and, if they are not members of NIMH, made aware of and agree by contract with you to be bound by the NIMH Code of Ethics and Practice.

Absence from practice

19. Should you be away from your practice for any length of time it is your duty to ensure patients are informed about where they may seek appropriate treatment in your absence, or to provide trained, qualified, and insured practitioner cover.

Retiring from practice

20. Should you retire from practice you must inform your patients that you are retiring and ensure that they are aware of other practitioners in your area and of the location of their original case notes and records.

Professional Standards

21. The NIMH Code of Ethics and Practice has been produced to ensure that you meet and maintain the high standards within the profession. You must familiarise yourself with the Code of Ethics and Practice and related guidance and you must ensure that your practice of herbal medicine and your premises meet the required standards.

22. You must comply with any rulings made by the NIMH committees on conduct, fitness to practise, complaints and disciplinary committees in enforcing the Code of Ethics and Practice, the Memorandum and Articles of Association, and related codes and standards.

Failure to comply may itself be subject to disciplinary measures on the grounds of professional misconduct.

Continuing Professional Development

23. You must maintain and improve your professional knowledge and skills, and keep up to date with developments and changes affecting the practice of herbal medicine, throughout your working life, through active engagement and compliance with the Continuing Professional Development requirements of the NIMH.

Your Ethical Boundaries in Relationships with Patients Inappropriate Relationships

24. You must not enter into a sexual relationship with a patient. You must also be aware of the dangers of allowing any sort of emotional relationship to develop with a patient. If you are becoming emotionally or sexually involved with a patient you should end the professional relationship, and recommend to the patient an alternative source of appropriate care.

25. If a patient shows signs of becoming inappropriately involved with you, you should discourage them and, if necessary, end the professional relationship. You may wish to report such matters to the NIMH, in your own interest, or seek advice from a colleague whilst maintaining the anonymity of the patient.

26. You must ensure that your behaviour in dealing with patients is professional at all

times and not open to misunderstanding or misinterpretation. You must be aware that nonphysical behaviour, gesture, unnecessary physical contact, verbal suggestion or innuendo can be construed as abusive or harassing.

27. You must allow the patient privacy if they are required to undress for physical examinations and you must also ensure that you provide adequate clean gowns, sheets or blankets for their use.

28. You may find yourself called upon to treat a relative or someone whom you consider to be a friend. There is no harm in this provided that clear boundaries are kept between the social and professional relationships.

29. You must ensure that past, present or anticipated relationships of any kind do not interfere with your professional duties, and you must avoid any behaviour which can be construed as compromising those duties.

Your Legal Obligations and Good Practice Patient Consent

30. You must explain carefully the physical examinations, tests, procedures and treatment that you intend to administer, and must recognise that the patient is entitled to choose whether or not to accept advice or treatment. It can be construed as an assault to examine or in some cases even to prepare to treat someone without their consent, and to continue to treat someone if they withdraw their consent in the middle of a treatment.

31. Consent must be given by a legally competent person, must be given voluntarily and must be informed. Consent is not implied by a patient's presenting for consultation or treatment. You must seek explicit consent, in writing if necessary, and ensure that the patient understands what you propose to do. You are recommended to record all relevant information in the case notes.

32. You must record any subsequent explanation and consent obtained if the course of treatment extends beyond the original projection, if treatment continues beyond an agreed review date, or if the treatment itself involves significant changes in the prescriptions used or time taken.

33. You must not delegate the obtaining of consent to a receptionist or unqualified assistant. Informed consent requires that you (or an appropriately qualified colleague) must explain the procedure, be available to answer questions and be able to satisfy yourself that the patient understands what you have told them.

Consent of Minors

34. You must seek the consent of a parent or guardian if the patient is under the age of 16. In the absence of such consent you must not offer treatment.

35. You must also be aware that the refusal of treatment by a child under the age of 16 may carry legal force and override the consent, even though properly given, of a legally authorised adult. Extreme care should be exercised, and if necessary, refer back to the parent or guardian and take advice.

36. If you do treat a child under the age of 16, a parent or legally authorised guardian should be present in the treatment room throughout the whole of the consultation including examination and treatments. However if the child and parent/legally authorised guardian agree, the consultation could be carried out without an adult being present. An alternative chaperone for examination or treatment may carry out this role but not without the explicit written consent of the parent or legally authorised guardian.

Confidentiality

37. You have a duty to keep all information, medical or otherwise, concerning your patients entirely confidential, and such information may only be released with the explicit consent of the patient. This also applies to any views that you may form about the patient. This duty, which survives the death of a patient, also extends to anyone you may employ in your practice.

38. The fact of a patient's attendance at your practice must be considered confidential. You must not discuss details of a patient's case with their partner or their relatives unless you have their explicit permission.

Disclosures without consent

39. You must obtain a patient's consent before repeating information given to you in confidence. Only in very extreme cases, such as when you consider that your duty to society at large takes precedence would the lack of such consent be considered acceptable.

40. Disclosures without consent may be necessary. This may be because the patient is putting themselves or others at serious risk by, for example, the possibility of a violent or criminal act or failing to report a notifiable illness. In all circumstances you are advised to consult the NIMH or take legal advice before making a decision to release information without a patient's permission.

41. A Court may order you to disclose information about a patient. If called upon to do this, you should seek advice from the NIMH as to how best to proceed.

Notifiable Diseases

42. You must refer the patient to their doctor if you have concerns in relation to notifiable diseases.

Abortion

43. It is illegal for anyone who is not a registered medical practitioner to attempt to procure an abortion; you must not knowingly administer an abortifacient nor known uterine muscle stimulant remedies to a pregnant patient, nor instruments for the purpose of procuring an abortion, nor assist in any illegal operation.

44. Before providing to any woman of child-bearing age any remedies that have an abortifacient or uterine stimulating action you are advised to obtain written confirmation from the patient that she is not likely to be pregnant.

Sexually Transmitted Infections

45. You must not treat nor prescribe any remedy for sexually transmitted infections or sexually transmitted diseases. The patient should be referred to a sexual health clinic.

Compliance with legislation

46. You must comply with the terms of all relevant legislation relating to the practice of herbal medicine, herbal medicines, and health, safety and environmental protection.

47. Local Authorities are empowered by various Acts of Parliament to enact bylaws that may impose requirements on medical herbalists and their premises, and have the power to prosecute practitioners who fail to comply with these bylaws.

Your Commercial Obligations

Advertising standards

48. All advertising must be legal, decent, honest and truthful and must conform to relevant guidelines in the British Code of Advertising Practice, as well as the current advertising guidelines of the NIMH. Your advertisements may include information about any qualifications and special interests other than those in herbal medicine that you may have, but must not make claims of superiority or disparage professional colleagues or other professionals.

49. All members may use the current NIMH logo on practice literature. The crest of the NIMH may only be used by members formally appointed and / or elected in connection with the business of the NIMH.

50. Advertising must not mislead or deceive. It must not be sensational and make unrealistic, self-laudatory, or extravagant claims. Neither its content nor the manner in which it is distributed should be such as to put prospective patients under pressure.

Advertising must not create unjustified expectations about the length or type of treatment or its prospects for relieving the condition concerned. Claims to cure conditions, as distinct from relieving symptoms, are strictly prohibited.

Placing and distribution of advertisements

51. You must ensure that the design and contents of advertisements are legal and professional. Advertisements must appear in surroundings appropriate to professional advertisements, and must be distributed by similarly professional and legal means. When advertising in conjunction with practitioners of other therapies you must take reasonable steps to ensure that those other therapists are also registered with bona fide professional bodies.

Financial and commercial activities

52. You must make a clear distinction between your herbal practice and any commercial activity in which you may be involved. There must be no suspicion of any business affairs having an influence over your attitude towards patients and their care.

52. To promote a product to patients for no good reason other than profit is highly unethical. If you sell or recommend any product or service to a patient, you must be satisfied this will be of benefit to the patient and that you are appropriately qualified to offer such products or advice.

53. You must not encourage your patients to give, lend or bequeath money or gifts which will directly or indirectly benefit you. You must also not put pressure on patients or their families to make donations to other people or organisations.

Your Obligations in Practice Membership of other professional organisations

54. If you belong to other professional bodies whose ethical standards differ from those of the NIMH, you must be aware that this cannot put you beyond the NIMH jurisdiction where matters of professional conduct are concerned.

Practising other therapies

55. If you practise other therapies you are advised to ensure that you are appropriately trained and qualified in those therapies, and that you are insured with professional indemnity insurance to practise that therapy.

Using other techniques, supplements or equipment as an adjunct to treatment withherbal medicine

56. If you use techniques or equipment which are not within the normal scope of herbal medicine practice, you must ensure that you are appropriately trained in and qualified and hold valid insurance for the use of the techniques, or equipment, and record your patient's consent to the treatment and techniques proposed.

Use of the title 'doctor'

57. You must not use the title "doctor", either as a prefix in advertising your practices or in referring to yourself, nor allow yourself to be referred to as "doctor" in the context of being addressed as a herbalist, in such a way as to imply that you are registered with the General Medical Council, unless you are.

58. Courtesy titles, doctorates in any other field, and post-graduate qualifications in herbal medicine are not acceptable as a basis for the use of the title 'doctor' as a prefix when being addressed as a herbalist.

Treatment of animals

59. You must not administer any type of treatment to an animal unless you are a qualified vet. Under the Veterinary Surgeons Act 1966 treatment may only be carried out by registered veterinarians. The Royal College of Veterinary Surgeons will not allow animals to be treated with herbal medicines without a vet being present and taking responsibility for the diagnosis and treatment of the animal.

Your Relationship with Professional Colleagues Relationships with other practitioners

60. If you treat the patient of another practitioner because of holiday, illness or any other reason, you must not attempt to solicit the patient, either directly or by default, to continue treatment with you. You must inform the original practitioner as to which patients had been treated and the treatment that had been given.

61. In all cases the wishes of the patient are paramount. If a patient decides to transfer from you to another practitioner, it is courteous, and in the patient's interest, for you and the other practitioner involved to communicate with each other about this transfer, and for relevant information about the patient to be forwarded, with the patient's consent.

Relationships with medical doctors

62. It is good practice to maintain contact and communication with other healthcare professionals in the provision of integrated care of the patient. You should acknowledge referrals from a GP or RMP, and should also consider it good practice to inform and communicate with a patient's GP, with the patient's consent, when the patient has self-referred.

Criticism of other practitioners

63. You may sometimes encounter criticism of the competence or professionalism of other practitioners voiced by patients or colleagues. If you hear such criticisms of other practitioners, whether they are members of the NIMH or not, you must at all times act with the utmost discretion and professionalism, and must be extremely cautious about voicing any opinion. This applies equally if you yourself hold critical views of others, either in your own field or in another health care discipline.

64. You are expected to act with integrity, discretion, and respect for the views of others. You are entitled to put forward your views on good clinical practice in publications, seminars, etc. However, you must not criticise other healthcare disciplines or practitioners, either directly or by implication, over and above the standards which apply in the debates to which you contribute.

Dealing with concerns about other practitioners' behaviour

65. If you have concerns about another practitioner's conduct, health or professional competence you must contact the NIMH Head Office.

Your Obligations as a Teacher Teaching and Training in herbal medicine

66. Members may teach and give training in herbal medicine.

67. You must ensure that you have obtained appropriate and, if necessary, additional insurance to teach and give training in herbal medicine.

68. You must ensure that anyone that you teach or train in herbal medicine is aware that this does not qualify them to join the NIMH unless the teaching or training is formally accredited by the NIMH.

Assistants and Observers

69. You are allowed to have students of herbal medicine, potential students of herbal

medicine, or other individuals present as observers in your practice. An observer may only be present at a consultation with the explicit permission of the patient. You must take care to avoid 'coercive consent' where a patient feels that they are under pressure to allow an observer to be present.

Research

70. If you are involved in research involving patients you must seek the approval of an appropriate research ethics committee. You must also obtain a patient's consent if they are involved in your research and must ensure above all that their care is not compromised in order to meet the needs of your research aims.

71. You must also ensure that the patient's confidentiality is respected in the sharing or publication of research findings. If the results of research cannot be aggregated in such a way as to conceal the identity of individual patients, any consent obtained from the patient for the use of such results must be based on full details of the distribution, publication, an ownership of these results. If a patient refuses consent for the disclosure of research results this choice must be respected.

Appendix 2 – Apprenticeship Agreement

This agreement sets out the expectations and requirements from apprentices undertaking the Betonica Herbal Apprenticeship programme.

1. To adhere to the guidelines and requirements when attending clinics (see separate document).
2. To arrive promptly to seminars and workshops and conduct yourself in a professional manner.
3. To notify the course leader if you cannot attend a seminar/workshop/meeting/clinic so that alternative arrangements can be made. In the case of clinic attendance, if your place is not cancelled you may incur a fine.
4. To attend the required seminar/workshop days, if you do attend the recommended seminars you will not be able to progress further in the course.
5. To submit work at the agreed deadline, (unless in exceptional circumstances which should be addressed with your tutor), missed deadlines will incur a reduction in the marks given. (1 day – 5% reduction, 2 days – 10% reduction, 3 days – 50% reduction)
6. To adhere to the NIMH code of ethics (see prospectus appendix).
7. To attend a monthly one on one session with your course tutor to assess your portfolio.
8. To respect the views of others, colleagues, apprentices, and patients, and follow the current equal opportunities legislation and work harmoniously with people of all cultures and backgrounds.

Signed.....

Printed name:

Date:

Please note: the course leader has the right to disqualify an apprentice and remove them from the course if they breach the code of ethics, or do not commit themselves to the course.

Appendix 3 – Betonica Herbal Apprenticeship Application form

Name:	
Address:	
Telephone number(s):	
Email address:	

Education	(Please include name of institution, date attended and grades achieved)
Secondary education	
College/Sixth form	
University	

Previous Work experience	
Current employer and job role	
Start date	
Employer and job role	
Start date	
End Date	
Employer and job role	
Start date	

End Date	
Employer and job role	
Start date	
End Date	

Additional skills or experience	Please list any additional skills or experience that you feel may be relevant

Please describe, in under 150 words, why you would like to take part in the Betonica Herbal Apprenticeship programme?

Please explain, in under 150 words, what you would do once qualified as a medical herbalist?

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References	Please give the names and addresses of two referees. Referees can be previous employers, colleagues in projects you volunteer at, previous course tutors etc. They must have known you for at least 2 years.
Referee 1	
Name	
Address	
Email address	
Telephone no.	
Referee 2	
Name	
Address	
Email address	
Telephone no.	

Please indicate if you are willing to camp or if you'd like a list of local hotels and B&Bs.

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Do you have any health conditions that may affect your ability to complete the course?

--

Do you have any special dietary requirements?

--

Do you have any specific learning needs?

E.g. Dyslexia – requiring printed material in Arial font size 14 on green paper.
Or visually impaired, large print and no OHP.

Please send your completed application form to info@betonica.co.uk.