

The Practitioner Training Programme in Western Herbalism Colaiste Luibheanna

The objective of the Programme is to provide a bridging training for those with adequate Prior Experiential Learning (PEL) to become practitioners of Western Herbal Medicine and to be able to join a professional organization such as the Irish Register of Herbalists.

Applicants will be accepted from the following routes:

- Graduates of the Veriditas Hibernica apprenticeship in Traditional Herbal and Botanical Medicine
- Practitioners of other therapeutic modalities who can demonstrate that they have sufficient PEL

The next programme commences in December 2018 and the following one in December 2020

The training programme consists of three elements:

Lecture/ Seminar blocks There are 6 four lecture blocks; two covering clinical examination skills, clinical medicine and differential diagnosis; four covering systems therapeutics and therapeutics for specialist areas.

Self directed study This element follows a carefully designed study plan to guide students through the topics. This will be assessed by continuous assessment consisting of a study portfolio and some long essays. Assessments are designed to allow the student to display the ability to weave together the different strands of their learning in order to formulate a diagnosis and treatment plan. Students will be expected to include relevant elements of their PEL training such as nutrition, pathophysiology, materia medica with the information delivered in the lecture blocks.

Clinical observation and practice 500 hours of clinical training will be required. 100 hours of this will be clinical observation (students do not take consultations until they have completed 100 hours supervised clinic hours). The remaining 400 hours can be split between the training clinics set up in Coachford and around the country; of the 400 hours 150 may be completed with individual herbal practitioners once this has been discussed with the course co-ordinator. Various practitioners are offering supervised hours and enrolled students will be put in touch with these. Students may also negotiate to undertake hours with other practitioners with the agreement of the course coordinator.

Once these three elements of the training are completed students will be eligible to sit their final clinical practitioners examination. The successful completion of this will enable them to become practitioners. It must be emphasised that whilst every assistance will be offered to students to complete the training there will be a need for students to be able to undertake a disciplined approach to the self-directed element of the course and to ensuring that they get full clinical hours etc in order to sit the final exam. It should be possible to offer some tutorial assistance with the self-directed learning. Submitted assignments will be marked and returned with full feedback with a minimum of 50% being required to pass each assignment. If a student gets below 50% for an assignment they may re-submit the assignment. If a student fails the final practical examination they will be able to re-sit; however, the cost of re-examination is not included in the course fee.

Expected cost of training: €3250.00, including final clinical exam but not including clinical observation and practice training.

This is to allow students flexibility in where they obtain their clinical training. It is estimated that it would cost each student around €1800 for the requisite 500 hours over 62 days since the majority of practitioners charge €30.00 for an 8 hour day.

About the Lecturers:

Nikki Darrell M.B.S., B.Sc.(Hons), Dip. Phyt., M.C.P.P., M.I.R.H Nikki is a botanist, medical herbalist and aromatherapist who has spent many years researching and working with plants and their connection with people. She has a BSc (Hons) in Horticulture and Plant Science from Nottingham University; after graduating she spent 5 years as a research scientist researching into phytochemistry and plant tissue culture. She then studied massage, aromatherapy, reflexology, and fitness instruction as a way of paying her way through herbal school. In 1999 she graduated with a diploma in Herbal Medicine from the School of Phytotherapy. In 2008 she completed a MBS in Social and Co-operative Enterprise with her minor thesis researching the potential for co-operatives to help develop a Medicinal and Aromatic Plant industry in Ireland. She works as a practitioner of herbal medicine, aromatherapy and aromatic medicine, and incorporates CranioSacral therapy into her clinical work. She has lectured for various 3rd level institutions, and runs short introductory courses about herbs and their uses, as well as walks and talks on wild food and medicine. She has set up a 2 year Apprenticeship course in Herbal and Botanical Medicine for people who wish to learn community herbalism. She is the founder of Veriditas Hibernica, a not-for-profit organization devoted to helping people reconnect with nature and plant medicine (www.veriditashibernica.org). She designed the Practitioner Training Programme and is the course consultant for this.

Marie Reilly BSc (Hons), MIIMH, MNIMH, Dip. Coun. Aine Marie graduated from the College of Phytotherapy degree course with a BSc(Hons) degree in Herbal Medicine, having conducted her undergraduate research dissertation on the Use of Adaptogenic Herbs in the Treatment of Chronic Fatigue Syndrome (CFS/ME). She is currently Director of the Lismore Clinic, a multidisciplinary health clinic I Co. Waterford, where she also runs a busy herbal medicine practice. AineMarie began the University of Wales-accredited Scottish School of Herbal Medicine Masters degree programme in 2008, and completed the taught part of the course in 2010. She is currently conducting postgraduate research into the herbal treatment of functional fertility. Aine Marie is a member of the National Institute of Medical Herbalists (NIMH) in the UK, and formerly served on the council of the Irish Institute of Medical Herbalists (IIMH), of which she is still a member. She taught on the BSc Herbal Sciences course at CIT in 2008, and has provided clinical training for students from CIT and various colleges in the UK.

Peter Jackson-Main MA FAMH MGNI Peter trained in the Master Herbalist tradition and has been in practice for over 20 years as a herbalist, iridologist and natural healer. He is a fellow of the Association of Master Herbalists, of which he is a founder member and former chair. He was the Secretary of the European Herbal and Traditional Medicine Practitioners Association (EHTPA) from 1999-2007 and Treasurer from 2007-present. He is the author of Practical Iridology, published in 2004 by Carroll and Brown and a

contributor to *Reshaping Herbal Medicine*, published by Elsevier in 2005. He has lectured for the Irish School of Natural Healing, and the College of Naturopathic Medicine in both Ireland and the UK. He is the Director and Principal of the College of Holistic Iridology, running professional training courses in Iridology. He currently practices in Cambridge at the Natural Centre and the Beechwood Complementary Medical Centre. He also practices in London at the Heavenly Spa in Paddington.

Kevin Orbell-McSean MNIMH, MIMHO Kevin graduated in 1988 after completing the four year full-time course at the School of Herbal Medicine (which became the College of Phytotherapy), Tunbridge Wells, Kent and follows in a family tradition of professional herbal practice that has continued now for nearly one hundred years. Kevin had the good fortune to spend many years learning from his grandfather, Albert Orbell FNIMH, who worked in herbal practice for more than sixty years. Kevin became a member of NIMH in 1989, and since 1990 has been in full time practice at the Evergreen Clinic of Natural Medicine in Cork. In the early 1990s Kevin was a founder member and President of the Irish Association of Medical Herbalists and for many years worked hard to promote herbal medicine in Ireland and initiated political lobbying for the recognition of professional herbal medicine by the State. From 2005-2010 Kevin was a member of NIMH's Ethic Committee, also filling the challenging role of Professional Conduct Officer, dealing with complaints against NIMH members. Kevin practices very much in the style traditionally associated with the NIMH, taking a comprehensive case history, using orthodox medical science for examination and diagnosis, allied with a holistic approach, encompassing a thorough enquiry into diet and lifestyle. After more than twenty years of professional practice Kevin has a particular interest in the cardiovascular and respiratory systems but avoids claims of speciality, since, when it boils down to it, he is particularly interested in every presentation of illness, and continues to enjoy treating the wide range of illnesses which present in general herbal practice.

Jacqueline Kilbryde MNIMH MIRCHM SHNS.Dip.Arom. Jacqueline is a member of the National Institute of Medical Herbalists and a member of the Irish Register of Chinese Medical Herbalists. She also has a diploma in Aromatherapy. She has been in practice for 20 years, in Ireland, and spent one month in Nanjing China, doing clinical work in hospitals there. She uses both native and Chinese herbs in her practice and treats a variety of conditions. As well as growing herbs for use in her practice she also runs workshops, in the summer months, from her home in West Cork, helping the public to identify native plants and showing how to make very useful preparations from plants gathered or grown.

Andrew Chevallier FNIMH MCPP Andrew is a Fellow, and past President, of NIMH and a member of the CPP. He started practice in 1986 and, though he was for 10 years a Senior Lecturer at Middlesex University on the BSc Herbal Medicine, he has always seen himself first and foremost as a herbal practitioner. He has a particular interest in the area of treating Seniors.

Carole Guyett MNIMH Carole has been practicing herbal medicine for 25 years, initially in the UK and for the past 15 years in Ireland. She has a special interest in women's health and has gained a reputation, both in Ireland and abroad, as an expert in fertility and pregnancy. Her therapeutic approach includes care and support for the body, mind, spirit and emotions. Carole's healing centre in Co. Clare is a haven where plant medicines are grown and made. She teaches both in Ireland and internationally.

Danny O'Rawe N.D. Dip Herb, Dip Aro, Dip Nat. MGNC

Danny began growing herbs in 1979 and started a lifelong interaction with plant medicines. He initially self-taught himself herbal medicine from books such as Maud Grieve, Juliette de Bairacli Levy and RC Wren and began a rudimentary practice by 1988 when he also completed a certificate in aromatherapy. Living in a sustainable smallholding in the late 80's/early 90's helped to consolidate this knowledge in terms of growing and making herbal medicines using only those herbs which could be wild-crafted or cultivated, and an understanding of humoral medicine. He has continued to grow and work on a wide range of crops in numerous settings across Europe. He is also qualified with the internationally renowned Royal Horticultural Society. He has continued to expand his knowledge after completing a diploma in herbal medicine and a further diploma in aromatherapy and is a qualified naturopath with a special interest in biochemical nutrition. He had a brief apprenticeship with a *Curanderos* in the Peruvian Amazon and is currently studying with the legendary David Winston. He is now working towards an MSc in Herbal Medicine with the University of Central Lancashire. Danny is one of the founders of the Community of Irish Herbalists and as a life-long activist is passionate about sustainability and evolving non-hierarchical community. He lectures in nutrition and herbal medicine. He is a former president of the IRH. He runs a busy practice in Belfast.

LECTURE BLOCK OUTLINES

CLINICAL MEDICINE I 4 Days Clinical examination and differential diagnosis – the abdomen, cardiovascular and respiratory systems
Nikki Darrell/ Niall Hogan

CLINICAL MEDICINE II 4 days Clinical examination and differential diagnosis – musculoskeletal system, the skin, the neurological system
Nikki Darrell/Niall Hogan

THERAPEUTICS

Systems therapeutics includes a review of the anatomy and physiology of the system being presented plus the pathophysiology, herbal therapeutics and adjunct advice for treating the most commonly presenting ailments of that system. The specialist area therapeutic lectures include a discussion of those particular specialist areas and additional requirements of people in those categories. Each lecturer brings their own experience and particular therapeutic approach and students are expected to add to the lectures from their own experience, reading and learning in training clinic to synthesise their own individual approach.

The Musculoskeletal system First Aid and trauma Peter Jackson -Main

The Immune System Marie Reilly

Cardiovascular system Respiratory system Kevin Orbell-McSean

The Digestive system Jackie Kilbride

Dermatology/skin Paediatrics Anne McIntyre

Neuro-endocrine System Danny O'Rawe

Psychiatry; focusing on affective disorders Senior Health Andrew Chevallier

Fertility, Pregnancy and Birth Genito-urinary system Carole Guyett

Aromatic Medicine Nikki Darrell/Danny O'Rawe

SELF-DIRECTED STUDY OUT LINES FOR CLINICAL SCIENCES Mandatory Textbooks:

Davidson's Medicine pub. Churchill Livingston

For each chapter make comprehensive notes and prepare questions on areas that you are uncertain about for the lecture sessions. Lay out your notes in a format that enables you to append more information once tutorials and lectures have taken place and the specialities are studied. Also make sure that the format allows you to append therapeutics information once this module commences.

The Symptom Sorter

Regularly practice the medical record and interview techniques. Once the clinical examinations skills lectures and practicals have taken place regularly practice the clinical examination techniques. Keep a log of the examinations carried out and write reflective journaling regarding areas where you are experiencing difficulties.

Medical Herbalism David Hoffmann

MODULE DESCRIPTORS

These module descriptors are drawn up to give an indication of the equivalence with NFQ levels and course credits obtained in 3rd level institutions. They are drawn up to meet the standards laid out in the core curricula of the National Herbal Council (Ireland) and the European Herbal and Traditional Practitioners Association. They do not imply that there is external validation by HETAC or an equivalent body, nor that the course has obtained accreditation. However, graduates of the course are eligible to apply for membership of the Irish Register of Herbalists or the College of Practitioners of Phytotherapy in the UK.

Module 1

Short Title: Clinical Sciences

Long title: Clinical Medicine, Clinical Examination and Differential Diagnosis Skills

NFQ Level: 8

Credits: 15

Description: The main aims of this module are to teach the practical skills of clinical examination and case history taking; to provide learners with the theory and practical skills which enable them to perform

differential diagnosis of signs and symptoms of the major body systems, including a thorough knowledge of clinical medicine and appropriate medical laboratory science.

Learning Outcomes: On successful completion of this module the learner will be able to:

1. Describe clinical examination diagnostic techniques and their clinical applications in orthodox medical practice
2. Demonstrate effective case history taking
3. Perform a clinical examination of the major body systems using palpation, auscultation, observation and other relevant techniques.
4. Recognise red flags (potentially serious signs and symptoms) and recognize when to refer patients to orthodox medical practitioners.
5. Describe diseases leading to the differential diagnosis of common symptoms and signs affecting the covering and support systems of the body (skin, joints and bones), control systems (nervous and endocrine), and maintenance systems (cardiovascular, respiratory, gastrointestinal and urinary systems)
6. Discuss the distribution of disease in the community and the approach to prevention from the orthodox and holistic points of view.
7. Interpret basic pathology laboratory data and results of orthodox investigative procedures.
8. Understand how to incorporate all the theory and skills learned in this module into an effective system of differential diagnosis

Indicative Content:

The orthodox medical model; causes and mechanisms of disease, describing diseases, the principles of differential diagnosis.

Disorders of cells; local response to tissue injury; general response to tissue injury; disturbance of body response; infectious diseases.

Symptoms and signs related to diseases of the body systems (Skin, Musculoskeletal, Nervous, Special senses, Endocrine; Cardiovascular; Lymphatic and immune; Respiratory; Gastrointestinal; Genito-urinary; Reproductive)

Tests in clinical sciences – pathology tests on body fluids; blood, urine, cerebrospinal fluid, faeces. Investigative tests X-ray, CT, ultrasound, MRI

Physical examination; cardiovascular, respiratory, abdominal, neurological , musculoskeletal

Assessment breakdown:

8 long essays 1000-1500 words 100%

Course Breakdown:

Lectures 80 hours.

Self directed study, including written assignments, 295 hours.

Indicative reading:

*British National Formulary (published yearly) British Medical Association

The Merck Manual (current edition). Merck Research Laboratories.

Dorland's Pocket Medical Dictionary. W.B. Saunders Company.

*The Lecture Notes Series (Dermatology, Geriatrics, Gynaecology, Obstetrics, Pathology etc.) Blackwell Science

*Bates B. (1995) A Guide to Physical Examination and History Taking. J.B. Lippincott Company

* Lynn S. Bickley, Peter G. Szilagy & Barbara Bates (2006) Bates' Pocket Guide to Physical Examination & History Taking

*Edwards C., Bouchier I., Haslett C., Chilvers E., Davidson's Principles and Practice of Medicine. Churchill Livingstone. (Current edition)

Epstein O., Perkin G., de Bono D., Cookson J. (1992) Clinical Examination. Mosby

Hope R., Longmore J., McManus S., Wood-Allum C. Oxford Handbook of Clinical Medicine. Oxford. (Current edition)

Gascoigne S.(2001) The Clinical Medicine Guide. A Holistic Perspective. Jigme Press.

Jamison J. (2007) Differential Diagnosis for Primary Care A handbook for healthcare professionals. Elsevier

Module 2

Short Title: Therapeutic Approaches in Western Herbal Medicine

Long Title Integration of Traditional Specific Materia Medica, Nutrition and Other Approaches to Treatment Strategies in General Herbal Practice and Specialized Areas

NFQ Level: 8

Credits: 15

Description: This module aims to integrate and build on the material medica, herbal therapeutics, nutrition and other therapeutic approaches studied prior to this to enable the learner to develop a rational and effective therapeutic strategy for their individual patients. The importance of understanding herb-herb interactions and herb-drug interactions, the suitability of nutritional approaches and other therapeutic factors for the individual patient's condition will also be emphasized.

Learning outcomes: On successful completion of this module the learner will be able to:

1. Assess individual patient case histories and devise a suitable treatment strategy, including nutritional and lifestyle advice and suitable herbal prescription.
2. Ensure that the treatment strategy is suitable for the patient as regards their physiology, age, other special requirements and taking into account orthodox and other complementary treatments that are being followed concomitantly.
3. Conduct follow-up consultations with patients and adjust their treatment strategy as necessary through a course of treatment.
4. Display an understanding of applying herbal therapeutics in the following areas; gynaecology and obstetrics, paediatrics, psychiatry, dermatology, geriatrics and in general practice.

Co-requisite modules: Clinical Sciences module, Clinical Practice module

Indicative content:

The botanical, pharmacognostic, pharmacological and therapeutic aspects of a minimum of 150 therapeutic plant species. For each remedy its indications for treatment. Contraindications, incompatibilities, interactions with other herbs and pharmaceutical drugs, posology for all groups will be covered. Plants will be discussed from a traditional therapeutic aspect, taking into account their traditional energetics; they will also be discussed from a modern scientific research perspective. Specific indications of plants will be discussed, as well as herb combinations and synergies. Plant remedies will be discussed from the perspective of conservation and sustainable production; there will be an emphasis on native species. The skills of building a synthesis of clinical diagnostic skills, energetic diagnostic skills, herbal prescription, nutritional and life style advice for general practice and the specialities (paediatrics, dermatology, psychology, gynaecology and obstetrics and geriatrics) will be developed through lectures, tutorials and practical exercises.

Assessment breakdown:

Eight 1000-1500 written assignments 100%

Coursework breakdown:

Lectures 120 hours

Self directed study and assignments 255

Indicative reading:

*Barker J (2001) *The Medicinal Flora of Britain and Northwestern Europe*. Winter Press.

*Bartram T (1995) *Encyclopedia of Herbal Medicine*. Grace Publishers.

- Blumenthal M, Goldberg A, Brinckman J (2000) Herbal Medicine: Expanded Commission E Monographs. Churchill Livingstone.
- Bone K (2003) A Clinical Guide to Blending Liquid Herbs. Churchill Livingstone.
- Bone K & Mills S (2005) The Essential Guide to Herbal Medicine Safety. Churchill Livingstone.
- Brincker F (2001) Herb Contraindications and Drug Interactions. Eclectic Medical Publications.
- Catty S (2001) Hydrosols . Healing Arts Press.
- Chevallier A (1996) The Encyclopedia of Medicinal Plants . Dorling Kindersley.
- Conway P (2001) Tree Medicine A Comprehensive Guide to Over 170 Trees. Piatkus.
- Davies J (2000) Self Heal. Gateway.
- Duke J (1997) The Green Pharmacy. Rodale.
- Escop Monographs (2003). Thieme.
- Harkness R. & Bratman S. (2003) Handbook of Drug-Herb and Drug-supplement Interactions. Mosby.
- Hoffmann D (2003) Medical Herbalism. The Science and Practice of Herbal Medicine. Healing Arts Press.
- Holmes P The Energetics of Western Herbs, Volumes 1&2. Snow Lotus.
- Lust J (2005) The Herb Book. New York, Beneficial Books.
- McIntyre A. (2005) Herbal Treatment of Children Western and Ayurvedic Perspectives. Elsevier.
- Menzies-Trull C (2003) Herbal Medicine; Keys to Physiomedicalism Including Pharmacopeia. Christopher Menzies-Trull.
- Mills S & Bone K (2000) Principles And Practice of Phytotherapy Modern Herbal Medicine. Churchill Livingstone.
- Ody P (1993) The Herb Society's Complete Medicinal Herbs . Dorling Kindersley.
- Paine A (2006) The Healing Power of Celtic Herbs O Books
- Price L (1999) Carrier Oils for Aromatherapy and Massage . Riverhead.
- Price L & Price S (2004) Understanding Hydrolats. Churchill Livingstone.
- Price S & Price L (2007) Aromatherapy For Health Professionals. Churchill Livingstone Elsevier.
- Priest A & Priest L (1983) Herbal Medication A Clinical And Dispensary Handbook C.W. Daniel.
- Schnaubelt K (1995) Advanced Aromatherapy. Healing Arts Press.
- Schnaubelt K (1995) Medical Aromatherapy. Healing Arts Press.
- Scott J, Barlow T (2003) Herbs in The Treatment of Children Leading A Child To Health. Churchill Livingstone.
- Tobyn G (1997) Culpeper's Medicine A Practice of Western Holistic Medicine. Element.

Weiss R (1998) Herbal Medicine. Beaconsfield.

Wren R (1988) Potter's New Cyclopaedia of Botanical Drugs and Preparations. C.W. Daniel.

British Herbal Pharmacopoeia (1983) B.H.M.A

Historical texts e.g. Thompson, Skelton, Coffin, Cooke, Thurston, Grieve.

Module 3 Title: Clinical Practice

NFQ Level: 8/9

Credits: 30

Description: To promote the learner's development of the full range of a herbalist's skills under the careful supervision of experienced herbal practitioners, including developing a herbal medicine treatment strategy, dispensing herbal medicines, dispensary management, health and safety aspects and practitioner development issues

Learning outcomes: On successful completion of this module the learner will be able to demonstrate the following skills;

Herbal Medicine practical skills; dispensary administration, including ordering and stock rotation; herbal quality assessment and safe storage; weighing, packaging, labeling and safe dispensing of herbs in their various forms.

Practise and extend the theories of herbal medicine and develop diagnostic skills including: taking the case history (building rapport, clear questioning, good record keeping); making the diagnosis (including pathology and aetiology) according to the theories of herbal medicine; palpation and sensitivity to the patient and responsiveness to physical clues; appropriateness of the patient's condition for treatment with herbal medicine; analysis of the patient's condition from a herbal medicine perspective and the selection of the most appropriate formulae and herbs; modification of the herbal strategies used as the patient's condition changes

Patient-practitioner relationship skills; establishing good contact and building confidence and trust; providing information in everyday language/ language that the patient understands; time management.

Patient management skills; lifestyle monitoring and advice; limits to competence; referrals and recommendations; drug monitoring and management; response of the patient to herbal treatment; ethical considerations

Reflective practice; understanding the importance of reflection as a tool for learning and developing; reflective and self-directed learning and practice as a way to reach their full potential as a practitioner as regards effectiveness and satisfaction in their professional life.

Ethical practice; the student will develop a further understanding of the place of ethics and codes of practice and how to implement these ethics within clinical practice.

Co-requisite Modules: Modules 1+2

Indicative content: During clinical practice students will begin to practice the skills outlined above under learning outcomes. At first these skills will be practised with close supervision and support, but increasingly the students will be encouraged to formulate their own decisions regarding the diagnosis and treatment and the progress of the patient's healing and recovery. Their judgements must then be checked with the clinical supervisor before action is taken. Students will also be expected to contribute to discussions on case histories.

Indicative reading:

Conway P (2011) *The Consultation in Phytotherapy*. Churchill Livingstone.

Gascoigne S (2001) *The Clinical Medicine Guide: A Holistic Perspective*. Jigme Press.

Johns C (2004) *Becoming a Reflective Practitioner* (2nd edition). Blackwell.

Silverman J, Kurtz S & Draper J (1998) *Skills for Communicating with Patients*. Radcliffe Medical Press.

Texts for modules 1&2

Assessment breakdown:

Continuous practical assessment 45%

Formal Examination

Practical clinical examination 65% 90 minutes at end of module.

Coursework breakdown:

500 hours practical consisting of:

100 hours clinical observation (as evidenced by clinic log sheets)

400 hours clinical practice (a minimum of 300 in training clinics approved by the course co-ordinator; 100 hours may be taken with recognised practitioners at the discretion of the course co-ordinator).

Clinic portfolio consisting of:

15 case studies; Clinic log sheets (a record of hours attended at training clinics and with individual practitioners, signed off by the student and the supervising practitioner); Clinic feedback forms;

Reflective journal

250 hours other (assessment and self-directed study)

Practitioner Training Application Form:

First Name(s):

Surname:

Address:

Email address:

Phone Number:

Date of birth:

Previous courses of study (include name/s of establishments where undertaken, year of commencement and completion)

I agree to abide by the code of ethics and conduct during my clinical practitioners training (see attached copy).

I agree to arrange to complete 500 hours clinical training as part of the practitioner training and understand that these are not included in the course fee of €3 250.00.

I agree to attend all lecture hours outlined in the course information and to submit the written assignments outlined. I understand that I also need to complete the self-directed study element of the course outlined in the course information.

I agree to pay the full course fees for the bridging training as a deposit of €500.00 and 11 monthly payments of €250.00, from the commencement date of the course:

Signed:

Date:

CODE OF ETHICS CONDUCT AND DISCIPLINE

Students are expected to conduct themselves in the same professional manner as a practitioner from the commencement of their training; the word student and practitioner are used interchangeably in the codes laid out below. By embarking on the practitioner training course you are agreeing to abide by these codes. Any student not abiding by these codes may be subject to disciplinary action. Within the training clinic setting students should defer to the supervisor and treat both the supervising practitioner and the clinic setting with proper respect; this should also be extended to their fellow students.

RULE ONE: *Students shall at all times conduct themselves in an honourable manner in their relations with patients, the public, other members of the profession , with members of other professional bodies and in all matters.*

Students obligation to patients:

The relationship between a practitioner and a patient is that of a professional with a client. The patient puts complete trust in the practitioner's integrity and it is the duty of students not to abuse this trust in any way. Proper moral conduct must always be paramount in students' relationships with patients. Students must act with consideration concerning fees and justification for treatment. Students must strive to adopt a non-judgmental attitude towards patients.

Where a student considers that treatment is beyond their capacity or skill, the patient (with their consent) should be referred to another practitioner or an appropriate health care practitioner.

Students must take care when explaining the procedures and treatment which they propose to administer, and should recognize the patient's right to refuse treatment or ignore advice. It is unacceptable to solicit a patient by any means to accept treatment when they have not specifically requested it.

Students shall take particular care in treating children and minors. The consent of a parent or legal guardian should be obtained in respect of any person under 18 years of age, or whatever age is specified in law at the time of treatment.

Students shall be responsible for being aware of their position and liability in law.

Students must take care to see that their practices are managed with due diligence, in particular, delegation of professional duties should be made to enable patients to receive treatment.

Students have an implicit duty, within the law, to keep all information concerning, and views formed about, patients entirely confidential between the student and the patient concerned; this same level of confidence must be maintained by assistants and receptionists when these are employed. Even the fact of a patient's attendance at a practice should be considered confidential, and should not be disclosed to a third party without the patient's consent.

Students are warned not to assume details of a wife's or husband's case should be freely discussed with the other. The above ruling applies to all parties including next of kin and students should never allow a third person to be present unless with the express consent of the patient.

Disclosure of any confidential information to a third person is only in order when all the following requirements are met:-

- Disclosure is in the patient's interest.
- It is done with the patient's knowledge and consent except where the patient is not in a condition to give this and a third person is in a position to be responsible for the patient's interests.
- There is a real need for such information to be imparted, such as when a student considers a case should be referred to a colleague.

The only exceptions to this principle of confidentiality are:-

- When the law requires the information to be divulged.
- When for reasons relating to the condition or treatment of a patient it is undesirable to seek their consent, but it is in the patient's own interest that confidentiality be broken.
- When the member reasonably considers that their duty to society at large takes precedence.
- When case histories are used for herbal training, research or publication. In these cases the patient's anonymity must be very strictly preserved.

Students must ensure that they keep clear and comprehensive records of the treatments they administer to patients.

Use of the title Doctor: No student may use the title Doctor either directly or indirectly in such a way as to imply that they are a registered medical practitioner, unless this be the case.

Students Obligations to other Practitioners: It is against the interests of the profession to have distrust or dispute between members. Students shall at all times conduct themselves in an honourable manner in their relations with other students and practitioners. Students shall at all times avoid discrimination against others, especially regarding nationality, sex or creed.

Transfer of a Patient: Action taken by a student to persuade the patient of another practitioner to patronize them is in all circumstances unethical and contravenes this code of Ethics. In consequence it is advisable that students should apply a clear and proper procedure when exchanging or referring patients or dealing with patients of other practitioners.

Denigration: No matter how justified a practitioner may feel in holding critical views of a colleague's competence or behaviour, it is unprofessional and would be considered unethical that they should communicate such an opinion to a third party.

RULE TWO: *Students shall at all times abide by professional advertising codes*

RULE THREE: *Students shall at all times comply with the requirements of the code of practice*

RULE FOUR: *Students shall refrain from proscribed conduct*

Students shall not bring the profession into disrepute by their personal behaviour; by being convicted of drunkenness, drug abuse, or an offence of dishonesty.

- Students shall not fail to give proper care for a patient or neglect their practice.

- Students shall not abuse their position of trust as a medical herbalist by breaching a patient's confidence or by using undue influence to obtain gifts or other benefits from a patient.
- Personal relations between Medical herbalists and their patients:
Certain behaviour may render a member liable to prosecution under Irish Law. Even if there is no prosecution such behaviour is likely to be treated as serious professional misconduct. The abuse of knowledge gained in professional confidence to pursue a personal relationship with either the patient or a member of the patient's family, is viewed as unethical.
- It is possible for patients to cause embarrassment and worry by forcing their attentions on a practitioner.

CODE OF PRACTICE

A practitioner is required :-

- To avoid giving any herbal treatment to terminate a pregnancy
- To be aware of those diseases that are notifiable and to take appropriate action in these cases.
- To keep detailed records of prescriptions and dispensing.
- To label all medicines clearly, indicating the correct dosage and other directions for use and with the name and address of the practitioner and the date of dispensing.
- Not to claim verbally or put in print to be able to cure any life-threatening or serious disease.
- To ensure that the distribution or display of letter headings, business cards or practice information should be compatible with the highest medical standards.
- To consider very carefully the implications of recommending a course of treatment contrary to the advice of the patient's registered medical practitioner or of not recommending referral to a registered medical practitioner in the case of serious disease or uncertain diagnosis (Practitioners must be aware of their vulnerability under the law on this issue and must ensure in such a case that all available information is given to the patient and that the patient makes the final decision without coercion).
- To seek the presence of a parent or guardian during any treatment or examination of a child under the age of 18.
- To respond promptly and responsibly to any warning concerning the quality or safety of any medicine.
- To secure and maintain full professional indemnity insurance once qualified.