Individual Application Scheme

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Introduction

Although the majority of our members graduate from an accredited training programme which meets our membership criteria, we also welcome applications from experienced practitioners who have taken a different route. The Individual Application Scheme allows these practitioners to demonstrate that their education and practical experience align to our standards of practice and membership criteria, as described on our core curriculum for accredited schools (available on request). The process looks at the areas covered by formal education, the number of clinical training hours undertaken, and experience in practice.

Entry requirements

All herbalists wishing to apply via this route must have had at least 5 years in practice and to have completed

- **Either** 1,000 hours of 1-1 patient time
- **Or** 500 hours 1-1 patient time **AND** substantial and regular time delivering herbal education/teaching or community herbal work

Applicants whose first language is not English must also submit a copy of their IELTS certificate or Cambridge Advanced English qualification along with their score. The minimum acceptable IELTS score is 7, with no component score below 6.5.

Stage One

Applicants who meet the entry requirements will be invited to enter Stage One. This requires completion of an intelligent Google Form collecting information covering:

1. Herbal training, to include their training in human anatomy & physiology, human pathophysiology, human nutrition and plant chemistry, pharmacology and pharmacognosy..
2. Clinical experience
3. Other professional memberships
4. Practice history
5. A personal statement covering why they became a herbalist, their philosophy and approach, and why they would like to join the Institute
6. A fitness to practice statement confirming that
    a. there are no undisclosed issues relating to their good character, including any criminal or civil proceedings or disciplinary matters with their employer or other professional bodies. And
    b. there are no undisclosed health or other conditions that may affect their ability to practice safely and effectively

The fee for Stage One is £70. They will also be asked to submit a current cv, their qualification certificates and evidence of their professional memberships, and a copy of a photographic id document.

Applicants must also give consent to allow the NIMH to access and share any past or present disciplinary information held by other professional bodies of which they are a current or former member.

The NIMH office team will conduct a preliminary assessment based on the Stage One checklist (see appendix). If they consider that the applicant meets the requirements, they will appoint two assessors to review the form.

The assessors may ask the office to request more information from the applicant if any section is unclear. They may also need to carry out some additional research; for example the curriculum of the courses studied, and checking for online information about the applicant. If the training is less formal than an Institute accredited course and the assessors are confident that they are a good candidate, they can still make the decision to progress the applicant.

If both assessors agree, the applicant will be invited to proceed to Stage Two.

If either the NIMH office team or the assessors determine that an applicant has not met all the requirements of Stage One, or they receive information from another professional body suggesting that the applicant cannot be considered fit to practise, the applicant should be notified that they are unable to progress. There is no right of appeal to this decision. The notification should indicate which areas of the Stage One checklist still need to be addressed if applicable, and where appropriate it will include suggestions for how the applicant can fulfill these requirements before reapplying.

We aim to complete Stage One within one calendar month of receipt of payment and the full information, including any extra documentation that may be required.

Stage Two

Applicants are asked to submit

1. A case study of their own (with pre-set marking scheme and guidance for completing)

2. Their prescription and treatment plan for 2 allocated case studies provided by us

3. Two years of CPD records

4. A list of 20 herbs that they use regularly in their practice and would be happy to discuss during the video meeting.

5. Two Letters of recommendation from either/both of herbal colleagues, herbal tutors and herbal mentors

And then they will be invited to join an hour-long video discussion with two IA assessor(s) to whom the documents above have been pre-submitted.

The video session will cover:

- Review of the clinic reports
- Discussion of the CPD records (reflection)
- Dispensary management
- Competency based questioning, which may include discussion of how they use some of the herbs on their list of 20.

These assessors make a recommendation to the Admissions Panel, either for immediate entry onto the Institute register or for progression into Stage Three.

The fee for Stage Two is £300.

We aim to complete Stage Two within three calendar months of receipt of payment and all information.

We anticipate that the majority of applicants that progress to Stage Two will be successful without needing further assessment. But in rare cases, the assessors may consider that certain areas need additional evidence, study or experience. In such cases, applicants will enter Stage Three.

Stage Three (if needed)

If a Stage Three is required, then its assessment will be set by the original assessors at the end of Stage Two, and will vary depending on the circumstances.

- The assessors may simply require evidence that some additional training has been completed, and to receive an update of their CPD since the original submission if it has been over a year.
- In more complicated situations, they may ask for any or all of the Stage Two assessments to be repeated or for completion of an alternative assessment of an equivalent level.

Fees to be agreed commensurate with the work required of the assessors, but a maximum of £300. Usually the applicant will continue with the same assessors, but

applicants have the option to request new assessors, and the current assessors have the option to step down.

Appendix One: Stage One Checklist

Please complete as follows:

- ***Yes*** - you are entirely satisfied that their knowledge or training is at least equivalent to the specifications of the NIMH core curriculum
- ***Probably*** - there is evidence here that would suggest knowledge or training at roughly the level of the NIMH core curriculum requirements but it will need further assessment at Stage Two
- ***Maybe*** - there is mention of some knowledge or training, but you are unable to assess its level. Applicant should be asked for more information
- ***No*** - this is not addressed at all. The applicant may be asked for more information or given advice on further training to complete before reapplying.

All sections must be given a ***Yes*** or ***Probably*** for the applicant to progress to Stage Two.

		Comments
Certificates submitted for highest qualifications in all relevant areas and/or membership certificates for relevant professional bodies	Yes/No	
English IELTS or Cambridge Advanced English Qualification (if required) submitted	Yes/No	
Photographic id submitted	Yes/No	
Current CV submitted	Yes/No	
Is there evidence of knowledge equivalent to the level required in the Core Curriculum, whether via formal training or otherwise, for the following subjects	—	—
• Human Sciences	Yes / Probably/ Maybe/ No	
• Diet and Nutrition	Yes / Probably/ Maybe/ No	

● Clinical Sciences	Yes / Probably/ Maybe/ No	
● Plant chemistry and pharmacology	Yes / Probably/ Maybe/ No	
● Pharmacognosy and dispensing	Yes / Probably/ Maybe/ No	
● Western Herbal Therapeutics	Yes / Probably/ Maybe/ No	
● Experience of practising WHM for 5 years with either 1000 hours of 1:1 patient time or 500 hours with additional substantial delivery of herbal education or community work	Yes / Probably/ Maybe/ No	

Appendix Two: Guidance for completing the case studies

We are looking for anonymised case studies that show your understanding of the case history of an individual patient and their progress during a period of herbal treatment and that also describes and explains your therapeutic approach. Please ensure that all identifying details have been removed from your discussion of the patient.

Whilst nutritional and lifestyle changes and the application of other therapies in which you are qualified or trained will form part of most treatment plans, these case studies should focus on discussion of the herbal prescription: the choice of herbs, their dosage and their form of use.

If you have any suitable case studies written up already, please just send them straight through in whatever format you have already used. We will let you know if we need anything else.

But if you are writing these up especially for us, then we would suggest the format below.

1. Start with an overview of the patient's initial case history, highlighting any 'red flags' and including description of those symptoms and signs relevant to your treatment plan.

2. Then present your research and analysis of the case, giving your diagnosis and assessment within whatever conventional or other diagnostic framework that you use.

3. Then describe your treatment plan and briefly explain the reasons for your prescription and/or recommendations.

4. Finally, give some indication of how the patient's condition progressed over at least two subsequent visits and explain if and how your treatment plan was adapted over time.

If you really want more structure or guidance, have a look at the following examples of case studies and templates. But note that most of these are very rigorous, as they are designed to create case studies that develop the evidence base for herbal medicine. Much of it is well beyond what you need as we only require evidence that you are competent and safe as a herbal practitioner, you do not need to also demonstrate competence as an academic researcher.

1. The Herbal Alliance case history template (you will need to register as a member if you have not already. It is free to join)

2. Herbal Reality - Health Stories for some examples of case histories
3. The CARE case report guidelines and CARE writer app.

Appendix Three: Case studies Marking Scheme

Choose

- ***Yes*** - for areas that have been fully addressed
- ***No*** - for areas where you have significant concerns
- ***Explore further*** - areas to discuss further at the video interview.

	Safety	
S1	Full awareness of red flags and their appropriate assessment and referral.	Yes/ No/ Explore further
S2	Patients are treated with sensitivity and respect. Herbalist shows awareness of issues around equality, diversity and inclusion	Yes/ No/ Explore further
S3	Competent awareness of contraindications and risks of interactions with other medications and how to address them	Yes/ No/ Explore further
S4	Can create safe prescriptions and treatment plans, with any potential hazards flagged up and the risk minimised, and using safe dosage ranges.	Yes/ No/ Explore further
S5	Can offer ongoing care that continues to appropriately monitor any red flags, treatment hazards and other safety issues and take any necessary steps to minimise risks.	Yes/ No/ Explore further
S6	Herbalist places appropriate personal boundaries in their relationships with patients and shows awareness of the need for self-care.	Yes/ No/ Explore further

S7	Demonstrates an understanding of their limits of competence and the scope of practice of herbal medicine and of the legal restrictions on their practice.	Yes/ No/ Explore further
S8	Are there any other concerns about safety?	Yes/ No/ Explore further
	Expertise	
E1	Demonstrates a competent understanding of diagnosis and assessment within the chosen diagnostic framework	Yes/ No/ Explore further
E2	Herbalist can justify and explain their treatment plans	Yes/ No/ Explore further
E3	Herbalist is able to adapt their treatment plan as appropriate to the changing needs of a patient over time	Yes/ No/ Explore further
E4	Herbalist shows an understanding of the wider socioeconomic and cultural context of their patients and how that affects their health and ability to follow the treatment plan	Yes/ No/ Explore further

Appendix Four: A template for CPD records

If you already keep records for another organisation, please just send them through in your existing format. We will ask if we need anything else. But if writing them up especially for us, you may find the following format and information useful.

We expect to see at least 21 hours of CPD per annum. 7 hours can be completed via self study but at least 14 hours should be completed with reputable professional or training organisations. Activities may include (but are not limited to) activities such as workshops, training courses, seminars, e-seminars, lectures and conferences. Please submit any certificates or other evidence that you have of your attendance or study, or give a brief explanation for why this is absent.

Key dates & time spent	**Any organisations involved in delivery**	**What did you do?**	**What did you learn from this and what impact did it have on your practice?**

Appendix Five: Structure for the video discussion

You should agree at least 3 possible dates and times for the video interview for the applicant to choose from. Please submit these dates to the Exeter office, who will contact the applicant to make arrangements.

The two assessors will need to

- Compare their Case Studies Marking Scheme and agree on the areas that require further exploration.
- Agree on who will take the lead for each section
- Select a shortlist of herbs for the discussion of materia medica

Please remember that the applicant may be very nervous. Even very established and experienced professionals can find interviews like this challenging. Your aim is to enable the applicant to demonstrate their knowledge, which is most likely in a supportive and kind atmosphere. Try to set them at ease.

Although there is a suggested structure below, allow some flexibility to change this as appropriate to each case.

Suggested structure

1. **Introduce** yourselves and let them know what to expect from the discussion.
2. **Dispensary management - *approx 15-20 mins***
    a. How they manage batch handling and use-by dates
    b. Their use of Schedule 20s or locally restricted herbs
    c. How they keep their records of patients and prescriptions
    d. Awareness of legal or desirable requirements re health and safety
    e. How they oversee any dispensers
    f. If they make their own medicines, how do they ensure correct identification and quality control?
3. **Case Studies and Herbal Therapeutics - *approx 20-25 minutes***
    a. Discuss the areas indicated for further exploration on your case study marking scheme. You may wish to choose a few questions from the question ideas listed below, or you may prefer to write your own.
4. **Materia Medica - *approx 15-20 minutes***
    a. Ask about their understanding and clinical application of a few herbs of your choice from the list submitted by the applicant.

5. (If you still have time), explore their **CPD** with them - what did they learn?
6. **Finally**, thank them for their time. Give a rough timescale for how long it will take you to complete and return your assessment at the end before they will hear back.

Question ideas

Do not try to ask all of these! They are offered as ideas for exploring their practice with them.

Herbal Therapeutics

- Tell me about your therapeutic approach - how do you select herbs for each patient?
- Tell me about your therapeutic approach to one or two conditions - eg IBS, recurrent infection, chronic inflammatory disease
- Tell me about your consultation process - how long does an initial consultation take and how is it structured? What about follow-ups?
- Tell me about how your training taught you to assess a patient. And how have you developed this over time?

Safety

- How do you identify red flags and what do you do when you see one?
- Can you give me an example of a situation in which you would refer a patient to another practitioner?
- How do you minimise the risks of contraindications and interactions with conventional drugs?
- What restrictions are placed on your practice by legislation in your country?
- What steps might you take if you suspected an adverse reaction to herbs in your patient?

Values and Ethics

- How would you approach a situation where someone asks you to treat their child? Or their elderly relative?
- What boundaries do you have around treating friends and family members?
- How do you handle confidentiality within your practice? What if a patient was to disclose a risk of harm to themselves or others?

Appendix Six: Template for the assessors final recommendations

Do you consider that the applicant has demonstrated the knowledge and skills required for safe and competent practice in all of these areas? Please tick the appropriate column for whether the applicant has entirely satisfied the criteria; whether you are not yet sure and need further evidence; or whether the applicant needs further training or experience before they can be admitted to the Institute.

	Safety	Yes	Needs more evidence	Refer for more training
S1	Understanding of pathophysiology red flags and when and how to refer			
S2	A good awareness of issues around equity, diversity and inclusion and the implementation of a fair and equitable practice.			
S3	Safe approach to minimising risk around contraindications and interactions			
S4	Creates safe prescriptions and treatment plans with any potential hazards identified and minimised, and within safe dosage ranges.			
S5	Offers ongoing care that appropriately monitors for safety issues and continues to minimise risks			
S6	Competent awareness of personal boundaries and the need for self care.			

S7	A good understanding of their limits of competence and the scope of practice of herbal medicine. A working understanding of all legal restrictions on their practice, including the labelling of medicines, running of a dispensary and the making of medicines.			
S8	Any other issues identified from the case studies resolved			
S9	A safe approach to running a dispensary with a competent batch handling process, and appropriate measures for keeping secure and monitoring the use of any pharmacologically powerful or legally restricted herbs. An understanding of ecological and ethical issues around sourcing of herbs.			
S10	A safe approach to the manufacture of any medicines made within their practice, with competent batch recording.			
S11	Understanding and implementation of their ethical and legal responsibilities to patients, being aware of issues around power and control, and including measures to protect children and vulnerable adults			
S12	Manages patient's personal information with confidentiality and in compliance with local regulations such as GDPR.			
	Expertise			
E1	Diagnosis and assessment shows a competent understanding of the chosen diagnostic framework			

E2	Herbalist can justify and explain their treatment plan			
E3	Herbalist is able to adapt their treatment plan as appropriate to the changing needs of the patient over time			
E4	Herbalist shows an understanding of the wider socioeconomic and cultural context of their patients and how that affects their health and ability to follow the treatment plan.			
E5	Herbalist communicates effectively, managing sensitive topics skilfully and maintains records appropriately.			
E6	Herbalist has a competent working knowledge of a sufficient range of herbs for their practice.			

On the basis of this assessment, I recommend / do not recommend this applicant for membership of the National Institute of Medical Herbalists.

The agreement of both assessors is needed for the applicant to be admitted.

Appendix Seven: Assessors Guidelines

Your job is to assess whether the applicant can demonstrate both safe practice and competence as a professional herbal practitioner at the level of members of the National Institute of Medical Herbalists. You are also responsible for giving feedback on the scheme itself for the purpose of its development and improvement when requested.

Our expectations of Assessors

You will

- Have been in professional practice as a Medical Herbalist and a member of the Institute or other reputable professional body for at least 5 years
- Have relevant experience in assessment of professional or academic standards
- Have read and agreed to the processes set out in the Individual Application handbook
- Undertake to work with each allocated applicant until completion of Stage Two
- Undertake to be respectful and supportive to the applicant, office team and fellow assessors throughout the process.

Each applicant will be assigned two assessors and the agreement of both assessors is needed for any applicant to be admitted to the Institute. Assessors should not be business associates, relatives or friends of the applicant, although they may be distantly acquainted.

You will find the NIMH Core Curriculum useful as a guide to the skills and knowledge we expect to be covered by our accredited schools.

You can claim £30 per applicant on completion of Stage One and £150 per applicant on completion of Stage Two. You will agree a fee for Stage Three with the office, up to a maximum of £150 per applicant.

Please ask the Office for the claim forms.

.**Evaluation of Stage One submission**

The office will have done a preliminary check of the materials. Please complete the Stage One checklist yourself to confirm that there is sufficient evidence to believe that the applicant may be able to meet our standards of safe and effective practice.

If any of this causes concern or you require additional information, please discuss with the Exeter office team before proceeding further. You do not need to be fully satisfied of any or all of these standards at this stage, as you can explore further at Stage Two.

If going ahead, you will be given the contact details of the other assessor. Please get in touch to agree which of our written case studies to allocate. Then pass this information on to the Exeter office to forward to the applicant. Do not contact the applicant yourself at this stage.

Evaluation of Stage Two submission

A. Written work

1. **The CPD form**

    a. You should check that the applicant has satisfied the requirements of the Institute to complete 21 hours of relevant and appropriate study, of which at least 14 hours should be completed with reputable professional or training organisations. Activities may include (but are not limited to) activities such as workshops, training courses, seminars, e-seminars, lectures and conferences. Check for certification, or for a satisfactory explanation of its absence. Refer any issues to the Exeter office.

2. **The Case Studies**

    a. These should be assessed via the Case Studies Marking Scheme in Appendix Two. It is not necessary for the applicant to fully satisfy all the elements of this marking scheme, as you can explore remaining areas at the video interview.

We ask that you try to complete these assessments within one month. Please let us know if that is likely to be delayed.

B. The video discussion

Once you have assessed the written work, please contact your fellow assessor to organise a pre-video planning meeting, using *Appendix Five: Structure of the Video Discussion* to make your plan.

You should agree at least 3 possible dates and times for the video interview for the applicant to choose from. Please submit these dates to the Exeter office, who will contact the applicant to make arrangements.

Final assessment of Stage Two

On the basis of both the video interview and the submitted written work, please complete the final marking scheme to assess whether the applicant is ready for membership or not. You will see that there is substantial overlap with the Case Studies Marking Scheme and you will want to refer back to this, but please also reconsider each criterion after the video discussion.

Then your final marking scheme should be submitted separately by each assessor to the Exeter office.

- If both assessors agree that all aspects are satisfied, then the applicant will be admitted.
- If one or both assessors consider that the applicant has not yet demonstrated their competency and safety in practice at a sufficient level for membership, you will be asked to have a final meeting to agree the areas that need additional evidence, study or experience and discuss how these can be satisfied.
    - If the problem is minor and may be due to lack of evidence rather than absence of competence, then you may go back to the applicant to ask for this.
    - If the problem is more substantial and requires that they undertake extra training or experience, then the applicant will progress to Stage Three.

Stage Three

At the end of Stage Two, you will need to provide feedback to any applicant that progresses to Stage Three on how to achieve the extra knowledge or skills required. You must also consider how they will be able to evidence their achievement afterwards.

You do not need to reassess applicants in Stage Three in areas where you were already satisfied. For assessment of the outstanding areas, you may ask for any or all of the following

1. Evidence of the additional training
2. An update of their CPD since its original submission
3. A new case study of their own
4. Their treatment plans and prescriptions for 1 or 2 new allocated case studies.
5. Another video discussion of up to one hour.

6. An alternative assessment at an equivalent level to the above (e.g. an essay or report on the specific topic to be addressed).

Appendix Eight: Scheme oversight

The Individual Application Scheme is supervised by the Professional Standards Committee (PSC). They will review the scheme annually for at least the first two years.

The Institute CEO will be asked to submit a report to the PSC in advance of each review. This report should include

- Feedback from current and former applicants, assessors, and the office team
- A summary of any suggested changes
- Statistics on the numbers of applicants at each stage and successful graduates from the scheme.

The PSC are solely responsible for any minor amendments but substantial amendments to the scheme must also be approved by the NIMH Council.