

Council, 11 September 2008

## Regulation of Medical Herbalists, Acupuncturists and Traditional Chinese Medicine Practitioners

### Executive summary and recommendations

#### **Introduction**

In May 2008, the 'Department of Health Steering Group on the Statutory Regulation of Practitioners of Acupuncture, Herbal Medicine, Traditional Chinese Medicine and Other Traditional Medicine Systems Practised in the United Kingdom' published its report.

The report recommends the regulation of acupuncturists, medical herbalists and traditional Chinese medicine practitioners. In response to the report, the Secretary of State for Health announced that a consultation would be held on the report's recommendations. This is anticipated to commence in autumn 2008.

The brief attached paper summarises the group's recommendations; highlights potential areas for discussion; and appends a full copy of the group's report and a scoring by the Executive of the report against the Council's new professions criteria.

The Chair of the Steering Group, Prof. Michael Pittilo has been invited to this Council meeting.

#### **Decision**

Article 17 (a) of the Health Professions Order 2001 says that the Council may—

'make recommendations to the Secretary of State concerning any profession which in its opinion should be regulated pursuant to section 60(1)(b) of the Health Act 1999'

The Council is invited to discuss the report and attached paper and consider making a recommendation to the Secretary of State under Article 17 (a) of the Health Professions Order 2001.

#### **Background information**

- Reports from previous consultations and working group reports are available from the Department of Health website:  
[www.dh.gov.uk/en/PublicHealth/Healthimprovement/Complementaryandalt/ernativemedicine/index.htm](http://www.dh.gov.uk/en/PublicHealth/Healthimprovement/Complementaryandalt/ernativemedicine/index.htm)

**Resource implications**

None

**Financial implications**

None

**Appendices**

- Scoring against the new professions criteria
- New professions guidance notes
- Copy of the Steering Group's report

**Date of paper**

1 September 2008

## **Introduction**

This paper summarises and discusses the report of the 'Department of Health Steering Group on the Statutory Regulation of Practitioners of Acupuncture, Herbal Medicine, Traditional Chinese Medicine and Other Traditional Medicine Systems Practised in the UK'.

## **Recommendations and conclusions**

The main recommendations and conclusions made by the Steering Group are summarised below.

1. Medical herbalists, acupuncturists and traditional Chinese medicine practitioners should be statutorily regulated in the public interest and for public safety reasons.
2. The Health Professions Council is appropriate as the regulator for these professions.
3. The accepted evidence of efficacy overall for these professions is limited, but regulation should proceed because it is in the public interest.
4. Practitioners of other regulated professions who undertake acupuncture will not need to be separately regulated and could continue to practise acupuncture as part of their regulated practice, as long as they did not mislead the public as to the nature of their qualifications or professional background.
5. The HPC should set training standards / publish guidance for other professionals undertaking acupuncture, herbal medicine and traditional Chinese medicine.
6. The threshold level of entry to the Register should be a Bachelor degree with honours.
7. The titles 'acupuncturist', 'herbalist' and 'traditional Chinese medicine practitioner' should be protected.
8. The voluntary registers outlined in the report should transfer on the day the HPC Register opens.
9. All those practising acupuncture, herbal medicine and traditional Chinese medicine should be able to achieve an International English Language Testing System (IELTS) score of at least 6.5, or utilise other methods of testing to achieve an equivalent standard, by the time these professions are regulated.

## **Summary and discussion**

This section summarises a small number of areas of the report which may raise potential topics for discussion.

References to pages in the report are given. Please also see the scoring against the Council's new professions criteria (appendix 2).

### **Article 12 (1) of the Medicines Act 1968**

The report discusses the provisions of Article 12 (1) of the Medicines Act 1968 which will affect the practice of herbal practitioners who supply herbal medicines to meet the special needs of an individual patient.

The Medicines and Healthcare Products Regulatory Agency (MHRA) has proposed that statutorily regulated herbal practitioners would be regarded as authorised healthcare professionals for the purposes of Article 5.1 of Directive 2001/83/EC. This would mean such practitioners would not need to gain a traditional herbal medicine registration or marketing authorisation in order to supply herbal medicines to meet the needs of patients.

The European legislation is a driver for the regulation of those who supply herbal medicines in the course of their practice and the report warns that if regulation is not introduced by April 2011, this could limit the practice of herbal practitioners and hinder consumer choice (page 10).

The MHRA has reported on the risks involved in the use of unlicensed herbal medicines. These include interaction with other medicines, use of toxic ingredients, contamination and poor communication with patients on the part of the herbal practitioner. The MHRA currently receives about 70 suspected adverse drug reaction reports about herbal medicines each year; there have also been a handful of identified UK deaths and a small number of cases of serious illness resulting from herbal medicine use.<sup>1</sup>

## **Efficacy**

The Council's new professions criteria require that an applicant profession demonstrates evidence of efficacy, including demonstrating:

- research into effectiveness which may include publication in journals that are 'accepted as learned by the healthcare sciences and/or social care communities';
- a scientific and measurable basis for measuring outcomes of practice; and
- an evidence-based approach to practice in which practice is open to change in the light of evolving evidence.

The Steering Group's report acknowledges concern about a lack of evidence of efficacy overall and this is an area in which the case for regulation has been scored 'part met' against the Council's new professions criteria. However, it is acknowledged that there is some variation between the professional groups and that some good quality evidence of efficacy does exist.

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<sup>1</sup> Medicines and Healthcare Products Regulatory Agency, Public health risk with herbal medicines: An overview (July 2008).

The Steering Group's report highlights potential barriers to more evidence of efficacy in these areas, including concern that traditional research designs, particularly randomised control trials (RCTs), do not easily lend themselves to the practise of acupuncture and herbal / traditional medicine, which typically involve individualised treatments based on complex clinical encounters (Annex 1 – p.25-42).

The report acknowledges that these professions are based on longstanding tradition and as such there exist accounts of long-term safety and efficacy which may reduce the need for traditional clinical trials. Further, the report details research evidence which, whilst perhaps not meeting accepted Western standards, has an important role to play in the developing evidence of efficacy (p.25 and p.31).

The Steering Group argues that a lack of evidence of efficacy should not prevent regulation but that the professions should be encouraged and funded to strengthen the evidence base (p.11, p. 32, p.34).

This question can be a controversial area and the evidence base of these professions was the focus of some press attention following the report's publication. An often raised argument against regulation in such circumstances is that it would give credibility in the public's eyes to treatments that are not proven to be safe or efficacious.

In terms of the HPC's existing processes, a lack of 'accepted' evidence of efficacy is not a barrier to producing standards of proficiency or making decisions about fitness to practise cases. With reference to the latter, most cases concern conduct or have a conduct element. In cases concerning lack of competence, a panel is deciding whether the registrant's fitness to practise is impaired by looking at whether the standards of proficiency have been met. The majority of such cases are clear cases of lack of competence where there has been a prolonged failure to meet standards of safe and effective practice. In any event, a panel is not arbitrating on efficacy but instead examining whether the actions (or omissions) of a registrant were reasonable in light of the circumstances and the relevant standards.

The evidence and types of evidence of efficacy of the interventions undertaken by the existing regulated professions may also vary.

### **Language comprehension**

The Steering Group's report concludes that a minimum level of English language proficiency is essential for all healthcare professions, on the grounds of public safety. The report acknowledges that this may cause difficulty for a potentially significant proportion of the traditional Chinese medicine community for whom English is not their first language (p.19-20).

HPC is able to require evidence of language proficiency from international applicants who do not have mutual recognition rights under European Legislation and for whom English is not their first language.

HPC currently requires applicants to achieve an overall score in the academic test of the International Language Testing System (IELTS) of at least 7.0, with no element below 6.5. A number of other tests are also approved at levels equivalent to the IELTS.

This requirement, however, is higher for speech and language therapists. The rationale behind this is that communication is a core professional skill for this profession. As such, for this profession, the Council is able to require both EEA and non-EEA applicants to undergo this test.

In addition, the standards of education and training (SETs) require education providers to have admissions procedures which apply selection and entry criteria including evidence of a good command of both written and spoken English (SET 2.2.1).

The Steering Group concludes that in their opinion public safety would not be assured by the use of interpreters to communicate with patients or other healthcare professionals. (The existing generic standards of proficiency include the requirement to 'understand the need to use an interpreter to assist service users whose first language is not English, wherever possible'.)

This is an area in which, if the decision is made to proceed with regulation, the HPC will need to liaise with representatives of the traditional Chinese medicine community in order to reach a solution which both protects the public and recognises the concern of practitioners. One possible solution might be to register existing practitioners whilst seeking to ensure that new entrants to the profession reach the required standard through the approvals process. The HPC might then work with the professional bodies to encourage the development of English language skills and the appropriate use of interpreters. However, this is only one possible solution and this is an area in which further ongoing dialogue with interested parties will be important.

### **Protection of Title and practice by already statutorily regulated professions**

The Steering Group report recommends that the titles 'acupuncturist', 'herbalist' and 'traditional Chinese medicine practitioner' should be protected. The report argues that protecting a large number of further titles would be 'counter-productive in terms of public recognition' (p.15-16). This is consistent with HPC's approach - that it is preferable to protect a small number of titles that can be easily recognised by members of the public. The Herbal / Traditional Medicine Stakeholder Group suggests eight protected titles across five different herbal / traditional medicine traditions (p.94).

Article 39 (1) of The Health Profession Order 2001 sets out the Council's protection of title powers. A person commits an offence if with intent to deceive (expressly or by implication) they use a title to which they are not entitled (i.e. whilst not registered).

The report outlines how acupuncture and herbal medicines are used by some already statutorily regulated professionals, such as physiotherapists, as part of an extension to their scope of practice. However, the title 'acupuncturist' is usually only used by medical doctors.

The report outlines how doctors and other statutorily regulated professionals might use the protected title, as long as there was no intention to mislead members of the public. In circumstances such as this there would be no 'intention to deceive'. The existing protection of title powers are currently applied pragmatically to situations where the title or part of a title is used but there is no intention to mislead members of the public. This recommendation therefore seems sensible and pragmatic and would avoid necessitating large scale dual registration.

The report of the Acupuncture Stakeholder Group suggests that, in the longer term, annotations might appear on registers to indicate where statutorily regulated professionals in other areas are qualified in the use of acupuncture (p.49).

### **Education and Training**

The report recommends that the threshold level of qualification for entry to the Register should be a Bachelors degree with Honours.

The report further recommends that HPC should: '...provide guidance to other statutory regulatory bodies with regard to minimum levels of education and training required for other professionals to practise acupuncture, herbal medicine, traditional Chinese medicine and other traditional-medicine systems.' (p.16)

At present, the HPC does not produce similar guidance. To give an example amongst the regulated professions, some physiotherapists are members of the Acupuncture Association of Chartered Physiotherapists (AACP), having met AACP's criteria for their training in acupuncture. However, other physiotherapists practising acupuncture are not AACP members and may have undertaken training that varies in content and length. However, all registrants are required to practise safely and effectively within their scope of practice (Standards of conduct, performance and ethics, paragraph 6).

This would be a new role for the Council and whether such guidance would be necessary, appropriate or helpful would need to be considered carefully.

### **Grandparenting**

The report makes recommendations for the 'grandparenting of complete registers' to the HPC register (p.16-18).

The HPC normally refers to this as a 'voluntary register transfer' and differentiates this from 'grandparenting' which refers to the acquired rights of individuals who are already in practice but who do not hold an approved qualification or who do not meet the requirements for voluntary registration.

The Steering Group developed criteria (Annex 7, p.160-161) for use in recommending which registers should transfer to the statutory register. Such criteria may well prove useful to the work of the Professional Liaison Group (PLG) being established to make recommendations about the potential statutory regulation of psychotherapists and counsellors.

The report recommends that the HPC undertakes a further, in depth audit of the information about voluntary registers submitted before final decisions are made about the registers which should transfer.

When a new profession comes on to the HPC Register, the legislation specifies the voluntary register or registers which will transfer to the Register. In October 2004, HPC became responsible for the regulation of Operating Department Practitioners, and all those whose names appeared on the register of the Association of Operating Department Practitioners (now the College of Operating Department Practitioners) transferred to the HPC Register on the day that regulation was introduced.

In the past, decisions about register transfers have been made by the Department of Health, with input from the Council. In the future, it may be that the HPC undertakes a more proactive role in considering which registers should or should not transfer to the HPC register and in making recommendations about this to the Department of Health. This may be particularly the case as the Council moves forward to regulate new professions where there are numerous voluntary registers in existence.



Each criteria to be addressed

### **Part A of the assessment**

The Council will first assess whether an occupation is eligible for regulation. Only those occupations involving at least one of the following activities are eligible:

- Invasive procedures
- Clinical intervention with the potential for harm
- Exercise of judgment by unsupervised professionals which can substantially impact on patient health or welfare.

Additionally, occupations where these activities are already regulated by other means will be ineligible. This includes occupations that already have a regulator (such as nurses and medical practitioners) or do not make independent clinical judgments. In general, the Council regulates health workers who are not otherwise supervised, practising autonomously, making professional and independent judgments on treatment, and taking full responsibility for their actions.

### **Part B of the assessment**

The criteria that the Council will apply in Part B of the assessment were settled following a public consultation in the summer of 2002. The criteria will each have equal weight. Each occupation wishing to be regulated will be required to:

- 1) Cover a discrete area of activity displaying some homogeneity
- 2) Apply a defined body of knowledge
- 3) Practise based on evidence of efficacy
- 4) Have at least one established professional body which accounts for a significant proportion of that occupational group
- 5) Operate a voluntary register
- 6) Have defined routes of entry to the profession
- 7) Have independently assessed entry qualifications
- 8) Have standards in relation to conduct, performance and ethics
- 9) Have fitness to practise procedures to enforce those standards
- 10) Be committed to continuous professional development (CPD)

#### **1. The occupation must cover a discrete area of activity displaying some homogeneity**

This criterion covers **what a profession's scope of practice is**. The Council will assess applications for evidence that demonstrates that the applicant occupation practises activities that:

- Are distinctly its own
- Are common across the occupation

- Are distinct from the scope of practice of other occupations, although there may be some overlap.

## **2. The occupation must apply a defined body of knowledge**

The *body of knowledge* criterion covers **what a profession does**. Frequently, the *body of knowledge* of a health profession will overlap those of other professions. However, each profession that the Council regulates has its own distinct *body of knowledge* and applications will not be successful if the Council considers that the applicant occupation has not provided sufficient evidence to demonstrate that it, too, has a distinct *body of knowledge*.

## **3. The occupation must practise based on evidence of efficacy**

This criterion covers **how a profession practises**. The Council recognizes the centrality of evidence-based practice to modern health care and will assess applicant occupations for evidence that demonstrates that:

- Their practice is subject to research into its effectiveness. Suitable evidence would include publication in journals that are accepted as learned by the health sciences and/or social care communities
- There is an established scientific and measurable basis for measuring outcomes of their practice. This is a minimum—the Council welcomes evidence of there being a scientific basis for other aspects of practice and the *body of knowledge* of an applicant occupation
- It subscribes to the ethos of evidence-based practice, including being open to changing treatment strategies when the evidence is in favour of doing so.

## **4. The occupation must have at least one established professional body which accounts for a significant proportion of that occupational group**

This criterion covers **how a profession has established itself**. The Council will assess applications for evidence that there is at least one established professional body. The Council will assess the application for evidence that membership of the body or bodies accounts for a significant proportion - at least 25% - of the occupation's practitioners. Suitable evidence for the existence of established professional body or bodies would include:

- A constitution or rules
- Minutes
- Standing Orders for the body or bodies and committees
- Election Rules and results

Where there is more than one professional body or representative organization for an applicant occupation, the Council will additionally seek evidence that all the bodies are involved in, and supportive of, the application process. The Council would welcome evidence of the existence of a steering

group with representatives from all the bodies, and that a fair and effective decision-making process is in place. The Council would expect to work primarily with such a steering group and would also expect evidence that the steering group, and not an individual professional body, was involved in drawing up the application for regulation.

The Council will require an attestation from the applicant that there are no professional bodies or other representative organizations in existence for the profession that have not been informed of the application.

The Council will also seek evidence that practitioners who do not belong to the professional body or bodies or representative organization(s) are also supportive of the application. If any of these practitioners are likely not to have followed the applicant occupation's entry routes as described in sections 6 and 7 below, then the Council will require information about likely grandparenting requirements.

#### **5. The occupation must operate a voluntary register(s)**

This criterion covers **how a profession accounts for its members**. The Council's Register is its primary mechanism for protecting the public. The Council will seek to assess whether workers in an applicant occupation have accepted the principles, benefits and obligations of registration, by enrolling on a voluntary register or registers. The Council will require evidence that the voluntary register(s) cover at least 25% of an applicant occupation's workforce. These requirements are a minimum and the Council would consider very favourably evidence of plans to inform an applicant occupation's practitioners of the consequences of regulation by the Council. Such plans should cover issues that will be of particular importance to those members, particularly:

- Regulation of the practice of the profession's members. As explained in the introduction, members of the profession will be subject to the Council's regulatory authority, which it will exercise to protect the public.
- Arrangements for applying for entry to the Council's Register
- Protection of title
- Fees and other potential financial implications

The Council has published leaflets on these topics.

#### **6. The occupation must have defined routes of entry**

This criterion covers **how a profession ensures its practitioners have the requisite knowledge and skills on entry**. The Council will assess evidence of how entry to the applicant occupation is controlled. The Council will seek evidence that only individuals who have chosen defined routes of entry are recognized as being practitioners of the profession, in the eyes of educational institutions, employers, professional bodies and (where appropriate) the public

at large. The Council will also assess evidence that the applicant occupation either already has a Subject Benchmark from the Quality Assurance Agency or equivalent body, or intends to work towards one as part of the process of becoming a regulated profession.

**7. The occupation must have independently assessed entry qualifications**

This criterion covers **how a profession ensures its recognized qualifications are valid**. The Council will require evidence that there are qualifications that are recognized as being a necessity for entry to the profession, awarded by recognized educational institutions and independently assessed and monitored through a system of quality control.

**8. The occupation must have standards of conduct, performance and ethics**

This criterion covers **how a profession ensures high standards**. The Council will assess evidence that an applicant occupation has written standards of conduct, performance and ethics, covering the behaviour it expects of practitioners. The standards should cover similar ground to the Council's standards, and include health, character and competence, among other topics.

**9. The occupation must have fitness to practise procedures to enforce those standards**

This criterion covers **how a profession polices the behaviour of its practitioners**. The Council will assess evidence that an applicant occupation has a system for disciplining practitioners on its voluntary register (including striking-off) when it is determined that they are unfit to practice by reason of:

- Incompetence
- Misconduct
- Health

The Council will also assess evidence that breaches of the applicant occupation's code of ethics are taken into account when deciding whether a practitioner is unfit to practise. The Council will assess evidence of written procedures covering the administration of the system, and requires applicant occupations to submit anonymised information regarding cases that have been dealt with through the system.

**10. The occupation must require commitment to continuous professional development (CPD)**

This criterion covers **how a profession ensures its practitioners engage in life-long learning**. The Council is committed to the principles underpinning CPD, and will be requiring all registrants to undertake CPD from August 2005. Many of the currently regulated professions run CPD schemes at present. The Council will therefore be seeking evidence from applicant occupations that they are also committed to the principles of CPD. Suitable evidence would include written details of planned or existing CPD schemes.

## Appendix 2 Scoring new professions--template: Overview

Part	Number	Criteria	Score	Comments
A		At least 1 of invasive procedures, clinical intervention with potential for harm, exercise of judgement by unsupervised professionals	Met	There is evidence of invasive procedures and interventions with the potential for harm. Acupuncture is practised by a number of already statutory regulated professionals but there is a significant number of unregulated practitioners in all three areas.
B	1	Discrete area of activity displaying some homogeneity	Met	There is a discrete area of activity in each area. Some potential overlap between herbalists and traditional Chinese medicine practitioners.
B	2	Defined body of knowledge	Met	There is a defined body of knowledge, although approaches to practice can vary within each area.
B	3	Evidence of efficacy	Part met	There is limited widely accepted evidence of efficacy, although this could be partly explained by the nature of the professions in offering bespoke treatments to individual patients. This criterion is scored part met overall.
B	4	At least 1 established professional body a/c for significant proportion of occupation	Met	There are a number of professional bodies which collectively account for in excess of 25% of the professions overall.
B	5	Voluntary register(s)	Met	There are a number of voluntary registers recommended by the Steering Group against criteria and which collectively account for in excess of 25% of the professions overall.
B	6	Defined routes of entry to the profession	Met	There are defined routes of entry as described in the report.
B	7	Independently assessed entry qualifications	Met	Approval and monitoring of education programmes is included in the criteria for the voluntary register transfer. Existing education provision may vary between the areas, but this criterion is scored met overall.
B	8	Conduct, performance and ethics standards	Met	A code of ethics / code of conduct features in the criteria for voluntary register transfer.
B	9	Disciplinary procedures to enforce those standards	Met	Procedures to facilitate removal from the Register are included in the criteria for voluntary register transfer.
B	10	Commitment to continuous professional development (CPD)	Met	CPD is included in the criteria for voluntary register transfer.
Overall		<p>This scoring has been undertaken based on the information outlined in the report. Where there may be differences in the extent to which the standard is met between the different professions, this is indicated. However, the judgement on scoring has been made on the report overall. Please also note that for some criteria the report does not strictly include some of the specific evidence described in the guidance notes; however, the scoring has been undertaken pragmatically in light of the available information and, where helpful, information available from other sources. <b>The Council is invited to consider making a recommendation to the Secretary of State under Article 17 (a) of the Health Professions Order 2001.</b></p>		



## Appendix 2 Scoring new professions--template: 1

CRITERIA:	SCORE:
<i>Discrete area of activity displaying some homogeneity</i>	Met
<b>Summary comments (10 words max.)</b>	
There is a discrete area of activity.	
<b>Detailed comments</b>	
There is a discrete area of activity in each of the three professions, displaying some homogeneity.	
In each profession, there are different traditions or approaches to practice. For example, in acupuncture, traditional acupuncturists focus on energetic diagnoses, whilst the medical acupuncturist will investigate using techniques from orthodox western medicine.	



## Appendix 2 Scoring new professions--template: 2

CRITERIA:	SCORE:
<i>Defined body of knowledge</i>	Met
<b>Summary comments (10 words max.)</b>	
There is a defined body of knowledge.	
<b>Detailed comments</b>	
The report provides detailed information about the body of knowledge of the professions, including standards of proficiency for each of the professions,	
and an explanation of the scope of practice. A curriculum document is included for herbal medicine setting out in detail the knowledge, skills	
and understanding for pre-registration programmes.	

## Appendix 2 Scoring new professions--template: 3

CRITERIA:	SCORE:
<i>Evidence of efficacy</i>	Partly met
<b>Summary comments (10 words max.)</b>	
There is limited evidence of efficacy overall, but with some variation between the professions.	
<b>Detailed comments</b>	
There is some limited evidence of efficacy in each of the professions but this is not extensive and some of the evidence may not conform to accepted western standards for this type of evidence.	
Barriers to gathering evidence are highlighted in the report including:	
Concerns about adverse reactions between herbal medicines and western medicines.	
Heterogeneity of providing individualised treatment to individual patients.	
Concerns that traditional designs of Randomised Control Trials (RCT) trials may not be appropriate to the nature of intervention.	
Relative lack of research expertise within the CAM practitioner community.	
Funding issues.	
(see Annex A, p.43-50 and main paper)	

## Appendix 2 Scoring new professions--template: 4

CRITERIA:	SCORE:
<i>At least 1 established professional body a/c for significant proportion of occupation</i>	Met
<b>Summary comments (10 words max.)</b>	
There are a number of professional bodies which are likely to account for at least 25% of practitioners overall.	
<b>Detailed comments</b>	
The report recommends a number of professional body registers for transfer to the Register.	
The report does not directly include information about the number of practitioners. However, information from the 2003 working groups does give an indication of numbers:	
1300 Herbal Practitioners belonging to a voluntary register with a potential for up to 2000 practitioners in all, including those who are not voluntarily registered.	
(Source: Report of the herbal medicine regulatory working group, 2003)	
7500 estimated acupuncturists who are either a member of a professional body or statutorily regulated; a potential total of 12,150, but this will include practitioners who do not use the relevant professional title, who are already regulated and who may not need to be separately regulated.	
(Source: The report of the acupuncture regulatory working group, 2003)	
Numbers in the TCM field are harder to obtain. The Association of Traditional Chinese Medicine has approximately 800 members; the organisations within the Chinese Medicine Council have around 1100 members, many of whom may be medically qualified. 40% of UK shops delivering Chinese medicine are members of the Federation of Traditional Chinese Medicine. However, 60% are not, so there may be the potential for a significant number of practitioners with no voluntary registration or professional body membership.	
(Source: Information from Chair of the TCM stakeholder group)	
Collectively professional body membership is likely to make up in excess of 25% of the professions.	



## Appendix 2 Scoring new professions--template: 6

CRITERIA:	SCORE:
<i>Defined routes of entry to the profession</i>	Met
<b>Summary comments (10 words max.)</b>	
There are defined routes of entry to the professions.	
<b>Summary comments (10 words max.)</b>	
The criteria for register transfer includes the requirement for registers to have arrangements to approve programmes, monitor their effectiveness against stated aims and objectives, and review over time the continuing validity of these aims and objectives.	
There are no existing QAA or QAA Scotland Subject Benchmark Statements.	
There may be a proportion of practitioners who do not hold a recognised qualification but the extent of this varies between the professions.	

## Appendix 2 Scoring new professions--template: 7

CRITERIA:	SCORE:
<i>Independently assessed entry qualifications</i>	Met
<b>Summary comments (10 words max.)</b>	
There are independently assessed entry qualifications.	
<b>Detailed comments</b>	
The report recommends a threshold educational level at Bachelors level.	
The report lists a number of examples of existing taught provision, much of which is either validated by a UK university and externally accredited, or else delivered outside of the university sector but externally accredited.	







