



The Plant Medicine School

PROSPECTUS

Plant Medicine Apprenticeship

&

Herbalist Practitioner
Training Programme

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Introduction

The Plant Medicine School has now taken over the running of the Veriditas Hibernica Herbal Apprenticeship and the Colaiste Luibheanna Clinical Training Programme to bring them under one umbrella.

We have also been developing the courses to enable students to undertake some of their studies online.

Our apprenticeship is into its 12th year of running and the clinical training programme has just had its 5th intake of students and has been running for 8 years.

The 2 Year Apprenticeship in Community Herbal and Botanical Medicine

The Apprenticeship is a practical and experiential course, focussing on growing and working with plants as a traditional form of medicine in the community circle.

Sustainable medicine for the future, respecting and reconnecting with the natural world

The course is a 2-year programme designed for those who wish to re-empower themselves to work with plant medicines for themselves, their community and their environment.

The programme seeks to enable people to reclaim the old ways of healing and bring these into the 21st century as a valuable part of our healthcare. At the same time, it seeks to weave together the art and science of herbalism as it has evolved to the present time and to incorporate the best of these approaches.

Humankind is starting to see the need to move into a more balanced relationship with the rest of nature and to stand up to the necessity of moving into more sustainable practices; the apprenticeship focuses on local indigenous and naturalised plants, those that grow around us, and how they can provide us with medicine, food and other needs. Some more exotic species will also be included. We will look at our own traditional systems of healing, whilst examining some energetic systems from other regions.

The programme aims to be holistic in its approach by incorporating all aspects of plant medicine –botanical medicine, herbalism, aromatherapy, working with the plants as sentient healers, sacred work with the plants, flower essences and more. As well as learning about plants as medicines we examine other aspects of the relationship between humans and plants– wild food, herbs in the diet, using plants for fibre, dyes, cosmetics, shelter, fuel and other applications. Such a focus is in line with developing a sustainable system of herbal medicine,

encouraging the promotion of biodiversity and the protection of our ecosystem, whilst helping to bring us back into remembering our place in the web of nature and into a healthy relationship with the Earth.

We take a holistic view of medicine by incorporating lifestyle, hydration, relaxation and breathing techniques, the language we use and much more. As with any apprenticeship the emphasis will be on practical, experiential knowledge that the student can apply in their own life. However, this will be backed up by the theoretical knowledge necessary to give an in depth understanding of plant medicine and to ensure safe and respectful application of plant medicines.

Year 1 - Starting on The Plant Medicine Path

The first year helps you to learn about the plants, their healing properties, how to grow them, harvest them sustainably and make medicine from them. It includes the study of botany, Materia medica, herbal pharmacy, the constituents of plants, making herbal medicines, growing herbs, history and philosophy of herbal medicine and energetics. Sacred plant medicine – using direct perception to learn about our plant allies-is a central theme to the course.

- History and philosophy – the roots of healing; history of medicine and herbal medicine; reductionism, modernism, post modernism and the place of science; different approaches to science and consilience; traditional uses of plants by ancestors and the Celtic tradition; comparison of core techniques and wisdom from different cultures, including an examination of what tends to be termed plant shamanism although this is a rather incorrect term; the sacred ordinary and plants as spiritual beings and healers
- Ethics - the healer's way: Rigorous self-examination; the ego and holism.

- How plants work: Botany, ecology, habitats, habitat restoration, sustainable use, the web of nature, chemistry, how plants make medicine, cultivation and sustainable wild-crafting.
- Herbal pharmacy: Plant constituents, processing and making therapeutic preparations.
- Materia medica: the holistic therapeutics of medicinal plants and their different forms (e.g. infusions, tinctures, essential oils, aromatic waters, macerated oils, tinctures, salts, smudge, incense, syrups, vinegars).
- Energetics and working with the plants to heal spiritually, mentally, emotionally and physically

Year 2 - Deepening the Medicine

In the second year we focus on therapeutics, relating the medicine of herbs to the body systems.

It includes the following areas:

Herbal therapeutics through aromatherapy, aromatic waters, nutrition, wild food, the application of herbs in the forms learned about in year one. Using botanical medicine to help people re-balance their health on all levels. How the human body works in health and illness – a holistic view of anatomy, physiology and pathology; we investigate cultural aspects of disease and attitudes to different health problems, the symbolism of disease; traditional energetic approaches; the metaphysics of the body and Gaian physiology and anatomy. We also explore ancillary techniques such as breath work, body unwinding, visualization and much more.

- The miracle of the human body
- Pathology and the symbolism of disease

- Systems therapeutics and Materia medica
- Therapeutics for the systems, including herbs, aromatherapy, nutrition and ancillary
- Nutrition and lifestyle

No-one enjoys dry and stuffy study. So, although this course covers some intensely complex and deep material (we are after all talking about some of the most complex beings on the face of the planet), it is hoped that it will be fun, amusing, demanding and enjoyable. Learning conducted this way sticks and embeds better! The study will be a journey and an adventure which may change your life and will definitely change some of your perceptions and perspectives. You will hopefully learn more about clarity and perception, experience how to bridge the scientific and spiritual approach and meet yourself through working with the plants. The study of the art and science of herbal medicine is a tradition that spans thousands of years, is continually evolving and can be guaranteed to provide stimulation for at least one lifetime; the more you learn, the more you find there is to learn and enjoy...

Please note that this is a foundation course, and that it does not qualify you to practice on the general public as a medical herbalist. For those wishing to take their studies further there is the option of progression to the Clinical Practitioner Training.

Course Leader and Founder

Nikki Darrell, - medical herbalist, botanist, aromatherapist. She is a practitioner, educationalist, writer, campaigner, grower. She has been working with plants for over 30 years.

Sister School Leaders:

Majella O’Riordan, and Siobhan Norton lead the School in Cork, with Jo Goodyear leading the Clinical training there

Jane Wallwork leads the School in Exmoor

Grass Roots Remedies Cooperative lead the School in Scotland

Course Mentors:

Cathy Apples in Exmoor

Majella and Siobhan in Cork

Silja Harms, Tiarnan O’Sullivan and Michelle O’Donovan in Hollyfort

Soraya Bishop, Catriona Gibson, Rhona Donaldson, and Ally Hurcikova

in Scotland

Fees:

The fees are €1,500 per year in EU and £1,500 in the UK. See the Scotland prospectus for their details.

The fees cover access to online material including videos, lectures and notes; mentoring; zoom class tutorials; the immersion course classes and herb supplies used in class and plants for students to work with at home (the plants are given out at the workshops). It includes a vegan lunch for each study day and refreshments.

There are two study options available:

‘Three intensives’ (Hollyfort only)

‘In person’ with a maximum intake of 18 students per year. 3 two-day workshops per year plus a carefully structured course of self-directed study to ensure that the student develops their own knowledge and skills.

‘One intensive’

1 six-day summer immersion course after the online studies are complete. This allows people in other countries, those working at weekends or those with care commitments to undertake some of the studies online and at times that suit them whilst keeping pace with the year’s study.

For both streams there are regular Zoom tutorials to allow students to interact with the tutors and each other. Students are supported by a mentor who gives a minimum of 10 hours mentoring per year (with the option of gaining extra hours if needed) to help them complete assignments and engage with the studies.

The online studies for the apprenticeship consist of the filmed lectures and practical sessions (filmed in a class setting) plus course notes to ensure that all the materials presented in class are covered. Additional films and materials are also included that specifically address the needs of distant learners.

There are regular tutorial Zoom meet ups to support the online material.

The student undertakes assignments and has these assessed by their tutor mentor. In addition, they are able to discuss any areas where they need extra assistance with their tutor. All tutors have undertaken the apprenticeship and have plenty of experience at this level of herbal practice. Students can opt to undertake just the first year or both years of the apprenticeship and it is acceptable to take a gap between the first and second years.

Certification

Only students who have undertaken the two years, attended the immersion schools (or provided documented evidence that they have acquired similar training in their locality) and submitted the assignments will be awarded a certificate of completion. The certificate enables graduates of the apprenticeship to become Associate Members of the Irish Register of Herbalists.

Students wishing to become full clinical practitioners can then undertake a further 2 years clinical training and study to allow them to take the final clinical exam.

Undertaking the Apprenticeship and Clinical Training Programme, completing all course assignments and requirements and passing the final clinical exam gives a sufficient level of training (complying with the EHTPA and IRH core curricula) to enable graduates to apply for full membership of the IRH and also the AMH. The School is continuing to work with other professional organisations to enable students to join them.

Course Ethos and Aim

Our aim is to provide experiential, enjoyable training in an apprenticeship model. Our teachers and tutors are well experienced in their fields. We pride ourselves in providing a blend of scientific and traditional training with an emphasis on using local plant medicines sustainably. Our training gives students a knowledge of the plant from field to pharmacy and a blend of clinical and energetic approaches to the people and the medicines that the plants provide. We have a strong interest in community, in sustainability and traditional knowledge and wisdom so these are woven through the course material and teaching approaches.

Course requirements, who can sign up for the course?

The course is open to anyone with basic skills in reading, writing and speaking English since all the course material is written in this language.

Course dates

The Apprenticeship courses run from October to June each year with gaps for Christmas and Easter. The '3' intensive stream intensives run in October, February and May and for the one intensive stream the summer immersion happens in June or July.

The Clinical training programme commences in September rather than October and some training clinics are held over the summer period to allow students to get the required 500 hours of supervised clinical training. A significant number of training clinics are now held virtually on Zoom allowing students to attend a wide range of them.

Course Structure

The first stage is structured as a two-year foundation apprenticeship leading to a certificate in community herbal medicine. The first year contains 10 modules plus study of about 70 plants. The second year contains 11 modules and a further 70 plants are introduced.

For those who decide they wish to become clinical herbalist practitioners there is a second tier two-year Clinical Practitioner Training programme, incorporating self-directed study, lectures and supervised clinic training. The information about this is laid out below.

Only those completing the two tiers have fulfilled the core curriculum requirements for entry to the Irish Register of Herbalists (IRH), the Professional Organisation that accredits the training.

Students who can demonstrate sufficient PEL may be accepted onto the Clinical Training Programme from routes other than the Plant Medicine School Apprenticeship.

The School also runs CPD courses open to graduates of the School's Diploma and from other trainings. Some lectures and seminars are open to individuals looking for bridging training to allow them to be grand parented into the IRH.

The training is designed to be experiential, incorporating a lot of practical work and hands on learning in conjunction with lectures, classes, demonstrations and self-directed study. The core emphasis of the course is an in-depth knowledge of the plants and how to use them for health, food and medicine alongside developing a good knowledge of the human condition both energetically and clinically. Field work, pharmacy practice and clinical work form a large part of the training. The ethos of the practice taught is sustainable holistic community based herbal practice.

Over the last year we have developed the school material to allow studies to continue during restrictions to movement and mixing.

Schedules of Study

Year 1 Starting on The Plant Medicine Path - Blended Upload and Webinar Dates

Access to online materials is spread over 6 workshops to facilitate progressive studies at a manageable pace and one continues to have online access for the course duration and for the year after your course completion.; this means one can study at one's own convenience and one is not tied to specific viewing times. About 10 days after access is given there is a zoom tutorial to allow discussions and to do some learning exercise; attendance at these tutorials (held from 7.30-9pm) is essential learning. The times below give a broad idea of the access dates but a detailed schedule will be provided when you apply for the course

Access to Virtual Workshop 1; October – Zoom meet up 1; October

We introduce the basic forms of herbal medicines (teas, infusions, decoctions, syrups, tinctures, infused oils, vinegars, creams and ointments etc). There will be an overview of about 20 herbs. We start to examine nonlinear approaches to science and to learning about our plant allies. We will explore the history of herbal medicine and of science and start to explore the healer's path. We also introduce sacred plant medicine journeying.

Herbs: Achillea millefolium, Allium sativum, Arctium lappa, Avena sativa, Calendula officinalis, Matricaria recutita, Crataegus laevigata, Foeniculum vulgare, Glycyrrhiza glabra, Lavandula officinalis, Mentha sp., Rosa damascena, Rosmarinus officinalis, Salvia officinalis, Sambucus nigra, Taraxacum officinale, Thymus vulgaris, Valeriana officinalis, Zingiber officinale, Kalanchoe pinnata

Access to Virtual Workshop 2; November/December - Zoom meet up 2; December

How plants work; botany or the anatomy and physiology of plants, taxonomy or the name of plants and their families; the place of plants in the ecosystem; their role in creating, feeding and sustaining life; plants and people. Herb profiles. Understanding atoms (basic chemistry), capturing sunlight (photosynthesis), making molecules, how plants make their therapeutic compounds. Organoleptics; identifying constituents by taste and smell. Sprouting seeds for nutritional benefits.

Herbs: Citrus, Eugenia caryophyllum, Cinnamomum verum, Tilia sp., Stachys betonica, Eucalyptus, Urtica dioica, Filipendula ulmaria, Euphrasia officinalis, Malus domestica, Juniperus communis, Medicago sativa

Access to Virtual Workshop 3; January/February - Zoom meet up 3; February

Herbal pharmacy, making medicines and understanding plant constituents; Hygiene and Good Manufacturing Practice, including the place of intention. Macerated oils cold and hot methods; Creams and ointments, plaisters, talcs and salts, vinegars, syrups and tinctures, capsules and powders. Blending creams and essential oils –the concepts of blending; carrier oils and aromatic waters.

Herbs: Symphytum officinale, Ulmus falva, Origanum vulgare, Inula helenium, Rumex crispus, Hamamelis virginiana, Rubus idaeus, Plantago lanceolata/major/psyllium

Access to Virtual Workshop 4, March - Zoom meet up 4, April

Energetics and philosophy, plant spirit medicine, Galen's 4 temperaments and 4 qualities, Chakras, TCM energetics and the 5 elements; Comparisons of the 3 systems of energetics; similarities and differences. Developing a new energetic paradigm. Flower essences, Smudge, incense and aromatics - making preparations

Herbs: Trifolium pratense, Boswellia serrata, Commiphora molmol, Angelica archangelica, Artemisia. Pinus sylvestris

Access to Virtual Workshop 5, April - Zoom meet up 5, May

Growing and tending Cultivation and plant recognition (revises some botany) Field growing, growing under cover, wild crafting Sowing seeds, suitable soil types and habitats, cuttings etc. Trees and tree essences. Revisiting the healing path

Herbs: Verbena officinalis, Primulas, Linum usitassimum, Alchemilla vulgaris, Violas, Galium aperine, Stellaria media, Quercus robur, Salix sp., Aesculus hippocastanum, Fagus sylvatica, Betula sp, Corylus avellane

Access to Virtual Workshop 6, May/June - Zoom meet up 6, June

Harvesting, drying and processing Gathering herbs sustainably – seed saving, wild crafting responsibly. Processing; revises some of the preparations from weekend 3. Producing therapeutic foods – devising recipes for optimum nutrition.

Materia medica

The study of the materia medica will be distributed over the 6 weekends and there may be some variation and additions to the plants listed above; we will examine the physical, mental, emotional and holistic properties of the plant; focus is on local, indigenous and naturalized plants and those that can be easily grown in Ireland. Some more exotic species will be included where relevant. Personal development and growth will be explored with the students as the course progresses. We are constantly evolving the course and adding more plants to meet so there may be some variation in the herbs studied from those listed above.

Year Two Deepening the Medicine

At each weekend, new herbs will be introduced for the system being studied; herbs from the first year with relevance will also be revised. Formulations and prescriptions for conditions relating to the system under discussion will be made up. There will be opportunities to practice consultation skills and work with the ancillary techniques that are introduced at each weekend. As well as looking at disease processes, there will also be an examination of the symbolism of

diseases, of cultural aspects of disease, of energetic approaches and of developing new energetic paradigms

Access to Virtual Workshop 1, October – Zoom meet up 1, October

- Introducing the Miracle of The Human Body, Our Community of Cells. Similarities in Anatomy and Physiology of Animals, Plants And Gaia.
- Introducing Disease Processes and The Symbolism of Disease
- Therapeutics
- Herbs for The Whole Body Including Adaptogens And Alteratives. Introduction of New Herbs and Revision of Herbs from Year 1

Allium Sativum, Arctium lappa, Echinacea Sp., Fumaria Officinalis, Galium Aperine, Berberis Sp., Gentiana lutea, ErythreacCentaurea, Prunella Vulgaris Eleuthroccocus Senticosus, Ocimum sanctum, Rhodioloa, Schisandra, Withania somniferum

- Making Preparations for Whole Body Treatments – Massage Blends, Bath Blends, Herb Ball for Hot Herb Massage.
- Consultation Skills and Personal Development
- Body Dialoging; The Inner Child; The Multiple Personality Concept.
- Consultation Skills; Questioning; Incorporating Energetic Principles; Sensory Acuity as A Way Of Enhancing Consultation And Of Understanding The Therapeutics Of Our Plant Allies

Access to Virtual Workshop 2, November - Zoom meet up 2, November

The Heart of the matter and circulation; the heart as an endocrine organ; the heart as a brain; the heart as an organ of perception; heart entrainment; the circulation as a communication system within the body.

Lymphatic/immune system – defence and waste disposal

Visualisations

Tropaeolum majus, Fagopyrum esculentum, Beta vulgaris, Passiflora incarnata, Olea europea, Leonorus cardiaca, Theobroma cacao, Vaccinium myrtillus, Piper nigrum, Capsicum minimum, Armoracia rusticana

Access to Virtual Workshop 3, January - Zoom meet up 3, January

The skin

- Our largest organ, our boundary between the external and the internal environment
- Dry skin brushing

The nervous system and special senses:

- The RAS, the Triune brain and peripheral nervous system
- Our 4 brains, plus the possibility of others
- Sensory acuity in the consultation process and in accessing information about the herbs
- Olfaction

- Visualization and relaxation techniques
- Stress management

Hypericum perforatum, Scutellaria lateriflora, Aloe vera, Aloysia triphylla, Camellia sinensis, Coffea arabica, Centella asiatica, Humulus lupulus, Lactuca virosa

Access to Virtual Workshop 4, February – Zoom meet up 4, March

Muscles and bones - stretching, yawning and reaching out

- Psychological and physical holding patterns
- Myofascial unwinding techniques.
- The ancestors

The Respiratory System

- Oxygen, the primary nutrient
- The lungs and grief
- Learned breathing habits and breathing exercises to establish healthy breathing patterns

Curcuma longa, Menyanthes trifoliata, Viburnum opulus, Cetrari islandica, Chondrus crispus, Pulmonaria officinalis, Asclepias tuberosa, Hyssopus officinalis, Glechoma hederacea, Hedera helix, Verbascum thapsus, Tussilago farfara, Marrubium vulgare, Prunus serotina

Access to Virtual Workshop 5, April – Zoom meet up 5, April

Digestion and the digestive system

- The Gut brain
- Wild food
- Healthy gut flora
- Fasting and much more besides

The Urinary System

- The kidneys as an endocrine organ
- The culture of fear (the primary emotion associated with the kidneys)
- Hydration

Ocimum basilicum, Cyanara scolymus, Elettaria cardamomum, Coriandrum sativum, Pimpinella anisum, Anethum graveolens, Carum carvi, Parietaria diffusa, Barosma betulina, Asparagus officinalis

Access to Virtual Workshop 6, May - Zoom meet up 6, June

- The Endocrine system, another mode of internal and external communication and the wider hormonal system
- Reproduction, Pregnancy, the cycles of birth, life, death and rebirth

Tanacetum parthenium, Borago officinalis, Fucus vesiculosus, Lycopus, Brassica sp., Vitex agnus castus, Cimicifuga racemosa

On completion of the two-year foundation apprenticeship with students can progress to The Clinical Practitioner Training Programme.

If planning to progress to the CPTP students can complete 100 hours of observation in the training clinics by arrangement with the course coordinator.

The Practitioner Training Programme in Western Herbalism

The objective of the Programme is to provide a bridging training for students to become practitioners of Western Herbal Medicine and to be able to join a professional organization such as the Irish Register of Herbalists.

Course structure and layout

The training programme consists of three elements:

Lecture/ Seminar blocks

There are 5 four-day lecture blocks; two covering clinical examination skills, clinical medicine and differential diagnosis; the third and fourth covering covering therapeutics for specialist areas.

These blocks are now becoming available as online learning supplemented by essential experiential face to face learning and also zoom tutorial sessions.

The lectures are also available to practitioners of herbal medicine as CPD so students often get the opportunity to meet practitioners who are participating in these days which provides valuable networking.

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. The remaining 400 hours can be split between the training clinics set up in various locations in Ireland and the UK; of the 400 hours some 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 practitioner 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. 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

€3500.00, 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. At present all clinics are being run virtually due to restrictions; most of these are two-hour sessions and the guide charge for these is €12.00 per session

About the Lecturers:

Nikki Darrell

M.B.S, B.Sc.(Hons), Dip. Phyt, M.I.R.H, M.I.FA, 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. 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.

Ainé 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.

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.

Anne McIntyre

Anne is a Fellow of the National Institute of Medical Herbalists, a Member of the College of Practitioners of Phytotherapy, and a Member of the Ayurvedic Practitioners' Association. She has been in clinical practice working as a medical herbalist for over 35 years and for the last 30 years has incorporated Ayurvedic philosophy and medicine into her practice, producing an integrated approach to the care of patients and prescription of herbs. Anne is the author of many books on herbal medicine and Ayurveda including *The Complete Woman's Herbal*, *Healing Drinks*, *The Complete Floral Healer*, *Herbal Medicine for Children: Western and Ayurvedic Perspectives*, *The Complete Herbal Tutor*, *The Ayurveda Bible* and *Dispensing with Tradition: A Guide to using Indian and Western Herbs the Ayurvedic Way*. Anne runs a busy practice in Gloucestershire and sees patients in London once a month. She lectures widely on herbal medicine and Ayurveda in the UK and America and runs courses from her home in Gloucestershire where she has a beautiful herb garden. She has an online course in Ayurveda for lay people and other professionals and runs an annual herb conference - Herbfest.

www.annemcintyre.com

www.learnlivingayurveda.com

Lorna Mauney-Brodek

Lorna Mauney-Brodek is a traveling herbalist, medicine maker, wildcrafter and teacher dedicated to promoting diversity, environmental responsibility, and social justice through herbalism. Growing up “americana,” her health practices reflect an abundantly diverse set of influences to blend western medical herbalism, traditional Chinese five phase, Ayurveda, and southern folk. Early barefoot adventures in the Appalachian foothills and global wanderings with tent-packing parents led to more formal trainings in plant medicine. She completed an herbal residency with Michael Moore at the Southwest School of Botanical Medicine and clinical internships at the Blue Ridge School for Herbal Studies and BotanoLogos. Lorna is the founder and director of the *Herbalista Health Network*, a web of mobile clinics, health education, and service opportunities that provide earth-based care to underserved communities. She recently helped launch the *Dublin Herb Bike*, a mobile clinic providing free, herbal care to communities in need around the Dublin area. Lorna’s teachings celebrating our capacity to build community through herbalism.

Jo Goodyear – on website under team

Jane Wallwork – on website under team

Christine Herbert – details coming soon.

Lecturers may vary from time to time.

The college endeavours to provide an eclectic and broad view of the Western tradition with some understanding of the energetic paradigms of Galenic, TCM and Ayurvedic medicine systems. We therefore have visiting lecturers from the following Western traditions – Medical Herbalists, Physio medicalists, Master Herbalists, Naturopathic Herbalists and traditional community herbalists. The emphasis is on incorporating and reclaiming traditional approaches with an understanding of the value of clinical medicine and the ability to include research

evidence. Science, intuition, tradition, food medicine and patient education are all incorporated into the practitioner paradigm. The students are encouraged to grow and prepare their own medicines as well as being taught about sourcing good quality medicines from ethical sources. They are encouraged to hone plant identification skills with regular plant identification walks in the gardens and have plenty of practical sessions on making medicines in clinic.

Assessment is by completion of:

15 case studies

8 written assignments on clinical medicine

8 written assignments on therapeutics

Completion of reflective journal

20-25 plant profiles

Nutrition assignments

Research dissertation

Business plan assignment

Continuous assessment of progress in consultations with student progress forms giving feedback from clinic supervisor

75-minute Final Clinical examination

- 30-minute consultation
- 15-minute Clinical examination

- 30-minute discussion of case with examiners to include summary of case, suggestions for lifestyle and dietary advice and drawing up a prescription suitable for the patient.

Programme Schedule

Start of Clinical Practitioner Training September

Induction Day

The induction day's aim is to orientate students in their studies and explain how to undertake the 3 strands of learning and get the most out of the course.

There will be time spent on explaining how to write the reflective journal, plant profiles, case studies and assignments.

There will be some brief presentations explaining the 3 strands; the opportunity to ask questions and to see examples of the required textbooks and equipment.

Students will meet the course co-ordinator and administrator and possibly the assignment tutor.

The course deposit can be brought to the induction day or paid beforehand. Please contact the course co-ordinator for account details if paying by transfer (they are different to the

apprenticeship ones), or if sending a cheque please make it payable to the Plant Medicine School. Postal orders should be made payable to Nicola Darrell

Lecture - Seminar blocks

There are 4 four-day lecture blocks; two covering clinical examination skills, clinical medicine and differential diagnosis; and 2 focusing on speciality areas

Required Equipment: Stethoscope (Litmann classic III is the only one worth getting), patella hammer, tuning fork, blood pressure monitors or sphygmomanometer (manual, not electronic), neurological pin

Clinical Examination Seminar 1 (four days) December

Clinical Examination Seminar 2 (four days) February

Therapeutic Lecture Blocks

June;

Senior Health Andrew Chevalier

Chronic Inflammatory conditions, gut health and skin health (2 days) Christine Herbert

Reproductive health, fertility and conception Marie Reilly

September;

Mental Health Jane Wallwork

Pregnancy and Birth Marie Reilly

Decolonising our approaches and cultural studies Nikki/Jane/Jo Goodyear

March

(following year)

2 Days - Aromatic Medicine Nikki Darrell

2 Days - Tongues and pulses Eoin Marshall

There is a mock examination held at the end of August and the final examination is in September

Appendix I

Core Curriculum fulfilment by the Apprenticeship and Practitioner Training Programme

Core Curriculum Required areas of study

Human Sciences - 250 hours

Year 2, 24 hours of lectures 4 hours per weekend workshop) and 100 hours of home study with mandatory texts

Year 3, 20 hours of lectures (1-hour review at each therapeutics system lecture day, 10 hours during clinic examinations lecture days) and 90 hours' home study with mandatory texts.

Assessment by completion of Anatomy and Physiology colouring book and also integrated into clinical medicine and therapeutics written assignments. Also, by class discussion.

Nutrition - 80 hours

Years 1-4, Class practical's 53 hours, Years 1-3, 50 hours home study

Clinical Sciences - 350 hours

Year 2, 24 hours (4 hours per weekend workshop).

Year 3, 80 hours (2 no. 32 hours lecture blocks on Clinical Sciences and additional hours in the other lecture blocks by system)

Year 4, 80 hours' tutorial sessions incorporated into clinical training

Home study Years 2-4, 200 hours

Structured home study of mandatory texts

Plant Chemistry and Pharmacology - 80 hours

Lectures and class practical Year 1 - 8 hours, Year 2 - 12 hours

Home study Years 1-4, 20 hours per year (80)

Assessment by class discussion groups and pharmacy/pharmacology journal

Pharmacognosy and dispensing 80 hours

Lectures and practical sessions

Year 1 - 8 hours

Year 2 - 20 hours

Year 3 - 20 hours

Home study Years 2 to 4 - 30 hours per year, 120.

Assessment by students being able to demonstrate the ability to dispense correctly and by class discussion regarding areas such as sourcing, labelling, stock taking and so on

Practitioner development and ethics 40 hours

Year 1, 8 hours' lectures

Year 2, 8 hours' lectures

Year 3, 8 hours' lectures

Assessment Years 1-4 reflective journal and case study completion 200 hours

Practitioner research - 80 hours

Years 1-4 Lectures 12 hours each year.

Home study - 50 hours per year, 150 hours.

The specific herbal tradition 1150 hours

Year 1 - 64 hours' lectures

Year 2 - 96 hours Lectures

Year 3 - 200 hours' lectures

Home study - 600 hours

Field work 50 hours

Practical sessions

Year 1 - 12 hours – practical sessions

Year 2 - 20 hours – practical sessions

Year 3 - 20 hours – practical sessions

Year 4 - 20 hours – practical sessions

Home study - 150 hours – practical sessions

Clinical practice 500

Year 2 - 24 hours supervised clinic and practical

80 hours home study (writing up case studies, formulating cases and possible treatment strategies for discussion in class)

Year 3 and 4 - 500 hours Supervised clinics and 300 hours home study (writing up case, reflective journaling)

Clinical observation and practice 500 hours of clinical training are required. 100 hours of this will be clinical observation. The remaining 400 hours can be split between the training clinics set up in various locations; of the 400 hours 150 may be completed with individual herbal practitioners once this has been discussed with the course co-ordinator. Various practitioners of sufficient experience and training 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.

Total Hours

Class hours 890, home study, 2140, exceeding required study hours 2560

Appendix 2

Course descriptors

Module Descriptors

These module descriptors are drawn up to meet the standards laid out in the core curriculum of the Irish Register of Herbalists. Graduates of the course are eligible to apply for membership of the Irish Register of Herbalists or the Association of Master Herbalists (UK).

Module 1

Short Title: Clinical Sciences

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

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:

Describe clinical examination diagnostic techniques and their clinical applications in orthodox medical practice

Demonstrate effective case history taking

Perform a clinical examination of the major body systems using palpation, auscultation, observation and other relevant techniques.

Recognise red flags (potentially serious signs and symptoms) and recognize when to refer patients to orthodox medical practitioners.

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)

Discuss the distribution of disease in the community and the approach to prevention from the orthodox and holistic points of view.

Interpret basic pathology laboratory data and results of orthodox investigative procedures.

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

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:

Assess individual patient case histories and devise a suitable treatment strategy, including nutritional and lifestyle advice and suitable herbal prescription.

Ensure that the treatment strategy is suitable for the patient as regards their physiology, age, other special requirements and considering orthodox and other complementary treatments that are being followed concomitantly.

Conduct follow-up consultations with patients and adjust their treatment strategy as necessary through a course of treatment.

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 it's 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, considering 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 hours

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 Herba . 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

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, labelling 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)

Appendix 3

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.

Consulting Room Protocol

1. All students are to be tidily dressed.
2. All students to arrive for 9.30 in order to ensure that the room can be set up; that returning patients records can be reviewed and that new patients can be assigned to students.
3. During the consultation only the person conducting the consultation should interact with the patient; all other students to observe and practice taking consultation notes.
4. No personal details should be recorded on students' observation notes.
5. All consultation forms for patient cases (those of the person taking the consultation) to be stored in the files box.
6. Once questions are opened to observing students only ask questions if there is an area that has not come up in the consultation.
7. No advice to be offered to the patient until the group discussion has occurred (with the exception of the supervising practitioner).
8. If a student has conducted the consultation they will feed in their observations and diagnosis first; it will then be opened up to the group, likewise with lifestyle advice and prescription formulation.
9. The consulting practitioner will make up the prescription - if the clinical supervisor takes the consultation then a student will be assigned to this. A second student will be assigned to assist with the prescription card and labeling.
10. The consulting student will give the lifestyle advice, otherwise another student will be assigned to this.
11. Students are not to offer advice without this being agreed with the supervisor.

12. All consultations are confidential and are not to be discussed outside the consulting room.
13. If there are sensitive issues to be discussed with the patient etc then they should be brought back into the consulting room in order to do this.

Pharmacy Protocol

1. Only those who are dispensing or assisting should be in the Pharmacy when this process is being conducted. No student should be in the pharmacy without the supervision of a member of staff.
2. Students will only dispense medicines after asking the clinic supervisor's permission. The dispensing student will give the patient the medicine and explain how to take it.