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Description generated with very high confidence

**Application for Qualification Accreditation**

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| --- | --- |
| **Name of educational organisation:** |  |
| **Address:** |  |
| **Telephone no:** |  |
| **Contact name:** |  |
| **Job title:** |  |
| **Contact email:** |  |
| **Address where qualifications are delivered (if different from above):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s) of qualification(s) seeking approval:** | **Level:** | **Awarding Body or University** | **Ofqual license number (if applicable):** |
|  |  |  |  |
| **Summary of qualification objectives and intended learning outcomes (or submission of Programme Specification):** | | | |
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Description generated with very high confidence

**Application for Qualification Accreditation**

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| **Other comments or useful links to support your application:** |
|  |

**Please indicate (√ or X) if the following documents have been submitted with your application;**

|  |  |
| --- | --- |
| **Programme Specification** |  |
| **Module / Unit descriptors** |  |
| **Clinical training hours** |  |
| **Mapping of Day One Competencies / National Occupational Standards** |  |
| **Most current External Examiner / External Verifier Report** |  |
| **Other; please specify** |  |

**Are you requesting accreditation / approval of previous cohorts (before 2018)? Please delete one: Yes No**

**If Yes for what cohort dates are you seeking accreditation / approval?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**This form must be signed by the person authorising payment.**

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Position**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office use only

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| **Application approved (Y/N):** |  | **Name of Assessors:** |  | | **Date:** |  |
| **If no, reason for refusal:** |  | | | | | |
| **Fee received (Y/N):** |  | **Method of payment:** | |  | | |

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**Course accreditation – Sports Therapy & Massage Subgroup**

In relation to providing evidence that (as taken from the ST&M Admissions Policy):

1. The course must contain a minimum of 150 hours TQT clinically relevant hands-on practice, in an animal environment, to equip students with high-level assessment and treatment skills in order to meet the required day-one competencies.

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| --- | --- | --- |
| Course: |  | |
| Module Number | Module Name | Number of clinically relevant hands on practice **hours**; delivered in an animal environment |
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**ESSENTIAL DAY ONE COMPETENCIES REQUIRED FOR PRACTITIONERS OF ANIMAL SPORTS THERAPY / MASSAGE / MYOPRACTIC**

## A - GENERAL PROFESSIONAL SKILLS AND ATTRIBUTES

*Practitioners of Animal Sports Therapy / Massage / Myopractic should be able to:*

|  |  |  |  |
| --- | --- | --- | --- |
| **REF** | **Competency** | **Competencies delivered and assessed in module / unit:** | **Competencies assessed by (summative and formative):** |
| **A1** | Be aware of current UK legislation applicable to the work of their profession; the Veterinary Surgery exemption order (2015) |  |  |
| **A1** | Understand and comply with legal obligations in relation to The Veterinary Surgery exemption order (2015) seeking permission of a veterinary surgeon prior to any treatment being given |  |  |
| **A1** | Communicate effectively with clients, the lay public, professional colleagues and veterinary surgeons; listen effectively and respond sympathetically to clients and others, using language in a form appropriate to the audience and the context |  |  |
| **A2** | Be able to practise in a non-discriminatory manner |  |  |
| **A3** | Understand the importance of and be able to maintain confidentiality |  |  |
| **A4** | Prepare clear case reports and maintain patient records in a form satisfactory to colleagues, veterinary surgeons and understandable by the public |  |  |
| **A5** | Have an elementary knowledge of how fees are calculated and invoices drawn up, and the importance of record keeping, including book-keeping and case reports |  |  |
| **A5** | Be able to use information technology effectively to communicate, share, collect, manipulate and analyse information |  |  |
| **A5** | Process and control client or relevant data in accordance with the requirements of the Data Protection Act 1988 or the General Data Protection Regulations (effective May 2018) whichever shall apply |  |  |
| **A6** | Be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem |  |  |
| **A6** | Be able to initiate resolution of problems and be able to exercise personal initiative |  |  |
| **A6** | Know the limits of their practice and when to seek advice or refer to another professional |  |  |
| **A6** | Recognise that they are personally responsible for and must be able to justify their decisions |  |  |
| **A7** | Understand the need to practise safely and effectively within their scope of practice |  |  |
| **A7** | Understand the need to maintain high standards of personal conduct |  |  |
| **A7** | Understand the need and professional obligation for a commitment to continuing education and training, and professional development, throughout one’s professional life |  |  |
| **A8** | Be willing to use one’s professional capabilities to contribute as far as possible to the advancement of knowledge and understanding in order to benefit the profession and further improve the quality of animal care |  |  |

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#### B - UNDERPINNING KNOWLEDGE AND UNDERSTANDING

*Practitioners of Animal Sports Therapy / Massage / Myopractic will need to have a thorough knowledge and understanding of the following:*

|  |  |  |  |
| --- | --- | --- | --- |
| **REF** | **Competency** | **Competencies delivered and assessed in module / unit:** | **Competencies assessed by (summative and formative):** |
| **B1** | Normal equine and canine anatomy and physiology, especially the dynamic relationships of structure and function, and the neuromuscular and musculoskeletal systems. |  |  |
| **B1** | The means by which biomechanics and applied exercise physiology can inform the understanding and analysis of movement and function |  |  |
| **B1** | Patterns of growth and development across the lifespan |  |  |
| **B1** | Factors influencing individual variations in ability and health status |  |  |
| **B1** | The aetiology, pathogenesis and clinical signs of common diseases and disorders that occur in equine and canine species that are commonly encountered in practice |  |  |
| **B2** | How sports therapy / massage / myopractictechniques can cause physiological and structural change |  |  |
| **B3** | Maintain a knowledge of current research in to the sports therapy / massage / myopractic fields, including the evaluation of treatment efficacy. |  |  |
| **B4** | Understand the theoretical basis of, and the variety of approaches to assessment and intervention |  |  |
| **B5** | Be able to establish safe environments for assessment and treatment, which minimise risks to clients, practitioners and others |  |  |
| **B5** | Know and be able to apply appropriate moving and handling techniques |  |  |

**C - PRACTICAL COMPETENCES**

*Practitioners of Animal Sports Therapy / Massage / Myopractic should be able to undertake the following:*

|  |  |  |  |
| --- | --- | --- | --- |
| **REF** | **Competency** | **Competencies delivered and assessed in module / unit:** | **Competencies assessed by (summative and formative):** |
| **C1** | Obtain an accurate and relevant history of the individual animal, and its environment |  |  |
| **C2** | Be able to select and use appropriate assessment techniques |  |  |
| **C3** | Handle and restrain an animal safely and humanely, and instruct others in performing these techniques |  |  |
| **C4** | Perform a comprehensive static and dynamic assessment |  |  |
| **C5** | Advise on, and offer appropriate treatment |  |  |
| **C6** | Be able to demonstrate a logical and systematic approach to problem solving |  |  |
| **C6** | Maintain current knowledge of research and other evidence to inform their own practice |  |  |
| **C6** | Recognise the need to discuss, and be able to explain the rationale for the use of sports therapy / massage/ myopractic treatment |  |  |
| **C6** | Recognise the need to refer the animal to a more skilled practitioner or veterinary surgeon for full assessment and evaluation of appropriate treatment methodologies when outside the scope of own practice |  |  |
| **C7** | Be able to change their practice as needed to take account of new developments |  |  |
| **C7** | Be able to demonstrate a level of skill in the use of information technology appropriate to their practice |  |  |
| **C8** | Recognise the need to discuss, and be able to explain the rationale for the use of manipulative treatment |  |  |
| **C8** | Be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines |  |  |
| **C8** | Understand the need to use only accepted terminology in making records |  |  |
| **C9** | Be able to gather information, including qualitative and quantitative data that helps to evaluate the animal’s response to treatment. |  |  |
| **C9** | Be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the client |  |  |
| **C9** | Be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately |  |  |
| **C9** | Be able to evaluate treatment plans to ensure that they meet the needs of the animal |  |  |