

# British Medical Acupuncture Society

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## Diploma of Medical Acupuncture

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Dip Med Ac

Guidelines

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*June 2023*

# Outline Syllabus for BMAS Accreditation

## General Topics

- Acupuncture history
- Audit and research
- Running clinics
- Safety issues
- Clinical aspects in general

## Practical Skills?

- Needling techniques (traditional, trigger point, periosteal, superficial)
- Electroacupuncture and TENS
- Auriculotherapy

## Methodology of point selection

## Clinical Topics

- Cardiology
- Dermatology
- Facial / dental pain
- Gastroenterology
- Geriatric medicine
- Gynaecology
- Myofascial Pain
- Neurology
- Obstetrics
- Psychology / Psychiatry
- Palliative medicine
- Paediatrics
- Respiratory medicine / Otolaryngology
- Rheumatology
- Trauma including sports injuries
- Urology

## Scientific Aspects of Acupuncture

- Neurophysiological pathways of pain
- Mechanisms of action of acupuncture in pain modulation
- Pathophysiology of myofascial trigger points
- Potential mechanisms of other effects eg wound healing, immunomodulation

## Traditional Acupuncture

- Historical aspects
- Overview of some simple concepts
- Development of appropriate attitudes to the subject

## Acupuncture Analgesia

# Studying for BMAS Accreditation (the Dip Med Ac)

## Notes for Guidance

Accreditation will involve two elements: Training and Clinical Experience.

The training will be a minimum of 100 post-Foundation Course 'Training Hours', normally achieved by a combination of participation at courses and meetings, and distance learning.

The clinical experience will be assessed by inspection of a logbook of at least 100 case histories, by assessment of detailed case histories and by a clinical assessment.

## Training (100 hours)

The following list of Continuing Professional Development (CPD) activities should not be regarded as prescriptive, but rather as a guide.

In general, if CPD has been granted for a course or meeting, this will be used as the training hours; if not, the length of the programme will be used. Programmed discussion time is accepted, but not mealtimes. A limited element of (not more than 10 hours) non-acupuncture training will be accepted in relevant medical topics, but a reasonable case must be made for the inclusion of subjects outside those given in the list.

For distance learning with some commonly used textbooks and journals, including acupuncture-related material from non-acupuncture books and individual articles from other journals, a short synopsis with learning points and reflections should be submitted.

It should be noted that the BMAS does not accredit courses, and any non-BMAS hours used towards accreditation need to be detailed.

For non-BMAS courses or meetings a copy of the programme and certificate of attendance should be supplied, with a 200 to 300-word reflective note stating why you think the course is relevant to BMAS accreditation.

Western Medical Acupuncture (WMA) training is expected to make up the majority of the hours towards accreditation. TCM-based training is allowable for a maximum of 50% of the hours required (ie 50 of the 100 hours required for accreditation), and each TCM-based course will be allowable for half of the programmed hours.

## A. Participation Learning (minimum of 50 hours)

### 1. Courses

- a. BMAS Courses (CPD time - generally 6 hours per day)
- b. Non BMAS WMA Courses (CPD time, but if not CPD approved the programme time may be used; see note above about non-BMAS courses)
- c. Non BMAS TCM-based Courses (half of programme time, up to a maximum of half the total required)

### 2. BMAS and National Meetings

- a. BMAS Scientific Meetings (CPD time - generally 6 hours per day)
- b. Webcasts of BMAS Meetings (CPD time in Category A on completion of reflective notes, only if not already claimed in 2a above)
- c. ICMART and International Symposia (Programme time)
- d. Non BMAS WMA Meetings (CPD time, but if not CPD approved the programme time may be used; see note above about non-BMAS courses)
- e. Non BMAS TCM-based Meetings (half of programme time, up to a maximum of half the total required)
- f. BMAS Regional Group Meetings (CPD time by submission of reflective notes)

- g. BMAS Blog Webinars (running time by submission of reflective notes)
  - h. 'What's the point' videos (running time by submission of reflective notes)
3. Acupuncture Clinics
- a. BMAS London Teaching Clinic – attendance as an observer (clinic time)
  - b. Clinics run by BMAS member with BMAS Accreditation – attendance as trainee or observer (clinic time whilst together with accredited member)
  - c. Other clinics – up to 1 hour per nominal half day session by submission of learning objectives and outcomes

## **B. Distance Learning (maximum of 30 hours)**

1. BMAS webcasts (running time, or half of running time for those who attended the meeting and claimed CPD hours in Category A 2a above, by submission of reflective notes)
2. Acupuncture books – up to 2 hours per item, by submission of reflective notes
3. Journals – up to 2 hours per item by submission of reflective notes

## **C. Preparation Learning (maximum of 10 hours)**

1. Presentation of lecture, research paper or poster
  - a. to BMAS or ICMART (3 hours)
  - b. to medical audience or nursing, physiotherapy, dental or veterinary audience (3 hours)
  - c. to lay audience (2 hours)
2. Media interview
  - a. Broadcast TV or Radio (1 hour)
3. Publication of article – if based on a presentation the maximum combined time of 4 hours is awarded
  - a. in an acupuncture journal (3 hours)
  - b. in any other medical journal (3 hours)
  - c. in the lay press (2 hours)
4. Research and audit
  - a. Preparation (2 hours)
  - b. Publication (+1 hour)

## **D. Related Medical Learning (maximum of 10 hours)**

1. Basic Medical Sciences
2. Neurophysiology
3. Pain Management
4. Neurology
5. Rheumatology
6. Orthopaedics
7. Sports Injuries

Within each topic:

- a. Lectures or case presentations (CPD time)
- b. Out-patient observer (clinic time)
- c. Books / journals – up to 2 hours per item by submission of reflective notes

## Clinical Experience

### Case History Records

A logbook must be submitted consisting of a minimum of 100 cases treated with acupuncture. A good variety of diseases treated, and acupuncture points and techniques used will normally be expected.

The number of cases needed for accreditation may include the 30 presented for the Certificate of Medical Acupuncture (CMA).

If Application Option A is chosen (see under Required Submissions below) the logbook must comprise a minimum of 100 cases.

If Application Option B is chosen (see under Required Submissions below) the logbook must comprise a minimum of 150 cases.

Ten (Option A) or five (Option B) of these cases must be written up in detail and assessed to a Pass level.

More information about writing these cases can be found below and in Appendix A.

Submission of logbook and long cases will be online through the dedicated section of the Members' Area of the website.

Separate instructions for using the online system can be found in Appendix C below.

In exceptional circumstances a paper-based submission may be made but only by prior agreement with the Chair of the CAEB.

## Counselling and Appeals Procedure

Unsuccessful candidates will be offered advice intended to improve the chances of success on subsequent reapplication.

Please note that in the current system of marking long cases you may get a notification of a pass from one assessor and a fail from the second, or vice versa.

Candidates who have any element of their submission failed and wish to appeal against this decision should write to the Chairman of the Competence, Accreditation and Examining Board, via the BMAS Office, within four weeks of notification of failure with full details of the nature of the appeal.

The Chairman of the CAEB will consider, within four weeks:

- a) the details of the candidate's appeal
- b) the feedback of the assessor(s), including marking for long cases
- c) other relevant documents.

The candidate will be informed of the Chairman's decision in writing. The decision will be final and binding. Any comments concerning the process of assessment, as opposed to the assessment result, should be addressed to the Chairman of the BMAS.

The Director of Education may deputise for the Chairman of the CAEB at any time as required.

# Notes on Required Submissions (please read carefully)

## 1. Completing the Logbook

Detailed instructions on how to enter the logbook data are given in Appendix C.

The logbook should only include treatments that you have carried out yourself, and you must sign a declaration to that effect. It is recommended that you select patients who received mainly acupuncture treatment.

Within your scope of practice, try to include as wide a range of conditions as possible.

Within the Additional Details section of the logbook, you should state the nature of the population from which the patients are selected, ie urban/rural primary care, pain clinic, private, etc.

You should also reflect on your outcomes and any factors that may have affected them.

Please provide a brief clinical note to accompany each patient treated.

Logbooks MUST have anonymous patient data.

## 2. Detailed Case Reports / Long Cases (see Appendix A)

Detailed reports should demonstrate that you have an understanding of the principles of acupuncture treatment from a Western medical acupuncture perspective.

These detailed case histories should all describe treatments that you have carried out yourself and must be your own original work except where stated otherwise. You must sign the declaration to that effect.

You should choose a wide variety of cases and present each one separately.

Please state your discipline eg. medical doctor, physiotherapist, nurse as well as your area of clinical practice.

It is easier to read a case history that is written in narrative form than note form, and narrative will be expected at Diploma level.

It is helpful to use the diagnostic category as a title, e.g. Case One – Tennis Elbow. If the patient was referred to you for acupuncture treatment, having already received a clinical diagnosis by another medical professional, please state this for context.

Discuss the relevance of the past history including family history, social history and occupational history.

Pay particular attention to the presenting complaint and the history of the presenting complaint with other treatments tried and the results of the treatment.

List any investigations and results.

Examine the patient and record your findings with extra emphasis on the aspects of the examination related to acupuncture treatment. If certain clinical tests are performed, explain why, as well as why the outcomes are relevant in the case. Ensure any changes in relevant clinical findings following acupuncture treatment are mentioned again in the treatment and results section.

If myofascial trigger points are present, specify which muscles are affected. Mention which of the diagnostic criteria were met and whether these changed following acupuncture treatment.

For pain conditions you should complete the diagram section within the case template, illustrating areas of pain, numbness etc, trigger points and points needled.

Set out a treatment plan and include your rationale for the points selected. It is good practice to decide what you are going to do, and how you are going to assess outcomes (see above), before you start treatment. Your documented treatment plan should include length of proposed course of treatment, frequency of sessions, style of intervention, and how outcomes are to be assessed.

Particular attention should be paid to describing the 'dose' of acupuncture treatment as per STRICTA guidelines. The 'dose' of acupuncture refers to the level of sensory input to the patient's CNS. It will depend to a degree on individual 'sensitivity', but in general the 'dose' is likely to increase in the following ways:

- a) Superficial needling < deep or intramuscular needling < periosteal needling
- b) Minimal stimulation < moderate stimulation < vigorous fanning, lift and thrust (ie in and out with changes of needle angulation)
- c) Manual needling < electroacupuncture (EA) < vigorous manual stimulation plus EA
- d) Few needle insertions < multiple needle insertions

WHO standard abbreviations should be used to describe points.

Accurately record the treatments given and discuss the response to the treatment, though it is not necessary to list every point and every session in detail. You should give an impression of the approach used, any changes to treatment resulting from the response of the patient, and the dose of treatment applied (see above).

Please include a discussion of the safety issues relevant to the case and in particular the approach used to avoid adverse events when needling. It is important to mention general as well as local safety considerations. General safety considerations would include hygiene, positioning, use of single use disposable needles etc. Local safety considerations would include consideration of local anatomy, vulnerable areas, skin condition etc as may be relevant to the points/sites needed. Any adverse reactions should be mentioned and discussed.

A discussion section is a crucial part of the case report. It allows you to convey your background knowledge of the area and give a considered analysis of the case. It should show that you understand the evidence-based approach, and that you are prepared to be flexible in your approach and analysis. Other relevant topics may include assessment of outcome, service management implications, potential questions for audit, and your educational needs. The discussion should be relevant to the case, acupuncture treatment provided and outcomes and not simply a literature review.

Provide adequate references to support your treatment rationale, set out in any of the standard formats used in publications (see *Acupuncture in Medicine* for example). [The Harvard system](#) is probably the easiest to use if you do not use a reference management system such as Mendeley, Zotero or Endnote. References are listed in alphabetical order by the first author surname, and intext citations are first author surname and year of publication in brackets. Alternatively, The Vancouver System may be used, paying attention to accuracy when numbered intext citations are used.

As well as standard textbooks, ideally the latest research from medical literature should be discussed. This does not mean that you are expected to perform a systematic review for each condition but citing the recent papers of relevance to the case would be expected of the best candidates.

### 3. Published Papers (optional)

Under Application Option B, five of the ten detailed cases required under Option A may be replaced by submission of two papers which have been published in peer reviewed journals.

The papers must reflect the practice of the candidate or must involve clinical acupuncture research.

Suitable papers would include:

- case reports
- evidence based case reports

- case series
- audits
- clinical acupuncture studies (cohorts, CCTs, RCTs)

#### 4. Submission to CAEB

Please check that you are submitting:

Option A:

- a logbook of 100 cases treated
- 10 long cases assessed as Pass level
- a signed declaration of originality (download from website)

Option B:

- a logbook of 150 cases treated
- 5 detailed cases assessed as Pass level
- two published papers
- a signed declaration of originality (download from website)

#### Reminder

Please ensure that patients cannot be identified in your logbook or long cases.

#### Notes on the Clinical Assessment (see Appendix B)

The clinical assessment will involve discussion of cases set out in your logbook, of which you should bring a copy in some form.

You should be prepared to elaborate on:

- diagnosis
- suitability for treatment with acupuncture
- rationale for points selected
- safety issues
- treatment plan
- response to treatment
- alternative treatment approaches.

You should bring sufficient notes on the patients in your logbook to enable you to discuss them fully. We suggest that this comprises no more than a single short case sheet for each patient.

Please ensure that patient anonymity is maintained.

The clinical assessment for the Diploma is likely to be solely oral, however, candidates may be asked to demonstrate examination techniques or other skills relevant to medical acupuncture.

Assessors will determine whether the candidate demonstrates a sufficient range of skills and knowledge relevant to medical acupuncture to achieve the Diploma level.

(See Appendix B)

#### Notification of Results

Candidates whose performance in the clinical assessment is judged to be satisfactory will be awarded the Diploma of Medical Acupuncture.

# APPENDIX A

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## Assessment of Long Cases at the Dip Med Ac level

For a Diploma pass, 10 long cases (Option A) or 5 long cases (Option B) should pass the following assessment (questions 2 to 10). For each case to pass, all of the questions (2 to 10) must be assessed as a 'pass'. Question one may subsequently be assessed as a 'pass' or may be 'referred' for consideration by the assessors at a subsequent clinical assessment.

Assessors are required to provide feedback for cases that fail. Specific areas for improvement should be identified in each unsuccessful long case by answering the questions below.

1. Do the cases cover a sufficient breadth of conditions to judge the scope of the candidate's abilities?

*This judgement will depend, to a degree, on the candidate's field of clinical practice, but for example, a doctor working in primary care would be expected to treat, as a minimum, a range of painful musculoskeletal disorders. The range of conditions may be different for a practitioner working in a pain clinic, in anaesthetics, or in palliative medicine.*

2. Is there sufficient information from the history, examination findings and investigations presented to assess the candidate's approach?  
If not, what else would you like to know about the case?

*This should be judged on what a representative sample of the candidate's peers would be likely to ask for from the history, look for in the clinical examination, or investigate for with further tests.*

3. Is the diagnosis or differential diagnosis appropriate given the details presented?  
If not, what other diagnoses would you consider?

*This should be judged on what a representative sample of the candidate's peers would be likely to determine as a reasonable diagnosis or differential diagnosis from the information presented. Arrival at a definitive diagnosis is more unusual in primary care than secondary care, and the assessors should take account of this.*

4. Is it appropriate, in the circumstances, to consider acupuncture as a treatment in this case? Or, does the candidate justify a trial of acupuncture treatment? If not, why do you consider acupuncture to be inappropriate?

*The clinical decision to choose acupuncture as a therapeutic option must be justified.*

5. Is there sufficient information to determine the 'dose' of acupuncture used in the treatments? If not, what further information do you require?

*The 'dose' of acupuncture refers to the level of sensory input to the patient's CNS. It will depend to a degree on individual 'sensitivity', but in general the 'dose' is likely to increase in the following way:*

- a. Superficial needling < deep or intramuscular needling < periosteal needling
- b. Minimal stimulation < moderate stimulation < vigorous fanning, lift and thrust (i.e. in and out with changes of needle angulation)
- c. Manual needling < electroacupuncture (EA) < vigorous manual stimulation plus EA
- d. Few needle insertions < multiple needle insertions

6. Has the candidate used a sufficient 'dose', and an adequate 'course' of treatment, where possible, in unsuccessful cases? Or has the candidate acknowledged the possibility that an insufficient 'dose or 'course' of treatment was used?

*In unsuccessful cases, a course of treatment can only be considered adequate if a minimum of four sessions has been given. Ideally, three of these should have been at the 'optimal dose' for that individual – ie the maximum tolerable 'dose' without causing aversive pain or a significant reaction to the treatment. It should be stated if the patient did not wish to continue with treatment after a shorter course, the reasons discussed, and any learning issues highlighted.*

7. Were the safety considerations relevant to the application of acupuncture discussed?

*The candidate should describe the standard procedures for the use and disposal of needles and discuss avoidance of serious adverse events related to the practice of acupuncture. In particular, the candidate should describe avoidance of pneumothorax in needling over the rib cage, as this is the most common serious adverse event related to acupuncture.*

8. Does the discussion of the case cover the features relevant to medical acupuncture?

*This refers simply to an evaluation of myofascial trigger points in skeletal muscle and a discussion of segmental issues where appropriate. The candidate does not need to reel off the segmental innervation of all the structures relevant to the case, however, in some conditions, an elaboration of the segmental innervation of certain visceral structures and relevant acupuncture points may be appropriate.*

*The discussion should be thoughtful and relevant to the individual case and the treatment given.*

9. Are the candidate's assertions evidence-based, and does the candidate acknowledge the level of evidence supporting those assertions?

*This refers to the orthodox hierarchy of clinical evidence, from systematic reviews down to simple clinical observation:*

- a. Systematic review (systematic analysis of all the available evidence to date)*
- b. Randomised controlled trial (prospective controlled analysis of a clinical observation with random allocation of subjects to active or control interventions)*
- c. Controlled trial (prospective controlled analysis of a clinical observation)*
- d. Cohort study (prospective analysis of a clinical observation)*
- e. Case series (repeated clinical observation - retrospective)*
- f. Case report (single clinical observation)*

10. Is the case adequately referenced?

*All long cases should be referenced.*

- a. In cases of myofascial pain, Travell & Simons or Baldry can be cited. In other cases, there is usually a relevant chapter to be found in Medical Acupuncture, Filshie & White (eds).*
- b. Ideally, the latest research evidence from Medline or the Cochrane library should be discussed. This does not mean that the candidate is expected to perform a systematic review for each condition but citing the recent papers of relevance to the case would be expected of the best candidates.*

# APPENDIX B

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## Dip Med Ac Clinical Assessment

Candidate No: .....

Score 0-5

- |                          |   |       |
|--------------------------|---|-------|
| <input type="checkbox"/> | Familiarity with long cases                   | ..... |
| <input type="checkbox"/> | Range of conditions in logbook                | ..... |
| <input type="checkbox"/> | Appropriateness of criteria for acupuncture   | ..... |
| <input type="checkbox"/> | Knowledge of likely outcomes                  | ..... |
| <input type="checkbox"/> | Knowledge of evidence base for above          | ..... |
| <input type="checkbox"/> | Familiarity with logbook cases                | ..... |
| <input type="checkbox"/> | Rationale behind point selection              | ..... |
| <input type="checkbox"/> | Awareness of limitations of chosen approach   | ..... |
| <input type="checkbox"/> | Knowledge of other methods of point selection | ..... |
| <input type="checkbox"/> | Adverse events                                | ..... |
| <input type="checkbox"/> | Duty of care / communication                  | ..... |
| <input type="checkbox"/> | Familiarity with current issues               | ..... |
| <input type="checkbox"/> | Educational needs / PDP                       | ..... |
| <input type="checkbox"/> | Audit / research                              | ..... |

Total .....

# Dip Med Ac Clinical Assessment

*Notes for assessors and candidates*

The time allowed for a Clinical Assessment is 40 minutes.

The following topics should be included in the discussion, and marks awarded accordingly:

- 0 – failed to attain any of the expected items in this category
- 1 – attained few of the items in this category
- 2 – attained a below average level in this category
- 3 – attained an acceptable level in this category
- 4 – attained an above average level in this category
- 5 – attained an outstanding level in this category

## **Familiarity with long cases**

It should be remembered that these cases have already been assessed as adequate for a Diploma pass and do not require detailed discussion.

There may be some specific issues, however, suitable for further elaboration.

The candidate is expected to be familiar with these cases.

NB the marks here should be applied to the familiarity with the cases, not to the detail of the answers per se.

## **Range of conditions in logbook**

Consideration should be given to the range of conditions selected within the candidate's patient population.

The mark here may be tempered by explanation from the candidate.

## **Appropriateness of criteria for acupuncture**

The candidate should demonstrate that he/she is able to select appropriate patients and conditions for treatment with acupuncture.

The mark here may be tempered by explanation from the candidate. The assessor should consider carefully how the assessment of this element differs from the previous one.

## **Knowledge of likely outcomes**

For the conditions listed in the logbook, the candidate should show an awareness of likely outcomes and how their results compare to these.

## **Knowledge of evidence base for above**

He/she should be able to discuss the current evidence base for predicted outcomes.

## **Familiarity with logbook cases**

The assessors may feel that some of the cases listed in the logbook require more detailed information. Familiarity with these cases is expected.

The mark here may be tempered by explanation from the candidate.

## **Rationale behind point selection**

The candidate should be able to give a reasoned argument for his/her point selection.

## **Awareness of limitations of chosen approach**

He/she should be aware of the limitations of their initial approach to point selection in any given condition and, ideally, have an explanation for this.

## **Knowledge of other methods**

Whatever the candidate's preferred approach to acupuncture and point selection, they should have an appreciation of other possibilities. A Diploma candidate should be familiar with myofascial trigger points and their management and have a basic understanding of the segmental principles of acupuncture, even if they primarily use traditional concepts in point selection.

## **Adverse events**

Discussion of this topic should test the candidate's knowledge of the incidence, prevention and management of common and rare adverse events, both major and minor.

## **Duty of care / communication**

The candidate should demonstrate an awareness of his/her duty of care to a patient receiving acupuncture treatment, and a responsible attitude to communication with other practitioners.

## **Familiarity with current issues**

A Diploma candidate should be abreast of current thinking on issues such as consent, the regulation of acupuncture and its role in medicine both present and future.

## **Educational needs / PDP**

A self-reflective attitude is desirable, such that the candidate is aware of his/her own educational needs and has a planned programme for further learning and personal development.

## **Audit / research**

Credit should be given for any audit or research that the candidate has performed, and areas for potential future research discussed.

# APPENDIX C

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## Online assessment process – a practical guide

You must be a BMAS member.

You must be registered on the website to have access to the Members Area.

*If you are not, click Register in the Members Area and follow the instructions. The staff at Northwich will help if you have any problems (tel: 01606 786782)*

## CMA

Initially you must contact the Northwich office to confirm you wish to gain access to the on-line accreditation process. Proof of attendance at a Foundation Course is required along with copies of the three Points Check Lists completed during the Foundation Course. Once these have been checked, your access privileges to the website will be amended.

When you login to the Members Area you will find **“Online Accreditation”**.

*Either on the drop-down box when the mouse hovers over ‘Members’ or on the list within the ‘Members area’ in red text.*

You must complete the Safety Assessment online. This is automatically marked and will inform you when you have achieved a Pass mark.

The logbook requires data entry for 30 cases. There are two ways to enter the data.

Firstly, you can import the entries from a .csv file (comma separated value file) on your computer via the **Import Entries** link. On this link an example logbook file is available to download. Full instructions on the import process can be accessed as a pop-up. The data entered in the spread sheet must be valid. If you are not sure about the required data eg what is meant by **‘Category’**, go back to the **Add New Entry** link on the previous page. Clicking this link will show you the required information. Categories are given as a dropdown menu. The import entries function will only work if every entry in the .csv file is identical to a possible option selected by manual entry eg in the category section ‘Low Back Pain’ is accepted but ‘LBP’, ‘lbp’ or ‘low back’ would not be accepted.

An alternative method to enter your logbook data is to enter each case individually via the **Add New Entry** link. Don’t forget to click **Save** after each case entry.

You should also ensure that you click the Additional Details tab and enter the required information.

The **Statistics** tab automatically gives you information about your logbook data. A key to the response categories is accessed via this tab.

You need to submit 2 long cases via the appropriate section of the assessment page.

When you click **Add New Case** you will be taken to a template where you can enter the information for the case. We advise that you **Copy & Paste** this from a Word document to protect against loss of data during upload. Make sure you check the formatting, eg superscripts, as this may change.

You should now have passed the Safety Assessment, completed 30 cases in your logbook and submitted 2 long cases.

You will be invited to **submit your CMA application**. Once you are happy with everything you have entered, click to submit. At this point payment will be taken online in the usual way and you will be asked to provide the following documents to Northwich:

- **Signed Points Checklist from your Foundation Course**

- **Declaration of Originality – blank form available for download on website, under “Useful Documents”**

These may be submitted as photocopies (please retain the original documents) or digitally as scanned documents.

Your submission will be viewed by an assessor and feedback given on your long cases in due course. You will be able to view this feedback via the individual case on your assessment page.

If all is in order with your submission you will be invited to make arrangements for your **Clinical Assessment** to complete the **CMA** process.

## **Diploma**

If you were awarded your **CMA** via the online assessment process, you will already have access to the assessment link in the Members Area of the website and be familiar with the logbook and long case data entry.

If you have not previously accessed the **Online Accreditation** link you need to contact the Northwich Office where they will check your membership and that you have been awarded the **CMA**. Your access privileges will then be amended to give you access to the **Online Accreditation** link.

Details of how to complete your logbook and long cases can be found under **CMA** above.

You must send your Training Record to the Northwich Office once you have accrued the necessary 100 hours, as either photocopies (please retain original documents) or digitally as scanned documents. More information regarding the Training Record is available on the website.

You can continue to add logbook entries to the required 100 cases in the meantime.

The **Diploma** process requires that you submit 10 long cases that are successfully assessed at Pass level (5 cases for Option B).

Submission of the long cases and logbook is by a “**credit**” system. Before you can submit your first long case or logbook you will be required to pay a fee that buys you 15 credits. Each submission uses one of your credits. The long cases will be marked by 2 assessors and you will be given feedback. If it is marked as a **Fail**, you may make changes as you wish and resubmit. Resubmission uses another of your 15 credits, and so on.

If you use all of your credits before you accrue the required passes, more credits may be purchased in blocks of 5.

Don't forget that you can use the 2 cases from your **CMA** as the basis of your first 2 **Diploma** long case submissions.

Once your logbook and Training Record have been successfully assessed and you have accrued the necessary long case Passes, you will be invited to make arrangements for your **Clinical Assessment** to complete the **Diploma** process.





