CRANIOSACRAL THERAPY ASSOCIATION

Standards of Practice

The truth is much too large to dwell
within the rules of Man
Such things are sung in silence,
and whispered in the wind

From 'The Weaver's Dance' by Sue Rule, www.shehaios.co.uk

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Charity No. 1156168

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July 2023

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Introduction

It is the roe of the Craniosacral Therapy Association to maintain professional standards of practice and training.

The aim of this document is to set out some of the guiding principles of craniosacral therapy.

These Standards of Practice define the basic competencies necessary for the clinical practice of craniosacral therapy and the values held in common by its practitioners.

It is published for the guidance of registered practitioners, teachers and students, and for others outside the profession who have an interest.

These Standards of Practice should be read in conjunction with both the CSTA's Code of Ethics and Conduct document, and the Safeguarding document. These Standards of Practice and the Code of Ethics and Conduct have different purposes, although there is some overlap of subject matter between them. The Code of Ethics and Conduct sets the ethical standards required of all registered CSTA therapists.

Within this document the terms "therapist" and "practitioner" are interchangeable.

Craniosacral therapists respect the sanctity of life and support health and well-being. We believe these values should lie at the heart of the way we live our lives and of our professional work.

Craniosacral Treatment

Treatment is usually carried out with the client fully clothed and can last for varying lengths of time, generally from thirty minutes to an hour. The gentle approaches used assist the body's own potential to heal and release restrictions and stresses stored there. The number of treatments needed will vary. Some symptoms may resolve immediately while other, deeper patterns may take longer to release. Feelings and memories may arise, which can be unexpected. Clients may become aware of sensations such as heat, tingling or pulsation as changes occur. They may be encouraged to communicate their experiences. The therapist's hands follow the patterns of movement in the body and the client may experience a feeling of release. This can result in a sense of relaxation and well-being. These effects can continue for some time after a session.

Craniosacral therapy is safe and can be used for everyone from the newborn to the elderly. It can also be used throughout pregnancy. It works at a deep level, influencing all aspects of the person, and long-term benefits may be experienced. Using craniosacral therapy's holistic approach, the practitioner can help with a wide range of conditions.

Part 1: Craniosacral Therapy - Defining Principles

Distinct body of knowledge and understanding
Craniosacral therapy is a unique approach to health and healing. It is a practice which works with the whole person in a subtle and powerful manner. Using gentle contact and perceptual awareness, the practitioner facilitates tissue and energy release and promotes health and well-being.

Origins of the work
Craniosacral therapy has been developed from discoveries about the body's subtle physiology made by osteopaths about 100 years ago. The therapist will have an understanding of the traditions of craniosacral therapy.

Practitioner knowledge
Knowledge of relevant anatomy, physiology, pathology and psychology is essential to the practice of craniosacral therapy. (Please see Part 7 for a list of knowledge and competencies.)

Holistic awareness of mind and body
Craniosacral therapy works with underlying causes as well as specific symptoms. It is holistic in approach, recognising that all aspects of a person's life are closely connected and are important in their health and treatment. The therapist appreciates that various aspects may be simultaneously worked with. This can mean with a specific area of the body, or with a sense of the whole client. It can extend to aspects of their relationships with family and friends and with their wider environment.

Supporting vitality
The practitioner recognises that there is an inherent capacity to self-heal in all living organisms, and supports this.

Non-manipulative
Craniosacral therapy is non-manipulative, distinguishing it from approaches which routinely use manipulation.

Language
Therapists will know that there is a common descriptive terminology used by craniosacral therapists. However, different training institutions may have distinctive terminology. The essence of the work consists in its practice not in the language used to describe it.

Motion
Craniosacral therapy works with various movements and rhythms within the body. These relate to, but are not limited to, cerebrospinal fluid, the breath, motion of the joints and subtle tissue movements.

Stillness
The term ‘stillness ’is used in its usual meaning of a stilling of everyday worries, tensions and activity. It is also used by craniosacral therapists to describe a deeper state, where motion appears to cease and the natural processes of beneficial change may occur.

Breath of Life
There are many ways of referring to the life force in each of us. Craniosacral therapists frequently use the term ‘breath of life’ in this context.

Resolution of trauma
Craniosacral therapists are able to identify and work with the effects of shock and emotional and physical trauma. They identify areas of imbalance and facilitate the integration of therapeutic changes.

Part 2: Professional Principles and Values

A Ethical Considerations

Code of ethics

Practitioners need to be familiar with the main provisions of the Association's Code of Ethics and Conduct and consult it when necessary, discussing any issue with a supervisor or other trusted colleague as appropriate.

Supervision

Supervision, although not mandatory beyond an initial period for new members, is considered good practice as it fulfils a number of functions that help protect the client's best interests and supports the therapist's work, growth and professionalism. It also protects the good reputation of the profession for safe practice.

Supervision provides the following functions:

- It helps protect clients through case reviews and having feedback from another 'pair of eyes'
- It helps therapists identify their strengths and weaknesses, so they may grow and develop both personally and professionally
- It offers a reflective space to therapists in which they can develop insights for improvement in their practice
- It helps therapists stay alert to ethical and professional issues including potential breaches of boundaries
- It helps therapists assess the impact of the work on their lives and well-being

- It supports therapists to meet and learn from peers and reduces the isolation practitioners may feel
- It increases awareness of the unconscious patterns between client and practitioner of transference and counter-transference including emotional and body-based aspects, reducing the likelihood of becoming stuck in these and enabling the practitioner to make therapeutic use of transference where it arises
- It gives space to examine and transform difficult or complex client relationships, to the client's benefit
- For newer practitioners especially, it can act as a reminder of clinical skills they may make use of in their work
- If regular, it gives a layer of holding to the whole practice within which the practitioner can develop with safety
- If regular, it gives a deepening experience of relationship that supports all the practitioner's work.

B Therapeutic Principles

Confidentiality

Confidentiality underpins the work. Craniosacral therapists are committed to maintaining client confidentiality. Communication with other health professionals will only take place with the client's full consent. It is the practitioner's responsibility to be aware of and comply with legal requirements relating to confidentiality.

Consent
The therapist will develop skills in perceiving whether the client feels comfortable with what they are proposing to do, and with the way they work~~s~~ throughout the session. This is especially important when the client is young or vulnerable. The therapist's intention is always to inform and empower the client.

Inclusiveness
Therapists work with those of all backgrounds, faiths, cultures, race, gender, sexual orientation, ages and states of health.

Effective communication
The therapist will develop skills in all forms of communication at all levels. These include:

- talking to any potential client who is seeking information
- listening to and understanding client histories
- explaining and getting consent for the work
- hearing what is said by the client and relating this to what may be learnt during the treatment
- Communicating with other professionals clearly and with respect

Empowerment
The therapist seeks to empower the client in a number of ways, including giving them the freedom to talk, move and express their feelings. The client can bring the session to a close at any time.

Referrals and 'red flag 'symptoms
The therapist will know when to refer a client to another healthcare professional. In particular they will advise any client presenting with 'red flag' symptoms such as those in the

following list to seek medical attention and indicate to the client if they believe this is urgent.

Symptoms needing immediate referral / contacting of emergency services include:

- Symptoms coming on suddenly which could indicate stroke:
    - Numbness or weakness of face, arm or leg - especially on one side of the body
    - Confusion, difficulty with either speaking or understanding
    - Trouble seeing in one or both eyes
    - Trouble walking, dizziness, loss of balance or coordination
    - Severe headache with no known cause.
- Shortness of breath and / or pain in left shoulder and arm after exercise or stress, particularly if accompanied by clamminess and thoracic pain which is crushing.

Symptoms needing referral to primary health-care practitioner for investigation as soon as possible:

- Unexplained sudden acute internal pain, with or without nausea, which worsens or does not ease with a change in position or loosening tight clothing. Pain associated with breathing, regular abdominal pain occurring either before or after eating
- Blood in sputum, vomit, urine or stool; vaginal bleeding between cycles, or post-menopause
- Changes in bladder and bowel habit or control; black 'coffee ground' stools

- Persistent vomiting or diarrhoea
- Unexplained significant weight loss or gain
- Un-investigated continuing altered sensation / numbness / loss of sensation in any area of the body, especially bilateral pain or loss of sensation in the legs
- Night sweats beyond the menopause
- Undiagnosed continuing or worsening high fever
- Persistent worsening cough (especially in smokers)
- Increased thirst and increase in urination.

C Professional Values

Therapeutic environment
The therapist will maintain a healthy and safe therapeutic environment.

The therapist will take precautions to minimise the risk of infection, ensuring standards of hygiene are met. This will include washing hands as a routine measure. Surgical gloves or finger cots will be used when appropriate. The therapist should not work if likely to pass on infections such as coughs and colds.

Professional conduct
Practitioners need to be aware that they themselves and the profession may be judged by their conduct, both in their practices and in their private lives.

Client records
The therapist will make an accurate written record of the client's history and of all sessions, and will develop the skill of

recognising what is significant. The therapist will keep complete records and store them for the required length of time.

Legal requirements
Practitioners will abide by all relevant legal requirements of the country where they practise, and comply with any changes in legislation.

D Practitioner Development

Continuing professional development (CPD)
The therapist will undertake post-graduate training to further their development and will link training with professional needs.

Deepening professional understanding
The therapist's CPD will be complemented by self-reflection, supervision, reading and discussion with colleagues. The development of understanding and skill is an ongoing and exciting journey.

Self-reflection
The therapist will continually reflect on all aspects of their practice, including skills, knowledge and competence. The therapist will be aware of their strengths and limitations, knowing that the ability to recognise limitations is a strength.

Duty of self-care
The therapist looks after themselves as well as their clients. This includes sensible care for health and well-being, and taking time to rest and reflect.

Part 3: Approaches to Treatment

General conduct
The craniosacral therapist will treat clients with respect, including through demeanour, manner of speaking and the unhurried conduct of a session. The therapist will also be able to communicate an understanding of health and disease, and make use of this in their work.

Client contract
The therapist will develop skills in deciding whether to accept a client for treatment, and have the understanding to know when a series of treatments should be ended or the client referred elsewhere. The practitioner should ascertain if the client is under the care of other health professionals.

The practice environment
The practitioner creates the best possible environment for healing to take place. It is important for both client and practitioner to be comfortable and free from interruption except in an emergency. The therapist ensures that there is a caring, unhurried atmosphere.

Preparing to work
The practitioner seeks to set aside everyday concerns and establish a receptive state of mind. This preparation for the work forms an important part of each session.

Boundaries
The therapist will develop the skill of perceiving when boundary issues are likely to arise, for instance when they have some other role or relationship with a client. The therapist will avoid situations and dual relationships which may interfere with therapeutic sessions. Refining awareness about boundaries is a continuing process.

Therapeutic awareness
Throughout a session the practitioner will seek to pay attention to what the client says, what may be left unsaid, and to what is sensed, for example through palpation and observation. Paying attention in this way is a profound form of noticing. The practitioner should resist a narrowing of attentive focus to the point of imposing their own agenda on the treatment. The therapist should take steps to deal appropriately with any ways of working or thinking about the client which stops the process being client-led. A quality of attention is used that comes from the therapist being able to listen from a clear and neutral space within.

Listening
The craniosacral practitioner listens to the client, both when the client speaks about their feelings, sensations, history, life experiences, and through palpation where these patterns of experience are revealed by the body. The therapist will listen attentively and without preconceptions.

Craniosacral touch
The therapist will have a full understanding and respect for the power of human touch, as it is used in a therapeutic context. This form of touch is central to craniosacral therapy. Contact may be made where there is some pain, discomfort or known problem, but equally may be anywhere else that is appropriate. The therapist will have a finely-tuned palpatory awareness, accompanied by the ability to use this awareness diagnostically and therapeutically.

Intuition
The practitioner will often work intuitively, as that is an essential element in the practice of craniosacral therapy.

Non-invasive
Craniosacral therapy does not seek to impose anything on the client. It is gentle and non-invasive.

Flexibility
Craniosacral therapists do not necessarily follow pre-ordained protocols, but respond with flexibility to meet clients' needs.

Changing focus between specific and general
A distinctive feature of the work is that sometimes a practitioner's awareness is focused on one or other aspect of the client's being, sometimes on the client as a whole, sometimes on both within the same session. The therapist will develop the skills of changing focus without losing the sense of relating to the whole person. The focus is not necessarily at the site of a presenting symptom, as there may be an underlying cause elsewhere that needs prior attention.

Birth patterns
The practitioner may recognise the effects that the client's birth has had on the client and respond appropriately. The therapist will be able to create a safe environment if the client wishes to explore their birth process. (Please see also Part 5 on working with babies and children.)

Ensuring treatment is appropriate
Practitioners should be aware that craniosacral therapy may not always be appropriate for all clients with certain pre-existing conditions. While willing to work with clients with a wide range of conditions, the therapist will always consider whether their experience, knowledge and skills are appropriate to treat a particular client.

Managing time
Craniosacral treatments can be of varying length. The practitioner will manage the structure and pace of the session and will also bring it to an end within the agreed time.

Ending a session
The therapist will be skilled in bringing a session to an end, so that the cient can leave safely. The therapist will explain how the client may feel following the session and make arrangements to be available as appropriate.

Practice management
Premises will be clean, private, easy to access and safe. The therapist will be suitably dressed and businesslike in organising their practice: returning calls promptly and making clear arrangements with clients, employers and the proprietors of any rooms they use. The therapist will carry out administrative tasks efficiently and on time. Fees and cancellation charges will be made clear to new clients at the outset. Any changes to fees in the course of a series of sessions will be explained and appropriate notice given. The therapist will keep clear financial records.

Registration obligations
The therapist will fulfil their obligations to the CSTA, renewing registration promptly so that their membership is continuous and plan and carry out CPD to develop knowledge and skills. The therapist will have professional indemnity and malpractice insurance with minimum cover at the level currently required by the Association, and have a current first aid qualification in accordance with Association policy.

Part 4: Outcomes

Monitoring change

Craniosacral practitioners should be able to explain possible outcomes of the planned treatment to the client, and that these outcomes reflect the client's potential for health. The therapist must be able to monitor and evaluate changes and the extent to which the treatment has met the needs of the client. Therapists need to be aware that other factors such as lifestyle and stress may influence the effectiveness of the treatment. The therapist looks for improvements in the client's health, effective functioning and general well-being.

Towards well-being

There is an inherent capacity to self-heal in all living organisms. Craniosacral therapists respect this and seek to encourage the process. Specific symptoms with which clients present with will often resolve. This may be accompanied by an increase in well-being. However if sometimes symptoms do not improve, or only partially resolve, positive changes can still occur so that particular conditions become significantly easier to live with.

Healing crises

Very occasionally, symptoms can temporarily worsen during or after a treatment before an improvement takes place. This is often known as a healing crisis. The therapist will reassure the client and be prepared to offer support if necessary. Significantly worsened symptoms lasting longer than a few days are extremely rare. If this should occur the symptoms should be discussed by the therapist and client, and the client possibly referred to another health professional.

Growth of awareness

Craniosacral therapy can help clients to develop awareness of themselves and any attitudes or activities which affect their health.

Part 5: Babies and Children

Note: In this section the word ‘children’ includes anyone up to the age of 16.

Knowledge and skills
Working with children requires specialised knowledge and skills and these may vary according to the age of the child.

Choices
The practitioner should assess their capacity to work with each child, taking into account their training, knowledge and life experience. Practitioners may decide not to work with children, or to limit themselves to a particular age group.

Consent
Consent by a parent or guardian is obligatory, as is consent from most children over a recognised legal age of capability (see detailed guidance in both the CSTA Code of Ethics and Conduct, and the Safeguarding document).

The practitioner will be alert throughout a session to whether the child wishes to receive treatment or not. In response, the therapist may change the position of their hands, take a break or stop the session.

Keeping safe
A parent or other carer should always be present when a child is treated. This enables the caregiver to observe what happens and to be part of the process as appropriate. In addition some insurance policies may be invalidated if there is no guardian present. The treatment room and any waiting area must be safe for children of any age.

Child protection
It is the practitioner's duty to have a working knowledge of current child protection policies and to inform the relevant

authorities if they believe, or have reason to suspect, that the child is at risk or has suffered harm or abuse at the hands of another person. This duty takes precedence over the usual rules of confidentiality. The practitioner should consult a suitable source for advice if they think the child may have been harmed or abused. For more details see the CSTA's Safeguarding document.

Case history

Taking a child's history may differ from what happens when treating an adult. A basic history may be taken from the parents or carers beforehand on the phone, or the parents may be sent a form to complete. Sometimes a detailed history can wait until a later session.

The therapist is sensitive to the possibility that a parent may be reluctant to talk in a session about certain things in the presence of the child. A parent may need time before they can mention difficult issues.

A full history may include the pregnancy and birth, with details of any interventions, and also the child's development.

Flexibility

The practitioner should be flexible in their approach to working with children and will be able to work on or off the table, with the child in various positions, including being held by a parent or carer.

Children's response

The practitioner will be aware that children often respond quickly to treatment. Young children are especially sensitive to their surroundings and particularly to the quality of the practitioner's touch.

Communication
Treatment will sometimes require the practitioner to work with children who cannot talk. Non-verbal communication requires particular interactive skills on the part of the practitioner.

Crying
The practitioner will be able to distinguish between different kinds of crying, using this as a guide during the session.

Child development
The practitioner will have a good understanding of a child's developmental milestones and will appreciate that if the milestones are not met then the child may need more time to develop. The therapist will also understand how the pregnancy and birth have affected the child. The practitioner works with an awareness of the child's developing anatomy and physiology.

If the child is developing slowly in any area, the therapist will respect and encourage the child and know there is no 'wrong' rate of development within the context of a session but will continue to monitor the child's progress and recognise when to make an appropriate referral.

Common illnesses
The practitioner will have an understanding of common childhood illnesses and developmental disorders. If there is cause for concern the therapist will refer the child to a medical practitioner and will not attempt medical diagnosis unless qualified to do so.

The family
A key skill is the practitioner's capacity to work with the child within the context of the larger family group. The practitioner must also be able to communicate clearly the intention of the session work to parents and caregivers.

Mothers and small children are deeply connected. The practitioner will understand that in working with a child they are in a sense working with the wider family.

There will be occasions when treating a parent could help the child and the practitioner will be able sensitively to suggest this.

The practitioner will take into consideration the ability of the parents to experience their child's strong emotions.

The therapist will be aware that what they do in a session may be used, consciously or not, by the parents as a model in relating to the child, particularly if parenting is new to them.

Health information

The practitioner is able to provide health information in certain cases. This should be within the limits of their training and knowledge.

Working with other professionals

The practitioner is encouraged to work alongside primary healthcare providers and other professionals.

Supervision and training

When appropriate, the practitioner will seek supervision from someone who has experience of working with children and young people.

Therapists working with children commit to continuing professional education and development.

Part 6: Care for the Dying

Introduction
Members may be asked, or volunteer to work with, someone who is terminally ill or dying, either in a hospice or elsewhere. Such work presents its own special challenges and there are particular standards to maintain.

Readiness
The therapist will consider their own readiness to care for the dying. The therapist will need to consider their own beliefs in relation to those of their clients.

Consent
Appropriate consent should be sought in all circumstances. When the client is unable to give spoken consent, it may be necessary to obtain written consent from the client or other authorised person.

Intentions
The therapist will support the client through the process of dying. This support may need to extend to family and friends.

The therapist will not suggest any outcome to the client which is in any way unrealistic or doubtful, especially any suggestions of ‘healing’ or ‘cure’.

If asked, the therapist will be willing to assist the client in their final days.

Boundaries
Relatives may sometimes request to be in the room when the therapist is working. The practitioner must consider whether this is the best thing for the client, who may want, for instance, to talk freely about something in the absence of relatives.

Effects of medical treatment

Terminally ill people are likely to be undergoing medical treatment, and the practitioner will be able to discern whether craniosacral therapy is appropriate and what form it should take. The practitioner will be able to work with clients who are on medication or sedated.

Supervision

The practitioner is likely to have issues to take to supervision and must have this available. The therapist should take advantage of any support available in the hospice or other place of work.

Part 7: The CSTA Core Curriculum for the Professional Training of Craniosacral Therapists

Knowledge and competencies: core curriculum for training at accredited colleges

The Craniosacral Therapy Association of the UK has been set up to promote standards in craniosacral therapy. The minimum standards for professional training for accredited training colleges are:

Entrance qualifications

- Students on practitioner trainings are expected to have a minimum of 80 classroom hours training in anatomy, physiology and pathology, or equivalent, covering the whole body.
- In some instances, colleges may be in a position to admit students where this condition has not been met. In these cases, it is the responsibility of the college to provide or recommend extra training in anatomy, physiology and pathology to bring them in line with the minimum standards.

Theoretical foundations

- Competencies in anatomy, physiology and pathology specifically applicable to craniosacral therapy
- Competencies in the theoretical foundations of craniosacral therapy. Theoretical competencies, historical perspective and clinical implications.

General therapeutic skills

- Competencies in general abilities and skills
- Clinical skills in relating to the different unfoldments of the primary respiratory system
- Competencies in perceiving health
- General therapeutic competencies and skills
- Specific competencies and skills in relation to inertial fulcrums of resistance
- Competencies in integrative skills
- Competencies in responding to presentation of shock and trauma
- Competencies in process and communication skills
- Competencies in facilitating therapeutic stillness
- Competencies in palpating inherent potency.

Specific structural and functional relationships

- The fluctuation of cerebrospinal fluid
- The central nervous system
- Reciprocal tension membranes
- The mobility of cranial sutures and cranial bony relationships including facial structures
- The involuntary motion of the sacrum between the ilia
- Whole body dynamics
- Introduction to the viscera.

Birth patterns in the infant and adult

- Introduction to competencies in relation to infants and the birth process
- Introduction to competencies in relation to adults and the birth process.

Practice management skills

- Membership of a professional organisation and observance of its code of ethics
- Competencies in relation to the clinical environment
- Competencies in creating a professional relationship
- Competencies in relation to case histories
- Competencies in relation to record keeping
- Competencies in relation to communication with other health professionals
- Competencies in relation to financial records
- Competencies in relation to time management
- Competence in managing one's own professional life
- Competencies in legal aspects of practice
- Competencies in practice building
- First aid requirement for practitioners.

Training requirements

- A minimum of 300 hours of contact time with registered tutors and assistants
- Ongoing written home study and practice
- A staff/student ratio of 1:5
- Final examination consisting of a written and a practical part or other final assessment in accordance with each college's policy.