

CORE CURRICULUM

FOR REFLEXOLOGY

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Introduction

1.	The content of this core curriculum provides a minimum standard for safe and competent practice. It incorporates the National Occupational Standards (NOS) for Reflexology – CNH1, CNH2 and CNH11. Copies of CNH1 and CNH2 are attached as Appendix B to this document, with the wording of the overviews only included in section 2A and 2B below. The full details of CNH11 are set out in section 2C below.
2.	Achievement of the educational and professional outcomes in this Core Curriculum act as the measure for eligibility to apply for registration with the Complementary and Natural Healthcare Council (CNHC). The agreed version of this Core Curriculum will replace the version published in 2006.
3.	Although the outcomes have to be achieved, our intention is not to be too prescriptive about their interpretation, as long as it lies within the boundaries set out in paragraph 1. Although a minimum standard only we hope the Curriculum will form a template which is sufficient in itself but which leaves room for expansion by individual organisations if so desired.
4.	It will be the responsibility of those Professional Associations who verify applications for CNHC registration to:
	<p>a) ensure that the Core Curriculum is circulated to all training providers with whom they have a working relationship, so that it can be used as the basis for the design and delivery of their courses</p> <p>b) accept that accountability for accrediting courses and verifying applications for CNHC registration lies with the Professional Association.</p>

1 OVERALL AIMS OF THE COURSE

To ensure that those who complete the course are safe and competent to practise Reflexology as autonomous healthcare practitioners

2 LEARNING OUTCOMES AND COMPETENCIES TO BE ACHIEVED

2A CNH1 Explore and establish the client's needs for complementary and natural healthcare

Overview

All forms of complementary and natural healthcare rely on exploring and establishing the client's needs and expectations. This may take place at the outset, but also during the on-going delivery of complementary and natural healthcare.

This allows the practitioner to consider whether it is appropriate to offer the service to the client, the type of service that should be offered and any required modifications to that service.

Users of this standard will need to ensure that practice reflects up to date information and policies.

2B CNH2 Develop and agree plans for complementary and natural healthcare with clients

Overview

It is important that the planning of complementary and natural healthcare takes place through discussion and agreement with the client and relevant others (e.g. carers).

This standard is about developing and agreeing plans that meet the client's needs. Such plans may be subject to change as the service proceeds.

Users of this standard will need to ensure that practice reflects up to date information and policies.

2C CNH11 Provide Reflexology to clients

Overview

This standard is about providing reflexology to clients. Reflexology is the study and practice of treating reflex points and areas in the feet and hands that relate to corresponding parts of the body. Using precise hand and finger techniques a reflexologist can improve circulation, induce relaxation and enable homeostasis. These three outcomes can activate the body's own healing systems to heal and prevent ill health.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Knowledge and understanding

Students will need to know and understand:

1	the history and development of reflexology and its relationship to other complementary therapies and to allopathic medicine
2	the principles and philosophy of reflexology
3	the difference between reflexology relaxation methods and reflexology treatment techniques
4	the different assessment methods which may be applicable for assessing the client's needs and evidence of their efficacy
5	how to gain sufficient information on the client's needs within an acceptable timeframe
6	how to interpret the information provided by clients and apply this to the assessment
7	methods of encouraging the involvement of the client in the assessment
8	methods of evaluating your own competence and levels of responsibility in the use of different assessment methods
9	the importance of not diagnosing medical conditions and the correct actions to take
10	methods of agreeing aims and staged goals with the client and the purpose of doing this
11	methods of supporting clients to make informed choices
12	how to agree location and timing of reflexology sessions with clients and how far ahead it is possible to plan
13	the roles which clients and others may take, or may need to take, if the reflexology programme is to be successful
14	methods of encouraging the client to be as actively involved as possible and the relationship of this to the promotion of their health and wellbeing
15	the range, purpose and application of different treatment and relaxation techniques in reflexology
16	the situations in which:
	a) reflexology is appropriate
	b) reflexology must be approached with caution
	c) reflexology is contra-indicated
	d) referral is appropriate, including where the practitioner does not have the requisite experience or expertise
17	how to recognise those occasions when reflexology may or may not complement other treatments which the client is receiving
18	how to correctly locate all reflex points/areas
19	how to use the supporting hand appropriately

20	the need to assist the client to a semi reclining position supporting the lower back, knees and ankles
21	the correct working position with clients feet at a level with the practitioners chest
22	the use of palpation, observation and smell to evaluate the following:
	a) skin and nail colour and texture
	b) foot and hand deformity and injury
	c) foot and hand infectious condition
	d) skin temperature
	e) skin condition, hydration and elasticity
	f) any muscle tension
	g) responses in all reflex areas
	H) skin odour
	i) foot and hand biomechanics with regard to range of movement and flexibility
23	how to judge whether self-treatment is appropriate for the client and instruct clients in self-treatment and assess any associated risks
24	how the client's health and well-being may alter during the programme of treatment
25	how to monitor the effect of the treatment on the client, evaluate its efficacy and decide when it should be adjusted or discontinued
26	the information necessary for the review to be carried out
27	how to review the various outcomes of the programme
28	the methods of recording the outcomes and content of the process effectively, and the information which it is necessary to include
29	the support services and related statutory bodies and voluntary regulating bodies that are appropriate to reflexology
30	the structure, function and interaction of the following:
	a) skeletal system
	b) muscular system
	c) nervous and sensory systems
	d) endocrine system
	e) respiratory system
	f) digestive system
	g) urinary system
	h) reproductive system
	i) circulatory system
	j) lymphatic and immune system
	k) integumentary system
31	the relevance of anatomy, physiology and pathology to treatment planning
32	the nature of illness and the impact which illness may have on a client's health and well-being
33	how to access information on commonly encountered diseases
34	how to access information on common drugs and their side effects
35	the relevant anatomy, physiology and pathology of the human body in order to:
	a) determine the meaning and importance of the information received
	b) decide which visual examinations are relevant
	c) recognise signs and symptoms which may pose a serious risk to clients and for which they should seek immediate medical help
36	how previous and on-going health care for clients may affect their health and well-being
37	how signs and symptoms may be suppressed or altered by other factors (e.g medication, exercise, diet)

38	the likely causes of client specific conditions and whether these can be altered by changes which the client is able to make in the context of their life
39	relationships between the reflex areas in feet and hands and the anatomical structures, physiological systems and emotional functioning of the human body in order to:
	a) know the stimulating and sedating effects of treatment
	b) recognise when reflexes should be treated cautiously or may require additional attention
	c) recognise that medications, investigations and treatments and recreational drugs can affect sensation in the reflexes
40	the nature and extent of trauma, deformity and infection relevant to reflexology
Performance criteria	
Students must be able to do the following:	
1	work with the client to assess their needs and plan the reflexology programme
2	check that the environment meets the client's needs
3	ensure that any equipment and materials are ready for use and meet professional codes of practice, legal and organisational requirements
4	prepare yourself appropriately to provide reflexology
5	position the client for effective reflexology and to give as much comfort as possible
6	carry out the reflexology treatment safely and correctly
7	make appropriate adjustments to the process to meet any changing needs
8	deal effectively with the client's response to the reflexology
9	check the client's well-being throughout and give reassurance where needed
10	provide clear and accurate advice with regard to any relevant aftercare and self-care
11	review the outcomes and effectiveness of the reflexology programme to inform future plans and actions
12	complete and maintain records in accordance with professional and legal requirements
3 OVERALL RATIO OF THEORY AND PRACTICE	
3.1	73% theory:27% practice. This ratio could change if the amount of practical is increased. The amount of practical may not be reduced. Minimum 170 hours of practical, including the provision of the 100 treatments of one hour each. 460 hours of theory, including the writing up of 40 of the treatments as in-depth case studies, plus documenting evidence of the 60 further treatments.
4 ASSESSOR AND INTERNAL QUALITY ASSURANCE (IQA) REQUIREMENTS FOR THE REGULATED QUALIFICATIONS FRAMEWORK (RQF) COMPETENCE QUALIFICATIONS	
4.1	Assessor/tutor and IQA should possess: a recognised level 3 (or above) Reflexology qualification; a teaching qualification at the level they are teaching (or above); a minimum 5 years industry experience and be able to demonstrate industry specific continued professional development over that time period. Assessors should have one of the following: D32 Assess candidate performance & D33 Assess candidate using differing sources of evidence; A1 Assess candidate performance using a range of methods; Level 3 Award in Assessing Competence in the Work Environment; Level 3 Award in Assessing Vocationally Related Achievement;

	<p>Level 3 Certificate in Assessing Vocational Achievement. Internal Quality Assurer should have one of the following: D34 Internally verify the assessment process; V1 Conduct internal quality assurance of the assessment process; Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice; Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice. For non-regulated qualifications the assessor should meet the above assessor requirements.</p>
<p>5 THE MINIMUM (OR EQUIVALENT) LEVEL AT WHICH QUALIFICATIONS LEADING TO CNHC REGISTRATION MUST BE ACHIEVED AGAINST THE REGULATED QUALIFICATIONS FRAMEWORKS ACROSS THE UK</p>	
5.1	<p>The minimum level of qualification required is equivalent to 3 (England and Wales); 5 (Northern Ireland); 6 (Scotland) on the UK Qualification Comparison Chart.</p>
<p>6 HOURS OF STUDY AND MINIMUM DURATION OF TRAINING PERIOD</p>	
6.1	<p><u>Total Qualification Time.</u> A minimum of 630 hours of study is required. This is the number of notional hours that represents an estimate of the total amount of time that could reasonably be expected to be required in order for a Learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification. This total includes the number of hours of Guided Learning as set out below.</p>
6.2	<p><u>Guided Learning hours.</u> A total of 296 hours. This is the activity of a Learner in being taught or instructed by – or otherwise participating in education or training under the <u>Immediate Guidance or Supervision</u> of – a lecturer, supervisor, or tutor.</p>
6.3	<p><u>Immediate Guidance or Learning</u> can be</p>
	<p>a) with the simultaneous physical presence of the Learner and the lecturer, supervisor or tutor, or b) remotely by means of simultaneous electronic communication</p>
	<p>Of the total of 296 Guided Learning Hours, a minimum of 84 hours must be with the simultaneous physical presence of the Learner and the lecturer, supervisor or tutor. Of these 84 hours, 70 hours must be related to the theory and practice of providing Reflexology.</p>
6.4	<p>The minimum duration of the training period is an academic year, or a minimum of 32 weeks.</p>
<p>7 CREDIT VALUE</p>	
7.1	<p>63 credits</p>
<p>8 CASE STUDY REQUIREMENTS</p>	
<p>To include the minimum requirements for practice observed by an ‘occupationally competent’ assessor. NB Case study requirements are included in the Total Qualification Time and should reflect hours and credits (which may be spread across units).</p>	
8.1	<p>A minimum of 100 reflexology treatments. 40 written up as in-depth case studies, plus documented evidence of 60 further treatments. See Appendix A to this document for criteria for case studies.</p>

	In respect of the case studies, there is a minimum requirement of 3 observed practical assessments by an 'occupationally competent' assessor. Case studies are generally completed as home study but may also be completed as a mix of home and class study.
9 DETAILS OF THE ASSESSMENT PROCESS	
This must include independent assessment ie the person undertaking the summative assessment should not have taught or assessed the learner but must be occupationally competent as a Reflexologist. The learning outcomes can be assessed in a wide variety of ways and sometimes in different ways for the same cohort e.g. One person may favour a viva voce, another may give a Power Point presentation and another may complete an online test which self-marks for example, which all assess the same learning outcomes	
9.1	Case studies as above plus
	<p>a) Written assessment to cover reflexology, anatomy, physiology and pathology, principles of complementary therapies and business.</p> <p>b) Practical assessment as outlined in 9.3</p>
9.2	The above should all evidence clear understanding of learning outcomes outlined in this document. Assessment should be by the tutor with a sample of the overall submissions having been additionally assessed by an independent assessor. Organisations must be able to provide evidence of this if required.
9.3	In addition – Practical Assessment of skills
	<p>a) An ongoing (i.e. during teaching sessions) observation as to practice, application and suitability.</p> <p>b) Final Practical Assessment should be by a minimum of one independent assessor.</p>
9.4	Summative Assessment
	The summative assessment must include the written work, in addition to practical work.
9.5	Assessments must be as follows
	<p>a) <u>For written work</u> The Course Tutor assesses all written work. In addition, a sample of completed written work (a minimum of 20%) must be assessed and agreed as adequate by another Tutor who has not been involved in the training or mentoring of the student reflexologist and meets the requirements set out in Section 3 above. End point assessment should be by a minimum of one independent assessor.</p>
	<p>b) <u>For Practical Skills</u> Skills assessment must be by at least one independent assessor who meet the requirements set out in Section 3 above.</p>
10 DETAILS OF AN ACCREDITATION OF PRIOR AND EXPERIENTIAL LEARNING (APEL) PROCESS FOR APPLICANTS FOR CNHC REGISTRATION WHO HAVE NOT COMPLETED A COURSE THAT OF ITSELF MEETS CNHC REQUIREMENTS, AND WHO WOULD BE RESPONSIBLE FOR THE PROCESS	
10.1	<p>The APEL process would be the responsibility of professional associations who verify applications for CNHC registration from Reflexology practitioners who have not completed a training course that of itself meets the requirements of the National Occupational Standards and this core curriculum. These applicants must provide the following information and evidence:</p> <ul style="list-style-type: none"> • evidence of at least three years' practice as a Reflexologist • all Reflexology qualifications, in chronological order, with details of course content, including any clinical practice • details of all CPD undertaken since qualifying as a Reflexologist

- | | |
|--|--|
| | <ul style="list-style-type: none">• career summary and statement of practice, describing current practice and services provided (including volunteering, if relevant), and how their practice has developed over the years they have been in practice. |
|--|--|

Case Study Minimum Criteria

1. A holistic picture of the client, to include:

First impressions
The client's manner, appearance and body language
Lifestyle
Family circumstances
Details of any employment or voluntary work
Any observed emotional or psychological state

2. The client's medical history

Medical history sufficiently detailed to allow for safe and adapted treatment to take place.
Details and research of the following:
Presenting condition
Any other medical conditions
Medications
Treatment aims

3. Describing and executing the treatment

A treatment-by-treatment account to show :

- Any reaction the client had between sessions
- Visual and tactile observation of the feet, with possible interpretation
- Any reflex areas out of balance, with evidence of client questioning as to possible explanations
- Client reactions during the treatment and any feedback given
- Suitable aftercare advice

A suitable treatment plan to be evidenced and followed, with a rationale

4. Drawing a conclusion and analysis skills

Discussion of client's progress toward treatment aim to be evidenced
The therapist to consider the client's ongoing care following the treatment series:

- Whether reflexology should continue and how frequently
- Whether any other therapies may benefit the client
- Whether there are any lifestyle factors that the client could change/continue to change, with a plan as to how they could start to do this

5. Reflective practice log

Identify what went well in a treatment, what could have been improved and identification of any areas where additional learning is required

6. Provide references for any materials used for reading around the presenting condition, medication, treatment aims or lifestyle factors.

Appendix B

CNH1 Explore and establish the client's needs for complementary and natural healthcare

OVERVIEW

All forms of complementary and natural healthcare rely on exploring and establishing the client's needs and expectations. This may take place at the outset, but also during the on-going delivery of complementary and natural healthcare. This allows the practitioner to consider whether it is appropriate to offer the service to the client, the type of service that should be offered and any required modifications to that service.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. The concept of health and well-being that is consistent with the practice, principles and theory underlying your discipline
2. The nature of the service provided and fee structures
3. How the client's previous and present care may affect their health and well-being in relation to your discipline
4. How the psychological and emotional balance, as well as diet and lifestyle of the individual, can affect their health and well being
5. How the context in which people live affects their health and well-being
6. The importance of a suitable environment and making clients feel welcome
7. How to select and use different methods for exploring clients' needs
8. How to establish valid and reliable information about the client, and determine the priority of need, in order to plan the service
9. The potential risks (relevant to your discipline) of various courses of action for the client
10. How to work with clients to determine the appropriate actions
11. The appropriate actions to take to suit identified needs
12. The conditions for which the discipline is appropriate and those where it must be used with caution
13. How to recognise conditions for which your discipline is unsuitable and for which the client should seek advice from other sources

14. How to judge whether self-care procedure(s) relevant to your discipline are appropriate for the client
15. The anatomy, physiology and pathology relevant to your discipline
16. The procedures for record keeping in accordance with legal and professional requirements

PERFORMANCE CRITERIA

You must be able to do the following:

1. evaluate requests for complementary and natural healthcare and take the appropriate action
2. explain the nature of the service and fee structures to the client
3. provide an appropriate and safe environment for the service
4. make clients feel welcome and ensure they are as comfortable as possible
5. discuss the client's needs and expectations, and ask relevant questions
6. encourage the client to ask questions, seek advice and express any concerns
7. establish the client's needs in a manner which encourages the effective participation of the client and meets their particular requirements
8. determine any contra-indications or restrictions that may be present and take the appropriate action
9. evaluate the information obtained and determine the appropriate action with the client
10. complete and maintain records in accordance with professional and legal requirements

CNH2 Develop and agree plans for complementary and natural healthcare with clients

OVERVIEW

It is important that the planning of complementary and natural healthcare takes place through discussion and agreement with the client and relevant others (e.g. carers). This standard is about developing and agreeing plans that meet the client's needs. Such plans may be subject to change as the service proceeds.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. The range, purpose and limitations of different methods or approaches which may be used for clients' individual needs
2. How to determine the most appropriate method(s) for different clients and their particular needs
3. How to recognise those occasions when your discipline may complement other healthcare which the client is receiving
4. The alternative options available to clients for whom your discipline is inappropriate
5. The role which the client (and others) may take, and may need to take, if the approach is to be successful
6. How to support and advise the client to make informed choices
7. How to work with the client and relevant others to plan the approach
8. Why evaluation methods should be determined at the planning stage and what the client's role will be in the evaluation
9. The importance of encouraging and empowering the client to be as actively involved as possible
10. The relationship of the client's involvement to the promotion of their health and well-being
11. The procedures for record keeping in accordance with legal and professional requirements

PERFORMANCE CRITERIA

You must be able to do the following:

1. explain the available option(s) which meet the client's identified needs and circumstances
2. explain any restrictions, possible responses and advise on realistic expectations
3. advise the client when your discipline is inappropriate and help them to consider other options
4. discuss the approach to be taken, the level of commitment required and the potential outcomes and evaluation with the client
5. check the client understands and support them to make informed choices
6. obtain the client's consent and complete records in accordance with professional and legal requirements

*CNH2 Develop and agree plans for complementary and natural healthcare with clients
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Appendix C

What Activities Count Towards Guided Learning Hours (GLH) and Total Qualification Time (TQT)?

The following table provides examples of what activities count towards both GL (hours) and TQT:

Type of Activity	GL (hours)	TQT
Classroom based learning supervised by the lecturer, supervisor or tutor whether on a 1 to 1 or group basis	✓	✓
Invigilated or supervised examinations or final assessments	✓	✓
Research project where the learner carries out independent research and produces a report without supervision	x	✓
Classroom based induction to a qualification as required in the specification	✓	✓
Skills practice at place of learning or workplace where the learner is responsible for generating their own evidence of practice, eg. a statement confirming attendance from a suitable attendant adult, generally not the lecturer or tutor	x	✓
Skills practice carried out in simulated conditions where the learner is observed and assessed at the same time as the simulation is taking place	✓	✓
Face to face meetings with the lecturer, supervisor or tutor or other prearranged teaching session, eg. telephone/webcam contact, internet messaging, ie. conversation in real time	✓	✓
Work based practice observed by employer, tutor, or other witness more qualified than the learner	✓	✓
Portfolio assessment where the learner collates evidence of competence and understanding unsupervised by the lecturer, supervisor or tutor	x	✓
E-assessment where the learner has their knowledge and understanding assessed unsupervised where they can access online e-assessment at any time	x	✓
E-assessment where the learner is supervised by the lecturer, supervisor or tutor in real time	✓	✓
Watching a pre-recorded podcast or webinar	x	✓