

# **Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHP)**





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# **Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHP)**

## **INTRODUCTION**

## INTRODUCTION

It has been widely observed across the country, that several basic needs of primary healthcare of the rural population have been traditionally managed with herbal remedies, at home and are being taken care of by the village based, Traditional Community Healthcare Providers (TCHPs). The TCHPs across India use more than 6500 species of medicinal plants, around 300 species of animals and also dozens of metals and minerals. They are the repositories of centuries of wisdom and evolving knowledge of health practices, transmitted through an incredibly effective system of oral transmission inherited through family lineage, acquired under the Guru Shishya Parampara or through observation and experience by way of assisting the already knowledgeable practitioners. Thus, the TCHPs are the repository of diverse, ecosystem and ethnic community specific knowledge, skill and experience. It would indeed be a civilizational loss to lose this rich knowledge heritage of the rural communities of India.

It was with this realization that a pilot project was conceived, formulated and implemented during the years 2010 – 2012 by the Indira Gandhi National Open University (IGNOU) with support from the Quality Council of India (QCI) and the Foundation for Revitalization of Local Health Traditions (FRLHT) and mentored by the Ministry of AYUSH. QCI provided expertise in designing and operating a competent third party evaluation and accreditation system. FRLHT introduced QCI and IGNOU to the grass root traditions in several States through its decades of associations with TCHPs. The objective was to create a uniform and standardized framework, perhaps for the first time in the world, for Voluntary Certification of the TCHPs, who manage various streams of health services (midwifery, herbal remedies, bone setting, ethno-veterinary care, skin and liver disorders and so on) based on their traditional knowledge, experience and expertise.

The framework for certification was designed broadly following the International norms as per ISO 17024 for Personnel Certification and the framework for the Third Party Certification was established after a series of deliberations with the various stakeholders. This resulted in establishing the criteria and process for the dissemination of information to the TCHPs about the process of Voluntary Certification. Dozens of applications from TCHPs duly endorsed by the Gram Panchayat/Village Council, were received and screening of the applications was done based on the stipulated criteria for their evaluation and certification as agreed during consultations with senior and experienced representatives of TCHPs.

During pilot testing phase, rapid baseline village survey was conducted in the selected district of each of the eight states for project implementation viz Dang district in Gujarat, Udaipur district in Rajasthan, Korba district in Chhattisgarh, Mayurbhanj district in Odisha,

Vellore district in Tamil Nadu, Shimoga district in Karnataka, East Siang district in Arunachal Pradesh and West Khasi Hills in Meghalaya. The rapid baseline village survey data analysis helped in selection of most common streams of traditional health practices and the development of their Minimum Standard of Competence (MSC). MSCs were developed for jaundice, common ailments, poisonous bites, bone setting, arthritis and traditional birth attendants. Once the mother document for the MSCs developed, it was translated into region specific vernacular language for ease of local understanding and information dissemination.

A total of 517 THPs were certified for their competency for managing specific streams of ailment during the pilot project – 91 from the Dang district in Gujarat; 98 from Udaipur district in Rajasthan, 62 from Korba district in Chhattisgarh, 21 from Mayurbhanj district in Odisha, 134 from the Vellore district of Tamil Nadu and 111 from Shimoga district of Karnataka.

The successful implementation of the pilot project received not only great appreciation but requests for the use of such uniform and standard framework which was created for the Voluntary Certification of the TCHPs poured in from various beneficiaries and stakeholders all over the country.

In parallel, QCI had also created a framework for accreditation of training providers recognizing that even though the certification is based on prior knowledge of traditional healthcare practices, the TCHPs may also need some training in respect of emerging, contemporary issues of public health in order to prepare them for certification.

In 2016, based on positive feedback from the pilot project and considering the needs of the society in far flung unreached rural population of the country, QCI took the decision to commit itself to operate Voluntary Certification Scheme for TCHPs based on Third Party Certification Process for the competency of the TCHP. Since a very sound, well tested framework/template supported by solid groundwork was already created during the pilot project for the Voluntary Certification of TCHP using ISO 17024 for Personnel Certification, the same broad framework is used, with further incorporation of appropriate processes and committees keeping in mind, region and healthcare service stream specific in situ local nuances of the TCHP tradition.

As per the international best practice, QCI has established the Steering, Technical and Assessment Committees. The organizations working in the field of traditional healthcare practices across the country were contacted and an overwhelming response was received. These organizations were invited to explain to them the process of certification as per ISO 17024 norms.

An MOU was signed between QCI and FRLHT in January 2017 to make the Scheme a joint scheme of the two organizations and the entire roadmap for the Voluntary Certification Scheme for TCHPs across the country strictly following the ISO17024 specifications and all documents relating to the task of Certification of the TCHPs developed. Applications are being received from various organizations for Accreditation as Training Bodies or Personnel Certification Bodies.

Thus, the Voluntary Certification Scheme for TCHPs will assist the TCHPs living in rural communities including the far flung and difficult terrains; to get themselves assessed against a Minimum Competency Standard framework which has the flexibility to accommodate diversity of knowledge and skills of the TCHPs across the country in various streams of traditional healthcare practices. This scheme will also help to document, preserve and promote the diversity of community traditions of healthcare, before they are eroded. This scheme will also provide enhanced ability and self-confidence to the TCHPs for providing quality healthcare service; provide strong risk management strategies in case of outbreak of epidemics; help formulation of effective and efficient strategies for low cost primary health care to every villager by the certified TCHPs. The scheme will promote enhanced public awareness of the quality service of the TCHPs and facilitate connection of the TCHPs with various Government agencies, without impinging on their autonomy and community support. At a recent meeting of the Steering Committee of TCHP scheme it was recommended that while MSC will be the basic standard, QCI and FRLHT should also evolve a scheme for recognizing excellence in the TCHP tradition.

**About Quality Council of India (QCI)**  
**&**  
**Foundation for Revitalisation of**  
**Local Health Traditions (FRLHT)**

### **About Quality Council of India (QCI)**

QCI was established as the National Body for Accreditation on recommendations of Experts Missions of EU after consultations in Inter-Ministerial task force, Committee of Secretaries and Group of Ministers in 1996. The Council came into existence in 1997 through a cabinet decision. It was created as an autonomous non-profit organization through seed funding initially by the Government of India and the Indian Industry represented by the three premier industry associations, Associated Chambers of Commerce and Industry of India (ASSOCHAM), Confederation of Indian Industry (CII) and Federation of Indian Chambers of Commerce and Industry (FICCI). The Department of Promotion of Industry and Internal Trade (DPIIT), Ministry of Commerce and Industry is the nodal department for all matters connected with Quality and QCI. The Chairman of QCI is appointed by the Prime Minister.

### **About Foundation for Revitalisation of Local Health Traditions (FRLHT)**

Foundation for Revitalisation of Local Health Traditions (FRLHT) is a non-governmental organization which is engaged in revitalizing Indian medical heritage, through creative applications of traditional health sciences for enhancing the quality of healthcare in rural and urban India. The stated mission of the foundation is to demonstrate the contemporary relevance of Indian Medical Heritage by designing and implementing innovative programmes on a size and scale that will have societal impact.

# **Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHP)**

## **GOVERNING STRUCTURE**

**1. Objective:** The objective of this document is to provide guidance to the scheme owners on the establishment of the governing structure which would be required for setting up and operating the certification scheme(s) under the QCI-FRLHT initiative on “Traditional Community Healthcare Providers.

**2. Scope:**

**2.1** This document describes the governing structure of the Voluntary Certification Scheme for TCHPs (also referred to as ‘VCSTCHP Scheme’) which is owned jointly by the QCI and FRLHT and the roles and responsibilities of various bodies and committees involved in operating the Scheme.

**3. Governing structure**

**3.1** The governing structure of Scheme shall have a multi-stakeholder Steering Committee (SC) at the apex level supported by a Technical Committee (TC) and an Assessment Committee (AC) each.

**3.2** The Technical and the Assessment committees shall be represented by a variety of stakeholders and experts in the related technical areas and having knowledge of conformity assessment respectively.

**3.3** In case deemed appropriate, the Steering Committee may constitute any other Committee and the other Committees may constitute sub-committees or task forces (TFs) to deal with different sectors such as stream and region specific requirements.

**4. Appointment of committees – General rules**

In the appointment of various committees, the following general principles shall be kept in mind:

- a) Representation of a balance of interests such that no single interest predominates.
- b) Key interests to include: representatives of institutions working in the area of Traditional Community Healthcare Providers with specific focus on region specific practices, representatives of regulatory bodies or other Governmental Agencies, Academic/Research Bodies, Certification Bodies – current or Potential, Accreditation Bodies, training providers and representatives of non-governmental organizations.
- c) Offer of membership to individual experts to be made with great caution and only when a suitable person is not forthcoming as a representative of an organization.

- d) Except when a member is appointed in their personal capacity, a person vacates membership on leaving their organization and a fresh nomination is sought from the member organization.
- e) The member organizations to nominate a principal and an alternate representative on the committee(s).
- f) All committees to be reconstituted every 3 years to provide representation to the above mentioned category of organizations by rotation, where necessary.

## **5. Steering Committee (SC)**

- 5.1** The Steering Committee shall endeavour to operate the Scheme on a non-profit and self-sustaining basis.

### **5.1.1 Membership**

The Steering Committee shall comprise of the following:

- a) Chairperson – Eminent person having understanding of TCHPs
- b) One representative each from concerned Ministry/Departments - Ministry of AYUSH, Ministry of Environment, Forest and Climate Change
- c) Ministry of Tribal Welfare- 2
- d) Representative from NABCB - One
- e) Community Health NGO - Two
- f) Academic/Research body – One
- g) Association of Healers – One
- h) Ayurvedic Practitioner - One
- i) Consumer Group – One
- j) Secretariat –QCI
- k) Any other expert as invitees for specific meetings as identified by the Secretariat

- 5.1.2** SC may co-opt more members.

## **5.2 Terms of reference**

The SC is responsible for:

- a) Overall development, modification and supervision of the Scheme
- b) Receiving recommendations of the Technical/Assessment Committees and deciding on them.
- c) Constituting any other committees, as needed, especially to cater to the local or regional needs, as per requirement of the Scheme.
- d) Promotion of the scheme

- e) Any measures needed for enhancing acceptability of the scheme.
- f) Benchmarking of any individual schemes and defining criteria for the same
- g) Designing certification mark

### **5.3 Meetings**

The SC shall meet at least once every year.

#### **5.3.1 Quorum**

The presence of 40% nominated members by the nominating organisation shall form the quorum of the meeting.

## **6. Technical Committee (TC)**

### **6.1 Membership**

The Technical Committee shall comprise of the following:

- a) Chairperson – Eminent individual in the field of Traditional Community Healthcare Providers
- b) Ministry of AYUSH
- c) Community Health NGO – One
- d) Certification Body - One
- e) Training providers– One
- f) Academic/Research body – One
- g) TCHP –2 from each of the 6 regions when considering any regional/local issues
- h) Scheme owner - One
- i) Secretariat - FRLHT
- j) Any other expert as invitees for specific meetings as identified by the Secretariat

#### **6.1.1 TC may co-opt more members.**

### **6.2 Terms of reference**

The Technical Committee is responsible for:

- a) Identifying various streams of ailments which need to be brought under the scheme
- b) Defining, developing and maintaining the Minimum Standards for Competence (MSCs) for those identified in a) above
- c) Developing technical criteria for training providers

- d) Establishing subject expert committees (responsible for drafting of MSCs), for various streams as identified at a) above, as needed
- e) Developing any other technical documents needed
- f) Resolving any technical issues

### **6.3 Meetings**

**6.3.1** The TC shall meet at least once every year.

#### **6.3.2 Quorum**

The presence of 40% of the nominated representatives on the Technical Committee shall constitute quorum for the meeting.

### **7. Assessment Committee (AC)**

#### **7.1 Membership**

The Assessment Committee shall comprise of the following:

- a) Chairperson – Having knowledge of conformity assessment and/or TCHP
- b) Ministry of AYUSH - One Representative
- c) Assessment Bodies – Two by rotation
- d) Accreditation Boards – One Representative from NABCB
- e) Academic/Research body – One
- f) Association of healers , if any– Two
- g) Training providers - Two
- h) Scheme owner - One
- i) Secretariat – Quality Council of India
- i) Any other expert as invitees for specific meetings as identified by the Secretariat

**7.1.1** AC may co-opt more members

#### **7.2 Terms of reference**

The Assessment Committee is responsible for:

- a) Developing, maintaining and revising as appropriate the assessment process under the Scheme.
- b) Developing, maintaining and revising as appropriate the requirements for assessment bodies as needed for the operation of the Scheme.

- c) Developing a guidance document to assist the TCHPs to apply for Assessment and certification if needed.
- d) Establishing peer evaluation committee (responsible for evaluating the TCHPs) and requirements for evaluators
- e) Resolving any other issue relating to assessment

### **7.3 Quorum**

The presence of 40% of the nominated representatives of the Assessment Committee shall constitute quorum for the meeting.

### **7.4 Meetings**

The Assessment Committee shall meet at least once every year.

## **8. Roles of various organizations**

- a. QCI shall own the logo(s) for the Scheme.
- b. QCI shall host the secretariat of the Steering and Assessment Committees.
- c. FRLHT as the joint owner of the Scheme, shall provide secretariat to the Technical Committee
- d. The National Accreditation Board for Certification Bodies (NABCB) shall accredit the personnel certification bodies as needed under the Scheme
- e. QCI or an appropriate Board within it shall accredit the training providers

## **9. Complaints**

**9.1** The entire system has provisions for entertaining complaints from any stakeholder against any component of the Scheme – the TCHPs applicants or certified under the Scheme, the personnel certification bodies and assessment bodies under the Scheme, the Training Providers accredited under the Scheme, the accreditation bodies are all required to have a complaints system in place as per standards applicable to them. Anyone having a complaint is encouraged to utilize the available mechanisms.

**9.2** Any complaints received by Scheme Owners should be similarly handled. Any complaint received shall be duly investigated or referred to the relevant body to which it may pertain. Each organization shall document its procedure for handling complaints and make it publicly available.

**9.3** A statement on complaints as received above with their status shall be reported to the SC in each meeting.

## **10. Appeals**

- 10.1** There are provisions for entertaining appeals from the applicant/certified TCHPs, personnel certification bodies, and applicant/accredited training providers approved under the Scheme, which shall invariably be utilized.
- 10.2** In case anyone is aggrieved by the decisions of the appeal mechanism already in place, he/she may escalate his/her appeal to the Chairman, SC, who may constitute an appeals panel, if needed, whose decision shall be final.
- 10.3** In handling appeals, the broad principle that the appeal is handled independently of the personnel involved in the decision appealed against shall be maintained.
- 10.4** A statement of appeals received shall be placed before the SC in each meeting.

# **Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHP)**

## **COMPOSITION OF STEERING COMMITTEE MEMBERS**

| Steering Committee Members -<br>Traditional Community Healthcare Providers |                                                                                       |                                                                                                                    |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| COMPOSITION                                                                |                                                                                       |                                                                                                                    |
| Sl. no.                                                                    | <u>Chairperson</u>                                                                    |                                                                                                                    |
| 1                                                                          | In Personal Capacity                                                                  | Mr. Darshan Shankar                                                                                                |
|                                                                            | <u>Representing</u>                                                                   | <u>Members</u>                                                                                                     |
| • <b>Academic / Research Institutions</b>                                  |                                                                                       |                                                                                                                    |
| 2                                                                          | Centre for Social Medicine & Community Health, Jawaharlal Nehru University, New Delhi | <b>Principal Member</b><br>Prof. Ritu Priya<br><br><b>Alternate Member</b><br>Dr. Prachin Kumar Ghodajkar          |
| 3                                                                          | Martin Luther Christian University, Shillong                                          | <b>Principal Member</b><br>Dr. (Ms.) Melari S Nongrum<br><br><b>Alternate Member</b><br>Dr. (Ms.) Larilin Kharपुरi |
| • <b>Association of Healers</b>                                            |                                                                                       |                                                                                                                    |
| 4                                                                          | Paramparagat Vaidya Sangh, Chhattisgarh                                               | <b>Principal Member</b><br>Vaidya Nirmal Kumar Awasthi                                                             |
| 5                                                                          | Parampariya Siddha Vaidya Mahasangam, Tamilnadu                                       | <b>Principal Member</b><br>Vaidya K. P. Arjunan                                                                    |
| • <b>Government Organizations</b>                                          |                                                                                       |                                                                                                                    |
| 6                                                                          | Ministry of AYUSH                                                                     | <b>Principal Member</b><br>Dr. D. C. Katoch<br><br><b>Alternate Member</b><br>Dr. Manoj Nesari                     |
| 7                                                                          | Ministry of Environment, Forests & Climate Change                                     | <b>Principal Member</b><br>Ms. Amarjeet Ahuja<br><br><b>Alternate Member</b><br>Mr. J. Kinhal                      |
| 8                                                                          | Tribal Cooperative Marketing Development Federation of India (TRIFED)                 | <b>Principal Member</b><br>Mr. S. S. Maiti<br><br><b>Alternate Member</b><br>Ms. Zeba Jamil                        |
| • <b>Community Health NGOs</b>                                             |                                                                                       |                                                                                                                    |
| 9                                                                          | BAIF Development Research Foundation, Pune                                            | <b>Principal Member</b><br>Mr. Girish G. Sohani<br><br><b>Alternate Member</b><br>Ms. Rajashree Joshi              |
| 10                                                                         | Foundation for Revitalisation of Local Health Traditions (FRLHT), Bangalore           | <b>Principal Member</b><br>Mr. G. Hariramamurthy<br><br><b>Alternate Member</b><br>Dr. Girish Kumar                |

|                                         |                                                               |                                                                                                             |
|-----------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 11                                      | SOCHARA, Bangalore                                            | <b>Principal Member</b><br>Dr. Ravi Narayanan                                                               |
| 12                                      | Centre for Traditional Medicine & Research, Chennai           | Yet to be received                                                                                          |
| <b>• Accreditation Bodies</b>           |                                                               |                                                                                                             |
| 13                                      | National Accreditation Board for Certification Bodies (NABCB) | <b>Principal Member</b><br>Mr. Anil Jauhri<br><b>Alternate Member</b><br>Ms. Sashi Rekha                    |
| 14                                      | National Accreditation Board for Healthcare Providers (NABH)  | Yet to be received                                                                                          |
| <b>• State Government Organizations</b> |                                                               |                                                                                                             |
| 15                                      | Chhattisgarh State Medicinal Plant Board                      | <b>Principal Member</b><br>Mr. Shirish Chandra Agarwal<br><b>Alternate Member</b><br>Mr. Maniram Chandrakar |
| 16                                      | Kerala State Biodiversity Board                               | <b>Principal Member</b><br>Dr. S. C. Joshi                                                                  |
| <b>• Ayurvedic Practitioners</b>        |                                                               |                                                                                                             |
| 17                                      | In Personal Capacity                                          | Dr. Deepika Gunawant                                                                                        |
| <b>• Secretariat</b>                    |                                                               |                                                                                                             |
| 1                                       | Quality Council of India                                      | Dr. Debjani Roy                                                                                             |
| 2                                       | Quality Council of India                                      | Dr. Anil Saraf                                                                                              |
| 3                                       | Quality Council of India                                      | Mr. S. Krishnamurthy                                                                                        |

**Voluntary Certification Scheme for  
Traditional Community Healthcare Providers  
(VCSTCHP)**

**MINIMUM STANDARDS FOR COMPETENCE  
(MSC)**

## 0. SCOPE

### 0.1 Developing the Competency

The Scheme Owners Quality Council of India (QCI) – Foundation for the Revitalization of Local Health Tradition (FRLHT) has established a multi-stakeholder Steering Committee to manage the scheme and a Technical Committee whose goal is to develop the competency profile and periodically identify updates to maintain the currency of the Minimum Standard of Competency (MSC) of the Traditional Community Healthcare Providers (TCHP) and improving the overall utility of this profile document.

The Steering Committee in its meeting on 13<sup>th</sup> of February, 2017 established a taskforce for the development of the MSCs for TCHPs. This taskforce met on 27<sup>th</sup> & 28<sup>th</sup> of February, 2017 and developed;

- Wordings of competency statements, to reflect current terminology in the field and to ensure clarity
- Process for periodical addition of new specific competencies, to reflect evolving practices
- Definitions of performance environments or settings in which the TCHP must demonstrate proficiency
- Develop performance environments for specific competencies especially in streams like traditional bone settings, etc.

The MSCs have been developed for the identified 6 (six) streams of practices namely Jaundice, Common Ailments, Traditional Bone Setting, Traditional Birth Attendant, Poisonous Bites and Arthritis.

The MSCs for TCHPs are described using a hierarchy of terms:

- Competency Area
- General Competency
- Specific Competency
- Sub-Competency

The definitions of and relationships between these terms are explained below.

### 0.2 Competency Areas and General Competencies

To create a framework for the profile, TCHP practice is considered to consist of Seven Competency Areas, within each of which several General Competencies establish broad expectations and serve as section headings under which Specific Competencies and Sub-Competencies are listed. This framework is as follows:

#### 1 Assessment and Diagnostics

- a. Conduct triage in a multiple-patient incident
- b. Obtain patient history and document them
- c. Conduct complete assessment demonstrating appropriate use of inspection, palpation, Nadi or any other method for diagnosis

- d. Assess vital signs and utilizing modern diagnostic tests reports like blood reports, x-ray, etc. where appropriate

## 2 Therapeutics

- a. Formulate and prescribe an effective treatment plan for patient care and/or treatment
- b. Administer medications
- c. Prescribe effective diet and lifestyle management regimen for patients to maintain a good physical and mental health
- d. Develops a review plan tailored to the patient's needs
- e. Provide care for injuries and bandaging

## 3 Professional Responsibilities

- a. Function as a professional
- b. Possess an understanding of the legal and stream limitations of the TCHP profession
- c. Participate in continuing education and professional development

## 4 Communication Skill

- a. Practice effective oral communication and listening skills

## 5 Health and Safety

- a. Maintain good physical and mental health
- b. Create and maintain a safe work environment

## 6 Health Promotion and Public Health

- a. Integrate professional practice into community care

## 7 Specific Competencies

Specific Competencies, within each General Competency, identifies the job tasks in which the TCHP must demonstrate proficiency in a designated Performance Environment.

## 8 Proficiency

Proficiency involves the demonstration of skills, knowledge and abilities in accordance with the following principles:

- Consistency (the ability to repeat practice techniques and outcomes; this requires performance more than once in the appropriate Performance Environment)
- Independence (the ability to practice without assistance from others)
- Timeliness (the ability to practice in a time frame that enhances patient safety)
- Accuracy (the ability to practice utilizing correct techniques and to achieve the intended outcomes)
- Appropriateness (the ability to practice in accordance with standards and protocols outlined within the practice jurisdiction)

## 9 Performance Environments

The Performance Environment specifies the setting in which the TCHP must demonstrate proficiency. The following notations and definitions apply:

| Performance Environment | Definition                                                                                                                                                                                                                                    |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>K</b>                | The TCHP should have enough or more awareness and <b>Knowledge</b> of the competency in that stream of practice.                                                                                                                              |
| <b>A</b>                | The TCHP must demonstrate by <b>Application</b> an understanding of the competency in that stream of practice.                                                                                                                                |
| <b>S</b>                | The TCHP must demonstrate a proficiency in a <b>Simulated</b> setting. The physical application skills is demonstrated in any of the following ways:<br><br>(a) Practical Case Scenario; (b) Skills kitchen and/or (c) Mannequin <sup>1</sup> |
| <b>P</b>                | The TCHP must have demonstrated <b>Proficiency</b> in training other TCHPs with live patients at the field. An acceptable field assessment setting is at the community where the candidate TCHP practices.                                    |

## 10 Sub-Competencies

For each Specific Competency, there may be several Sub-Competencies. Sub-Competencies are learning outcomes that may be measured to help assess an individual's capacity to perform the Specific Competency. Sub-Competencies are primarily of value to educators and to others with responsibility for assessing proficiency.

## 11 Interpretations of sub-competencies

Each Sub-Competency includes a specific performance action verb. Verbs have been selected from taxonomies to delineate their relative complexities.

The ability to perform Sub-Competencies requires learning in one or more of three domains: Affective (attitudes and values), Cognitive (knowledge and thinking skills) and Psychomotor (physical actions). The taxonomies are shown below.

Although many of the verbs in the taxonomies are in everyday usage, users of the MSCs for TCHP are cautioned that Sub-Competency statements should be interpreted only in the context of definitions in the following tables.

## 12 Affective Actions

*(Not ranked in any order of importance, just alphabetical listing)*

---

<sup>1</sup> Mannequin is a dummy or doll or lay figure that is used to articulate skills typically used to enable simulation of medical or health actions like First Aid, CPR, etc. and training on human anatomy, etc. It is also used to indicate good and bad touch to students, professionals, etc.

| Sl. | Attitudes / Beliefs | Definition                               |
|-----|---------------------|------------------------------------------|
| 1   | Assist              | To give help or support.                 |
| 2   | Acknowledge         | To recognize as being valid.             |
| 3   | Choose              | To select from a number of alternatives. |
| 4   | Justify             | To show to be reasonable.                |
| 5   | Receive             | To acquire and accept.                   |
| 6   | Value               | To place worth and importance.           |

### 13 Cognitive Actions

*(Ranked in order of increasing complexity)*

| Sl. | Knowledge   | Definition                                                                                                      |
|-----|-------------|-----------------------------------------------------------------------------------------------------------------|
| 1   | List        | To create a related series of names, words or other items.                                                      |
| 2   | Identify    | To ascertain the origin, nature or definitive characteristics of an item.                                       |
| 3   | Define      | To state the precise meaning.                                                                                   |
| 4   | Describe    | To give an account of, in speech or in writing.                                                                 |
| 5   | Discuss     | To examine or consider (a subject) in speech or in writing.                                                     |
| 6   | Organize    | To put together into an orderly, functional, structured whole.                                                  |
| 7   | Distinguish | To differentiate between.                                                                                       |
| 8   | Explain     | To make plain or comprehensible.                                                                                |
| 9   | Apply       | To prepare information for use in a particular situation.                                                       |
| 10  | Analyze     | To separate into parts or basic principles so as to determine the nature of the whole; to examine methodically. |
| 11  | Solve       | To work out a correct solution.                                                                                 |
| 12  | Modify      | To change in form or character; to alter.                                                                       |
| 13  | Infer       | To reason from circumstance; to surmise.                                                                        |
| 14  | Synthesize  | To combine so as to form a new, more complex product.                                                           |
| 15  | Evaluate    | To examine and judge carefully; to appraise.                                                                    |

### 14 Psychomotor Actions

*Grouped as Low, Medium, High complexity*

| Level | Physical Skills | Definition                                                                            |
|-------|-----------------|---------------------------------------------------------------------------------------|
| L     | Demonstrate     | To show clearly and deliberately a behavior.                                          |
| L     | Set-up          | To gather and organize the equipment needed for an operation, a procedure, or a task. |
| M     | Communicate     | To convey information about; to make known; to impart.                                |
| M     | Operate         | To perform a function utilizing a piece of equipment.                                 |
| M     | Perform         | To take action in accordance with requirements.                                       |
| H     | Adapt           | To make suitable to or fit for a specific use or situation.                           |
| H     | Adjust          | To change so as to match, or fit; to cause to correspond.                             |
| H     | Integrate       | To make into a whole by bringing all relevant parts together.                         |

## 15 General Competence criteria

The general competence criteria described below applies to all streams of ailments and may or may not be supplemented by specific competence criteria.

### 1 Assessment & Diagnostics

| <b>1.1. Specific Competency</b>                                                                           |                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 1.1.1. Rapidly assess an incident based on the principles of a triage system.                             | <b>S (Simulation)</b>                                                                                                          |
|                                                                                                           | Discuss triage.                                                                                                                |
|                                                                                                           | Identify circumstances under which triage is required.                                                                         |
|                                                                                                           | Apply tools used to sort patients.                                                                                             |
|                                                                                                           | Perform targeted patient assessment based on a triage system.                                                                  |
|                                                                                                           | Communicate with other responders.                                                                                             |
|                                                                                                           | Discuss triage.                                                                                                                |
| 1.1.2. Assume different roles in a multiple patient incident.                                             | <b>A (Application)</b>                                                                                                         |
|                                                                                                           | Identify the various roles (Care, Nursing, Pharmacy, etc) or multi-tasking involved when managing a multiple patient incident. |
|                                                                                                           | Describe the principal responsibilities of each role.                                                                          |
| 1.1.3. Manage a multiple patient incident                                                                 | <b>A (Application)</b>                                                                                                         |
|                                                                                                           | Apply management principles to a multiple patient incident.                                                                    |
|                                                                                                           | Modify procedures to meet the needs of a specific incident.                                                                    |
| <b>1.2. Specific Competency</b>                                                                           |                                                                                                                                |
| 1.2.1. Obtain list of patient's allergies.                                                                | <b>S (Simulation)</b>                                                                                                          |
|                                                                                                           | List common examples of allergens.                                                                                             |
|                                                                                                           | Describe how an allergen can affect individuals.                                                                               |
|                                                                                                           | Evaluate how information about an allergy will affect patient care.                                                            |
|                                                                                                           | Demonstrate the skill of obtaining information about allergies into history gathering procedures.                              |
| 1.2.2. Obtain patient's medication profile.                                                               | <b>S (Simulation)</b>                                                                                                          |
|                                                                                                           | Apply various methods of discovering patient's medication profile.                                                             |
|                                                                                                           | Describe relationship of medication, dosage and frequency to patient history.                                                  |
|                                                                                                           | Integrate the skill of obtaining medication profile into history gathering procedures.                                         |
|                                                                                                           | Assess patient compliance.                                                                                                     |
| 1.2.3. Obtain chief complaint and / or incident history from patient, family members and / or bystanders. | <b>S (Simulation)</b>                                                                                                          |
|                                                                                                           | List methods of discovering an incident history.                                                                               |
|                                                                                                           | List common components of an incident history.                                                                                 |
|                                                                                                           | Demonstrate the skill of obtaining incident history into the overall patient assessment.                                       |

|                                                                                     |                                                                                                                               |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
|                                                                                     | Adapt interview techniques to the incident history findings.                                                                  |
|                                                                                     | Integrate incident history information into patient care procedures.                                                          |
| 1.2.4. Obtain information regarding patients past medical history.                  | <b>S (Simulation)</b>                                                                                                         |
|                                                                                     | List methods of documenting a patient's medical history.                                                                      |
|                                                                                     | Describe common components of a complete medical history.                                                                     |
|                                                                                     | Demonstrate the skill of obtaining medical history into the overall patient assessment.                                       |
|                                                                                     | Demonstrate interview techniques appropriate to the medical history findings.                                                 |
|                                                                                     | Integrate medical history information into patient care procedures.                                                           |
| <b>1.3. Specific Competency</b>                                                     |                                                                                                                               |
| 1.3.1. Conduct Primary patient assessment and interpret findings.                   | <b>S (Simulation)</b>                                                                                                         |
|                                                                                     | Explain primary assessment.                                                                                                   |
|                                                                                     | Distinguish between trauma assessment and primary medical assessment.                                                         |
|                                                                                     | Evaluate danger signs from primary assessment.                                                                                |
|                                                                                     | Apply appropriate sequential techniques for primary assessment.                                                               |
|                                                                                     | Apply primary assessment to different age groups.                                                                             |
|                                                                                     | Demonstrate techniques for primary assessment.                                                                                |
|                                                                                     | Adapt assessment techniques to primary assessment findings.                                                                   |
|                                                                                     | Perform procedures to address problems found in the primary assessment.                                                       |
| 1.3.2. Conduct <b>&lt;Stream of Practice&gt;</b> assessment and interpret findings. | <b>S (Simulation)</b>                                                                                                         |
|                                                                                     | Describe the pathophysiology of specific <b>&lt;stream of practice&gt;</b> illnesses and injuries                             |
|                                                                                     | Apply assessment techniques specific to the <b>&lt;stream of practice&gt;</b> .                                               |
|                                                                                     | Demonstrate assessment techniques for <b>&lt;Stream of practice&gt;</b> illnesses and injuries.                               |
|                                                                                     | Adapt assessment techniques including use of traditional diagnostic tests specific to the <b>&lt;Stream of practice&gt;</b> . |
| <b>1.4. Specific Competency</b>                                                     |                                                                                                                               |
| 1.4.1. Assess Nadi.                                                                 | <b>S (Simulation)</b>                                                                                                         |
|                                                                                     | Define "Nadi"                                                                                                                 |
|                                                                                     | Identify sites where a nadi pulse may be found.                                                                               |
|                                                                                     | Modify nadi pulse check to age and gender of patient.                                                                         |
|                                                                                     | Evaluate nadi pulse rate, rhythm, and quality.                                                                                |
|                                                                                     | Distinguish between normal and abnormal findings.                                                                             |

|                                                                   |                                                      |
|-------------------------------------------------------------------|------------------------------------------------------|
|                                                                   | Identify factors that influence the nadi pulse rate. |
|                                                                   | Demonstrate nadi pulse assessment.                   |
| 1.4.2. Interpret laboratory data like blood reports, x-rays, etc. |                                                      |

## 2 Therapeutics

| <b>2.1. Specific Competency</b>                                                                                                                         |                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.1.1. Considers non-medical treatment options suitable for treating the person and their condition                                                     | <b>P (Proficiency)</b>                                                                                                                                                                                                                                           |
|                                                                                                                                                         | Describes the clinical reasoning supporting the decision not to intervene                                                                                                                                                                                        |
| 2.1.2. Identifies appropriate medicines options that can be incorporated into the person's treatment plan                                               | <b>P (Proficiency)</b>                                                                                                                                                                                                                                           |
|                                                                                                                                                         | Lists the medicines suitable for treating the person's condition                                                                                                                                                                                                 |
|                                                                                                                                                         | Describes the mechanism of action and properties of the medicines suitable for treating the person's condition                                                                                                                                                   |
|                                                                                                                                                         | Describes the clinical basis supporting treatment decisions                                                                                                                                                                                                      |
| 2.1.3. Identify medicine options that are likely to provide therapeutically effective and safe treatment and tailor them for the person                 | <b>P (Proficiency)</b>                                                                                                                                                                                                                                           |
|                                                                                                                                                         | Apply knowledge of medicinal plants to prepare suitable medicines to the person's situation and is also able to judge medicines on their safety based on their pharmacological properties.                                                                       |
|                                                                                                                                                         | Considers the possibilities of drug–drug and drug–disease interactions                                                                                                                                                                                           |
|                                                                                                                                                         | Identify indications, relative and absolute contraindications, side effects, dosage parameters, and safe administration process for each medication/formulation with respect to age, gender and other variables that merit consideration for specific illnesses. |
|                                                                                                                                                         | Avoids medicines that have caused previous adverse events or that are unsuitable because of the person's past medical history/ allergies                                                                                                                         |
| 2.1.4. Considers the cost and affordability of the medicines to the person                                                                              | <b>P (Proficiency)</b>                                                                                                                                                                                                                                           |
|                                                                                                                                                         | Identify a more affordable medicine when two medicines are available and both are therapeutically equivalent                                                                                                                                                     |
| 2.1.5. Refers the person for further assessment or treatment when the suitable treatment options are outside the TCHP's own stream or scope of practice | <b>P (Proficiency)</b>                                                                                                                                                                                                                                           |
|                                                                                                                                                         | Arranges referrals to other TCHP's as needed and if needed, to institutional healthcare providers                                                                                                                                                                |
| <b>2.2. Specific Competency</b>                                                                                                                         |                                                                                                                                                                                                                                                                  |
| 2.2.1. Follow safe process for responsible medication administration                                                                                    | <b>P (Proficiency)</b>                                                                                                                                                                                                                                           |
|                                                                                                                                                         | Distinguish between the different drug administration routes.                                                                                                                                                                                                    |
|                                                                                                                                                         | Describe how medication administration protocols are applied to specific patient presentations.                                                                                                                                                                  |

|                                                                          |                                                                                          |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
|                                                                          | Apply relevant remedial measures when medication administration errors occur.            |
|                                                                          | Explain the role of the TCHP in medication administration.                               |
|                                                                          | Demonstrate how to provide medications using a sequential step method of administration. |
|                                                                          | Demonstrate how to prepare a patient for medication administration.                      |
|                                                                          | Demonstrate how to measure the required quantity of medication.                          |
|                                                                          | Set up the supplies required for the specific route of drug administration.              |
|                                                                          | Receive consent before administration of medications.                                    |
| <b>2.3. Specific Competency</b>                                          |                                                                                          |
|                                                                          | <b>P (Proficiency)</b>                                                                   |
| 2.3.1. Help maintain balanced personal diet and lifestyle                | List the components of a balanced diet and a healthy lifestyle.                          |
|                                                                          | Describe personal activities / food habits which promote a balanced, healthy lifestyle.  |
|                                                                          | Explain general diet and healthy lifestyle regimens for the patient                      |
| <b>2.4. Specific Competency</b>                                          |                                                                                          |
|                                                                          | <b>S (Simulation)</b>                                                                    |
| 2.4.1. Identifies the need for, and develops, a review or follow-up plan | Identifies the reasoning for, and correct timing of, an appropriate review or follow-up  |
|                                                                          | Identifies the treatment outcomes during the review plan of the patient.                 |
| <b>2.5. Specific Competency</b>                                          |                                                                                          |
|                                                                          | <b>P (Proficiency)</b>                                                                   |
| 2.5.1. Treating of injuries and bandaging                                | Identify the purposes of and indications for dressing, bandaging and immobilization.     |
|                                                                          | Describe the various types of dressings and bandages.                                    |
|                                                                          | Demonstrate appropriate dressing, bandaging and immobilization procedures.               |
|                                                                          | Utilize sterile or aseptic technique(s) as appropriate.                                  |
|                                                                          | <b>P (Proficiency)</b>                                                                   |
| 2.5.2. Provide routine wound care                                        | Describe the kinds of wounds                                                             |
|                                                                          | Describe the stages of wound healing                                                     |
|                                                                          | Describe common dressings and therapies associated with wound care.                      |
|                                                                          | Explain the ongoing care associated with wound management                                |
|                                                                          | Perform wound care                                                                       |

### 3 Professional Responsibilities

|                                 |                       |
|---------------------------------|-----------------------|
| <b>3.1. Specific Competency</b> |                       |
| 3.1.1. Maintain patient dignity | <b>S (Simulation)</b> |

|                                                                      |                                                                                            |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
|                                                                      | Define "dignity".                                                                          |
|                                                                      | Acknowledge cultural differences.                                                          |
|                                                                      | Acknowledge personal privacy.                                                              |
|                                                                      | Demonstrate empathy.                                                                       |
|                                                                      | Demonstrate care appropriate to situation.                                                 |
|                                                                      | Demonstrate care appropriate to the needs of special populations.                          |
| 3.1.2. Dress appropriately and maintain personal hygiene             | <b>A (Application)</b>                                                                     |
|                                                                      | Identify appropriate dress for situation and environment.                                  |
|                                                                      | Identify characteristics of personal hygiene.                                              |
|                                                                      | Acknowledge appearance and personal hygiene.                                               |
| 3.1.3. Maintain patient confidentiality                              | <b>A (Application)</b>                                                                     |
|                                                                      | Describe regulatory requirements related to patient confidentiality.                       |
|                                                                      | Acknowledge conduct necessary to maintain patient confidentiality.                         |
| 3.1.4. Promote awareness of emergency systems                        | <b>A (Application)</b>                                                                     |
|                                                                      | Describe the characteristics of local emergency medical services.                          |
| 3.1.5. Participate in professional association                       | <b>A (Application)</b>                                                                     |
|                                                                      | Identify professional associations for TCHPs                                               |
|                                                                      | Describe the role of professional associations.                                            |
| <b>3.2. Specific Competency</b>                                      |                                                                                            |
| 3.2.1. Comply with scope of practice                                 | <b>P (Proficiency)</b>                                                                     |
|                                                                      | Define "scope of practice".                                                                |
|                                                                      | Discuss protocols and guidelines.                                                          |
|                                                                      | Describe the process to be followed for situations not covered by protocols or guidelines. |
|                                                                      | Communicate scope of practice.                                                             |
| <b>3.3. Specific Competency</b>                                      |                                                                                            |
| 3.3.1. Develop personal plan for continuing professional development | <b>P (Proficiency)</b>                                                                     |
|                                                                      | List professional development activities.                                                  |

#### 4 Communications

|                                                                  |                                                                  |
|------------------------------------------------------------------|------------------------------------------------------------------|
| <b>4.1. Specific Competency</b>                                  |                                                                  |
|                                                                  | <b>S (Simulation)</b>                                            |
| 4.1.1. Deliver an organized, accurate and relevant verbal report | List the components of effective verbal communication.           |
|                                                                  | Describe the components of a verbal report.                      |
|                                                                  | Organize information for a verbal report.                        |
|                                                                  | Listens actively to evaluate situations and responds effectively |
| 4.1.2. Speak in language appropriate to the listener.            | <b>S (Simulation)</b>                                            |
|                                                                  | Identify basic communication needs.                              |
|                                                                  | Describe common communication barriers.                          |
|                                                                  | Describe methods of meeting basic                                |

|                                    |                                                                                     |
|------------------------------------|-------------------------------------------------------------------------------------|
| 4.1.3. Use appropriate terminology | communication needs.                                                                |
|                                    | Adapt communication techniques effectively.                                         |
|                                    | <b>S (Simulation)</b>                                                               |
|                                    | Define common medical terminology.<br>Integrate medical and nonmedical terminology. |

## 5 Health and Safety

| 5.1. Specific Competency                                                                                         |                                                                                                    |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| 5.1.1. Practice effective strategies to improve physical and mental health for effective deliverance by the TCHP | <b>K (Knowledge)</b>                                                                               |
|                                                                                                                  | List the effects of shift work on physical and mental health.                                      |
|                                                                                                                  | List strategies to promote physical and mental health.                                             |
| 5.1.2. Exhibit physical strength and fitness consistent with the requirements of professional practice.          | <b>S (Simulation)</b>                                                                              |
|                                                                                                                  | Describe the physical capabilities required of a TCHP practitioner.                                |
|                                                                                                                  | Describe strategies to develop and maintain physical strength and fitness.                         |
|                                                                                                                  | Choose strategies to develop and maintain physical strength and fitness.                           |
|                                                                                                                  | Demonstrate adequate strength and fitness to perform roles associated with his stream of practice. |
| 5.2. Specific Competency                                                                                         |                                                                                                    |
| 5.2.1. Assess scene for safety.                                                                                  | <b>S (Simulation)</b>                                                                              |
|                                                                                                                  | Define "scene safety".                                                                             |
|                                                                                                                  | Describe factors contributing to scene safety.                                                     |
|                                                                                                                  | Apply techniques for assessing scene safety.                                                       |
| 5.2.2. Address potential occupational hazards                                                                    | Demonstrate techniques for the assessment of scene safety.                                         |
|                                                                                                                  | <b>K (Knowledge)</b>                                                                               |
|                                                                                                                  | List potential occupational hazards.                                                               |
|                                                                                                                  | Describe ways to manage occupational hazards.                                                      |
| 5.2.3. Clean and disinfect work environment.                                                                     | Demonstrate techniques to manage occupational hazards.                                             |
|                                                                                                                  | <b>K (Knowledge)</b>                                                                               |
|                                                                                                                  | List equipment and supplies required to clean and disinfect work environment.                      |
|                                                                                                                  | Describe methods to clean and disinfect work environment.                                          |

## 6 Health Promotion and Public Health

| 6.1. Specific Competency                                           |                                               |
|--------------------------------------------------------------------|-----------------------------------------------|
| 6.1.1. Participate in health promotion activities and initiatives. | <b>K (Knowledge)</b>                          |
|                                                                    | List the various health promotion initiatives |

|  |                                                  |
|--|--------------------------------------------------|
|  | announced by the governments and other agencies. |
|--|--------------------------------------------------|

## Competency Profile – Stream Specific

In addition to the General competence prescribed above, the TCHP for various streams shall meet the requirements as specified below:

*Note: Specific competence criteria have not been specified for jaundice and common ailment*

### 7 Traditional Birth Attendant

| 7.1. Specific Competency                                                                    |                                                                                            |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 7.1.1. Conduct trimester assessment , readiness for labor, delivery and new born assessment | <b>A (Application)</b>                                                                     |
|                                                                                             | List signs of “impending labor”                                                            |
|                                                                                             | List stages of labor                                                                       |
|                                                                                             | Describe complications of labor                                                            |
|                                                                                             | Demonstrate techniques for delivery                                                        |
|                                                                                             | Describe examination of new born                                                           |
| 7.1.2. Conduct neonatal assessment and interpret findings.                                  | Define “Neonatal”                                                                          |
|                                                                                             | Describe the pathophysiology of specific Neonatal illnesses and injuries                   |
|                                                                                             | Apply assessment techniques specific to the Neonates.                                      |
| 7.1.3. Conduct pediatric assessment and interpret findings.                                 | <b>A (Application)</b>                                                                     |
|                                                                                             | Define “Pediatric Patient”                                                                 |
|                                                                                             | List developmental parameters                                                              |
|                                                                                             | List the anatomical and physiological differences between the pediatric and adult patient. |

### 8 Arthritis

| 8.1. Specific Competency                                    |                                                  |
|-------------------------------------------------------------|--------------------------------------------------|
| 8.1.1. Conduct Arthritis assessment and interpret findings. | <b>A (Application)</b>                           |
|                                                             | Define “Arthritic Patient”                       |
|                                                             | Describe the assessment of the arthritic patient |
|                                                             | Interpret the findings of the assessment         |

### 9 Poisonous Bites

| 9.1. Specific Competency                                          |                                                                                    |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 9.1.1. Provide care to patient experiencing toxicologic syndromes | <b>A (Application)</b>                                                             |
|                                                                   | List the signs and symptoms of specific poisons and overdoses                      |
|                                                                   | Describe the approach to a patient presenting with signs and symptoms of toxicity. |
|                                                                   | Identify how patient history relates to patient presentation.                      |

|  |                                                                                           |
|--|-------------------------------------------------------------------------------------------|
|  | Describe prognosis of the clinical condition by listing out fatal signs and symptoms      |
|  | Demonstrate the ability to approach, assess, treat and transport (if required) a patient. |
|  | Justify approach, assessment and care decisions                                           |

## 10 Traditional Bone Setting

| 10.1. Specific Competency              |                                                           |
|----------------------------------------|-----------------------------------------------------------|
| 10.1.1. Immobilize suspected fractures | <b>S (Simulation)</b>                                     |
|                                        | Identify signs and symptoms of a possible fracture-       |
|                                        | List the various types of fractures                       |
|                                        | Distinguish between open and closed fractures.            |
|                                        | Demonstrate appropriate treatment to suspected fractures. |

**Voluntary Certification Scheme for  
Traditional Community Healthcare Providers  
(VCSTCHP)**

**CERTIFICATION PROCESS**

## **1. OBJECTIVE**

The objective of this document is to define the process of certification of Traditional Community Healthcare Providers under the Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHPs) to promote uniformity in its implementation among the Personnel Certification Bodies, the TCHPs seeking certification, the national accreditation body, the National Accreditation Board for Certification Bodies (NABCB), and QCI & FRLHT, the Scheme owners.

## **2. SCOPE**

This document explains the process of certification under the Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHPs) (hereinafter referred to as the Scheme) and the requirements that should be followed in order to obtain and maintain the certification.

## **3. DESCRIPTION OF CERTIFICATIONPROCESS**

### **3.1. Registration of Application**

- 3.1.1 The approved PrCB shall publicly display the Scheme for TCHP Certification along with the requisite format of the application with the detailed contact address/es for further clarification, if needed, with the vernacular translation of the announcement for the region where the certification is to be carried out. The information may be disseminated through Press Notes published through widely circulated vernacular newspapers of the region, through the TCHP Associations, and NGOs of the region, through various stakeholders and also would be web hoisted by the PrCB and Scheme Owner/s.
- 3.1.2.1 Applicant for certification should be 28 years old which is calculated based on minimum age of 18 years as adult and assuming practice is started and 10 years of practice for Traditional Community Healthcare Practices as prescribed.
- 3.1.2 The approved PrCB shall respond to all enquiries received from prospective applicants for certification as TCHPs with complete information on the certification process, including fee structure, a list of documents containing the requirements for certification, the applicants' obligations and rights, and the duties of a certified person which includes a self-declaration within 7 days of receipt of the query.
- 3.1.3 The applicant TCHP shall apply to the approved PrCB on the Application format prescribed and duly endorsed by the Village Panchayat/ City Corporation/ Town Counsellor / or any local government official including Biodiversity Management Committee along with the language in which he wishes to be evaluated.
- 3.1.4 The applicant TCHP shall declare whether he/she has been an applicant under this Scheme by any other Personnel Certification Bodies, and if yes, then shall provide details of status of application/certification, scope and period of certification. The Personnel Certification Bodies may verify the information provided by contacting the earlier.

- 3.1.5 The applicant TCHP shall, along with the application, declare any pending judicial proceedings relating to his conduct, and any pending proceedings by any regulatory body, and application from such an applicant shall not be entertained. The applicant shall also declare any instances of discomfort /disability caused to any of his patients in the past 2 years.
- 3.1.6 All applications for certification shall be reviewed for the completeness and adequacy and deficiencies observed, if any, shall be informed to applicant within 14 days of receipt of application. Records of review shall be maintained.
- 3.1.7 All applications, found complete, shall be registered within 14 days of receipt of application/additional information, in order of receipt with a unique identification number, acknowledged and records maintained. Registration shall be done, if found complete.
- 3.1.8 Applications from applicants found to be violating the terms and conditions of the Scheme while their application is being processed for grant of certificate, shall not be processed any further, and rejected after a due notice of 15 days.
- 3.1.9 Applications from applicants who have earlier misused the earlier certification or whose earlier certification was cancelled/application rejected because of violation of terms & conditions shall not be registered within one year of cancellation of the certificate/rejection of applicant by any.
- 3.1.10 Requests for certification from ex-applicants shall be processed like a fresh applicant and the entire procedure for grant of certification be adhered to subject to CI 3.1.7 and 3.1.8.
- 3.1.11 The PrCB shall reject or close all applications under the following conditions:
- a) If deficiencies observed in the application are not completed within one month;
  - b) If the applicant does not take the evaluation within 3 months of registration of application;
  - c) Misuse of certification mark, if any;
  - d) Evidence of malpractice; and
  - e) Voluntary withdrawal of application
- 3.1.12 In the event of closure/rejection of an Application, the application fee submitted with the application may be refunded as per the policy.

### **3.2. Competence Evaluation Process**

- 3.2.1. The Scheme has developed evaluation criteria for evaluating the competence of TCHP as given.

#### **Evaluation Criteria**

To test the skills and knowledge of the TCHP on all aspects relevant to the stream

### **Evaluation Types**

- Knowledge Assessment – Accuracy of responses to formal questions importantly to define the terms, tools, methods, professionalism or protocols used in the stream of practice.
- Case Assessment – Completeness of a case assessment handled by the TCHP, accuracy of the case finding and appropriateness of the treatment methods.
- Skills Assessment – Completeness, Accuracy and Professionalism in
  - Identifying medicinal plants for making medicines for health conditions
  - Good practices for collection and storage of Raw Drugs
  - Good practices for quality assessments of herbal preparations.
  - Good work practices for ensuring safe work environments
- Field verification
  - Feedback from patients treated
  - Medicinal preparation at work
  - Community work undertaken to promote preventive health

### **Evaluation Durations and Marks**

| <b>Evaluation Method</b>                                                                                                                                                                                                       | <b>Weightage</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Knowledge Evaluation through oral multiple choice questions <ul style="list-style-type: none"><li>• 30 mins for a total of 50 marks</li></ul>                                                                                  | 10%              |
| A Case Presentation <ul style="list-style-type: none"><li>• 30 mins for a total of 50 marks</li></ul>                                                                                                                          | 10%              |
| Viva Voce on case study presentation <ul style="list-style-type: none"><li>• 30 mins for a total of 50 marks</li></ul>                                                                                                         | 10%              |
| Practical Demonstration on identification of medicinal plants, preparation of formulations, storage of raw drugs and quality of preparations <ul style="list-style-type: none"><li>• 30 mins for a total of 50 marks</li></ul> | 30%              |
| Field verification at TCHPs work environment <ul style="list-style-type: none"><li>• 60 mins for a total of 100 marks</li></ul>                                                                                                | 40%              |

### **Criteria for Certification award**

The candidate should obtain at least 70% to be awarded Certificate

### **Equipment/materials required at the certification exam centre**

- Tools for medicinal preparation
- Medicinal plants

- 3.2.2. The Evaluation Method shall be a combination of Oral Interview, Demonstration based on the stream specific MSC and field assessment at the TCHP practice station. Oral Interview, Demonstration and Field Evaluation shall include knowledge and skill.

3.2.2.1. **Demonstrations:** The evaluator(s) shall have a guidelines document and a structured evaluation record for evaluation of each demonstration. There shall be a minimum of 3 examiners, with one of them being the Lead Evaluator, who shall individually evaluate the candidates and provide a single final score.

3.2.2.2. **Oral (Interview):**

4. The approved MSC Document shall be used by the evaluators from the Peer Evaluation Team of the PrCB as guidance document for evaluation of the candidate in their respective streams of practice.

The Evaluation will be conducted by way of interview where the TCHP will demonstrate the relevant skills of diagnosis and prognosis of the health condition, suggest appropriate management methods, identify raw drugs, demonstrate the preparation of medicines and describe the administration of the medicine.

The nominated Peer Evaluation Team shall conduct the field assessment for candidates who qualify in the interview to confirm their knowledge about the medicinal plants, the hygiene of their practice stations, witness demonstration of medicine preparation, verify the patient records and interview patients treated by the TCHP.

After satisfactory assessment of the candidate (TCHP), the Evaluation team shall recommend PrCB for issuing to the TCHP a Certificate of Competency in their selected stream of practice or advise the TCHP to undergo necessary training or upgrade by other means as per the prescribed skills and knowledge and retake the assessment.

The decision of the PrCB shall be communicated to the applicant and the scheme owner. The scheme owner and PrCB shall maintain an updated register of applicants, certified TCHPs with scope of certification and their status of certification.

- 4.1. The PrCB shall ensure that the evaluation and certification process are such that they are fair, valid and reliable across test centers, across time zones and across examiners.

4.1.1 The evaluation of the applicants shall be conducted within 3 month of registration of application.

4.1.2 The PrCB shall schedule the evaluations as and when the number of applicants totals 10 as a minimum. The PrCB at its discretion may evaluate with less number of candidates. The PrCB shall ensure that the certification process is completed within 15 days from the date of the actual evaluation, where applicable.

4.1.3 The PrCB shall inform all applicants who meet the eligibility criteria of the dates of evaluation, including those appearing for a re-evaluation and the means of evaluation at least 15 days prior to the evaluation. The PrCB shall make publicly

available through its website the dates for the evaluation and the names of the candidates.

4.1.4 The demonstration and oral evaluation (interview) shall be conducted by a team (minimum of 3) of independent Evaluators and representative of the PrCB. The names of the applicants shall be communicated well in advance to the Evaluation team for identification of conflict of interest, if any. Any conflicts identified with respect to the applicants shall be suitably addressed by the PrCB.

4.1.5 The PrCB shall inform all applicants of the team of independent Evaluators for identification of conflict of interest, if any. If the applicant candidate has any conflict of interest and voluntarily decides not undergo the evaluation, the PrCB shall provide them the option for another evaluation or reimburse the applicable application fee.

4.1.6 The names of the applicants shall be communicated well in advance to the evaluation centre where demonstration is planned to be carried for identification of conflict of interest, if any. Any conflicts identified with respect to the applicants shall be suitably addressed by the PrCB.

4.1.7 The PrCB shall inform applicant of the name of the evaluation centre where the demonstration is being planned for identification of conflict of interest, if any. If the applicant candidate has any conflict of interest and voluntarily decides not to undertake the demonstration, the PrCB shall provide them the option for another demonstration or reimburse the applicable application fee.

#### 4.1.8 **Checking of records for evaluation process**

4.1.8.1 The assessment of the demonstration and interview shall be by a competent 3 member team as already specified.

#### **Oral**

4.1.8.2 Each member of the team of Evaluators shall record their results for each of the questions on structured evaluation sheet for each applicant interviewed. The individual evaluation result for each applicant shall be discussed by the Team. The PrCB representative shall at the end of the evaluation collect all the evaluation results from each of the team members, collate the results and calculate the consensus score for each question asked, seal and there after shall submit the same to the office within one working day of completion of the evaluation.

4.1.8.3 **Field assessment** –The evaluation team shall evaluate the field assessment report for each of the specified stream within a week.

4.1.8.4 Applicant shall score a minimum of 70% for qualifying as TCHPs.

#### **4.2 Decision on Certification**

4.2.1 The PrCB shall take a decision on certification, by a competent person(s) independent of evaluation(s), based on the information gathered during the certification process and shall ensure the following;

- a) The evaluation result of the applicant is not below the minimum specified
- b) Availability of necessary documentation as proof of the means of evaluation chosen to assess the candidate, and
- c) Any other requirements prescribed by the Scheme Owners.

4.2.1.a Assuming practice is started at 18 years of age, should have 20 years' experience and be atleast 38 years of age, which would mean if someone starts practice later would be older.

4.2.2 There shall be no conditional grant of certification by the PrCB. The decision to certify the person shall be taken by independent person who has neither been involved in evaluating the applicant candidate nor in training of the candidate.

4.2.3 The decision of the PrCB shall be communicated to the applicant and scheme owner. The scheme owners and PrCB shall maintain an updated register of applicants, certified TCHPs with scope of certification and their status of certification.

4.2.4 When applicants fail to meet the acceptance criteria for evaluation, the PrCB shall inform them. The applicants may take another evaluation with the same or another but would have to declare their previous performance while reapplying.

4.2.5 On grant of certification, the PrCB shall issue a Certificate, uniquely identified, to the TCHP indicating the name of the TCHP, application number, cell phone number, and certification criteria, scope of certification, language of examination, effective date, date of expiry, and the name of the PrCB as a minimum.

4.2.6 Certified TCHPs who relocates their practice to a different state shall be required to inform the PrCB of the change in location who in turn shall inform the certified TCHP of the procedure to be followed for the continuance of the validity of the certificate.

4.2.7 The effective date of certification shall not be before the date of decision to grant the certification to the TCHP.

4.2.8 The certification shall be for a period of 5 years with at least one onsite assessment and two offsite assessments by submitting records, from the date of decision to grant the certification.

#### **4.3 Response Time**

The approved PrCB shall respond to all enquiries received from prospective applicants for certification as TCHP with complete information on the certification process, appropriate to each certification scheme (including fee structure), a list of documents containing the requirements for certification, the applicants' obligations

and rights, and the duties of a certified person which includes a code of conduct, within 14 days of receipt of the query

#### **4.4 Surveillance**

- 4.4.1 An onsite assessment shall be undertaken once in a certification cycle for each certified TCHP.
- 4.4.2 Will conduct one offsite assessment of certified TCHP once in 2 year.

#### **4.5 Suspension**

- 4.5.1 The PrCB shall issue instructions to the certified person for suspension of certification, without any notice, when;
  - a) The surveillance audit shows unsatisfactory performance
  - b) Any serious complaint/feedback which is found to be valid
  - c) Any violation of terms and conditions of certification.
- 4.5.2 On receipt of instructions for suspension of certification, the certified TCHP shall with immediate effect remove any reference to certification in any of his communication.
- 4.5.3 The certified TCHP shall be advised to undertake a root cause analysis and identify and initiate necessary corrective actions for resolving the same.
- 4.5.4 The PrCB shall revoke suspension only.
- 4.5.5 Suspension shall not exceed a period of six months and provided it is still within the validity period of the certificate. The certified TCHP's inability to resolve issues relating to suspension within this period shall lead to cancellation of certification.

#### **4.6 Recertification**

- 4.6.1 The PrCB shall send the Renewal notice to the certified TCHP atleast 6 months prior to expiry of certificate validity period to the registered email id of the TCHP and/or to the registered address.
- 4.6.2 The certified TCHP shall apply for renewal in the prescribed format along with fee, if any prescribed at least 4 months prior to expiry of certification. The PrCB shall conduct onsite evaluation for recertification.
- 4.6.3 The PrCB shall review the performance of the certified TCHP seeking recertification (renewal of the Certificate), with respect to compliance to certification criteria during the entire certification cycle, prior to a decision on the renewal of the certificate.
- 4.6.4 The performance of the certified TCHP shall be reviewed on the basis of the recertification evaluation;

- a) The surveillance evaluation report(s),
- b) Corrective actions taken on any feedback given during surveillance;
- c) Any suspension of certificate during the previous validity period;
- d) Complaints received, if any
- e) Feedback from the treated persons to be obtained by the PrCB
- f) Feedback reports from institution employed in, if applicable, obtained by the
- g) Adverse information, if any,

4.6.5 Recertification of the certified TCHP shall be based on their satisfactory performance during the previous certification period and shall be done before expiry of the certification.

4.6.6 The PrCB shall not recertify TCHP with conditions for compliance to be verified subsequently. There shall be no conditional certification of TCHPs.

4.6.7 The PrCB shall not recertify any certified TCHP whose certification is under suspension.

4.6.8 When performance of the certified TCHP is not satisfactory, the PrCB shall withhold the recertification of the TCHP clearly stating the reasons and give time for effecting corrective actions. The verification and decision on recertification shall be taken within 6 months of the expiry date.

4.6.9 The PrCB shall verify corrective actions.

4.6.10 The recertification shall be effected from the date of the expiry of the previous certificate and the intervening period shall be treated as period of suspension. The certified TCHP shall not claim certification during this period.

4.6.11 In case the certified TCHP does not complete satisfactorily actions within three months, the certificate shall stand expired from the date of expiry of previous validity.

4.6.12 When a certificate is not renewed it expires at the end of validity period.

#### **4.7 Cancellation**

4.7.1 PrCB shall cancel the certificate when;

- a) Certified TCHP contravenes the terms and conditions of certification and provisions of this certification scheme like claiming or displaying scope of certification other than that granted, or any fraudulent behavior is established, etc.
- b) The corrective actions taken are not ensuring compliance, or the proposed plan for corrective actions will take a considerable time beyond 3 months for implementation;

4.7.2 PrCB shall cancel the certificate at the request of the certified TCHP, if the certified TCHP is no longer interested.

4.7.3 In the event of cancellation the PrCB shall advise the TCHP to return the Certificate issued by the PrCB.

#### **4.8 Change in Level of Certification**

4.8.1 Change to a higher level of certification, if prescribed, on application by a TCHP shall be done after ascertaining the competence through any one of the prescribed means of evaluation for initial certification.

4.8.2 The applicant shall be issued a fresh certificate as in initial certification in lieu of the current certificate.

#### **4.9 Certificate**

4.9.1 The PrCB shall provide a certification document to the certified TCHP that clearly conveys, or permits identification of:

- a) The name of the person who has been certified
- b) The dates of granting, or renewing certification;
- c) The expiry date or recertification due date consistent with the recertification cycle;
- d) A unique identification code;
- e) Language of examination
- f) Cell phone number
- g) The certification criteria, including issue number and/or revision, against which the person has been certified;
- h) The level of certification;
- i) The name and address of the PrCB;
- j) Other marks (e.g. certification mark, accreditation symbol) may be used provided they are not misleading or ambiguous;
- k) Any other information required by the certification criteria used for certification;
- l) In the event of issuing any revised certification documents, a means to distinguish the revised documents from any prior obsolete documents.

4.9.2 The effective date on a certification document shall not be before the date of the certification/ recertification decision.

The formal certification documentation shall include the signature of the individual(s) of the PrCB assigned such responsibility.

#### **4.10 Fee**

4.10.1 A fee may be charged to the person seeking certification without any discrimination.

- 4.10.2 The fee structure shall be publicly accessible and also be provided on request.
- 4.10.3 The PrCB shall notify and obtain consent to its fee structure from the candidate prior to grant of certification. As and when the fee undergoes change, the same shall be communicated to all including applicants and obtain their consent.

# **Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHP)**

## **REQUIREMENTS FOR PERSONNEL CERTIFICATION BODIES (PROVISIONAL APPROVAL)**

## 0. INTRODUCTION:

- 0.1 The Personnel Certification Bodies (PrCBs), in order to operate under the **Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTHCPs)**, hereinafter referred to as the Scheme, shall need to primarily comply with the requirements specified in ISO 17024 and the additional requirements prescribed by QCI-FRLHT, as the Scheme owners.
- 0.2 The PrCBs would not get an applicant and would not be able to offer their process for witnessing as part of accreditation process to the accreditation body to get accreditation or to get the relevant scope added in their accreditation, if already accredited, unless they are approved under the Scheme.
- 0.3 Further, in order to launch the Scheme, it is necessary that some PrCBs are available at the beginning.
- 0.4 Therefore, it is necessary to establish a procedure for provisional approval of PrCBs under the Scheme till such time they can get the scope added in their accreditation or get formally accredited from the **National Accreditation Board for Certification Bodies (NABCB)** and approved by the Scheme owners.
- 0.5 This document sets out the requirements to be fulfilled by PrCBs desirous of operating under the Scheme pending formal accreditation and approval.

## 1. SCOPE

- 1.1 This document defines the process for Personnel Certification Bodies (PrCBs) to obtain provisional approval to operate under the Voluntary Certification Scheme for Traditional Community Healthcare Providers pending formal accreditation for the Scheme by NABCB as per the prescribed international standard(s).
- 1.2 This approval shall be valid for a period of three years within which the approved PrCBs would have to obtain formal NABCB accreditation.

## 2. CRITERIA FOR APPROVAL

The PrCBs desirous of Traditional Community Healthcare Providers Certification under this Scheme shall meet the criteria as prescribed in clauses 3 and 4 of this document.

## 3. ADMINISTRATIVE REQUIREMENTS

- 3.1 **Legal entity:** The PrCB shall be a legal entity in the economy in which it is located, or shall be a defined part of a legal entity, such that it can be held legally responsible for all its Certification activities. A governmental certification body is deemed to be a legal entity on the basis of its governmental status. A PrCB, that is part of an organization involved in functions other than certification, shall be separate and identifiable within that organization.
- 3.2 **Organizational structure:** The PrCB shall define and document the duties, responsibilities and reporting structure of its personnel and any committee and its place within the organization. When the certification body is a defined part of a legal entity, documentation of the organizational structure shall include the line of authority and the relationship to other parts within the same legal entity.

3.3 **INTEGRITY:** The PrCB and its personnel shall maintain integrity at all times. The PrCB shall implement adequate measures to ensure integrity.

3.4 **IMPARTIALITY:**

3.4.1 The PrCB shall be impartial.

3.4.2 The PrCB shall be so structured and managed as to safeguard impartiality.

3.4.3 The PrCB and its staff shall not engage in any activities that may conflict with their Impartiality.

3.4.4 The PrCB shall act impartially in relation to its applicants, candidates and certified TCHPs.

3.4.5 The PrCB shall have a process to identify, analyze, evaluate, monitor, and document the threats to impartiality arising from its activities including any conflicts arising from its relationships on an ongoing basis.

a) This shall include those threats that may arise from its activities, or from its relationships, or from the relationships of its personnel. Where there are any threats to impartiality, the PrCB shall document and demonstrate how it eliminates or minimizes such threats and document any residual risk. The demonstration shall cover all potential threats that are identified, whether they arise from within the PrCB or from the activities of other persons, bodies or organizations.

b) Top management shall review any residual risk to determine if it is within the level of acceptable risk. When a relationship poses an unacceptable threat to impartiality, then certification shall not be provided.

c) The risk assessment process shall include identification of and consultation with appropriate interested parties to advice on matters affecting impartiality including openness and public perception.

NOTE 1 Sources of threats to impartiality of the accreditation body can be based on ownership, governance, management, personnel, shared resources, finances, contracts, training, marketing and payment of a sales commission or other inducement for the referral of new clients, etc.

NOTE 2 One way of fulfilling the consultation with the interested parties is by the use of an impartiality committee.

3.4.6 The PrCB shall not impart education and/or training in traditional community health practices within the same legal entity.

3.4.7 The PrCB shall have a process to eliminate or minimize risk to impartiality if training/education of TCHPs is carried out in a related body which is linked to the PrCB by common ownership etc.

3.4.8 The PrCB shall have a process to ensure that the evaluators is free of any conflict of interest with the applicant(s) by means of being a teacher in the recent past. A separation of 2 years is considered acceptable for the purpose.

3.5 **CONFIDENTIALITY:** The PrCB shall ensure confidentiality of information obtained in the course of its certification activities by having a suitable system. Information gathered would not be used for any commercial or other purposes other than that to support certification of candidates.

3.6 **SECURITY:** The PrCB shall develop and document policies and procedures to ensure security throughout the certification process.

### 3.7 **Liability and financing**

3.7.1 The PrCB shall be able to demonstrate that it has evaluated the risks arising from its certification activities and that it has adequate arrangements (e.g. insurance or reserves) to cover liabilities arising from its operations in each of its fields of activities and the geographic areas in which it operates.

3.7.2 The PrCB shall evaluate its finances and sources of income and demonstrate that initially, and on an ongoing basis, commercial, financial or other pressures do not compromise its impartiality.

## 4. **TECHNICAL REQUIREMENTS**

### 4.1 **Personnel**

4.1.1 The PrCB shall have, as part of its own organization, personnel, either employed or on contract, having sufficient competence for managing process of certification of Traditional Community Healthcare Providers (TCHP).

4.1.2 The PrCB shall have defined processes for selecting, training, and formally authorizing evaluators and for selecting technical experts, if needed, used in this activity.

### 4.2 **Competence**

4.2.1 The evaluators used by the PrCBs shall have the following qualifications and experience:

- a) Experience: Assuming practice is started at 18 years, should have 20 years of experience and be at least 38 years old, this would mean if someone starts practice later, could be older.
- b) Shall be recognized within the community;
- c) Shall be a good communicator
- d) Shall have a good understanding of the Competency Profile.
- e) Shall have a good understanding of the various medicinal plants in that geography and its uses for preventive or curative purposes in humans
- f) Shall be able to apply Standard pre-defined evaluation principles by the Scheme Owners;
- g) Shall be able to apply evaluation accommodations for disability, language, and other special needs;
- h) Shall be able to apply the assessment methods and the type of evidence collected for the specific competency unit(s) assigned;
- i) Shall be able to recognize and distinguish Prior Learning and Current Competency processes;
- j) Shall be able to apply all scoring and reporting processes;
- k) Shall be able to apply the evidence of practice from the community where the TCHP practices and reporting as required;

- l) Shall be able to conduct the Oral Evaluation of candidates for competency as per MSC; and
- m) Shall be able to use active proctoring methods.

4.2.2 The PrCB shall have a process of qualifying the evaluators by a more senior Traditional Community Healthcare Provider. The PrCB shall also define the competence requirements of the senior Traditional Community Health Professional who will qualify the evaluators.

4.2.3 Alternately the PrCBs can draw the TCHP expert from the Peer Evaluation Committee approved by the Scheme owners.

**4.2.4 Personnel records**

The PrCBs shall maintain up-to-date personnel records, as per requirements of the Scheme document, of each of its personnel involved in its certification activities

**4.3 Certification process**

4.3.1 The PrCB shall manage the process of certifying Traditional Community Healthcare Providers as per the documented 'Certification Process' prescribed under the Scheme.

4.3.2 The PrCB shall maintain records to demonstrate that the certification process is effectively implemented.

4.3.3 The PrCB shall ensure the requirements of the Scheme are met with at any point in time.

4.3.4 The PrCB shall certify Traditional Community Healthcare Providers only under the Scheme and shall use the logo of the Scheme in the certificates issued to the certified Traditional Community Healthcare Providers.

4.3.5 The PrCB shall have written agreement with the certified THCPs on the use of the certificate issued to them.

4.3.6 The PrCB shall have a process to handle appeals by the candidates against any of its decisions.

4.3.7 The PrCB shall have a process to handle complaints from the TCHPs, the users of the services of the certified TCHPs or any other stake holder.

**4.4 Certification agreement**

The PrCBs shall have a legally enforceable agreement for the provision of certification activities to THCPs. In addition, the PrCBs shall ensure its certification agreement requires that the THCPs comply at least, with the specific requirements as prescribed in the relevant accreditation standards (ISO 17024) and the Scheme document.

**4.5 Responsibility for decision on certification**

4.5.1 The PrCBs shall be responsible for, shall retain authority for, and shall not delegate, its decisions relating to certification, including the granting, maintaining, recertifying, expanding and reducing the scope of the certification, and suspending or withdrawing the certification.

#### **4.6 Publicly available information**

- 4.6.1 The PrCB shall maintain a website for providing information about the Scheme and its certification activities under the Scheme.
- 4.6.2 The PrCB shall maintain and make publicly available information describing its certification processes for granting, maintaining, extending, renewing, reducing, suspending or withdrawing certification, and about the certification activities and geographical areas in which it operates.
- 4.6.3 The PrCB shall make publicly available information about applications registered and certifications granted, suspended or withdrawn.
- 4.6.4 The PrCB shall make publicly available its processes for handling appeals and complaints.

### **5. APPROVAL PROCESS**

#### **5.1 Application**

- 5.1.1 Any organization interested in approval as a PrCB for the purpose of the Scheme may apply to QCI in the prescribed application format along with the prescribed application fee. The applicant shall also enclose the required information and documents as specified in the application form.
- 5.1.2 The filled in application form for approval shall be duly signed by the CEO/authorized representative/s of the organization seeking approval.
- 5.1.3 On receipt of the application form, it will be scrutinized by the secretariat at QCI and those found complete in all respects will be processed further.

#### **5.2 Assessment process**

- 5.2.1 On review of the application for completeness, an assessment team comprising a team leader and member(s)/technical expert(s) will be nominated by QCI for the purpose of assessment at applicant's office and other locations, if required. Under normal circumstances, the assessment at head office will be for a total of two man days.
- 5.2.2 The names of the members of the assessment team along with their CVs will be communicated to the applicant giving it adequate time to raise any objection against the appointment of any of the team members, which will be dealt with by QCI on merits. All assessors/experts nominated by QCI have signed undertakings regarding confidentiality and conflict of interest.
- 5.2.3 If necessary, QCI may decide based on the report of office assessment or otherwise, to undertake witness assessment(s) of actual evaluation or any part of the certification process by the applicant.
- 5.2.4 The assessment team leader shall provide an assessment plan to the applicant in advance of the assessment.
- 5.2.5 The date(s) of assessment shall be mutually agreed to between the applicant and QCI/assessment team.

- 5.2.6 The Office assessment will begin with an opening meeting for explaining the purpose and scope of assessment and the methodology of the assessment. The actual assessment process shall cover review of the documented system of the organization to assess its adequacy in line with the assessment criteria as specified. It will also involve verification of the implementation of the system including scrutiny of the records of evaluators' competence and other relevant records and demonstration of evaluators' competence through means like interviews, etc. In short, it will be an assessment for verifying technical competence of the applicant for operating under the Scheme.
- 5.2.7 At the end of the office assessment, through a formal closing meeting, all the non-conformities and concerns observed in the applicant's system as per the assessment criteria and the assessment team's recommendation to QCI, shall be conveyed to the applicant.
- 5.2.8 Based on the report of assessment, and the action taken by the applicant on the non-conformities/concerns, if any, QCI shall take a decision on granting provisional approval to the applicant as PrCB under the Scheme.

## **6. VALIDITY OF APPROVAL**

- 6.1 The approval shall be valid for a period of three years.
- 6.2 The PrCB shall obtain formal accreditation as per ISO 17024 from NABCB within three year of approval by QCI.
- 6.3 The approval shall be subject to suspension/withdrawal with due notice of 15 days in the event of any noncompliance to the requirements of the Scheme.
- 6.4 The approved PrCB shall inform QCI without delay about any changes relevant to its approval, in any aspect of its status or operation relating to;
- a) Its legal, commercial, ownership or organizational status,
  - b) The organization, top management and key personnel,
  - c) Main policies, resources, premises and scope of approval, and
  - d) Other such matters that may affect the ability of the PrCB to fulfill requirements for approval

QCI shall examine such information and decide on the issue on merits with or without an on-site verification.

- 6.5 The PrCB shall send data of the candidates certified/rejected immediately within one week after issue of the certificate/conclusion of evaluation to QCI. The data shall be submitted in the specified format for maintaining the registry of the TCHPs.

## **7. Fee**

- 7.1 **The following fee structure shall apply:**

- a) **Application fee**  
**INR 5000**
- b) **Manday Charges**  
**INR 10,000**

- 7.2 **In addition, the PrCB shall pay to QCI an amount of 10% of the fee charged per candidate subject to minimum of INR 100 and maximum of INR 500 per certificate issued by PrCB.**
- 7.3 QCI at its discretion may revise/ levy any other fee necessary with due notice to the PrCBs.

**Voluntary Certification Scheme for  
Traditional Community Healthcare Providers (VCSTCHP)**

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

**1.Name of the CB:**

**2.Approval applied for:**

**3.Application reference:**

**4.CB's Documentation (*CB to list*):**

**5.Brief information about the CB (*CB to provide*):**

**6.Summary of Observations:**

**7.Recommendations:**

### CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT

| (1) | (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (3)                                                                                                        | (4)        |    | (5)                                     |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------|----|-----------------------------------------|
| Cl. | VCSTCHP Scheme Requirements for Provisional Approval                                                                                                                                                                                                                                                                                                                                                                                                                    | QM/Procedure no/Document no/Format no with <u>Clause no.</u> , where a particular requirement is addressed | Compliance |    | QCI AT Review comments after assessment |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            | Yes        | No |                                         |
| 3.  | <b>Administrative Requirement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |            |    |                                         |
| 3.1 | <b>Legal Entity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |            |    |                                         |
|     | The PrCB shall be a legal entity in the economy in which it is located, or shall be a defined part of a legal entity, such that it can be held legally responsible for all its Certification activities. A governmental certification body is deemed to be a legal entity on the basis of its governmental status. A PrCB, that is part of an organization involved in functions other than certification, shall be separate and identifiable within that organization. |                                                                                                            |            |    |                                         |
| 3.2 | <b>Organizational Structure:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            |            |    |                                         |

### CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT

|  |                                                                                                                                                                                                                                    |  |  |  |  |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|  | The PrCB shall define and document the duties, responsibilities and reporting structure of its personnel and any committee and its place within the organization. When the certification body is a defined part of a legal entity, |  |  |  |  |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|

| (1) | (2)                                                                                                                                                 | (3)                                                                                                                                      | (4)        |    | (5)                                     |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------|----|-----------------------------------------|
| Cl. | VCSTCHP Scheme Requirements for Provisional Approval                                                                                                | QM/Procedure<br>no/Document no/Format no with <u>Clause no.</u> , where a particular requirement is addressed<br>(CB to provide details) | Compliance |    | QCI AT Review comments after assessment |
|     |                                                                                                                                                     |                                                                                                                                          | Yes        | No |                                         |
|     | documentation of the organizational structure shall include the line of authority and the relationship to other parts within the same legal entity. |                                                                                                                                          |            |    |                                         |
| 3.3 | Integrity                                                                                                                                           |                                                                                                                                          |            |    |                                         |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

|            |                                                                                                                                   |  |  |  |  |
|------------|-----------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|            | The PrCB and its personnel shall maintain integrity at all times. The PrCB shall implement adequate measures to ensure integrity. |  |  |  |  |
| <b>3.4</b> | <b>Impartiality</b>                                                                                                               |  |  |  |  |
| 3.4.1      | The PrCB shall be impartial.                                                                                                      |  |  |  |  |
| 3.4.2      | The PrCB shall be so structured and managed as to safeguard impartiality.                                                         |  |  |  |  |
| 3.4.3      | The PrCB and its staff shall not engage in any activities that may conflict with their Impartiality.                              |  |  |  |  |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

| (1) | (2)                                                  | (3)                                                                                                                                                    | (4)        |    | (5)                                     |
|-----|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|-----------------------------------------|
| Cl. | VCSTCHP Scheme Requirements for Provisional Approval | <p>QM/Procedure</p> <p>no/Document no/Format no with <u>Clause no.</u>, where a particular requirement is addressed</p> <p>(CB to provide details)</p> | Compliance |    | QCI AT Review comments after assessment |
|     |                                                      |                                                                                                                                                        | Yes        | No |                                         |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 3.4.4 | The PrCB shall act impartially in relation to its applicants, candidates and certified TCHPs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |
| 3.4.5 | <p>The PrCB shall have a process to identify, analyze, evaluate, monitor, and document the threats to impartiality arising from its activities including any conflicts arising from its relationships on an ongoing basis.</p> <p>a) This shall include those threats that may arise from its activities, or from its relationships, or from the relationships of its personnel. Where there are any threats to impartiality, the PrCB shall document and demonstrate how it eliminates or minimizes such threats and document any residual risk. The demonstration shall cover all potential threats that are identified, whether they arise from within the PrCB or from the activities of other persons,</p> |  |  |  |  |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

| (1) | (2)                                                  | (3)                                                                                                                                                    | (4)        |    | (5)                                     |
|-----|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|-----------------------------------------|
| Cl. | VCSTCHP Scheme Requirements for Provisional Approval | <p>QM/Procedure</p> <p>no/Document no/Format no with <u>Clause no.</u>, where a particular requirement is addressed</p> <p>(CB to provide details)</p> | Compliance |    | QCI AT Review comments after assessment |
|     |                                                      |                                                                                                                                                        | Yes        | No |                                         |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|  | <p>bodies or organizations.</p> <p>b) Top management shall review any residual risk to determine if it is within the level of acceptable risk. When a relationship poses an unacceptable threat to impartiality, then certification shall not be provided.</p> <p>c) The risk assessment process shall include identification of and consultation with appropriate interested parties to advice on matters affecting impartiality including openness and public perception.</p> <p>NOTE 1 Sources of threats to impartiality of the accreditation body can be based on ownership, governance, management, personnel, shared resources, finances, contracts, training,</p> |  |  |  |  |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

| (1)   | (2)                                                                                                                                                                                                                     | (3)                                                                                                                    | (4)        |    | (5)                                        |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------|----|--------------------------------------------|
| Cl.   | VCSTCHP Scheme Requirements for<br>Provisional Approval                                                                                                                                                                 | QM/Procedure<br>no/Document no/Format<br>no with <u>Clause no.</u> , where<br>a particular requirement<br>is addressed | Compliance |    | QCI AT Review comments<br>after assessment |
|       |                                                                                                                                                                                                                         |                                                                                                                        | Yes        | No |                                            |
|       | marketing and payment of a sales commission or other inducement for the referral of new clients, etc.<br><br>NOTE 2 One way of fulfilling the consultation with the interested parties is by the use of an impartiality |                                                                                                                        |            |    |                                            |
| 3.4.6 | The PrCB shall not impart education and/or training in traditional community health practices within the same legal entity.                                                                                             |                                                                                                                        |            |    |                                            |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

|       |                                                                                                                                                                                                  |  |  |  |  |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 3.4.7 | The PrCB shall have a process to eliminate or minimize risk to impartiality if training/education of TCHPs is carried out in a related body which is linked to the PrCB by common ownership etc. |  |  |  |  |
| 3.4.8 | The PrCB shall have a process to ensure that the evaluators is free of any conflict of interest with the                                                                                         |  |  |  |  |

### CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT

| (1) | (2)                                                                                                                                                             | (3)                                                                                                                    | (4)        |    | (5)                                        |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------|----|--------------------------------------------|
| Cl. | VCSTCHP Scheme Requirements for<br><b>Provisional Approval</b>                                                                                                  | QM/Procedure<br>no/Document no/Format no<br>with <u>Clause no.</u> , where a<br>particular requirement is<br>addressed | Compliance |    | QCI AT Review comments<br>after assessment |
|     |                                                                                                                                                                 |                                                                                                                        | Yes        | No |                                            |
|     | applicant(s) by means of being a teacher in the recent past. A separation of 2 years is considered acceptable for the purpose.                                  |                                                                                                                        |            |    |                                            |
| 3.5 | <b>Confidentiality:</b><br><br>The PrCB shall ensure confidentiality of information obtained in the course of its certification activities by having a suitable |                                                                                                                        |            |    |                                            |
| 3.6 | <b>Security:</b><br><br>The PrCB shall develop and document policies and procedures to ensure security throughout the certification                             |                                                                                                                        |            |    |                                            |
| 3.7 | <b>Liability and financing</b>                                                                                                                                  |                                                                                                                        |            |    |                                            |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

|       |                                                                                                                                                                                             |  |  |  |  |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 3.7.1 | The PrCB shall be able to demonstrate that it has evaluated the risks arising from its certification activities and that it has adequate arrangements (e.g. insurance or reserves) to cover |  |  |  |  |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|

| (1) | (2)                                                                             | (3)                                                                                                           | (4)        |    | (5)                                     |
|-----|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------|----|-----------------------------------------|
| Cl. | VCSTCHP Scheme Requirements for Provisional Approval                            | QM/Procedure<br>no/Document no/Format no with <u>Clause no.</u> , where a particular requirement is addressed | Compliance |    | QCI AT Review comments after assessment |
|     |                                                                                 |                                                                                                               | Yes        | No |                                         |
|     | each of its fields of activities and the geographic areas in which it operates. |                                                                                                               |            |    |                                         |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

|            |                                                                                                                                                                                                                                                |  |  |  |  |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 3.7.2      | The PrCB shall evaluate its finances and sources of income and demonstrate that initially, and on an ongoing basis, commercial, financial or other pressures do not compromise its impartiality.                                               |  |  |  |  |
| <b>4.</b>  | <b>TECHNICAL REQUIREMENTS</b>                                                                                                                                                                                                                  |  |  |  |  |
| <b>4.1</b> | <b>Personnel:</b>                                                                                                                                                                                                                              |  |  |  |  |
| 4.1.1      | The PrCB shall have, as part of its own organization, personnel, either<br><br>employed or on contract, having sufficient competence for managing<br><br>process of certification of Traditional<br><br>Community Healthcare Providers (TCHP). |  |  |  |  |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

|       |                                                                                                                               |  |  |  |  |
|-------|-------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 4.1.2 | The PrCB shall have defined processes<br>for selecting, training, and formally<br>authorizing evaluators and for<br>selecting |  |  |  |  |
|-------|-------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

| (1) | (2)                                                     | (3)                                                                                                                                                   | (4)        |    | (5)                                        |
|-----|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|--------------------------------------------|
| Cl. | VCSTCHP Scheme Requirements for Provisional Approval    | QM/Procedure<br>no/Document no/Format<br>no with <u>Clause no.</u> , where<br>a particular requirement<br>is addressed<br><br>(CB to provide details) | Compliance |    | QCI AT Review comments<br>after assessment |
|     |                                                         |                                                                                                                                                       | Yes        | No |                                            |
|     | technical experts, if needed, used in<br>this activity. |                                                                                                                                                       |            |    |                                            |
| 4.2 | Competence                                              |                                                                                                                                                       |            |    |                                            |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 4.2.1 | <p>The evaluators used by the PrCBs shall have the following qualifications and experience:</p> <p><b>a)</b> Experience: Shall have a practice for no less than 20 years in the stream of practice</p> <p><b>b)</b> Shall be recognized within the community:</p> <p><b>c)</b> Shall be a good communicator</p> <p><b>d)</b> Shall have a good understanding of the Competency Profile.</p> <p><b>e)</b> Shall have a good understanding of the various medicinal plants in that geography and its uses for preventive or curative purposes in humans</p> <p><b>f)</b> Shall be able to apply Standard pre-defined evaluation principles by the Scheme Owners;</p> |  |  |  |  |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

| (1) | (2)                                                  | (3)                                                                                                             | (4)        |    | (5)                                     |
|-----|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------|----|-----------------------------------------|
| Cl. | VCSTCHP Scheme Requirements for Provisional Approval | QM/Procedure no/Document no with <u>Clause no.</u> , where a particular requirement is addressed (CB to provide | Compliance |    | QCI AT Review comments after assessment |
|     |                                                      |                                                                                                                 | Yes        | No |                                         |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|  | <p><b>g)</b> Shall be able to apply evaluation accommodations for disability, language, and other special needs;</p> <p><b>h)</b> Shall be able to apply the assessment methods and the type of evidence collected for the specific competency unit(s) assigned;</p> <p><b>i)</b> Shall be able to recognize and distinguish Prior Learning and Current Competency processes;</p> <p><b>j)</b> Shall be able to apply all scoring and reporting processes;</p> <p><b>k)</b> Shall be able to apply the evidence of practice collection from the community where the TCHP practices and reporting as required;</p> <p><b>l)</b> Shall be able to conduct the Oral Evaluation of candidates for competency as per MSC; and</p> <p><b>m)</b> Shall be able to use active proctoring methods</p> |  |  |  |  |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

| (1)   | (2)                                                                                                                                                                                                                                                                                      | (3)                                                                                                                                                   | (4)        |    | (5)                                        |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|--------------------------------------------|
| Cl.   | VCSTCHP Scheme Requirements for Provisional Approval                                                                                                                                                                                                                                     | QM/Procedure<br>no/Document no/Format<br>no with <u>Clause no.</u> , where<br>a particular requirement<br>is addressed<br><br>(CB to provide details) | Compliance |    | QCI AT Review comments<br>after assessment |
|       |                                                                                                                                                                                                                                                                                          |                                                                                                                                                       | Yes        | No |                                            |
| 4.2.2 | The PrCB shall have a process of qualifying the evaluators by a more senior Professional of Traditional Community Healthcare Providers. The PrCB shall also define the competence requirements of the senior Traditional Community Healthcare Providers who will qualify the evaluators. |                                                                                                                                                       |            |    |                                            |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

|       |                                                                                                                                                                                                  |                                                                                                                                                 |            |    |                                         |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|-----------------------------------------|
| 4.2.3 | Alternately the PrCBs can draw the TCHP expert from the Peer Evaluation Committee approved by the Scheme owners.                                                                                 |                                                                                                                                                 |            |    |                                         |
| 4.2.4 | <b>Personnel records</b><br>The PrCBs shall maintain up-to-date personnel records, as per requirements of the Scheme document, of each of its personnel involved in its certification activities |                                                                                                                                                 |            |    |                                         |
| (1)   | (2)                                                                                                                                                                                              | (3)                                                                                                                                             | (4)        |    | (5)                                     |
| Cl.   | VCSTCHP Scheme Requirements for Provisional Approval                                                                                                                                             | QM/Procedure<br>no/Document no/Format<br>no with <u>Clause no.</u> , where a particular requirement is addressed<br><br>(CB to provide details) | Compliance |    | QCI AT Review comments after assessment |
|       |                                                                                                                                                                                                  |                                                                                                                                                 | Yes        | No |                                         |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

|            |                                                                                                                                                                                                                      |  |  |  |  |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>4.3</b> | <b>Certification process:</b>                                                                                                                                                                                        |  |  |  |  |
| 4.3.1      | The PrCB shall manage the process of Certifying Traditional Community Healthcare Providers as per the documented 'Certification Process' prescribed under the Scheme.                                                |  |  |  |  |
| 4.3.2      | The PrCB shall maintain records to demonstrate that the certification process is effectively implemented.                                                                                                            |  |  |  |  |
| 4.3.3      | The PrCB shall ensure the requirements of the Scheme are met with at any point in time.                                                                                                                              |  |  |  |  |
| 4.3.4      | The PrCB shall certify Traditional Community Healthcare Providers only under the Scheme and shall use the logo of the Scheme in the certificates issued to the certified Traditional Community Healthcare Providers. |  |  |  |  |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

|       |                                                                                                              |  |  |  |  |
|-------|--------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 4.3.5 | The PrCB shall have written agreement with the certified THCPs on the use of the certificate issued to them. |  |  |  |  |
| 4.3.6 | The PrCB shall have a process to handle appeals by the candidates                                            |  |  |  |  |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

| (1)   | (2)                                                                                                                                            | (3)                                                                                                                                                   | (4)        |    | (5)                                        |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|--------------------------------------------|
| Cl.   | VCSTCHP Scheme Requirements for Provisional Approval                                                                                           | QM/Procedure<br>no/Document no/Format<br>no with <u>Clause no.</u> , where<br>a particular requirement<br>is addressed<br><br>(CB to provide details) | Compliance |    | QCI AT Review comments<br>after assessment |
|       |                                                                                                                                                |                                                                                                                                                       | Yes        | No |                                            |
|       | against any of its decisions.                                                                                                                  |                                                                                                                                                       |            |    |                                            |
| 4.3.7 | The PrCB shall have a process to handle complaints from the TCHPs, the users of the services of the certified TCHPs or any other stake holder. |                                                                                                                                                       |            |    |                                            |

**CROSS REFERENCE MATRIX-cum- ASSESSMENT REPORT**

|       |                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 4.4   | <b>Certification agreement:</b> The PrCBs shall have a legally enforceable agreement for the provision of certification activities to THCPs. In addition, the PrCBs shall ensure its certification agreement requires that the THCPs comply at least, with the specific requirements as prescribed in the relevant accreditation standards (ISO17024) and the Scheme document. |  |  |  |  |
| 4.5   | <b>Responsibility for decision on Certification</b>                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
| 4.5.1 | The PrCBs shall be responsible for, shall retain authority for, and shall not delegate, its decisions relating to                                                                                                                                                                                                                                                              |  |  |  |  |

| (1)   | (2)                                                                                                                                                                       | (3)                                                                                                                                                   | (4)        |    | (5)                                           |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|-----------------------------------------------|
| Cl.   | VCSTCHP Scheme Requirements for Provisional Approval                                                                                                                      | QM/Procedure<br>no/Document no/Format<br>no with <u>Clause no.</u> , where<br>a particular requirement<br>is addressed<br><br>(CB to provide details) | Compliance |    | QCI AT Review<br>comments after<br>assessment |
|       |                                                                                                                                                                           |                                                                                                                                                       | Yes        | No |                                               |
|       | certification, including the granting, maintaining, recertifying, expanding and reducing the scope of the certification, and suspending or withdrawing the certification. |                                                                                                                                                       |            |    |                                               |
| 4.6   | <b>Publicly available information</b>                                                                                                                                     |                                                                                                                                                       |            |    |                                               |
| 4.6.1 | The PrCB shall maintain a website for providing information about the Scheme and its certification activities under the Scheme.                                           |                                                                                                                                                       |            |    |                                               |



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|       |                                                                                                                                                                                                                                                                                               |  |  |  |  |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 4.6.2 | The PrCB shall maintain and make publicly available information describing its certification processes for granting, maintaining, extending, renewing, reducing, suspending or withdrawing certification, and about the certification activities and geographical areas in which it operates. |  |  |  |  |
| 4.6.3 | The PrCB shall make publicly available information about applications registered and certifications granted,                                                                                                                                                                                  |  |  |  |  |



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| (1)         | (2)                                                  | (3)                                                                                                                       | (4)        | (5)                                     |
|-------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------|
| C<br>I<br>. | VCSTCHP Scheme Requirements for Provisional Approval | QM/Procedure<br>no/Document<br>no/Format no with<br><u>Clause no.</u> , where a<br>particular requirement<br>is addressed | Compliance | QCI AT Review comments after assessment |
|             |                                                      |                                                                                                                           | Yes        | No                                      |
|             | suspended or withdrawn                               |                                                                                                                           |            |                                         |



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|       |                                                                                           |  |  |  |
|-------|-------------------------------------------------------------------------------------------|--|--|--|
| 4.6.4 | The PrCB shall make publicly available its processes for handling appeals and complaints. |  |  |  |
|-------|-------------------------------------------------------------------------------------------|--|--|--|



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**Name of the Team Leader**

**Date**

**Voluntary Certification Scheme for  
Traditional Community Healthcare Providers  
(VCSTCHP)**

**APPLICATION FORM FOR PERSONNEL  
CERTIFICATION BODY (PrCB) AND  
TCHP APPLICATION FORM ALONG WITH  
FREE PRIOR INFORMED CONSENT, CODE  
OF CONDUCT, SELF-DECLARATION FORM  
ALONG WITH ENDORSEMENT**



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### APPLICATION FORM FOR PERSONNEL CERTIFICATION BODIES (PrCB)

Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHPs)

**To apply for QCI Approval under the** Voluntary Certification Scheme for Traditional Community Health Providers (VCSTCHPs) **kindly complete this application form and send it to QCI at the address mentioned above accompanied by:**

1. Documents as listed in Part IV of application;
2. Application Fee (with applicable taxes) in favour of Quality Council of India.

**Before completing this application form and submitting application, the relevant documents of the Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHPs) should be carefully studied. If any clarifications needed, please contact QCI at [tchpscheme@qcin.org](mailto:tchpscheme@qcin.org).**

**If additional space is required for providing information to any item, the information may be annexed as a separate sheet.**

Please provide information as per the format and in the space given.

| PART – I |                                          | GENERAL INFORMATION |  |
|----------|------------------------------------------|---------------------|--|
|          |                                          |                     |  |
| 1.       | Name of the Personnel Certification Body |                     |  |
|          |                                          |                     |  |
| 2.       | Address of Main Office                   |                     |  |
|          |                                          |                     |  |
|          |                                          | City                |  |



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|    |                                   |                                                                                                                                                                                                                  |  |     |  |
|----|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|--|
|    |                                   | State                                                                                                                                                                                                            |  | PIN |  |
| 3. | <b>Contact Details</b>            | Phone                                                                                                                                                                                                            |  |     |  |
|    |                                   | Fax                                                                                                                                                                                                              |  |     |  |
|    |                                   | E-mail                                                                                                                                                                                                           |  |     |  |
|    |                                   | Web                                                                                                                                                                                                              |  |     |  |
| 4. | <b>Ownership Details</b>          |                                                                                                                                                                                                                  |  |     |  |
| 5. | <b>Legal Registration Details</b> | Status                                                                                                                                                                                                           |  |     |  |
|    |                                   | Regn. No.                                                                                                                                                                                                        |  |     |  |
|    |                                   | Date of Regn.                                                                                                                                                                                                    |  |     |  |
|    |                                   | Regn. Authority                                                                                                                                                                                                  |  |     |  |
|    |                                   | Place of regn.                                                                                                                                                                                                   |  |     |  |
|    |                                   | If registered outside the country where Main Office is located. Also provide above the details of approval to operate or to do business in India / SAARC country/ Global and annex copy of the approval granted. |  |     |  |
| 6. | <b>Chief Executive</b>            | Name                                                                                                                                                                                                             |  |     |  |
|    |                                   | Designation                                                                                                                                                                                                      |  |     |  |
| 7. | <b>Primary Contact Person</b>     | Name                                                                                                                                                                                                             |  |     |  |
|    |                                   | Designation                                                                                                                                                                                                      |  |     |  |
|    |                                   | Phone                                                                                                                                                                                                            |  |     |  |
|    |                                   | Mobile                                                                                                                                                                                                           |  |     |  |
|    |                                   | E-mail                                                                                                                                                                                                           |  |     |  |



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|    |                                                  |                                                                                                                     |  |  |  |
|----|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|--|
| 8. | <b>Branch Office Location(s) with activities</b> |                                                                                                                     |  |  |  |
|    |                                                  |                                                                                                                     |  |  |  |
|    |                                                  | Mention above all Branch Office locations of the Certification Body and annex details as per the format in Table A. |  |  |  |

### PART – II PERSONNEL INFORMATION

|                                                                                                                                                                                                  |                                                                                                               |                  |            |               |                   |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------|------------|---------------|-------------------|-------|
| 9.                                                                                                                                                                                               | <b>Head of Quality/Head of TCHP (Operations)</b>                                                              | Name             |            |               |                   |       |
| 10.                                                                                                                                                                                              | <b>Personnel for Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHPs)</b> | Managerial Staff | Evaluators | Support Staff | Technical experts | Total |
|                                                                                                                                                                                                  | Location(s)                                                                                                   |                  |            |               |                   |       |
|                                                                                                                                                                                                  |                                                                                                               |                  |            |               |                   |       |
|                                                                                                                                                                                                  |                                                                                                               |                  |            |               |                   |       |
|                                                                                                                                                                                                  |                                                                                                               |                  |            |               |                   |       |
|                                                                                                                                                                                                  |                                                                                                               |                  |            |               |                   |       |
|                                                                                                                                                                                                  |                                                                                                               |                  |            |               |                   |       |
|                                                                                                                                                                                                  |                                                                                                               |                  |            |               |                   |       |
|                                                                                                                                                                                                  |                                                                                                               |                  |            |               |                   |       |
| Mention only numbers above and annex details of key Managerial Personnel, all evaluators & Technical Experts at the Main Office as well as Branch Office locations as per the format in Table B. |                                                                                                               |                  |            |               |                   |       |

### PART – III OTHER INFORMATION



## QUALITY COUNCIL OF INDIA (QCI)



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|     |                                                                                                                                                     |                         |              |                           |            |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------|---------------------------|------------|
|     |                                                                                                                                                     |                         |              |                           |            |
| 11. | <b>Accreditation held as per ISO 17024, ISO 17021 etc. if any</b><br><i>Please specify Accreditation Body's name, Cert. No. and Validity Period</i> |                         |              |                           |            |
|     |                                                                                                                                                     |                         |              |                           |            |
| 12. | <b>Other Approval(s) from Govt. or Regulatory Bodies, if any</b>                                                                                    |                         |              |                           |            |
|     |                                                                                                                                                     |                         |              |                           |            |
| 13. | <b>Other activities within the same legal entity</b>                                                                                                |                         |              |                           |            |
|     |                                                                                                                                                     |                         |              |                           |            |
| 14. | <b>Related Organization(s), if any, and their activities</b>                                                                                        |                         |              |                           |            |
|     |                                                                                                                                                     |                         |              |                           |            |
| 15. | <b>Major Clients</b>                                                                                                                                |                         |              |                           |            |
|     |                                                                                                                                                     |                         |              |                           |            |
| 16. | <b>No. of Certificates issued to personnel as per ISO 17024, or any other certification</b>                                                         | ISO 17024 Certification |              |                           |            |
|     |                                                                                                                                                     | Any other Certification |              |                           |            |
|     |                                                                                                                                                     |                         |              |                           |            |
| 17. | <b>Financial Performance</b><br>(for last 3 financial years)                                                                                        | Financial Year          | Total Income | Income from certification | Net Profit |
|     |                                                                                                                                                     |                         |              |                           |            |
|     |                                                                                                                                                     |                         |              |                           |            |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |  |  |  |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|--|--|------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |  |  |  |                  |
| <b>PART – IV ANNEXED INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |  |  |  |                  |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Organization Registration Certificate & Memorandum / Articles of Association ( <i>copy only</i> )        |  |  |  | <i>Annex – 1</i> |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Master List of Documents relating to VC Scheme for TCHP ( <i>with issue and/or revision status</i> )     |  |  |  | <i>Annex – 2</i> |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Quality Manual in accordance with Scheme requirements/ ISO/IEC 17024, if available                       |  |  |  | <i>Annex – 3</i> |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Documentation relating to VC Scheme for TCHP (Procedures, Competence Criteria, Formats, Checklists etc.) |  |  |  | <i>Annex – 4</i> |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Branch Office(s) with activities to be covered under approval ( <i>list as per format in Table – A</i> ) |  |  |  | <i>Annex – 5</i> |
| 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | List of Managerial Personnel, Auditors & Technical Experts ( <i>list as per format in Table – B</i> )    |  |  |  | <i>Annex – 6</i> |
| 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Application Fee - Amount, Cheque / DD No., Date:                                                         |  |  |  | <i>Annex – 7</i> |
| 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Other Documents ( <i>annex list</i> )                                                                    |  |  |  | <i>Annex – 8</i> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |  |  |  |                  |
| <b>PART – V DECLARATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |  |  |  |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |  |  |  |                  |
| <p>I, the Authorized Representative on behalf of our Personnel Certification Body (PrCB), agree to the following Terms &amp; Conditions of QCI as well as Rules and Procedures for QCI Approval under the Voluntary Certification Scheme for TCHP , and declare the following:</p> <ol style="list-style-type: none"> <li>All statements, information and documents provided along with this application are correct to the best of our knowledge and belief.</li> <li>QCI criteria, requirements, procedures and documents have been read, understood and implemented.</li> <li>Have adequate resources to undertake certification work under the Voluntary Certification Scheme for TCHP, undergo assessment as well as maintain conditions for approval, and shall pay all necessary fee and charges (including any applicable taxes) to QCI.</li> <li>Shall ensure that the operations, staff and procedures of our Personnel Certification Body (PrCB) will always continue to comply with the QCI Scheme requirements and procedures.</li> <li>Shall always maintain impartiality and integrity in operations as well as in certification work.</li> <li>Shall always provide, or give access to, all documents, records, information and facilities during the entire assessment process to enable a thorough assessment of our Personnel Certification Body (PrCB) and also later during the period of approval.</li> <li>Shall take adequate and prompt corrective and/or preventive action(s) as may be necessary on the</li> </ol> |                                                                                                          |  |  |  |                  |



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issues raised by QCI.

8. Shall immediately notify QCI of any significant changes in organizational status / structure, operations, facilities, main policies, procedures, staff or competence, which are likely to affect our approval.
9. Shall undertake routine assessments, surveillances & reassessments as scheduled by QCI and also the verification or surprise visits as decided by QCI.
10. Any fee and charges payable by our Personnel Certification Body (PrCB) and which remains unpaid shall be recovered from our Personnel Certification Body (PrCB) with late payment charges as appropriate and decided by QCI.
11. If our Personnel Certification Body (PrCB) at any time is found not complying with the above declaration or the requirements of QCI or ISO/IEC 17024 standard as applicable or is found misrepresenting or misusing approval or carrying out malpractices or bringing QCI into disrepute, any action against our certification body may be taken including suspension and withdrawal as deemed appropriate by QCI.
12. If any information given along with this application is later found to be false, QCI may decide to cancel our application/approval.
13. We shall obtain NABCB accreditation as per ISO/IEC 17024 for the Scheme for Voluntary Certification of TCHP within 3 years.

|             | Authorized Representative |
|-------------|---------------------------|
| Signature   |                           |
| Name        |                           |
| Designation |                           |
| E-mail      |                           |
| Date        |                           |
| Place       |                           |



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| PrCB BRANCH OFFICE LOCATION(S) |                                              |                                                              | TABLE – A            |
|--------------------------------|----------------------------------------------|--------------------------------------------------------------|----------------------|
| S.No.                          | Branch Office location with complete address | Phone, Fax & E-mail; Local Contact Person (with Designation) | Activities Performed |
| 1.                             |                                              |                                                              |                      |
| 2.                             |                                              |                                                              |                      |
| 3.                             |                                              |                                                              |                      |
| 4.                             |                                              |                                                              |                      |
| 5.                             |                                              |                                                              |                      |
| 6.                             |                                              |                                                              |                      |
| 7.                             |                                              |                                                              |                      |
| 8.                             |                                              |                                                              |                      |

| PrCB MANAGERIAL PERSONNEL, EVALUATORS& TECHNICAL EXPERTS |                       |                                               | TABLE – B |
|----------------------------------------------------------|-----------------------|-----------------------------------------------|-----------|
| S.No.                                                    | Name with Designation | Qualifications & Years of Relevant Experience | Location  |
| 1.                                                       |                       |                                               |           |
| 2.                                                       |                       |                                               |           |
| 3.                                                       |                       |                                               |           |
| 4.                                                       |                       |                                               |           |



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|    |  |  |  |
|----|--|--|--|
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |

Application No.: \_\_\_\_\_

### Application Form for

☐☐☐☐☐☐☐☐☐☐



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### Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHPs) for Applicant TCHP

**Full Name:** \_\_\_\_\_

**Sex:** Male / Female **Date of Birth:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

**Taluka:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Pin code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Mobile Number:** \_\_\_\_\_

Particulars of family elder / Guru who trained the applicant

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

**Taluka:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Pin code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Mobile Number:** \_\_\_\_\_

**Your years of experience or practice as TCHP:** \_\_\_\_\_ years



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**The following forms are also to be signed by the applicant TCHP and submitted along with the application for endorsement:**

### SELF DECLARATION

I ..... (Name of the TCHP), confirm that I provide traditional healthcare to my community in the stream of \_\_\_\_\_ in accordance to knowledge and skills acquired from my family/Guru. I understand that if I am found to be claiming to provide my services of any formal system of medicine or misrepresenting my certification, at a later date, my certification maybe suspended and / or withdrawn.

I also confirm that I am in good health and of sound mind to be able to impart healthcare services and will bring it to your notice when there is a change in my health which will adversely affect my functioning as a traditional community healthcare provider (TCHP). I understand that if I am found not fit health-wise to discharge my duties as a TCHP at a later date, my certification can be suspended and / or withdrawn.

I will ensure a safe and responsible environment in my workplace and provide quality care to all those who seek it from me.

I confirm that I have read and/ or understood the document forming part of this declaration.

**Name of TCHP** \_\_\_\_\_



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Signature of applicant TCHP \_\_\_\_\_ or Thumb impression of applicant TCHP

Date \_\_\_\_\_ (dd/mm/yyyy) Place \_\_\_\_\_



## **CODE OF CONDUCT**

The Scheme for Voluntary Certification of Traditional Community Healthcare Providers (VCSTCHP) recognizes the importance of the role played by the TCHP in primary healthcare (<http://www.qcin.org/Traditional-Community-Healthcare Providers.php>).

Consequently, it is the responsibility of the TCHP to ensure a responsible, safe and protected environment towards those who seek care.

In order to uphold the highest work standards for TCHPs, I accept the following foundational principles:

1. I shall avoid discriminating against or refuse to provide care to anyone who seeks it from me, based on race, gender, sexual orientation, religious, or national origin.
2. I shall expand my knowledge and skills in the stream of healthcare services through peer-meetings, educational activity and study.
3. I shall maintain an ethical and moral practice in the stream of healthcare service certified for and shall not misrepresent my certification.
4. I shall follow a healthy lifestyle.
5. I shall establish and maintain safe work environment and working relationship with all healthcare seekers.
6. I shall cultivate an attitude of humanity in my work and support community health initiatives.
7. I shall only handle cases in my stream of healthcare service and refer any emergencies to the nearest health facility.



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8. In all Traditional healthcare related matters, I shall maintain best practices and procedures and strive to continuously enhance knowledge and skills.
9. I view my knowledge, services and work associations as being transparent and for the benefit of the people in my community.
10. I shall respect the integrity and protect the welfare of all persons who seek healthcare from me, and recognize that it is our obligation to safeguard any information about them obtained in the course of service provision.
11. I shall not carry out any advertisements, including any announcement, public statement or promotional material made by me, or for me, for informing the public about our activities.
12. I shall not make public statements, advertisements, etc. which are false, fraudulent, misleading or deceptive.
13. I shall display my certificate (both sides) visibly at my work place.

Name of TCHP \_\_\_\_\_

Signature of applicant TCHP \_\_\_\_\_ or Thumb impression of applicant TCHP



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Date \_\_\_\_\_ (dd/mm/yyyy) Place \_\_\_\_\_

### FREE PRIOR INFORMED CONSENT

#### Part 1: Information Sheet

This assessment of your knowledge and skill-based competency is being carried out under the Quality Council of India (QCI) - Foundation for Revitalization of Local Health Traditions (FRLHT) Voluntary Certification Scheme for Traditional Community Health Providers (VCSTCHP) (<http://www.qcin.org/Traditional-Community-Healthcare-Providers.php>). The assessment would be carried out by means of oral evaluation, case presentation, practical demonstration and field verification. Information with regard to your practice and the medicines, procedures and techniques that you employ for the same may be disclosed during the course of your assessment. As per the commitments and obligations under national laws, the information disclosed shall be treated as confidential. The information collected is only for the purpose of assessing knowledge and certification. Your participation in this assessment is voluntary and you have every right to withdraw from the assessment without assigning any reason whatsoever.

On successful completion of the assessment of your knowledge and skill, you will be certified for the specific stream of healthcare service for which you were assessed. The Certificate would have the validity for a period of 5 years. If you feel you were benefitted by the certificate you may apply for recertification and would have to undertake the process of assessment of your knowledge and skills.

The Certificate would not allow you for the claim of any sort of registration as a medical practitioner or inclusion in the mainstream medical system.



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### Part 2: Voluntary consent of applicant TCHP

I (Applicant TCHP name) have read/ been informed of the above and given opportunity to clarify any queries to my satisfaction. I consent to share information as required for my assessment.

Name \_\_\_\_\_  
of TCHP

Signature of applicant TCHP \_\_\_\_\_ or Thumb impression of applicant

TCHP

Date \_\_\_\_\_ (dd/mm/yyyy) Place \_\_\_\_\_



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### Endorsement by Village Panchayath Gram Sabha / GramaPanchayat / Local Government

*(Please confirm (a) Identity, (b) Residential Address, (c) Number of years practicing,  
(d) Streams of Practice and (e) Usefulness of the TCHP in your village community)*

We hereby state that Shri/Smt.  
son

/ daughter / husband / wife of Shri / Smt.  
is practicing as a TCHP in the  
Village,

\_\_\_\_\_Post,  
Taluka,

\_\_\_\_\_District, \_\_\_\_\_ State  
since

\_\_\_\_\_ years. We also state that s/he is providing traditional community healthcare  
for

the following streams of practice as mentioned below (please specify);

We endorse that the services of Shri /  
Smt.



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\_\_\_\_\_ as a TCHP has been very  
beneficial to our village community.

Name of TCHP \_\_\_\_\_

Signature Or Thumb impression and Seal \_\_\_\_\_

Date \_\_\_\_\_ (dd/mm/yyyy) Place \_\_\_\_\_

***(This document to be obtained from the Grama Sabha / GramaPanchayat / Local  
Government President or Secretary of the place of residence of the TCHP)***



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### AMENDMENT SHEET

The term 'Traditional Community Health Practitioner' has been amended to **"Traditional Community Healthcare Providers"** vide decision of the Steering Committee on 21 December 2017.

|   |              |                                                                                                                                      |
|---|--------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Sections     | 1, 2, 3, 4, 5, 6, 7                                                                                                                  |
| 2 | Introduction | Para 1 Line 3<br>Para 5 Line 1                                                                                                       |
| 3 | Section 2    | Clause 1<br>Clause 4 (b)<br>Clause 5.3.1<br>Clause 6.1 (a)                                                                           |
| 4 | Section 3    | Clause 0.1                                                                                                                           |
| 5 | Section 4    | Clause 1<br>Clause 2<br>Clause 3.1.2.1<br>Clause 3.1.3<br>Clause 4.2.1.a                                                             |
| 6 | Section 5    | Clause 0.1<br>Clause 1.1<br>Clause 2<br>Clause 3.5<br>Clause 4.1.1<br>Clause 4.2.1.a<br>Clause 4.2.2<br>Clause 4.3.1<br>Clause 4.3.4 |
| 7 | Section 7    | Title<br>Part II Clause 10                                                                                                           |





**Foundation for Revitalisation of  
Local Health Traditions**

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