GREEK ATHLETIC THERAPY ASSOCIATION (GATA)

GATA EDUCATIONAL FRAMEWORK

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GATA
#athletictherapygreece

www.athletictherapy.org.gr

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1. GATA Educational Framework

1.1 Introduction

GATA supports innovation in development and flexibility of delivery for all Athletic Therapy academic programmes, actively encouraging the utilisation of an outcome-based approach throughout the process. Educational paradigms promote the philosophy of student-centred learning supported by appropriate and robust tutor provision, in addition to the traditional method of lecture-based delivery. This places the responsibility of learning jointly on the student and the tutor. Material may also be presented to the student by electronic means as blended learning. During the accreditation process, GATA accreditors will expect to see documented evidence that supports this mixed approach both in the classroom and clinical placement.

GATA will assess the ability of the programme team to embed originality of thought and evidence-based practice within the curricula, mode of delivery and assessment process, whilst complying with the current international education framework on Athletic Therapy education, national healthcare policy and professional guidelines, to ensure that practitioners meet the required standards of practice. In particular, GATA will support those programmes that offer learning in such a way as to suit the workforce for whom they are developed, whilst ensuring that a competency to practise outcome is paramount.

1.2 Purpose and objective of this document

The purpose of this document is primarily to provide guidance for developing a curriculum for new athletic therapy education programmes at a minimum, of a bachelor's level degree, and potentially the improvement of existing programmes. This guidance document is aligned with the domains of athletic therapy educational competencies as outlined in the GATA Educational Competencies document.

The main objectives of this document are to provide guidance on:

- developing and designing an athletic therapy curriculum that is philosophically, theoretically, and evidence-based
- aligning the curriculum with the programme vision and mission

- selecting and developing the teaching, learning, and assessment strategies
- planning and carrying out programme evaluation related to learning outcomes, and required entry to practice threshold competence
- preparing the format and content of a curriculum that meets standards, policies quality requirements set by GATA and the international arrangement between athletic therapy governing bodies

2. Developing an athletic therapy programme

Higher education institutions (HEIs) that provide education initiate the development of athletic therapy programmes in collaboration with other stakeholders. It is of great importance that a curriculum for Certified Athletic Therapists (CATs) is developed by CATs. The process must be led by CATs and driven by an assessment of needs that takes social, historical, political, economic, cultural, professional, research, and educational factors into consideration. The curriculum is based on a vision for the future of the profession, and its quality paradigm, that in turn shapes that future by preparing graduates to enter the athletic therapy workforce with specific knowledge, skills, and attributes.

This guide also assumes that the HEI is a recognised institution with organisational capacity to deliver the athletic therapy programme. The HEI should have strategic intentions for education that clearly identify the HEI's graduate competence, attributes, and capabilities which are aligned with the Greek National Qualification Framework (NQF).

2.1 Philosophical and theoretical foundations

Grounding the programme philosophically and theoretically is one of the initial steps that programme developers take. The curriculum decisions are based on philosophical and theoretical orientations that have implicit value structures and these orientations inform the curriculum development process. During this process considerations are given to the philosophy and epistemology of athletic therapy as a profession, its nature and essence, and how athletic therapy is conceptualised, understood, and defined in a specific context.

Understanding the nature of knowledge and how it is created informs pedagogical and curricular decisions such as those related to teaching and learning experiences. Whatever approach is taken, a curriculum should be based on a philosophy of education that is clearly articulated and aligned with the HEI's mission and vision, programme learning outcomes, and choice of teaching, learning, and assessment strategies to ensure the ultimate attainment of the expected level of graduate competence.

2.2 Curriculum content

The curriculum content is dynamic and needs to change with the new and emerging evidence. Subject matter experts leading content delivery are responsible for maintaining their knowledge to ensure it reflects the best available evidence. Any gaps in expertise should be supplemented by clinical experts from practice. Knowing what to include and exclude in the programme content should be based on a sound critical review of the available evidence, acknowledging uncertainties and that updates will be required as new evidence emerges.

GATA will consider the programme learning material in terms of the five domains of athletic therapy educational competency. Although the names of comparative modules and learning components may vary between institutions and faculties, the learning material will contain essential knowledge that is common to all. GATA requires the institution or faculty to clearly evidence that the programme seeking accreditation delivers these five domains effectively. GATA accreditors will expect to see evidence in the documentation of learning theory related to practice in all modules where appropriate.

2.2.1 Professional Practice and Behaviour

This style of practice should be incorporated and integrated into both the teaching and assessment throughout the educational programme. This will instil the levels of behaviour and professional practice expected of a CAT.

Patient Care

- Recognise conflicts of interest that may impact a care provided to a patient
- Know and apply the commonly accepted standards for patient confidentiality
- Always provide the best care possible for the patient using the range of skills possessed by the CAT
- Advocate for the needs of the patient

Team Approach to Practice

- Recognise the unique skills and abilities of other healthcare professionals
- Understand the scope of practice of other healthcare professionals and when to refer patients to others
- Only execute duties within the identified scope of practice for CATs
- Include the patient (and others, where appropriate) in the decision-making process
- Work with others as part of a multidisciplinary team in effecting positive patient outcomes

Legal Practice

- Always practice in a legally competent manner
- Identify and conform to the laws that govern healthcare, particularly those that relate to athletic therapy and rehabilitation practice
- Understand the consequences of violating the laws that govern healthcare, particularly those that relate to athletic therapy and rehabilitation practice

Ethical Practice

- Comply with the GATA Code of Ethics
- Understand the consequences of violating the GATA Code of Ethics

- Comply with other codes of ethics related to your area of practice, as applicable

Advancing Knowledge

- Critically examine the body of knowledge in healthcare within related fields to athletic therapy and rehabilitation
- Always use evidence-based practice as a foundation for the delivery of care for your patient
- Appreciate the connection between Continuing Professional Development (CPD) and the improvement of your own practice as a CAT
- Promote the value of research and scholarship within the field of athletic therapy and rehabilitation
- Disseminate new knowledge within the field of athletic therapy and rehabilitation to others working within similar fields using the highest possible standards to positively promote the profession

Cultural Competence

- Demonstrate awareness of the impact that a patients' cultural differences may have on your practice and their attitudes and behaviour toward your care
- Demonstrate the knowledge, attitudes, behaviour and skills necessary to achieve optimal treatment outcomes for a diverse range of patient populations
- Work respectfully and effectively with all patient populations and in a diverse range of work environments

Professionalism

- Advocate professionalism at all times as a representative of the athletic therapy and rehabilitation profession
- Demonstrate honesty and integrity at all times
- Exhibit compassion and empathy with all patients
- Demonstrate effective interpersonal communication skills

2.2.2 Functional and Clinical Anatomy

The minimum content which would be expected to be demonstrated would include:

- Study of human anatomy, including the use of palpation skills and the use of appropriate anatomical terminology
- Kinematics and biomechanical principles, including the movements, joint types, muscle types and muscle actions
- The bones, bony landmarks and joints of the head, neck and trunk, including a detailed knowledge of the different divisions of the vertebral column, individual vertebrae and the end feels of their movement
- The bones, bony landmarks and joints of the pelvis and the end feels of their movement
- The bones, bony landmarks and joints of the lower limbs incorporating the innominate bone, the femur, the patella, the tibia, the fibula and all of the bones found within the foot and the end feels of their movement
- The bones, bony landmarks and joints of the upper limbs incorporating the clavicle, the scapula, the humerus, the radius, the ulna and all of the bones found within the hand and the end feels of their movement
- The connective tissue associated with the head, neck, trunk, pelvis, lower limbs and upper limbs including details of their attachments, actions, nerve supplies and blood supplies. This should also include the stability and postural functions of these structures in combination with the bony structures
- Peripheral nerves, vessels and plexuses applied in clinical practice associated with the head, neck, trunk, pelvis, lower limbs and upper limbs

2.2.3 Physiology and Pathophysiology

The minimum content which would be expected to be demonstrated would include:

- Study of human physiology and its impact upon the functioning of the body
- Structure of the different tissues of the body, include bones, joints, muscles, tendons, ligaments, nerves and blood vessels
- Motor control and its associated theories.
- Development of motor patterns and motor performance in children, as well as reflex reactions
- Structure and function for individual cells and types of tissues
- Systems and function of the kidney
- Regulation of body fluid levels, including the function and sources of electrolytes
- Hydrogen ion regulation, including buffering agents
- Endocrine system including its structure and the function of hormones
- Lymphatic system, including its structure, function and role during the immune response
- Nervous systems, including the structure and function of the central nervous system (CNS) and the autonomic nervous system (ANS)
- Nerve impulse, its transmission, regulation and its role within the functioning of the human body
- Cardiovascular system, including its structure, control functions and role in maintaining homeostasis
- Respiratory system, including its structure, control functions and role in maintaining homeostasis
- Body's responses to changes in temperature and its regulation
- Normal healing processes in response to injury including the normal inflammatory process and their impact upon normal bodily function
- Physiology of pain and its impact on the physiological function of the body
- Changes that occur to fluid flows within the body including oedema, effusion, thrombosis, embolism, and ischemia

- A range of health conditions encountered within athletic therapy and rehabilitation practice (such as, but not limited to, diabetes, anaemia, leukaemia, sickle cell anaemia, HIV/AIDS and hepatitis).

2.2.4 Neuromusculoskeletal Clinical Assessment

The minimum content which would be expected to be demonstrated would include:

- Study of human neuromusculoskeletal injury and clinical assessment and its impact upon the normal functioning and healing of the body
- Injuries and diseases to bone, joints, connective tissue and nerves with an understanding of their common mechanism of injury
- Circulatory conditions and pathologies
- Neuromusculoskeletal injuries and diseases specific to different areas of the body, including the head, neck, trunk, upper limb, lower limb and vertebral column
- Clinical patient assessment, including both subjective and objective testing, the completion of SOAP notes and use of diagnostic imagery, such as ultrasonography, X-ray or MRI
- Analysis of functional movements and postures including joints kinematics and the role played by neuromusculotendinous structures
- Knowledge of stages of healing for different tissues and the impact of them upon treatment protocols
- Record keeping, with reference to professional practice and links to the GATA professional documentation.
- Limitations of practice in line with the GATA Educational Competencies and suitable referral to other healthcare professionals

2.2.5 Sports Massage

The minimum content which would be expected to be demonstrated would include:

- Selection and application of appropriate sports massage techniques and its impact upon the normal functioning and healing of the body, particularly within sporting contexts
- Mechanics, common uses, effects and contraindications of effleurage, petrissage and tapotement strokes, particularly focused on their use in sporting contexts
- Selection and uses of different common massage mediums, including oils, creams and talc
- Time frames for massage, focusing upon pre-event, inter-event, post-event and treatment/therapeutic based massage routines
- Role of massage-based treatments as part of a patient's individual treatment plan, with particular consideration of the links and limitations to GATA professional documentation of a CAT
- Impact of current health and safety, confidentiality and data protection legislations upon professional practice in line with the GATA professional documentation

2.2.6 Academic Skills

The minimum content which would be expected to be demonstrated would include:

- Level of study and studentship expected of a higher education student, with particular focus upon the difference between their current and previous levels of study
- The reading, writing and listening skills expected of a higher education student
- The importance and use of ICT within higher education studies
- Process of finding, appraising and referencing academic articles based upon each institution's own guidelines
- Affective methods of communication in a range of situations
- Self-reflection and its importance within healthcare professions with the suggested use of a reflective clinical skills logbook to develop the use of self-reflection in practice
- Higher level of academic writing, including the promotion of a suitable level of critical self-reflection and critical analysis to reflect the level of study
- Communicating academic ideas to peers and other professionals
- Different methods of research design, with particular emphasis upon those commonly used in neuromusculoskeletal medicine contexts
- The use of statistics as part of a research project, including the use of industry standard statistical analysis software, such as SPSS
- Ethical and moral requirements of research, including reference to the GATA professional documentation
- Process of forming a research project proposal that complies with the institutional requirements of scholarly activity

2.2.7 Evidence-based Practice

The minimum content which would be expected to be demonstrated would include:

- Requirements expected to produce a proposal and piece of academic evidence
- The identification of a problem that is related to the student's field of study
- Process of critiquing existing published academic sources of evidence
- Ethical and moral considerations required of a piece of academic evidence
- A demonstration of a student's ability to present a piece of academic evidence to peers and others

2.2.8 Injury Treatment Modalities

The minimum content which would be expected to be demonstrated would include:

- Suitable clinical selection and differentiation between a wide variety of treatment modalities
- Safe application of clinically relevant treatment modalities available to a CAT including:
    - the use of different basic forms of stretching, such as static and dynamic stretching and advanced forms of stretching, such as Neuromuscular Techniques, Muscle Energy Techniques and Proprioceptive Neuromuscular Facilitation
    - the use of different forms of basic and advanced manual therapy techniques, including the application of joint manipulation
    - the use of advanced forms of massage, including Deep Transverse Frictions and Trigger Point
    - the use of different forms of electrophysical modalities
    - the use of different forms of cryotherapy
    - the use of different forms of thermotherapy
    - the use of different forms of hydrotherapy
    - the use of taping/strapping and bracing modalities
- First aid treatments and advanced trauma care and management within pitch-side scenarios (This element of the course should be delivered by a suitably qualified individual, such as a Trauma Doctor, CAT or Physiotherapist)

2.2.9 Principles of Exercise and Rehabilitation

The minimum content which would be expected to be demonstrated would include:

- Components of fitness and principles of fitness and exercise prescription
- Concept of physical literacy
- Merits and limitations of a variety of warm-up and cool-down activities, including their role and importance within an exercise programme
- The idea of adaptability and reversibility, including their impact upon injury rehabilitation
- The use of the energy systems as part of exercise and how their use changes with different activities
- The anatomical and physiological adaptations, and limitations associated with different forms of physical activity and exercise
- Olympic lifting and their role in the preparation of athletes for sport performance and injury rehabilitation
- The idea and uses of prehabilitation in reducing the occurrence of injury in athletes
- Designing and reviewing exercise-based injury rehabilitation programmes
- The idea of periodisation and loading, and its impact upon programme design, including methods of load monitoring
- A variety of different training techniques, including core stability, flexibility, strength, power, muscular endurance, plyometrics, SAQ (Speed, Agility and Quickness), proprioception, interval training and continuous training
- Return to play criteria and the decision-making process associated with integrating an injured athlete back into performance and training if possible and suitable
- Rehabilitation principles, strategies, techniques and applications, including a focus upon sport related contexts
- The use of fitness testing in both clinical and field-based setting during the design stages of developing an exercise rehabilitation programme
- The impact of healing upon the use and selection of exercise modalities as part of an injury rehabilitation programme

- The application of exercise rehabilitation in relation to;
    - the head, neck, trunk and pelvis
    - the lower limb
    - the upper limb
    - Arthritis
    - Cancer
    - Chronic Obstructive Pulmonary Disease (COPD)
    - Mental Health and Dementia
    - Heart Disease; stroke, hypertension
    - Obesity
    - Older Populations; osteoporosis, sarcopenia, falls prevention
    - Pregnancy
    - Living with Chronic Conditions
- Criteria for the progression and regression of exercises
- A variety of recovery techniques available to aid an athlete's recovery including an introduction to providing basic nutritional and hydration advice to athletes
- The use of exercise as a treatment modality to improve the health of members of the public in line with local government provisions and initiatives
- Group-based exercise and its use within exercise and injury rehabilitation
- An awareness of basic pharmacology and performance enhancing substances, including their impact upon the human body and exercise performance
- An awareness of WADA requirements and their impact upon advice given to athletes
- A knowledge of working with athletes in a variety of different environments, such as hot, cold, dry, humid and altitude

2.2.10 Sports Psychology

The minimum content which would be expected to be demonstrated would include:

- The science of sports psychology and its role within neuromusculoskeletal injury treatment and rehabilitation
- Positive and negative psychosocial responses to injury and how these influence rehabilitation, return to sport/occupation, retirement and individual well-being or ill-being
- Factors influencing rehabilitation adherence, the impact of non-adherence (including over and under adherence) and ways of measuring rehabilitation adherence in injured individuals, such as sports injury rehabilitation adherence surveys, sports injury rehabilitation beliefs surveys, rehabilitation over adherence questionnaires
- Theory and application of psychosocial interventions within injury rehabilitation and return to sport/occupation, such as motivational interviewing, decision balance sheets, goal setting, self-talk, social support, mindfulness, rehabilitation profiling and imagery
- When, why and how to refer to different types of practitioner psychologists, such as sports psychologists or clinical psychologists, including different organisations that can be approached for advice such as the Association of Greek Psychologists

2.2.11 Sports biomechanics

The minimum content which would be expected to be demonstrated would include:

- The application of the theories of forces and levers upon the body, with focus upon those present during both sport and exercise activities
- Performance analysis tools and industry standard protocols or software that can be used to assess kinematics and gait
- Biomechanical analysis tools commonly used to assess a patient
- The impact of biomechanical data upon the prescription of a patient's injury rehabilitation programme
- Kinesiology and movement patterns specifically linked to injury occurrence
- Loading and its impact upon different tissues of the body, with focus upon sporting examples
- Centre of mass and its impact upon sport or rehabilitation performance
- Muscle imbalances and their impact upon the tissues of the body
- Common biomechanical faults found in sports performance and their impact on injury occurrence

2.2.12 Exercise Prescription for Public Health and Wellbeing

The minimum content which would be expected to be demonstrated would include:

- Health and Wellbeing in both physical and psychological contexts
- Determinants of health, including models of health, including the medical, social and biopsychosocial models
- Barriers and challenges to healthy behaviours, such as;
    - Poor self-efficacy
    - Lack of time or inability to access local facilities
    - Low confidence and knowledge of activity
    - Perceived negative effects of participation
    - No social support
- Mechanisms used to overcome barriers and challenges to healthy behaviours
- Epidemiology and health research to highlight the following;
    - Prevalence, Incidence and Mortality rates.
    - Sensitivity and Specificity.
    - Positive or Negative Predictive Values.
- International classification of Functioning, Disability and Health
- Pathology and exercise prescription for a variety of public health issues relevant to a CAT, such as:
    - Arthritis
    - Cancer
    - Chronic Obstructive Pulmonary Disease (COPD)
    - Mental Health and Dementia
    - Heart Disease
        - Stroke
        - Hypertension
    - Obesity
    - Older Populations
        - Osteoporosis
        - Sarcopenia
        - Falls Prevention
    - Pregnancy

- Living with Chronic Conditions

2.3 Clinical placement requirements

Clinical placements need to be completed across the GATA Scope of Practice and include prevention, clinical assessment, treatment, rehabilitation and emergency care of neuromusculoskeletal injuries and illnesses. It is essential that clinical placement facilitates students to engage in hands-on clinical skill acquisition and clinical skill proficiency. Following a clinical placement, practice educators are required to sign off that they are happy that students have met minimum standards required.

A clinical handbook is required for each clinical placement. This clinical handbook should include at minimum: the aim and objectives of the clinical placement, roles and responsibilities of the student, clinical site practice educator and practice placement lead and assessment strategies.

Students are required to achieve a minimum of 400 clinical hours throughout their programme. These clinical hours must include both clinical and field placement. Clinical hours must be signed off on a regular basis by the individual student and practice educator and submitted to faculty. Clinical hours are the minimum hours required. GATA expects programmes to ensure clinical hours are in excess of these and 400 hours is not the target number of hours for students/programme to gain. A maximum of 50 clinical hours can be achieved through the completion of observational placements due to the lack of direct student engagement with patients. GATA welcomes clinical placements across many clinical, sporting, occupational, military and emerging settings. The institution must provide evidence of established, stable links to a variety of clinical placement providers who are deemed to be of suitably quality. Examples of suitable professionals who can act as practice educators would include Certified Athletic Therapists, Physiotherapists, Doctors, Chiropractors, Osteopaths and other healthcare professionals with significant industrial experience.

Students would be required to undertake clinical placements with the supervisor:student ratio at any one time recommended to be 1:1 but must not exceed 1:4, unless part of large event experience.

While on placement students must be suitably insured to allow them to complete the expected activities associated with that placement. Most commonly this insurance is provided under the institutional policy. If this is the case, then a written confirmation of this insurance must be supplied to GATA. If this is not the case and is reliant upon cover under the insurance held by the practice educator, this must be clearly and explicitly disclosed by the institution to the practice educator in advance of taking a student under their supervision. This agreement should be evidenced through the completion of suitable clinical placement documentation including signature of the practice educator.

Integrated clinical practice must be embedded throughout the programme. Institutions should consider the inclusion of graduate support and employability programmes, such as how to start a business or how to find a job. The content that would be expected includes:

- An introduction to the Health and Safety requirements of clinical practice in line with current legislation
- A description of the need to complete risk assessments of activities in line with current legislation
- An introduction of the process of referral to allied healthcare providers for treatments beyond the scope of practice set out within the GATA professional documents
- An introduction to the process of clinical reasoning and its application to complex patient presentation
- A description of the need for confidentiality, in line with current legislation and reference to the data protection act

2.4 Teaching methods

The teaching methods of any part of the degree programme are dictated by many factors such as the individual student group, the staff delivering the module and each specific module. The nature of the topics of the course, as well as the typical characteristics of the student body often encourages the use of practical or kinaesthetic styles of learning to dominate the delivery of the programme. It is however advisable that the style of teaching encompasses a wide variety of pedagogic methods to maximise the engagement of learners who prefer other learning styles. GATA recommends that the staff:student ratio does not exceed 1:16 and requires that this ratio does not exceed 1:20 in any practical or seminar-based sessions, with the exception of theoretical lead lectures.

It would be strongly encouraged that when implementing the Functional Anatomy and Kinesiology content of the programme that it would focus primarily on the neuromusculoskeletal system, with a strong emphasis placed upon the palpation skills and functional knowledge of the human body. This style of learning also lends itself well to the teaching of other modules such as the Neuromusculoskeletal Clinical Assessment and Sports Massage modules as they are dominated by manual therapy-based skills and techniques. These practically dominated workshops may commonly be accompanied with seminar-based support in which to develop the underpinning theoretical knowledge used to build the practical skills.

Modules which are dominated by the application of established theories to practice, such as Sports Psychology or Sports Biomechanics may benefit most from the use of seminars and laboratory-based sessions in which to develop the acquired knowledge to the working environment in which they are commonly applied. This style of delivery may also be applicable to other similar modules, such as Physiology and Pathophysiology.

Modules which are dominated by the application of theories of research and study skills may be considered as the most suitable for the use of more traditional styles of formal lecturing with the support of smaller group support sessions. The small group

support sessions may become increasingly suitable as the programme progresses and the use of ICT based software, such as SPSS, become prevalent.

Other module delivery styles may form a much more mixed approach to their design as the topics are much wider in their areas of application and knowledge. This may result in their delivery style changing on a session-by-session basis.

2.5 Assessment methods

The assessment methods utilised within an athletic therapy and rehabilitation programme will, as with the teaching methods, vary from module to module in their relevance and suitability. It would be encouraged, however, that as wide a range of methods will be employed in order to engage as many learners as possible, maintain the student grade profile and ensure that the level of competence is maintained across the student body.

Each institution may wish to consider the use of different assessment methods, based on each individual module's own merits and suitability to each style. Examples of assessment methods commonly employed across this subject area include:

- Practical Assessment / Viva Voce
- Time Constrained Test
- Short Answer Examination
- Essay Answer Examination
- Multiple Choice Examination
- Case-Study Essay
- Laboratory Report
- Self-Reflective Essay
- Dissertation / Extended Research Project
- Journal Précis / Literature Review
- Individual Presentation
- Group Presentation
- Poster Presentation

- Extended Writing Essay
- OSCE

While it is the decision of each institution how they assess each module, some guidance would be suggested across some modules. The practical based modules such as Functional Anatomy and Kinesiology, Sports Massage and Neuromusculoskeletal Assessment would strongly be advised to contain an element of a practical assessment using case-study examples.

All practical assessments require students to attain a minimum level of competence and safety in their demonstration and application of the skill. In order to be deemed as a competent practitioner, students must achieve a pass grade in all assessments for an institution to deem them to be competent and therefore to gain eligibility to apply for graduate membership and registration with GATA. Students cannot use credit gained from other forms of assessment to make up any shortfall and thereby allowing them to pass that module. At undergraduate levels this must be at a minimum achievement of at least 50% in each assessment.

Modules which utilise an application of data, such as Sports Biomechanics, Academic Skills and Physiology and Pathophysiology may benefit from the inclusion of laboratory report style of assessment within their assessment strategy.

Modules that draw together and apply the ideas of the programme, would be advised to contain an OSCE style assessment using a wide variety of case-studies and practical stations to test each student's ability to function as an autonomous practitioner, at a level expected of a CAT.

Finally, as part of a programme, all students would be expected to complete an extended piece of individual scholarly activity. Institutions would be strongly encouraged to advise students with research, which is deemed to be of sufficient quality, to publish their work after completing their programme studies. GATA does not allow for the condonement of any of module as part of an accredited programme. In

order to maintain the standardised experience and knowledge of a potential CAT Accreditation of Prior Experiential Learning (APEL) is not permitted against GATA course modules, unless they are from an alternative accredited GATA course programme. All students must also maintain an attendance level above 70% in each module through the completion of their course to be eligible for graduate membership with GATA. Failure to maintain this attendance requirement must be indicated for each module this would impact as part of the Programme Director's annual submission to GATA of safe and competent graduates.

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