



NHAA response to the CS&HSC Discussion Paper, 2013

Community Services & Health Industry Skills Council: *Complementary & Alternative Health*

## **Alignment of Qualifications to the Australian Qualifications Framework**

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## Executive Summary

NHAA actively support registration of herbalist and naturopaths and believe that registration will require Bachelor Degree qualifications. As such, this is an opportune time to review the required educational preparation and outcomes for these disciplines and the most appropriate educative framework to deliver training – vocational or tertiary sector.

The qualification mapping outlined in the Australian Quality Framework document clearly articulates the differences between level 6 Advanced Diploma and level 7 Bachelor Degree outcomes, and NHAA believe that the requirements for professional practice a herbalist or naturopath are aligned with the Bachelor Degree level. Indeed, when reviewing the descriptors, this is very apparent. However, this is an analysis of the professional role and education requirements considered in isolation of the broader political and education issues.

Whilst supporting a Bachelor Degree as the minimum standard for Western Herbal medicine and Naturopathy qualifications, the following factors needs to be considered.

- The number of tertiary institutions offering degree qualifications has reduced, and the reasons for this needs to be explore, with possible reasons for this relating to:
  - Financial viability,
  - Absence of faculty support for complementary medicine,
  - Pressure from parties opposed to complementary health,
  - Dearth of conviction of the evidence base to inform practice.
- Private colleges have a limited history of attaining TEQSA recognition and this may need to be reviewed and assistance provided to support interested colleges.
- Currently only three private colleges provide a Bachelor Degree, thus a suitable time period needs to be provided to allow the development of more Degree courses prior to the removal of the Advanced Diploma.
- Small colleges may be at a disadvantage in meeting the TEQSA requirements, thus arrangements for co-delivery or affiliations with larger institutions to enable their ongoing contribution may be required.
- A definition of the scope, role and thus core curricula for herbal medicine, and more specifically naturopathy needs to be established.
- Establishment of the Bachelor Degree as the minimum standard for professional practice does not preclude the provision of Diploma or Certificate courses for general interest (non-practicing) purposes.
- A clear, equitable and reasonable grandfathering process must be implemented to facilitate the transition to the higher education level, as has been implemented for Chinese medicine in recent years, and nursing in the 1980s.

## Stakeholder Background: NHAA

Incorporated in 1920, the NHAA is the oldest complementary medicine association in Australia and represents herbalists and naturopaths. From our inception, a key role for NHAA has been the establishment of education and practice standards.

### ***NHAHA Vision***

- Enable practitioners and the practice of herbal and naturopathic medicine to become fully integrated into the primary healthcare system in Australia;
- Have the NHAHA recognised as the peak body for herbal and naturopathic medicine;
- Make herbal and naturopathic medicine accessible to all;
- Maintain the integrity of the profession;
- Continue to promote the standards and quality of education, of the profession;
- Make greater career opportunities and research pathways for herbalists and naturopaths;
- Continue the integration of traditional medicine and evolving science. (1)

NHAHA believes that effective integration of herbal medicine and naturopathy into the broader healthcare system is dependent upon national registration of practitioners with the Australian Health Practitioner Regulation Agency (AHPRA). Further, it is believed that the minimum standard for registration will be a Bachelor Degree qualification, as is the case for all other professions covered by AHPRA

### ***Working towards Statutory Registration***

As early as 1929 NHAHA put forward proposals and submissions to both the State and Federal Governments and worked closely with other bodies and associations, to include practitioners of Western herbal medicine within the nation's regulatory healthcare framework. This has since expanded to include the modality naturopathy, and we continue to actively pursue this on all levels.

The NHAHA perceives the advantages of regulation, regardless of the form it takes as:

- Improved and consistent standards of education for practitioners
- Protection of the public from fraudulent, untrained and unscrupulous practitioners
- Better access to information for consumers
- Increased community confidence in the professions and enhanced status of practitioners
- Professional associations able to have a greater focus on improving professional development and benefits for members
- Incorporation of complementary medicines into the mainstream health system
- Improve quality and safety in healthcare as a result of better communication and referrals among practitioners
- Better access to tools of trade for the profession with improved therapeutic outcomes for the public
- Decrease in administration costs for health funds and insurers
- Compulsory professional indemnity insurance to protect clients
- Access to a fair, equitable and transparent complaints mechanism for the public. (2)

### ***Education***

NHAHA has long been committed to high educational standards in herbal medicine and naturopathy. The NHAHA Board of Directors includes the roles of Examiner as a distinct entity, reflecting the importance of this area. The Examiners have multiple areas of responsibility including:

- Maintaining and administering the NHAHA Course Accreditation System (CAS), which represents the highest level of educational standards for herbalists and naturopaths in Australia.

- Individual assessment of full membership applications where the applicant has not completed an accredited course.
- Monitoring the teaching and educational trends of Western herbal medicine and naturopathy in Australia.
- Maintaining and working with academic institutions offering NHAHA accredited courses.
- Offering expertise by participating in external course advisory committees and industry reference groups.
- Represent the interests of western herbal medicine and naturopathy education in any Government review or regulatory process. (3)

NHAHA represents herbalists and naturopaths, thus this response relates to those qualifications only, and not nutrition, homeopathy or Ayurveda.

**1. What are your general views on the mapping presented in Table 1, which suggests CAH Advanced Diploma qualifications could be aligned to Bachelor Degree level?**

Table 1 of the Discussion Paper clearly identifies the differences between Advanced Diplomas and Bachelor degrees as outlined in the Australian Qualifications Framework Second Edition (AQF). Further, the table provides a succinct and accurate description of the Complementary & Alternative Health Practitioners (CAH Practitioners) occupational roles.

It is noted that nutrition is not specified in the list of body of knowledge content areas and this should be included.

The AQF Second Edition was released in 2013 and provides the current educational framework in Australia. The mapping summary as provided in Table 1 clearly positions the educational requirements for the professions of herbalism and naturopathy as Bachelor degree level.

**2. If you believe that qualifications in Homoeopathy, Naturopathy, Nutritional Medicine and Western Herbal Medicine should become Bachelor Degree qualifications, what is your rationale based on the AQF descriptors? Please specify which modality your feedback relates to.**

NHAHA believes that the minimum educational level for Western Herbal Medicine and Naturopathy should be a Bachelor Degree qualification. Rationale based of the AQF descriptors is as follows.

**Purpose**

The key differences between the Advanced Diploma and the Bachelor Degree as outlined in the *Purpose* descriptor are:

1. The Bachelor Degree requires a higher level of knowledge – “a broad and coherent body of knowledge”.
2. The Bachelor Degree graduate is qualified and educationally prepared to work as a professional – “undertake professional work”.

To explore this further, the AQF Glossary defines para/professional work as:

**Paraprofessional:** Paraprofessional work and/or learning are work contexts that generally *support professional practice*.

**Professional:** Professional work and/or learning are contexts requiring specialised knowledge, *advanced learning*, responsibility and **autonomy**, and require intensive preparation through learning. (4)

The distinction between paraprofessional and professional underpins the central argument for having the Bachelor Degree as the minimum standard for professional practice, and the issue of autonomy is paramount.

A paraprofessional is “a person to whom a particular aspect of a professional task is delegated but who is not licensed to practise as a fully qualified professional” (5). This in no way describes the practice of herbalists and naturopaths in Australia.

Herbalists and Naturopaths are required to have a “broad and coherent knowledge”, to maintain currency in a dynamic health and science community, to be able to critically analyse information and integrate knowledge into relevant, safe and effective clinical practice. CAH practitioners are primary-care health professionals and the responsibilities and complexities of that role require the higher level knowledge that then enables autonomy of practice.

The current Health Training Package recognises that Herbalists and Naturopaths are independent professionals, which in part aligns the qualification with the outcomes required for Level 7, Bachelor Degree. The challenge comes in the lack of consistency and clarity about the alignment of standards as it stands. (See HLTCOM502B Develop Professional Expertise, HLTCOM503B Manage a Practice, HLTCOM406B Make Referrals to Other Health Care Professionals when Appropriate, CHCORG28A Reflect and Improve upon Professional Practice.) (6)

To summarise, as per the purpose definitions, Herbal Medicine and Naturopathy are aligned with a bachelor Degree level of education as the minimum standard.

## Knowledge

The knowledge level for the Advanced Diploma is to have “technical and theoretical knowledge” and for the Bachelor Degree to have “broad and coherent body of knowledge with depth in the underlying principle and concepts”.

Technical and theoretical knowledge infers a lower level of both knowledge and scope of application. This level does not specify or require analysis, conceptual understanding, or higher level learning.

The professional role of Herbalists and Naturopaths require the higher level of knowledge and application as identified under the description for the Bachelor Degree. Central to the practice of Herbal Medicine and Naturopathy is a sound understanding of the philosophy and conceptual basis of the profession, and this is reflected in the NHAHA Course Accreditation Scheme which requires the inclusion of “History and Philosophy” in course curricula.(7)

The higher level of knowledge in the Bachelor Degree is “a basis for independent lifelong learning”, which is a requirement for professional practice. Continuing professional development is a prerequisite for professional membership with NHAHA and other organisations, including AHPRA. (See Appendix 1, NHAHA Continuing Professional Education Guide.)

To summarise, for the AQF descriptor “Knowledge” the professional requirements are more in line with Bachelor Degree than the Advanced Diploma.

### **Skills**

The critical difference between the two levels of qualifications for this descriptor is the issue of independent, higher level critical thinking and problem-solving, as well as the ability to effectively communicate the ‘independent exposition of knowledge and ideas’, again stressing the autonomous nature of practice. Under this descriptor, the professional practice of herbalists and naturopaths is best reflected by the characteristics outlined in the Bachelor Degree descriptor.

NHAHA recognises the importance of critical analysis, research and the ability to formulate sound argument for safe, defensible and evidence-informed practice. This can be seen in the CAS requirements for courses to include research skills in their curricula. The NHAHA CAS for research is summarised as follows.

#### ***NHAHA CAS Overview and general objectives***

To gain a basic understanding of research in order to demonstrate the ability to critically analyse data and incorporate knowledge validated into evidence based paradigm of practice. Using skills obtained to contribute to the professional knowledge base of Western Herbal Medicine and Naturopathy. (8)

#### ***Content requirements***

- Research terminology, e.g. Evidence based practice
- Research strategies
- Research design
- Validating research: Data analysis, reporting, publishing and presenting research
- Research statistics
- Maintaining clinical currency: Journals, data bases, conferences and seminars
- Critiquing research: The literature review
- Incorporating research into professional practice
- Contributing to clinical research: Case series and single case studies (*NHAHA WHM Course Accreditation System Guidelines & Curriculum. V2.1, 2011*)

Whilst covered in the descriptor ‘Application of Knowledge and Skills’, it is important to recognise that independent critical analysis skills are imperative for safe practice. Practitioners are required to elicit case histories and analyse information that can be complex and at times even contradictory. Whilst it is appropriate to reflect and research after the consult, the practitioner needs to be able to evaluate the information received, make recommendations for referral and/or further investigations where appropriate, determine a working and differential diagnosis and finally formulate at least an initial treatment plan. This clearly requires advanced critical thinking skills, the ability to perform these functions independently and in a timely manner, as well as the ability to communicate findings and plans with both the client and other healthcare professionals, ie, potentially communicating with different levels of specificity and language.

Independent critically thinking and problem-solving skills are fundamental to be able to maintain currency and evidence-based interventions. Within the orthodox medical field there is an inordinate amount of new primary and secondary research papers as well as meta-analysis and systematic reviews. In addition to this is the significant increase in volume and breadth of research available on herbal medicine and naturopathic practice areas; for example pharmacokinetics of specific plant constituents, nutritional protocols as well as clinical development tools for the practitioner.

It is difficult to conceive how a practitioner could attempt to manage this volume of information in a meaningful way without advanced knowledge, *independent* critical thinking and judgement and problem-solving skills. These characteristics are not identified in the Advanced Diploma, but only the Bachelor Degree and as such the occupational requirements of Herbal Medicine and Naturopathy are aligned with the Bachelor Degree.

### **Application of Knowledge & Skills**

This descriptor reflects the previous two, highlighting the higher level learning, ability to respond to diverse clinical situations, application of problem-solving skills, *independent* decision-making in professional practice and accountability for own continued professional development required for the Bachelor Degree.

The Advanced Diploma does not include these characteristics, rather it describes with “*with some direction*” (ie, not independently as a professional) with accountability for personal outputs.

Thus this descriptor re-iterates the distinction between the Advanced Diploma and Bachelor Degree, with the Degree based upon the critical thinking skills and autonomy of clinical practice that defines herbal medicine and naturopathy practitioners.

The descriptor for the Advanced Diploma also describes working within a team, whereas the Bachelor Degree refers to “collaboration with others within broad parameters”, and this latter description is more applicable to CAH practitioners, who largely work independently and collaborate with orthodox, allied and complementary health practitioners as indicated.

The final distinction between the two qualifications is that of ongoing learning, with the Bachelor Degree requiring “responsibility and accountability for own learning and professional practice”, with no such requirement for the Advanced Diploma. Having already established the need for continued professional development to maintain currency and evidence-based practice, it is clear that the occupational requirements of CAH practitioners are aligned with the Degree.

NHAA, and other organisations, provide guidelines for minimum standards for continuing professional development, but the professional Herbalist or Naturopath is still required to reflect, analyse their own learning needs, identify appropriate learning and development strategies and undertake them. This exercise itself requires higher critical thinking and problem-solving skills to ensure a “coherent and broad knowledge” as well as the complex skills of reflective practice. The NHAA’s journal, *The Australian Journal of Herbal Medicine*, is a peer-reviewed journal of international standing and supports professional practice for herbalists and naturopaths.

### **Volume of Learning**

NHAA believes that it is unlikely that 1.5 or 2 years of study is adequate to learn the volume of content required, and more specifically, develop the critical thinking skills and higher level problem-solving



skills required for practice as Herbalist or Naturopath. Thus, the Bachelor Degree, as currently provided by Endeavour College of Natural Health, Southern School of Natural Therapies and the Australian Institute of Applied Sciences, better represents the occupational requirements for these professions.

La Trobe University commissioned the study *The Practice and Regulatory Requirements of Naturopathy and Western Herbal Medicine* which reported that in 2004-2005 the duration of undergraduate study for first herbal or naturopathic qualification for practitioners ranged from six months to six years, with an average of 3.1 years. (10) Clearly this discrepancy is unacceptable for both practitioners and for public safety and confidence. For further discussion of this report, please see Appendix 3 *The Practice and Regulatory Requirements of Naturopathy and Western Herbal Medicine*.

**3. If you believe that qualifications in Homoeopathy, Naturopathy, Nutritional Medicine and Western Herbal Medicine should remain as Advanced Diploma qualifications, what is your rationale based on the AQF descriptors? Please specify which modality your feedback relates to.**

NHAHA believe that Western Herbal medicine and Naturopathy should be delivered at Bachelor Degree level. We are not able to comment on the other qualifications.

It will be important to ensure adequate bridging arrangements between the Advanced Diploma and Bachelor Degree be clearly articulated and consistently applied, as recommended in *Review of Australian higher Education Final Report, 2008* (11). Strengthening the educational pathways for students is imperative before the establishment of the Bachelor Degree as the minimum education standard, but such pathways should not be for the transition period alone, but rather should remain insitu.

**4. If your expertise lies in the area of Ayurveda, what are your views about how Table 1 relates to work as an Ayurvedic practitioner? Please indicate if Advanced Diploma or Bachelor Degree is the most appropriate qualification, and provide your rationale based on the AQF descriptors.**

The NHAHA does not represent Ayurvedic practitioners and is unable to comment.



Appendix 1      *NHAA Continuing Professional Education (CPE) Guide, 2013*



## NHAA Continuing Professional Education (CPE) Guide

CPE is about keeping current in professional practice. All NHAA full members (practising & non-practising) must submit an annual diary of their CPE activities. This Guide explains how to do that, what the minimum points are and lists activities and their point values.

Please also read the info on Page 2 – this will make it much easier to fill out your diary

### How to fill out your CPE diary

#### For CURRENT full members who are RENEWING their membership

- A. Fill in your name, membership number and the period covered. This will normally be the membership year just finished.
- B. Record your activities and points by following the instructions below.
- C. Send in the **DIARY ONLY** but please **keep your evidence** as we may ask you for it later in the year. We audit 5% of members each year for evidence of their latest CPE.

#### For JOINING or REJOINING members

- A. Fill in your name and the **period** covered:
  - For Clause 2 Category 2 this is any two consecutive years (see the Clause 2 application guide for details).
  - For ALL others (Clause 1 and Clause 2 Category 1) this is the previous 12 months.
- B. Record your activities and points by following the instructions below. **NB: At least 50% of your CPE must be from active learning e.g. not books or AJHM CPE.**
- C. Send in the diary **PLUS evidence of what you have recorded**. For examples see the evidence column in the activities lists in this Guide.

## INSTRUCTIONS

1. Record the date, a brief description, and the relevant points for each activity. See page 6 for an example of a completed diary.

- **Date:** Must be within the period covered (see notes above). Use exact date, or month, or date range for subscriptions, courses etc.
- **Activity Description:** See detailed lists in this Guide for relevant activities. Please include details such as the titles of seminars / journals / books. Please do not use acronyms. If you think an activity is valid but you're not sure, just note or attach details, or contact the office.
- **Points:** Divide into the 3 main subject areas of HERBAL MEDICINE (minimum of 20 points/yr required), MEDICAL SCIENCE (minimum of 12 points/yr required), and OTHER (all other subject areas go into this). See next page for definitions of these areas and activities lists in this Guide for point values of various activities.

**NB: Activities may have points in more than one subject area. E.g. a database you subscribe to may give you access to research on many modalities, not just herbal medicine, so of the 18 points you may allocate 8 to Herbal Medicine and the rest to Other. Your best estimate is all we require.**

2. Total points: The FINAL TOTAL MUST BE AT LEAST 50 POINTS per year. **NB: Clause 2 Category 2 applicants must supply 40 points per year from 2 consecutive years.**

3. Sign (printed diary) or Mark the check box (electronic diary) to indicate this is a true record of your CPE.

4. **Save a copy for your records** and then send to the NHAHA Office (post, fax or email).

## NHAHA CPE: FAQ's & Subject Areas

### What sort of things CAN I use for CPE?

There are many activities you can use for CPE (see the detailed lists in this guide for ideas). One of the most important things to keep in mind is that CPE is about currency at a professional level, so activities or materials that are aimed at the general public are generally not acceptable. Activities must be **professionally relevant** to practice and we also encourage members to aim their CPE at areas their usual practice may be deficient in, to maintain skill levels.

**What are the main things that CAN'T be used for CPE? NB: If you are unsure, include it with a note, or contact the office.**

- *AJHM as a journal subscription* (instead use the CPE questionnaires in the AJHM)
- *Books & Magazines aimed at the general public* (e.g. cookbooks, recipe books, Wellbeing, New Scientist)
- *First Aid* (this is considered a separate professional responsibility)
- *Other memberships*, however if they include a journal, database access etc you can use these (see lists below for points)
- *Product only information* (e.g. in databases or catalogues)

- *Your general work*, such as researching and reading (regardless of hours) for maintaining your practice, or for a client condition

### **Do I have to send proof of what I put on my CPE diary?**

Only if you are joining or rejoining (see pg 1). Renewing members do not need to send evidence in every year. However we do ask that you keep evidence for each diary for one year. We do an annual random audit of 5% of our full members, requesting evidence to support their latest CPE diary. For examples of the type of evidence you could use, see the evidence column in the activities lists below. For details about logbooks see page 6.

### **Do I have to use the NHAH CPE diary?**

Yes, we ask that you please use the NHAH diary (available in both print and electronic word versions), or a format that is similar, and work out your points as per the activities lists. Unfortunately we cannot accept CPE in the format of other professional associations, although you can often use the same activities.

## **Subject Areas**

There are 3 subject areas for activities, with required minimums for herbal medicine and medical science. Points for each activity go into the area it relates to (see definitions below). If an activity covers several areas, divide the points between areas in the ratio covered by the activity (your best estimate is fine). E.g. a 6 hour seminar (worth 12 points) may cover herbs, medical science and nutrition, spending equal time on each, so you would put 4 points each into herbal medicine, medical science and other.

**HERBAL MEDICINE activities (minimum 20 Points/yr required):** CPE activities that directly relate to the practice of herbal medicine; the scientific research of medicinal plants; professional & industry issues related to herbal medicine; historical & traditional aspects of herbal medicine; philosophical issues related to the practice of herbal medicine.

**MEDICAL SCIENCE activities (minimum 12 Points/yr required):** CPE activities that relate to human biochemistry; anatomy & physiology; pathology; pathophysiology; symptomatology; diagnosis; internal medicine; pharmacology; surgery; epidemiology; psychology and psychiatry. ***NB: First aid courses are not eligible for CPE.***

**OTHER activities:** CPE activities that are not herbal medicine or medical science related. Includes other health care modalities; general health care philosophy, ethics and history; health promotion; and business development and promotion.

Below are 6 main areas broken down into activities with point values listed. Most activities will fit into one of these areas, but check also on our website for a list of “sundry activities” that are more individual. If you are not sure about an activity, just mark it on your diary for checking or contact the office.

### NHAA Activities

Activity	Points	Notes & Examples	Evidence could include...
AJHM CPE questionnaires: herbal medicine questions	5 points/issue <i>maximum 4 issues/yr</i>	The same journal cannot be used more than once	copy of completed CPE questionnaire
AJHM CPE questionnaires: medical science questions	3 points/issue <i>maximum 4 issues/yr</i>		
NHAA library use: research visit	1 point/visit	Valid for the NHAA library only	NHAA library records
NHAA library use: borrowing book (inc. postal)	1 point/book		
NHAA Regional chapter meeting: attendance / participation	2 points/meeting		receipts, Chapter records
NHAA Discussion forum	2 points/year	Active posting on the forum is required, not just reading posts	posts
NHAA Volunteer activities	1 point/3 hours	In ‘Other’ subject area only. Eg, library work, NHMW or regional chapter organisation	Logbook (see pg 6), meeting or committee notes, NHAA records

### Formal Studying / Teaching

**In Australia** this is any course you do or teach that is accredited either through a university or the vocational education and training system (VET). VET courses are run by registered training organisations (RTOs), which can be colleges, associations, businesses or organisations. They will have a Nationally Recognised Training logo displayed if they are an RTO.

**Overseas**, formal study / teaching can be any tertiary level course.

Activity	Points	Notes & Examples	Evidence could include...
Study	1 point/10 hours	Includes classes, external work, assignments	transcripts, certificates, receipts
Teaching / Lecturing	1 point/6 hours	Includes actual teaching hours only	copies of teaching schedules, confirmation of teaching letters and emails

### Presenting or Attending Seminars / Conferences / Workshops

These include any courses that do not fit the Formal Studying / Teaching criteria and could range from a 2 hour workshop to a course that runs over many days.

Activity	Points	Notes & Examples	Evidence could include...
Attendance	2 points/hour	Webinars & phone seminars are worth the same points	certificates, receipts
Purchase of notes	4 points/set	Includes hard copy, pdfs, Cds, DVDs Cannot claim attendance & notes for same seminar	receipts
Presenting: to health care professionals	2 points/hour	<b>Maximum of 6 points per presentation</b>	request to present, thank you letter, receipts, copy of advertising material, logbook
Presenting: to the general public	2 points/presentation <b>maximum 6 points/yr</b>	Includes hosting Radio shows.	

### Writing / Research / Peer Reviewing

Activity	Points	Notes & Examples	Evidence could include...
Writing or authoring professional published articles: original research	8 points/article	Must be peer-reviewed, in a professional journal (inc. AJHM). Does not include newsletters, blogs, editorials.	copy of published article
Writing or authoring professional published articles: not original research	5 points/article	Must be peer-reviewed, in a professional journal (inc. AJHM). Does not include newsletters, blogs, editorials.	

Writing a published book review: more than 500 words	3 points/review	Professional publications only	copy of published review
Writing a published book review: less than 500 words	2 points/review	Professional publications only	
Writing a published general media article: Minimum 250 words	1 point/article <b>maximum 5 points/yr</b>	Articles aimed at the general public. Must be for the purpose of education on a specific topic/s. Does not include editorials.	copy of published article
Writing a book: academic publications	6 points/chapter	Minimum of 5 pages per chapter	receipts, correspondence with publisher etc, copy of book
Writing a book: aimed at general public	2 points/chapter	Minimum of 5 pages per chapter	
Research work: FOR academic / professional publication only	1 point/6 hours	Does not include research for newsletters, blogs, editorials, marketing material, general reading, client conditions etc.	contracts, correspondence, logbook
Peer reviewing books / papers by others	1 point/3hours	Academic / professional only	
Writing / Developing Course material	1 point/4 hours	Academic / professional only	

## Mentoring / Supervision / Meetings

Activity	Points	Notes & Examples	Evidence could include...
Peer group meetings: attendance / participation	2 points/meeting	Any meetings similar to the NHAA regional chapter meetings where groups of peers get together to discuss cases, pass on information etc.	receipts, logbook, meeting record book
Mentoring: mentor or mentee	1 point/meeting or 4 hours <b>maximum 10 points/yr</b>	This includes one on one meetings or small groups	
Supervision: supervisor or supervisee	1 point/meeting or 4 hours <b>maximum 10 points/yr</b>	This includes one on one meetings or small groups	



## Buying Books / Journals / Subscriptions / Electronic media

Activity	Points	Notes & Examples	Evidence could include...
Books: academic / professional only (paper or electronic)	4 points/book <b>maximum 4 books/yr</b>	Books aimed at the general public not accepted. Free books accepted - if reviewed you cannot use the review <b>and</b> the book	receipts, correspondence, logbook
Cds / DVDs: academic / professional only	4 points/each <b>maximum 4 discs/yr</b>	Material aimed at the general public not accepted.	receipts
Database subscription	18 points/subscription	Professional level information, access to full papers, not just abstracts. Eg Natural Standard database, Science Direct etc	receipts
Journals individual: professional peer reviewed only (paper or electronic)	2 points/issue	More than 4 A4 pages long. <b>Notes:</b> <ul style="list-style-type: none"> <li>Company newsletters produced in journal format, are not peer reviewed. These go under Newsletters (see below)</li> <li>Free or open access journals accepted (please record in a logbook)</li> <li>Popular science or health magazines aimed at the general public are not eligible. E.g. New Scientist, Art of Healing, Wellbeing</li> </ul>	receipts
Journal subscription: 4 times per year	8 points/subscription		receipts
Journal subscription: more than 4 times per year	12 points/subscription		receipts
Newsletters / professional updates	2 points/Company <b>maximum 6 points/yr</b>	Professional only. Eg Medscape, Mediherb, Fx Med, NEJM bulletin Includes free and online updates.	receipts, copy of newsletter, emails, logbook

## Appendix 2 Australian Register of Naturopaths & Herbalists (ARONAH)

ARONAH is a voluntary national register for naturopaths and herbalists, modelled upon the regulated health profession Boards administered by the Australian Health Practitioner Regulation Authority (AHPRA) (12). In the absence of statutory regulation of herbalists and Naturopaths by AHPRA, NHAHA supports ARONAH's role and the registration requirements they stipulate.

ARONAH has incorporated a grandfathering clause to facilitate the transition to higher level qualification requirements, such as has been done by AHPRA. ARONAH's General Registration Requirements specify that Tier 1 applicants are required to provide evidence of "successful completion of a relevant course of study that is accredited at Bachelor degree level (or higher) under the Australian Qualifications Framework" (13).

ARONAH also provides competency standards, as do other health professions requiring a bachelor Degree, such as nursing. Following is a *brief selection* of ARONAH's Competency Standards for Western Herbalist, highlighting areas of alignment with the graduate outcomes of the Bachelor Degree as described by the AQF.

The full document is as follows, however aspects central to the issues of this review paper are noted as follows:

**Competency 2:** Accepts accountability and responsibility for own actions within Western herbal medicine practice.

**Competency 5:** Assesses, plans, provides and evaluates safe and effective Western herbal medicine care.

**Competency 6:** Assesses, plans and evaluates safe and effective Western herbal medicine care for the patient with complex needs.

**Competency 7:** Practice as appropriate to the Western herbalists' role in the health care team.

**Competency 14:** Acts to enhance the professional development of self and others.

**Competency 15:** Uses evidence to inform Western herbal medicine practice.



## Competency Standards for Western Herbalists

### Legal and Professional Practice

#### ***Competency 1 Functions in accordance with legislation and common law affecting Western herbal medicine practice***

**Element 1.1** Demonstrates and acts upon knowledge of legislation and common law pertinent to Western herbal medicine practice

**Cues**

- Practices Western herbal medicine within the requirements of legislation and common law
- Identifies and interprets laws in relation to Western herbal medicine practice, including the administration of medicines, negligence, consent, report writing, confidentiality and vicarious liability
- Recognises and acts upon breaches of law relating to Western herbal medicine practice

**Element 1.2** Complies with policies and guidelines that have legal and professional implications for practice

**Cues**

- Complies with legal policies and guidelines, for example, occupational health and safety, child protection

**Element 1.3** Formulates documentation according to legal and professional guidelines

**Cues**

- Adheres to legal requirements in all aspects of documentation
- Documentation is contemporaneous, comprehensive, logical, legal, clear, concise and accurate
- Documentation identifies the author and designation

**Element 1.4** Fulfils the duty of care in the course of Western herbal medicine practice

**Cues**

- Undertakes Western herbal medicine practice in accordance with professional standards for Western herbalists

#### ***Competency 2 Accepts accountability and responsibility for own actions within Western herbal medicine practice***

**Element 2.1** Recognises and acts within own knowledge base and scope of practice

**Cues-**

- Analyses strengths and limitations in own skill, knowledge and experience and addresses limitations
- Accepts professional responsibility and personal accountability for own practice
- Collaborates with other health care providers when care is outside the scope of practice

**Element 2.2** Identifies unsafe practice and takes appropriate action

**Cues**

- Identifies practices that compromise safe and effective care, or contravenes legislation, and takes appropriate action
- Utilises risk management and/or open disclosure policies in the follow-up of unsafe practice
- Promotes and engages in ongoing development of the safety and quality improvement agenda to optimise health outcomes of patients
- Supports other Western herbalists or health care providers who report unsafe practice

**Element 2.3** Consults with, and refers to, another Western herbalist or appropriate health care provider when the needs of the patient fall outside own scope of practice or competence

**Cues**

- Ensures timely consultation and referral
- Develops and maintains collegial networks with Western herbal medicine colleagues and others to optimise outcomes for the patient

**Element 2.4** Assumes responsibility for professional Western herbal medicine leadership functions

**Cues**

- Integrates leadership skills into practice
- Acts as a role model for other colleagues by exemplifying best practice in Western herbal medicine
- Provides advice and guidance in problem solving and decision making to Western herbal medicine colleagues and others as appropriate

**Western herbal medicine Knowledge and Practice**

**Competency 3 Communicates information effectively to facilitate decision-making by the patient**

**Element 3.1** Communicates effectively with the patient, their family and friends

**Cues**

- Actively listens to the patient and responds appropriately
- Uses language that is readily understood
- Allows adequate time to meet the needs of patients for information, advice and support
- Engages the assistance of a professional interpreter where appropriate

**Element 3.2** Plans and evaluates care in partnership with the patient

**Cues**

- Listens to the patient to identify their needs and involves the patient in decision making
- Obtains informed consent for Western herbal medicine interventions
- Documents decisions, actions and outcomes including the patient's response to care

**Competency 4 Promotes safe and effective Western herbal medicine care**

**Element 4.1** Applies knowledge, skills and attitudes to enable patient-centred care

**Cues**

- Participates in respectful partnerships with the patient and other members of the health care team
- Practices in ways that respects each patient's emotional, social, cultural and lifestyle needs

**Element 4.2** Manages the Western herbal medicine care of patients

**Cues**

- Organises workload to facilitate Western herbal medicine care for patients
- Demonstrates appropriate time management and priority setting skills
- Ensures the effective use of resources including personnel

**Competency 5** Assesses, plans, provides and evaluates safe and effective Western herbal medicine care

**Element 5.1** Utilises Western herbal medicine knowledge and skills to facilitate optimal health for the patient

**Cues**

- Promotes the understanding of health

**Element 5.2** Assesses the health and wellbeing of the patient

**Cues**

- Carries out a comprehensive assessment of the patient
- Interprets and acts upon information from the assessment

**Element 5.3** Considers emotional wellbeing of patient in the development of the therapeutic relationship and the provision of Western herbal medicine care

**Cues**

- Acknowledges the importance of psychological wellbeing in long term health
- Engages in opportunities for patients to discuss emotional and psychological health concerns
- Implement general counselling techniques to support patients experiencing emotional and psychological health concerns
- Refer to appropriate health care providers where mental health issues beyond the scope of the Western herbalist are identified

**Element 5.4** Plans, provides, and is responsible for, safe and effective Western herbal medicine care

**Cues**

- Orders (within relevant legislation) and interprets relevant investigative and diagnostic tests and screening procedures
- Supports the patient and ensures appropriate, timely interventions are undertaken

**Element 5.5** Understands Western herbal medicine principles and their clinical application

**Cues**

- actively integrates Western herbal medicine principles with the desired health outcomes of the patient
- shows clinical judgement of the role of a Western herbalist in the clinical management of a patient

**Element 5.6** Demonstrates the ability to initiate, supply and administer relevant Western herbal medicine treatments in a safe and effective manner within relevant state or territory legislation

**Cues**

- Maintains up to date knowledge about treatments commonly used in Western herbal medicine practice
- Provides information to the patient
- Demonstrates safe administration of Western herbal medicine treatments including consideration of side effects, contra-indications, pharmacological interactions and documentation
- Undertakes to report adverse events associated with Western herbal medicine treatments to appropriate state/territory and commonwealth organisations

**Element 5.7** Applies knowledge, skills and professionalism in use of treatment, procedures and investigations with patients

**Cues**

- Applies Western herbal medicine treatments and procedures safely and professionally with full consent of patient
- Demonstrate judicious consideration and prioritisation of patient health and socioeconomic needs when determining the Western herbal medicine management plans
- Uses, justifies and interprets appropriate treatments and procedures to achieve the best outcome

for the patient

**Competency 6 Assesses, plans and evaluates safe and effective Western herbal medicine care for the patient with complex needs**

**Element 6.1** Utilises a range of Western herbal medicine knowledge and skills to provide Western herbal medicine care for the patient with complex needs as part of a collaborative team

**Cues**

- Demonstrates a sound knowledge base of relevant disease processes and health complexities
- Demonstrates an understanding of the particular psychosocial needs of the patient where there are complexities
- Continues to provide Western herbal medicine care where appropriate when collaboration with a medical practitioner or other health care provider is required
- Uses, justifies and interprets appropriate treatments and procedures to achieve the best outcome for the patient

**Element 6.2** Recognises and responds effectively in emergencies or urgent situations

**Cues**

- Recognises and responds to any urgent or emergency situations with timely and appropriate intervention, consultation and/or referral
- Maintain up to date skills and knowledge concerning first aid and emergency care where appropriate

**Element 6.3** Implements effective rehabilitation care in Western herbal medicine practice

**Cues**

- Rehabilitation care is undertaken with full knowledge of the ongoing health implication of chronic health care

**Western Herbalist as a Health Care professional**

**Competency 7 Practice as appropriate to the Western herbalists' role in the health care team**

**Element 7.1** Fulfils the role of Western herbal medicine practitioner in the health care team

**Cues**

- Understands the role of Western herbalists as primary, secondary and complementary health care practitioners
- Provides appropriate care to patients as determined by the scope of Western herbal medicine care and based on the patient's needs and the involvement of other health care providers in their care

**Element 7.2** Negotiates with other health professionals to define the Western herbalists' role in the patients' health care team

**Cues**

- Demonstrates effective negotiation and mediation with other members of the health care team to facilitate a patient-centred outcome

**Competency 8 Advocates to protect the rights of individuals and communities to Western herbal medicine care**

**Element 8.1** Respects and supports individuals to be self-determining in promoting their own health and well-being

**Cues**

- Articulates primary health care principles and acts accordingly
- Works with patients to identify and develop appropriate sources of social and community support and health care
- Concludes the Western herbal medicine relationship in a timely and appropriate manner
- Able to communicate effectively and within legal boundaries with other health professions and

media

- Understands the impact of media statements and the wide reaching influence of media

***Competency 9 Develops strategies to implement and support collaborative Western herbal medicine practice***

**Element 9.1** Demonstrates effective communication with Western herbalists, health care providers and other professionals

**Cues**

- Adapts styles and methods of communication to maximise effectiveness
- Uses a range of communication methods including written and oral
- Liaises and negotiates with colleagues at all levels to optimise outcome for the patient
- Discusses and clarifies with relevant health care providers interventions that appear in appropriate or unnecessary and negotiates a collaborative plan
- Demonstrates effective communication during consultation, referral and case transfer

**Element 9.2** Establishes, maintains and evaluates professional relationships with other health care providers

**Cues**

- Recognises the role of other members of the health care team in the provision of health care
- Identifies and responds to factors that facilitate or hinder professional relationships
- Invites, acts upon, an offers, constructive feedback on Western herbal medicine practice from peers and colleagues

***Competency 10 Actively supports Western herbal medicine as a public health strategy***

**Element 10.1** Responds to causes of threats to health and individuals at risk in Western herbal medicine practice

**Cues**

- Ability to educate patients who are at risk of or carry infectious disease
- Acts to address risk factors affecting individuals regarding infectious disease

**Element 10.2** Implementation of preventative care to promote long term wellness

**Cues**

- Promotion of patient self care through education and Western herbal medicine treatment including the development of long term care plans
- Knowledge of outcomes of preventative treatments and programs to ensure their effectiveness
- Understanding of personal capabilities and the need to follow up care for patients

**Element 10.3** Advocates for, and promotes Western herbal medicine practice, within the context of public health policy

**Cues**

- Acknowledges the impact of social, economic and psychological factors on patient's lives
- Acts to address public health issues including the promotion of healthy dietary and lifestyle choices and responding appropriately in situations where there is domestic violence, drugs or alcohol use
- Collaborates with other health professionals to plan, provide and evaluate care which facilitates health promotion and disease prevention

***Competency 11 Ensures Western herbal medicine practice is culturally safe***

**Element 11.1** Plans, implements and evaluates strategies for providing culturally safe practice for patients, their families and colleagues

**Cues**

- Incorporates knowledge of cross-cultural and historical factors into practice
- Demonstrate respect for differences in cultural meanings and responses to health care
- Recognises the specific needs of Aboriginal and Torres Strait Islander individuals and their

- communities
- Recognises and respects customary law

### **Reflective and Ethical Practice**

#### ***Competency 12 Bases Western herbal medicine practice on ethical decision making***

**Element 12.1** Practices in accordance with the Code of Conduct and relevant state/territory and commonwealth privacy obligations under law

##### **Cues**

- Demonstrates knowledge of contemporary ethical issues in Western herbal medicine
- Demonstrates ethical behaviour towards patients, colleagues and communities
- Develops and assesses strategies to address ethical issues and breaches of confidentiality and privacy in collaboration with others

#### ***Competency 13 Identifies personal beliefs and develops these in ways that enhance Western herbal medicine practice***

**Element 13.1** Addresses the impact of personal beliefs and experiences on the provision of Western herbal medicine care

##### **Cues**

- Recognises own attitudes, biases and values and their potential impact on practice
- Evaluates own practice and its effect on patients

**Element 13.2** Appraises and addresses the impact of power relations on Western herbal medicine practice

##### **Cues**

- Demonstrates an awareness of the impact of gender, race and social policies on individuals and health care
- Work towards addressing power imbalances between health care providers, patients and the community
- Act to eliminate harassment, victimisation and bullying in the workplace
- Demonstrates a commitment to, and respect for, colleagues and peers

#### ***Competency 14 Acts to enhance the professional development of self and others***

**Element 14.1** Assesses and acts upon own professional development needs

##### **Cues**

- Identifies own learning needs through reflective practice and self evaluation
- Contributes to self appraisal and peer review activities as appropriate
- Prepares and actions annual professional development plans using continuing professional development frameworks
- Seeks and engages in opportunities to maintain or update skills, or knowledge, attitudes and experience
- Demonstrates and documents own professional development

**Element 14.2** Contributes to, and evaluates, the learning experiences and professional development of others

##### **Cues**

- Supports students to meet their learning needs and objectives
- Contributes to ongoing education programs
- Undertakes and critiques mutual sharing of experiences and knowledge with multidisciplinary colleagues
- Contributes to mentoring, peer support and/or clinical supervision
- Seeks and engages in opportunities to maintain or update skills, knowledge, attitudes and experience



**Competency 15 Uses evidence to inform Western herbal medicine practice**

**Element 15.1** Ensures both traditional and research evidence is incorporated into practice appropriately

**Cues**

- Values and acknowledges the importance of traditional knowledge, research and evidence
- Maintains current knowledge about relevant research
- Demonstrates skills in retrieving and understanding research evidence including levels of enquiry and forms of evidence
- Applies objective consideration of both traditional knowledge and research in clinical decision making
- Discusses the implications of evidence with the patient
- Reviews practice and policies in the context of new evidence and knowledge
- Supports research in Western herbal medicine

**Element 15.2** Interprets evidence as a basis to inform practice and decision making

**Cues**

- Underpins Western herbal medicine practice with current knowledge and best evidence
- Accesses, shares and utilises evidence to inform practice
- Explains options while recognising the patient's right to choose

### Appendix 3      **The Practice and Regulatory Requirements of Naturopathy and Western Herbal Medicine** (12)

The Victorian Government approached La Trobe University to research and report on the practice and regulatory requirements of naturopathy. The authors utilised a number of different approaches to evaluate the issue and make recommendations for the profession. This included a workforce study of 795 practitioners of herbal medicine and naturopathy.

The study reported the duration of undergraduate study for first herbal or naturopathic qualification for practitioners ranged from **six months to six years**, with an average of 3.1 years. This is an unacceptable range, and it is noted that NHAA and other bodies have minimum hours required for courses to be accredited and thus membership of graduates available. This membership then enables access to professional indemnity insurance. That said, there will be people who do not complete adequate training, who do not seek professional membership with any professional body and thus have no professional indemnity insurance; they operate 'outside the system', such that it is. Finally, it is noted that 3.1 years is in alignment with the hours recommended with Bachelor Degree courses, thus many Advanced Diplomas appear to meet volume requirements at the time of the report.

Further, approximately 31% of herbal and naturopathic practitioners held no naturopathic qualifications, again highlighting the issue of no protection of title and limitations of 'managing' an unregulated workforce. From a public safety perspective, this introduces risk as unqualified and rogue individuals are legally able to call themselves a naturopath or herbalist and potentially put people's health at risk.

This report made the following recommendations in relation to education requirements and standards for herbal medicine and naturopathy.

- The professions of naturopathy and WHM should work towards a bachelor's degree as the minimum requirement for entry into practice.
- The World Health Organisation Guidelines (2004) should be used as a guiding framework and for quality assurance activities
- Further research should be conducted into conversion courses (from Advanced Diploma to Bachelor Degree level), workforce profile, the role of distance education, the structure and application of clinical education, guidelines for clinical practice as well as considering issues relating to international students.
- Post-graduate study pathways to be explored and developed.

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## Appendices

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