The attached submission from Australian Natural Therapists Association Ltd (ANTA) is a 2016 submission to the Health Workforce Principal Committee for the registration of naturopathy, western herbal medicine and nutritional medicine.

ANTA has advised it considers some elements of the submission relevant to the Terms of Reference for this Review.

To ensure that the Review only considers matters within its scope we have extracted the relevant material and it is provided here.

Should anyone wish to review the full submission they should contact ANTA direct.
6th July 2017

Accreditation Systems Review
COAG Health Council

We have provided you with a submission to join the National Scheme, aspects of that submission also apply to the Accreditation Systems Review.

Yours sincerely

[Signature]

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Executive Officer
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Submission on
Accreditation Systems Review

Submitted to
Professor Michael Woods
Appointed by
Australian Health Workforce Ministerial Council (AHWMC)
As the Independent Reviewer

21 April 2017
This submission is lodged by the Australian Natural Therapists Association (ANTA) in response to the invitation by Professor Michael Woods for interested organisations to make a written submission in response to the Discussion Paper released on 27 February 2017.

**Objectives:**

The legislative objective for the National Registration and Accreditation Scheme (NRAS) confirms the vision for the scheme focuses on public safety and professional quality. The vision for the scheme as a whole is for the development of a flexible, responsible and sustainable workforce that delivers safe and high quality health care.

A key objective of the NRAS is to facilitate access to services provided by health practitioners in accordance with public interest.

The Productivity Commission report *Australia’s Health Workforce* recommended restructuring and rationalisation to improve standards, provide efficiencies and also provide the levers and incentives to drive workforce reform and innovation.

ANTA fully supports the objectives of the NRAS and the focus to drive workforce reform, innovation and to provide the public with safe high quality health care services.

To assist in achieving the above objectives ANTA has prepared a submission for the statutory regulation of Naturopathy, Western Herbal Medicine and Nutritional Medicine in Australia under the NRAS.

The intergovernmental agreement for the NRAS outlines the six criteria to be met for registration to be considered. The ANTA submission included with this submission focuses on the six criteria and demonstrates registration of Naturopathy, Western Herbal Medicine and Nutritional Medicine is justified, will provide safe high quality healthcare services and deliver the NRAS objectives of workforce reform and innovation.
Australian Natural Therapists Association

Submission to
Chair, Health Workforce Principal Committee
Registration of Naturopathy, Western Herbal Medicine and Nutritional Medicine

Professor Michael Weir
Faculty of Law Bond University
September 2016
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Fragmented Regulatory Framework

The practice of Nat/WHM/NM is framed by a myriad of incoherent complex and confusing legislation and regulations at both State and Federal levels. These legislative and regulatory measures are based upon different policy imperatives which are significant in their own right such as the Therapeutic Goods regulation or health care complaints but it is not easy to point to clear regulatory structure for the practice of Nat/WHM/NM.

The La Trobe report suggests ‘The present model—a mixture of self-regulation and statutory requirements—does not serve the public, the profession, or the industry well.’ 95 Under The A New Tax System (Goods and Services) Act 1999 naturopaths, acupuncturists, and herbal medicine practitioners who are members of recognised professional associations can provide GST-free services. This is a powerful incentive for practitioners to obtain GST free status for their practice by joining a recognised association. The failure of this legislation is that the membership of professional associations is based upon the varying practice standards created by the different associations. The standards are inconsistent with one another and do not need to have regard to standards set by other bodies. The legislative scheme does not require professional associations to have matters such as specified standards of practice, a complaints mechanism, infection control guidelines, or requirements for education and qualification for practitioners. Rather they are only required to have “national standards”. Many professional associations have established appropriate standards in such areas, but they are not consistent and may lack the degree of professionalism required to achieve the desired outcome of public protection. There has been a failure to determine and require national standards amongst professional associations. The result is confusion for both practitioners and the public. 96

In reality the TGA and GST exemptions are not aimed at a coherent regulatory structure but focus on the need to deal with taxation and risks in the provision of therapeutic goods. It does not provide a whole of profession coherent answer to the need for public protection. Statutory regulation would still require a role for Nat/WHM/NM professional associations in representing practitioners, supporting them in misconduct matters and the provision of advice and representing members in dealings with government but their role will focus on representing practitioners rather than being involved in difficult to achieve standard professional educational standards and discipline which would then be the province of a statutory regulator.

Consideration of overseas regulatory models such as that applying in the USA and Canada enacted after careful consideration, in the face of orthodox medicine opposition suggests some points that may be relevant to Australian policy development. 97 The protection of the consumers is best attained through the development of a register of practitioners, based upon specified standards of practitioner probity and professional practice, education and training. This will assist in prospectively avoiding adverse outcomes, but if they occur, to provide a statutory mechanism for investigating allegations of unprofessional conduct to provide a response to ensure the practitioner does not repeat that behaviour and to provide lessons that can be applied generally in the regulatory structure. This is what currently applies under the National Law in Australia for health professions subject to statutory regulation.

95 La Trobe report, above n 6, 296.
96 Ibid
97 Refer to discussion below pp 32.
**Criterion 4:**
Is regulation practical to implement for the occupation in question?

When considering whether regulation of the occupation is possible, the following needs to be considered:

- is the occupation well defined;
- does the occupation have a body of knowledge that can form the basis of its standards of practice;
- is this body of knowledge, with the skills and abilities necessary to apply the knowledge, teachable and testable;
- where applicable, have functional competencies been defined; and
- do the members of the occupation require core and government accredited qualifications?

WHM is well established throughout Western history and can be readily understood to be the practice of herbal medicine from the traditions of Britain, Europe and North America.\(^98\) Herbal medicine practised in the Chinese medicine tradition is already regulated under the IGA. WHM is one of the modalities used by naturopaths and these professions have overlapping identities and modalities. Naturopathy is an established body of knowledge and the boundaries of its practice are well defined, but because no barriers to entry exist, naturopaths can practice any modality and still use the title. Naturopathic modalities are also practiced as single modalities by other practitioners, WHM practitioners, homoeopaths, massage therapists, nutritionists and lifestyle counsellors. Nutritional medicine is a more recently established health profession but the new requirement for a degree standard for education will provide an underpinning to professionalisation of this profession through the required mapping of higher degrees attributes required for this degree.

**Level and Nature of Education of Nat/WHM/NM**

Education for Nat/WHM/NM has been offered at tertiary level for many years in Australia. There was a broad professional agreement on core competencies and curriculum requirements through the adoption of the National Health Training Package (the minimum requirements set by the Vocational Education and Training sector) which had the support of professional associations. The Complementary & Alternative Health (CAH) aspects of HLT07 relevant to Nat/WHM/NM were:

- HLT60512 Advanced Diploma of Naturopathy
- HLT60112 Advanced Diploma of Western Herbal Medicine
- HLT61012 Advanced Diploma of Nutritional Medicine

It is significant that in 2015 the next stage of the maturation of the professionalisation has arisen for Nat/WHM/NM as a bachelor degree level previously offered by a number of university and private education providers is now the required educational standard for practitioners subject to the teach-out period that ceases in December 2018. There had been criticism of the standard of education of the advanced diploma as it focussed on VET standards and skill-based competencies as against the degree standard of higher education with a focus on critical analysis and independent thinking.\(^99\)

\(^98\) http://www.who.int/medicines/areas/traditional/definitions/en/
\(^99\) Wardle, above n 67, 364.
The La Trobe report found that in 2003 there were 47 naturopathy and WHM education providers in Australia involving 104 undergraduate and postgraduate courses. At that time the level of education was 47% advanced diploma, 16% bachelor degree, 15% diploma and certificates and 13% postgraduate awards. The first bachelor degree in naturopathy commenced in 1995 at Southern Cross University though this course been discontinued in recent years. In 2003 the market was predominantly privately owned 15 colleges (52%), four TAFE (14%) and 10 universities (34%). It was estimated at that time that 3500 students were enrolled in naturopathy and WHM. The La Trobe report suggested that there was concern about the need to clarify minimal education standards and for education standards to be set by an independent body.

It has been noted that:

‘The level of education in naturopathy and WHM is evolving, but the absence of a common standard for the preparation of practitioners contributes to lack of recognition by mainstream institutions. Debate is required to reach agreement on minimum standards for naturopathy and WHM education programs, but attempts to improve educational standards are unlikely to succeed without the support of a regulatory system that can mandate minimum education requirements.’

The La Trobe report suggested that courses in both naturopathy and WHM reflected a range from 2 years to 4.5 years with course contact hours (bachelor degrees and advanced diplomas combined) for naturopathy were 2265 and for WHM were 1693. The content focussed on science ranged from 300 hours to 930 hours in naturopathy and from 507 hours to 923 hours in WHM with clinical experience ranging from 198 hours to 800 hours in naturopathy and 100 hours to 272 hours in WHM. 97% of courses in this study were government or university accredited.

Concern was expressed about aspects of curricula in regard to the level of time spent on matters such as: clinical practice; pharmacology and interactions among herbs, nutrients, and drugs; communication, counselling, ethics, and legal issues; critical thinking and analysis; basic research methods, literature reviews, and the role of evidence-based practice in holistic healthcare; manufacture of herbal products for extemporaneous prescribing; sociology of health and healthcare; core modalities of naturopathy and WHM; variety of forms of assessment; and input from education specialists to ensure that forms of assessment match desired outcomes with respect to subjects, courses, and graduate attributes.

The upgrade in the minimum required levels of education for Nat/WHM/NM would deal with many of these concerns. Advanced Diploma qualifications for the above modalities are now in teach-out phase and students enrolled in these advanced diplomas have until December 2018 to complete these courses. Students have not been able to enrol in Advanced Diplomas of Naturopathy, Nutrition and WHM since December 2015 when the advanced diplomas ceased. As a result of advanced diplomas ceasing the new minimum educational standard for Naturopathy, Nutrition and WHM will become bachelor degree level. Since December 2015 people wanting to enrol in these modalities can now only enrol in bachelor degree programs.
The move to bachelor degree programs has seen a rationalisation of course providers. Several course providers who delivered advanced diplomas programs have decided not to deliver bachelor degree programs probably because of the cost involved in setting up bachelor degrees, the higher standards expected of that form of education and because of stricter Tertiary Education Quality and Standards Agency (TEQSA) audit and quality control over colleges who deliver them. Australian Skills Quality Authority (ASQA), which is the VET sector regulator previously governed audits and quality control over advanced diplomas at a less stringent level. The move to bachelor degree programs has been supported by most associations except for ATMS (refer to discussion below).

Currently in Australia the provision of the now standard minimum level degree standard education (for four and three years) for Nat/WHM/NM includes as follows:

**Naturopathy**

Bachelor of Health Science (Naturopathy)

Endeavour College of Natural Health - four years full time  
Paramount College of Natural Medicine - three years full time  
Southern School of Natural Therapies - four years full time  
Australasian College of Natural Therapies (ACNT) - four years full time

**Western Herbal Medicine**

Bachelor of Health Science (Western Herbal Medicine)

Paramount College of Natural Medicine - three years full time  
Southern School of Natural Therapies - three years full time  
Australasian College of Natural Therapies (ACNT) - four years full time

**Nutritional Medicine**

Bachelor of Health Science (Nutritional and Dietetic Medicine)

Endeavour College of Natural Health - three years full time  
Queensland University of Technology (QUT) – four years full time

Bachelor of Health Science (Nutritional Medicine)

Paramount College of Natural Medicine - three years full time  
Southern School of Natural Therapies - three years full time  
Australasian College of Natural Therapies (ACNT) - four years full time  
Charles Sturt University, Bachelor of Health Science (Food and Nutrition) - (six years part time distance)  
Victoria University, Bachelor of Science – Nutrition Food and Health Science - three years full time

**Bachelor of Human Nutrition**

University of Canberra - three years full time  
La Trobe University - three years full time

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107 TEQSA is the HE statutory regulator under the discussed in more detail below. http://www.teqsa.gov.au/.
The significance of the movement to a bachelor degree as the fundamental educational standard is significant as this will now mean that educational institutions will become subject to the stricter regulation requirements of TEQSA rather than ASQA especially in the case of non-self-accrediting institutions which is ‘a higher education provider that does not have responsibility for accrediting its own qualifications’. Most private colleges fall into that category.

The movement towards requiring bachelor degree as the minimum educational standard derived from a review of the qualifications for CAM under the ‘Complementary & Alternative Health Alignment of Qualifications to the Australian Qualifications Framework Discussion Paper’. This was initiated by the Community Services & Health Industry Skills Council (CS&HISC). At the time the All Complementary & Alternative Health (CAH) qualifications in the Health Training Package (HLT07) were under review.

Industry Reference Groups comprising representatives from all CAH modalities oversaw this work, with a smaller Subject Matter Expert Group (SMEG) for each modality. Issues arose about the appropriate alignment of CAH qualifications to the Australian Qualifications Framework (AQF) and whether for CAH the required minimum educational level should be adjusted to a bachelor degree level. The advanced diploma was the required educational level for Aromatic Medicine, Ayurveda, Homoeopathy, Naturopathy, Nutritional Medicine and Western Herbal Medicine.

The paper suggested:

‘This paper has been developed based on a range of discussion and comments, including:

- the need for substantial additional and more clearly articulated anatomy, physiology, pathophysiology and pharmacology content – especially in the advanced diploma qualifications (with some impact on Certificate IV and diploma qualifications also)
- questions around what the actual difference is between advanced diploma and bachelor degree
- the amount of learning required to achieve the qualification outcomes (e.g. views that advanced diploma outcomes not able to be achieved in less than 3 years for some modalities)
- tacit acknowledgment and / or open discussion that a degree level qualification either is, should be, or will be in the near future, the qualification required to practice.’

The paper then mapped the learning outcomes required by AQF levels for advanced diploma and bachelor degree and the knowledge and skills needs of practitioners in CAH. It was noted that issues such as professional practice; accountability for own learning and volume of learning for degree at three years were significant requirements for the bachelor degree level.

The paper then asked for feedback on the issue of whether the educational level should now be at the bachelor level for CAH. After receiving feedback, in November 2014 by a unanimous recommendation of the Training Package Advisory Committee and the CS&HISC Board it was decided to remove the Advanced Diplomas of Homoeopathy, Naturopathy, Nutritional Medicine and Western Herbal Medicine.

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110 Ibid p 4
111 Ibid pp 6-10
and Western Herbal Medicine from the Health Training Package in December 2015 with no extension.\textsuperscript{112} This change in educational standard is significant as the clear intention was to focus the educational outcomes and training on the issue of professional practice, greater focus on anatomy, physiology, pathophysiology and pharmacology, increased volume of learning and with initiative and judgment in planning, problem solving and decision making in professional practice and/or scholarship and working in an independent professional practice context.\textsuperscript{113}

Practitioners are currently not obliged to upgrade to bachelor degree level qualifications but over time this professional transition will to a large measure occur based upon a number of factors. For example, current members of ANTA and most likely other professional associations with only the advanced diploma qualification who have continuous membership and comply with health fund provider requirements will continue as members and as providers with health funds.\textsuperscript{114} It is expected that the health funds will be updating educational requirements for naturopathy, western herbal medicine, homoeopathy and nutrition to bachelor level so this change will directly impact on new entries into the profession and practitioners who were former members of a professional association and seek renewed membership or after a gap in health fund accreditation.\textsuperscript{115}

**Significance of adoption of bachelor level educational standard**

A useful discussion is provided by Australian Natural Therapists Association Ltd\textsuperscript{116} in regard to the different educational standards that will apply under the newly introduced bachelor degree standard as against the standard specified under the Advanced Diploma, the differences are clear based upon the AQF specifications.\textsuperscript{117}

Under the Advanced Diploma (AQF Level 6) the expectations of graduate outcomes are:

‘Knowledge: Graduates at this level will have broad theoretical and technical knowledge of a specific area or a broad field of work and learning.

Skills: Graduates at this level will have a broad range of cognitive, technical and communication skills to select and apply methods and technologies to:

- analyse information to complete a range of activities
- interpret and transmit solutions to unpredictable and sometimes complex problems
- transmit information and skills to others

Application of knowledge and skills: Graduates at this level will apply knowledge and skills demonstrating autonomy, judgment and defined and defined responsibility:

- In contexts that are subject to change
- Within broad parameters to provide specialist advice and functions’

\textsuperscript{112} \url{http://www.cshisc.com.au/develop/industry-qualifications-training-packages/qualifications-under-review/complementary-alternative-health/}

\textsuperscript{113} Community Services & Health Industry Skills Council, above n 5, 6-10.

\textsuperscript{114} Brian Coleman, ‘Executive Officer Report’ March (2016) 31 The Natural Therapist 5.

\textsuperscript{115} Ibid 12

\textsuperscript{116} ANTA, Submission to Community Services & Health Industry Skills Council on Complementary & Alternative Health Alignment of Qualifications to the Australian Qualifications Framework 26th November 2013 pp 4-6

\textsuperscript{117} Australian Qualifications Framework (second edition January 2013) 41, 42.
Under the Bachelor Degree (AQF Level 7) the expectations of graduate outcomes are:118

‘Knowledge: Graduates at this level will have broad and coherent theoretical and technical knowledge with depth in one or more disciplines or areas of practice.

Skills: Graduates at this level will have well-developed cognitive, technical and communication skills to select and apply methods and technologies to:

- Analyse and evaluate information to complete a range of activities
- Analyse, generate and transmit solutions to unpredictable and sometimes complex problems
- Transmit knowledge, skills and ideas to others

Application of Knowledge and Skills: Graduates at this level will apply knowledge and skills to demonstrate autonomy, well developed judgement and responsibility:

- in contexts that require self-directed work and learning
- within broad parameters to provide specialist advice and functions’

The ANTA submission suggests that:119

‘as many natural therapists are increasingly regarded and utilised by the public as primary health care service providers, there is a growing requirement for practitioners to act as independent professionals or specialists and demonstrate in depth theoretical and technical knowledge as well as critical thinking, assessment and diagnosis skills.

The Advance Diploma AQF Level 6 qualifications has served the natural therapy profession well for a significant period of time, however, in order to achieve continuous quality improvement and meet public expectations, ANTA supports the alignment of natural therapy qualifications to bachelor degree AQF Level 7.’

A comparison of the key information outlined above in relation to advanced diploma and bachelor degree qualifications suggests that industry and also public expectations are more aligned with bachelor degree knowledge and skills requirements.120

‘Public and industry expectations now require natural therapy practitioners to:121

- have skills to exercise critical thinking and problem solving
- have skills to critically review and analyse information and knowledge
- have the knowledge and ability to act independently
- be able to adapt knowledge and skills in diverse contexts

The above attributes are typically found in bachelor degree programs.’

118 Ibid, 47, 48.
119 ANTA submission, above n 117, 6.
120 Ibid
121 Ibid
Higher Education Regulation

As the basic level of education for Nat/WHM/NM will now be in the higher education space, the regulator of the educators and the quality of courses will be TEQSA which is Australia’s independent national regulator of the higher education sector. TEQSA is an independent statutory agency.122

TEQSA indicates that its role and impact on the higher education is based upon the need to:123

‘safeguard the interests of all current and future students studying within Australia’s higher education system. It does this by regulating and assuring the quality of Australia’s higher education providers. TEQSA is responsible for the registration and re-registration of providers and the accreditation and re-accreditation of courses’.

TEQSA’s regulatory approach is standards and risk-based. It is guided by three regulatory principles - regulatory necessity, reflecting risk and proportionate regulation, when exercising its powers.

Standards based regulation:124

- ‘provider entry to and continued operations within Australia’s higher education sector are determined by demonstrated compliance with the Higher Education Standards Framework (Threshold Standards)
- the standards are developed and promulgated independently of TEQSA by the Higher Education Standards Panel
- the standards apply to all providers, offering courses leading to a regulated higher education award, irrespective of where and how a course is delivered
- while all providers must demonstrate adherence to the Threshold Standards, TEQSA assesses these in the context of each provider’s circumstances
- the standards are applied flexibly and with regard to the diversity of teaching methods and delivery modes that exist and are emerging within the sector. The standards are not intended, or applied, to limit higher achievement’.

Education providers offering a bachelor degree will need to satisfy the Higher Education Standards Framework (Threshold Standards) including the profession specific obligations in relation to Learning Outcomes and Assessment clause 1.4 (set out in Schedule B to this submission) including knowledge and skills that characterise the field of education or disciplines involved, knowledge and skills required for employment; skills in independent and critical thinking suitable for life-long learning.

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Risk-based Regulation

‘TEQSA’s risk-based approach ensures that resources are directed to areas of higher risk based on validated, quality intelligence about a provider. Key aspects of this approach include the Higher Education Standards Framework, the Case Manager model, the Agency’s Regulatory Risk Framework, the use of experts and engagement with professional bodies.’125

This means that any higher education providers of Nat/WHM/NM are subject to TEQSA oversight and the standards required by all higher education providers. In the case of universities which are self-accrediting institutions their regulation is more light touch while in the case of non-university institutions such as private colleges, these are generally non self-accrediting institutions which are subject to greater scrutiny by TESQA including reviewing and approving courses and programs, applying performance conditions to approvals during a specified accreditation period which may relate the specific degrees or courses.126 In regard to higher education providers for Nat/WHM/NM the heightened supervision by TEQSA against the training for industry approach of ASQA will mean that that their activities will be monitored for quality and educational outcomes at a higher standard of professional practice.
Schedule B
Higher Education Thresholds – Learning Outcomes and Assessment

1. The expected learning outcomes for each course of study are specified, consistent with the level and field of education of the qualification awarded, and informed by national and international comparators.

2. The specified learning outcomes for each course of study encompass discipline-related and generic outcomes, including:
   a. specific knowledge and skills and their application that characterise the field(s) of education or disciplines involved
   b. generic skills and their application in the context of the field(s) of education or disciplines involved
   c. knowledge and skills required for employment and further study related to the course of study, including those required to be eligible to seek registration to practise where applicable, and
   d. skills in independent and critical thinking suitable for life-long learning.

3. Methods of assessment are consistent with the learning outcomes being assessed, are capable of confirming that all specified learning outcomes are achieved and that grades awarded reflect the level of student attainment.

4. On completion of a course of study, students have demonstrated the learning outcomes specified for the course of study, whether assessed at unit level, course level, or in combination.

5. On completion of research training, students have demonstrated specific and generic learning outcomes related to research, including:
   a. a detailed understanding of the specific topic of their research, within a broad understanding of the field of research
   b. capacity to scope, design and conduct research projects independently
   c. technical research skills and competence in the application of research methods, and
   d. skills in analysis, critical evaluation and reporting of research, and in presentation, publication and dissemination of their research.

6. Assessment of major assessable research outputs for higher degrees by research, such as theses, dissertations, exegeses, creative works or other major works arising from a candidate’s research incorporates assessment by at least two assessors with international standing in the field of research, who are independent of the conduct of the research, competent to undertake the assessment and do not have a conflict of interest, and:
   a. for doctoral degrees, are external to the higher education provider, and
   b. for masters degrees by research, at least one of whom is external to the higher education provider.

7. The outputs arising from research training contribute to the development of the field of research, practice or creative field and, in the case of doctoral degrees, demonstrate a significant original contribution.
Schedule C

Profile of the

Australian Natural Therapists Association Ltd

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The Australian Natural Therapists Association Limited (ANTA) is the largest national democratic association of ‘recognised professional’ traditional medicine and natural therapy [Complementary Medicine] practitioners who work in the areas of health care and preventive medicine.

ANTA was founded in 1955 and represents the multi-disciplinary interests of approximately 10,000 accredited practitioners Australia-wide. ANTA is one of the original Schedule 1 bodies as defined in the regulations of the Therapeutic Goods Act 1989.

ANTA was recognised by the Australian Taxation Office, in November 2002, under a private ruling as ‘...a professional association that has uniform national registration requirements for practitioners of traditional medicine and natural therapies...’ thereby allowing ANTA practitioners of Acupuncture, Chinese Herbal Medicine, Naturopathy and Western Herbal Medicine to practise GST-free.

ANTA:
- provides an egalitarian representation of all disciplines accredited by the association
- possesses infrastructure, systems, policies and procedures which enables the Association to encompass all aspects of the profession
- represents the interests of individual disciplines
- acts as advocate for practitioners of all disciplines accredited by the Association
- promotes the health and safety of consumers of traditional medicine and natural therapy health services

The disciplines recognised by ANTA and accredited by the Australian Natural Therapists Accreditation Board (ANTAB) are:

- Acupuncture
- Aromatherapy
- Ayurvedic Medicine
- Chinese Herbal Medicine
- Chiropractic/Osteopathy
- Homoeopathy
- Naturopathy
- Nutritional Medicine
- Oriental Remedial Therapy
- Remedial Massage Therapy
- Traditional Chinese Medicine
- Myotherapy
- Counselling
- Musculoskeletal Therapy
- Western Herbal Medicine
- Shiatsu

ANTA supports Statutory Registration of Natural Therapists
ANTA is committed to continuous quality improvement and providing the Australian public with the highest possible standards for the conduct and safety of traditional medicine and natural therapy practitioners, and addresses standards for conduct and safety through:

- The high standard of entry requirements for potential members
- Yearly review of entry standards to maintain currency and ensure relevance
- Active participation in setting standards at national and state levels via industry reference group and working committee participation
- Free student membership to the Association
- Yearly review of the courses on offer within the profession, and courses currently accredited by ANTAB
- Compulsory yearly proof of minimum continuing professional education requirements of members
- Provision of “free” continuing professional education seminars in all states of Australia
- Provision of online continuing professional education services for members
- Provision of free continuing professional education webinars for members
- Compulsory up-to-date first aid certificates
- Compulsory specialised professional indemnity insurance
- The Association enforces a strict Code of Professional Ethics
- The Association maintains effective public complaints handling and resolution mechanisms outlined in the Constitution
- The Association maintains a National Administration Office, which is open five days a week and staffed by an Executive Officer and fully trained support staff
- The Association maintains fully computerised membership, accreditation and course recognition databases and systems
- Provision of communication via the members' page on the ANTA website of the most up to date information related to the profession
- Provision of regular newsletters and ANTA e-News detailing information of current interest to the profession
- Provision of a professional publication ‘The Natural Therapist’, four times a year offering the latest information available on topics of interest to the profession
- Provision of an ANTA website to allow interested persons and consumers to obtain information about the Association, natural therapies and traditional medicine and the location of accredited practitioners of the Association
- Provision of a free Natural Therapies App to allow interested persons and consumers to obtain information about natural therapies and details of ANTA practitioners in their area
- Provision of free access by members to the latest scientific publications and health resources published by eMIMS
- Provision of free access by members to the latest scientific publications and health resources published by EBSCO Host including:
  - 2800+ full text medical journals
  - Access to the world’s most reputable bibliographic indexes for medicine, allied health and complementary/alternative medicine (CINAHL, MEDLINE & AMED)
  - 700+ evidence based articles for consumer health researchers
  - 300+ full text books and monographs
  - Hundreds of special reports and booklets and much more.
Provision of free access by members to the latest up to date scientific information and health resources published by IM Gateway including:
- 300 Herbs
- 350 Diseases and Conditions
- 250 Supplements
- Herb – Drug Interaction Guide
- Supplement – Drug Interaction Guide
- Treatment Options
- Organ and Body Systems
- Drug Induced Depletions
- Evidenced Based & Peer Reviewed Information

Provision of funding grants for research into traditional medicine and natural therapies
Provision of online resources and latest research for members
Provision of annual ANTA Student Bursary Awards totalling $12,000 p.a. to encourage excellence in the study of traditional medicine and natural therapies
Setting of standards for clinics, hygiene and infection control
Setting of standards for skin penetration
Setting of standards for keeping and maintaining patient records
Making public the requirements for recognition of traditional medicine and natural therapy courses by ANTA for membership purposes
Making public details of traditional medicine and natural therapy courses recognised by ANTA for membership purposes
Only recognising government accredited courses that meet ANTA’s stringent requirements (note - ANTA does not recognise courses delivered totally by distance education)
Making public details of ANTA membership criteria and qualifications
Consultation with members on matters of importance. The Association uses the Members’ web page, consultation meetings, newsletters, ANTA e-News, social media and the magazine to consult with members
A '1800' free-call number promoted to consumers and practitioners, facilitating a direct path of communication with the Association’s national administration office staff
A '1800' free-call number and web page promoted to consumers and practitioners, to identify appropriately qualified practitioners in the consumer's geographical area
Undertaking ongoing internal audits of its policies and processes of operation and all matters to do with professional practice
External audits of procedures, policies and processes to ensure compliance with the principles of best practice
Publishing an annual report on the activities and performance of the Association
Undertaking a yearly audit of its Constitution which includes the Association’s Complaints, Ethics and Disciplinary Panels
Undertaking a yearly audit of its Code of Professional Ethics
Ongoing consultation and collaboration with other professional associations
Ongoing dialogue and correspondence with ministers, government departments and regulatory bodies
Ongoing research of policies in overseas professional associations and policies of overseas governments
Maintaining a Natural Therapy Adverse Events Register
On line polling of members and the public on relevant professional and health issues
Democratic voting system for the election of directors by members
ANTA is a public company limited by guarantee, and is governed by a National Council [Board of Directors] which is elected by the members of the Association for a term of three years. The Council in turn elects all office bearing positions within the Association, which are for a term of one year.

National Council is supported by the services of a full time Executive Officer, full time Company Secretary and full time National Administration Office staff.

ANTA practises a policy of consultation with representatives of all stakeholders of traditional medicine and natural therapies, as well as being available to all government and regulatory bodies associated with the professions.

Persons wishing to discuss with ANTA any matters relevant to the professions of traditional medicine and natural therapies should contact:

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