



Corporations Act 2001  
A Company limited by guarantee and not having a share capital

# **CONSTITUTION**

## **OF THE**

### **NATIONAL HERBALISTS ASSOCIATION OF AUSTRALIA**

Incorporated 21 August 1920

1. The name of the Association is "National Herbalists Association of Australia" (hereinafter called "the Association")

In these regulations:

“the Act” means the Corporations Act 2001;

“the Association” means the association incorporated under the name of National Herbalists Association of Australia;

“Directors” means the governing body of the Association;

“the Seal” means the common seal of the Association;

“Secretary” means any person appointed to perform the duties of a secretary of the Association;

“State” means the State of New South Wales;

“Herbal medicine”, “Western herbal medicine”, “herbalism”, “medical herbalism” and “phytotherapy” can all be used to describe the practice of a full practitioner member of the Association.

“Herbalist”, “Western herbalist”, “medical herbalist”, “Western medical herbalist” and “phytotherapist” can all be used to describe the title of a full practitioner member of the Association.

Expressions referring to writing shall unless the contrary intention appears be construed as including references to printing lithography photography and other modes of representing or reproduced words in a visible form;

The use of the male gender shall include the female or neutral gender if the context permits and words in the singular shall include words in the plural if the context permits;

Words or expressions contained in this Constitution shall be interpreted in accordance with the provisions of the Australian Securities and Investment Commission and of the Code as in force at the date at which this Constitution becomes binding on the Association.

## **OBJECTS**

2. The objects for which the Association is established are:
- a) To promote, protect and encourage the study and practice and knowledge of the plant kingdom with regard to medicine and public health (including industry and agriculture) and to disseminate such knowledge by talks, seminars, publications etc.
  - b) To encourage and promote the highest standards of education from the teaching institutions.
  - c) To encourage the highest ideals of professional and ethical standards in members.

Solely for the purpose of carrying out the aforesaid objects and not otherwise:

- d) To purchase, take on lease or in exchange, hire and otherwise acquire any lands, building, easement or property, real and personal, and any right or privileges which may be requisite for the purposes of, or capable of being conveniently used in connection with, any of the objects of the Association.
- e) To enter into any arrangements with any Government or authority supreme municipal local or otherwise that may seem conducive to the Association's objects or any of them and to obtain from any such

Government or authority any rights privileges and concessions which the Association may think it desirable to obtain and to carry out exercise and comply with any such arrangements rights privileges and concessions.

- f) To sell improve manage develop exchange lease dispose of turn to account or otherwise deal with all or any part of the property and rights of the Association.
  - g) To draw make accept endorse discount execute and issue cheques promissory notes bills of exchange bills of lading warrants debentures and other negotiable or transferable instruments.
  - h) To take any gift of property whether subject to any special trust or not for any one or more of the objects of the Association but subject always to the proviso in paragraph d) of this clause 2.
  - i) To print and publish any written matter that the Association may think desirable for the promotion of its objects.
  - j) To make donations for patriotic or charitable or research purposes as deemed to be in accordance with the objects of the Association.
  - k) To take such steps by personal or written or media appeals public meetings or otherwise as may from time to time be deemed expedient for the purpose of procuring contributions to the funds of the company in the shape of donations annual subscriptions or otherwise.
  - l) To invest and deal with any of the monies of the Association not immediately required for the purposes thereof upon such securities and in such manner as may be deemed fit and from time to time to vary and realise such investments provided that all such monies shall be invested only in such forms of investments as are permitted by law for the investments of trust funds.
  - m) To borrow or raise or secure the payment of money or otherwise raise finance in general in such manner as the Association shall think fit and without limiting the generality of the foregoing in any manner whatsoever by the issue of debentures or debenture stock perpetual or otherwise charged upon all or any of the Association's property and rights (both present and future) and to purchase redeem or pay off any such securities.
  - n) The powers set forth in sub-section 67 (1) of the Corporations Act 2001 shall not apply to the Association except insofar as they are included in this clause 2.
3. The income and property of the Association whencesoever derived shall be applied solely towards the promotion of the objects of the company as set forth in this Constitution and no portion thereof shall be paid or transferred, directly or indirectly by way of dividend, bonus or otherwise, to the members of the Association.

Provided that nothing herein contained shall prevent the payment in good faith of remuneration to any officers or servants of the Association or to any member of the Association in return for any services actually rendered to the Association or for goods supplied in the ordinary and usual way of business nor prevent the payment of interest at a rate not exceeding the rate for the time being fixed for the purpose of this paragraph by this Constitution on money borrowed from any members of the Association or reasonable and proper rent for premises demised or let by any member to the Association but so that no member of the Board of Directors or Governing Body of the Association shall be appointed to any salaried office of the Association or any office of the Association paid by fees no remuneration or other benefit in money or money's worth shall be paid or given by the Association to any member of such committee or governing body except repayment of out-of-pocket expenses and interest at the rate aforesaid on money lent or reasonable and proper rent for premises demised or let to the Association.

4. No addition alteration or amendment shall be made to or in this Constitution for the time being in force unless the same shall have been previously submitted to and approved by the Australian Securities and Investments Commission.
5. The third, fourth and ninth paragraphs of this Constitution contain conditions upon which a license is granted by the Commission to the Association in pursuance of the provisions of section 66 of the Corporations Act 2001. For the purpose of preventing any evasion of the provisions of the said paragraphs the Commission may from time to time on the application of any member of the Association and on giving notice to the Association of its intention so to do and after affording the Association an opportunity of being heard in opposition thereto, within such time as may be specified in such notice, impose further conditions which shall be duly observed by the Association.
6. The liability of the members is limited.
7. Every member of the Association undertakes to contribute to the assets of the Association in the event of the same being wound up during the time he or she is a member or within one year afterwards for payment of just debts and liabilities of the Association contracted before the time at which he or she ceases to be a member, and the costs, charges, and expenses of winding up the same, and for adjustment of rights of contributories among themselves, such amount as may be required, not to exceed two dollars (\$2.00).
8. If upon the winding up or dissolution of the company there remains after the satisfaction of all its debts and liabilities and property whatsoever the same shall not be paid to or distributed among the members of the Association but shall be given or transferred to some other institution or institutions or association or associations having objects similar to the objects of the Association and whose Constitution shall prohibit the distribution of its or their income and property among its or their members to an extent at least as great as is imposed on the Association under or by virtue of clause 3 hereof such institution or institutions or association or associations to be determined by

members of the Association at or before the time of the dissolution and in default thereof by application to the Supreme Court of New South Wales for determination.

9. True accounts shall be kept of the sums of money received and expended by the Association and the matter in respect of which such receipt and expenditure takes place and of the property credits and liabilities of the Association and subject to any reasonable restrictions as to the time and manner of inspecting the same that may be imposed in accordance with this Constitution for the time being in force shall be open to the inspection of the members. Once at least in every year the accounts of the Association shall be examined by one or more properly qualified auditor or auditors who shall report to the members in accordance with the provisions of the Corporations Act 2001.
10. The Association is established for the purposes set out in this Constitution.

## **MEMBERSHIP**

11. The members of the Association shall be:
  - a) The persons who subscribed to this Constitution.
  - b) Such other persons as the Directors may admit to membership in accordance with this Constitution.
  - c) Classes of membership to be as follows:
    - honorary life
    - fellow
    - full
    - Aboriginal and Torres Strait Islander (ATSI)
    - veterinary
    - student
    - companion
    - corporate
12. Applications for membership shall be made in writing on the prescribed membership application forms and considered by the Directors or by their appointed representative who shall determine admission or rejection of the applicant. The prescribed membership fee is to be included with the application. The Directors or the appointed representative shall not be required to give any reason for the rejection of the applicant.
13. Student member status may be granted to applicants who are pursuing a course of study in herbal medicine or naturopathy and who are persons of sound mind and of a high moral and ethical character.
14. Full member status may be granted to applicants who have successfully completed herbal or naturopathic studies to the minimum standard of competency for Western herbal medicine practice as set by the Board of

Directors or who in the opinion of the Board of Directors have met the requirements for full membership as determined by the Board of Directors from time to time.

15. A full member may be elevated to the status of a fellow of the Association after having been a full member for no less than ten years and has been in bona fide practice as a herbalist or naturopath for no less than ten years and having done meritorious work either in the profession of herbalism or within the Association and who in the opinion of the Board of Directors deserves such consideration.
16. Honorary life membership may be granted to a full member who in the opinion of the Board of Directors deserves this consideration and who has been a full member for no less than fifteen years and has been in bona fide practice as a herbalist or naturopath for no less than fifteen years and has attained the age of sixty years.
17. Companion member status may be granted to applicants who are interested in herbalism and are persons of sound mind and of a high moral and ethical character and who will not act against the interests of the Association and agree to abide by the decisions of the Board of Directors.
18. Corporate member status may be granted to companies, institutions and individuals of a high moral and ethical character who are interested in supporting the Association and who agree to abide by the decisions of the Board of Directors and who will not act against the interests of the Association
19. When an applicant has been accepted or rejected for membership the Secretary shall advise the applicant of the acceptance or rejection. The annual subscription fee is refundable should the application be rejected.
20. The annual subscription fee payable by members shall be determined at each Annual General Meeting of each year.
21. All annual subscriptions shall become due and payable in advance on the first day of July of each year.
22. If the renewal subscription of a member shall remain unpaid for a period of four calendar months after it becomes due the member after notice of the default may be debarred from privileges of membership and may be removed from the Association's Register provided that the Directors may reinstate the member and determine payment of arrears as the Directors think fit.
23. Upon receipt of the subscription fee or the renewal annual subscription fee a receipt bearing the stamp of the National Herbalists Association of Australia shall be sent to the member.
24. All applicants for membership must be persons of sound mind and of high moral and ethical character and who will reflect credit to the Association.

25. If any member shall wilfully refuse or neglect to comply with the provisions of the Constitution of the Association or shall be guilty of any conduct which in the opinion of the Board of Directors is unbecoming of a member or prejudicial to the interest of the Association the Board of Directors shall have power by resolution to censure fine suspend or expel the member from the Association.

Provided that at least one week before the meeting of the Board of Directors at which such a resolution is passed the member shall have had notice of such meeting and of what is alleged against him and of the intended resolution and that he shall at such meeting and before the passing of such resolution have had an opportunity of giving orally or in writing any explanation or defence he may think fit and provided further that any such member may by notice in writing lodged with the Secretary at least twenty-four hours before the time for holding the meeting at which the resolution is to be considered by the Board of Directors, elect to have the question dealt with by the Association in general meeting and in that event an extraordinary general meeting of the Association shall be called for the purpose and if at the meeting such a resolution be passed by a majority of two-thirds of those present and voting (such a vote to be taken by ballot) the member concerned shall be punished accordingly and in the case of a resolution for his expulsion the member shall be expelled.

### **MEMBERS - RESPONSIBILITIES AND PRIVILEGES**

26. Only full members honorary life members and fellows are permitted to vote at meetings and are allowed to use and display the Association's name or initials on printed matter but student and companion members are not allowed to vote at meetings and are not permitted to use the Association's name or initials on any printed matter whatsoever and corporate members are permitted to use and display the Association's name in order to acknowledge their corporate status but are not allowed to vote at meetings.
27. Every full member on admission to the Association shall be given the Association's certificate of membership issued under the seal of the Association and signed by the President the Vice-Presidents and the Secretary. Such certificates shall be retained by the member as long as the member continues to be a member but shall be returned to the Association when for any reason or cause whatsoever the member ceases to be a member of the Association.
28. Only full members and honorary life members are permitted to use the initials MNHAA next to their name and fellows are permitted to use the initials FNHAA.

## **GENERAL MEETINGS**

29. An annual general meeting of the Association shall be held in accordance with the provisions of the Corporations Act 2001. All general meetings other than the Annual General Meeting shall be called extraordinary general meetings.
30. Subject to the provisions of the Act twenty days notice at the least specifying the place the day and the hour of meeting and in the case of special business the general nature of that business shall be given to members of the Association as are entitled to receive such notices from the Association.
31. No business shall be transacted at any general meeting unless a quorum of members is present at the time when the meeting proceeds to business. Save as herein otherwise provided seventeen persons shall be a quorum. For the purpose of this article "member" does not include a member attending as a proxy.
32. If within half an hour from the time appointed for the meeting a quorum is not present the meeting if convened upon the requisition of members shall be dissolved and it shall stand adjourned to the same day in the next week at the same time and place if space permits or to such other day and at such other time and place as the Directors may determine and if at the adjourned meeting a quorum is not present within half an hour from the time appointed for the meeting the members present being not less than ten shall be the quorum.
33. The President shall preside as Chairman at every general meeting of the Association or if there is no President or if the President is not present within twenty minutes after the time appointed for the holding of the meeting or is unwilling to act the Vice-President shall be the Chairman or if the Vice-President is not present or is unwilling to act then the members present shall elect one of their number to be the Chairman of the meeting. The member elected must be a full member or honorary life member or fellow.
34. The Chairman may with the consent of any meeting at which a quorum is present adjourn the meeting from time to time and from place to place but no business shall be transacted at any adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place. When a meeting is adjourned for thirty days or more notice of the adjourned meeting shall be given as in the case of an original meeting without notice of the business to be transacted at an adjourned meeting.
35. At any general meeting a resolution put to the vote of the meeting shall be decided on a show of hands unless a poll is demanded by:
  - a) the Chairman, or
  - b) by at least eight members in person and not by proxy.

Unless a poll is so demanded a declaration by the Chairman that a resolution has on show of hands been carried or carried unanimously or by a particular majority or lost and an entry to that effect in the book containing the minutes of

the proceedings of the Association shall be conclusive evidence of the fact without proof of the number or proportion of the votes recorded in favour of or against the resolution. The demand for a poll may be withdrawn.

36. In the case of an equality of votes whether on a show of hands or poll the Chairman of the meeting at which the show of hands takes place or at which the poll is demanded shall be entitled to a second or casting vote.
37. Members entitled to vote may appoint a proxy to attend a meeting in their place but such proxy must be a full member or fellow or honorary life member of the Association. No instrument appointing a proxy shall be effective unless it is received by the Secretary or an appointed delegate no less than 72 hours before the time for the meeting to be held. In default of this the instrument of the proxy shall not be valid. The instrument appointing the proxy shall be in the following form:

I.....of.....being a full member of the National Herbalists Association of Australia hereby appoint .....of.....as my proxy to vote on my behalf at the meeting of the National Herbalists Association of Australia to be held on the.....day of.....in the year of.....

(Optional) This proxy is to be used in favour of/against (delete) the resolution:

Signed.....

On the.....day of ..... in the year of .....

## DIRECTORS

38. Until otherwise determined by a general meeting of the Company there shall not be less than nine nor more than fifteen Directors of whom one shall be elected as President, two as Vice-Presidents, one as Treasurer and four as Examiners. The others shall be known as Executive Directors.
39. The subscribers to this Constitution shall be the first Directors of the Company.
40. Fifty percent of the Directors shall form a quorum.
41. The election of the Board of Directors shall take place in the following manner:
  - a) Any two full or honorary life members or fellows of the Association shall be at liberty to nominate any full or fellow or honorary life member of the Association to serve as a Director.

- b) The nomination shall be in writing and signed by the member the proposer and the seconder and shall be lodged with the Secretary no less than thirty days before the annual general meeting at which the election is to take place.
  - c) A list of the candidates names in alphabetical order with the proposer's and seconder's names and state of residence shall be mailed to all eligible voting members at least fifteen days immediately preceding the annual general meeting.
  - d) Balloting lists shall be prepared containing the names of the candidates only in alphabetical order and each eligible voting member present at the annual general meeting shall be entitled to vote for any number of such candidates not exceeding the number of vacancies and the provisions relating to proxy votes shall be adhered to.
  - e) In the case there shall not be sufficient number of candidates nominated the Board of Directors may fill up the remaining vacancy or vacancies.
42. The Board of Directors shall have power at any time and from time to time to appoint any eligible member of the Association to the Board of Directors to fill a casual vacancy. Any member so appointed shall hold office only until the next following annual general meeting.
43. The Board of Directors may by resolution remove any member of the Board of Directors before the expiration of the period of office. The Board of Directors are to give thirty days notice in writing to the affected Director clearly stating the reasons for their resolution and allow an appeal to be made before the Board of Directors.
44. The office of a member of the Board of Directors shall become vacant if the member:
- a) becomes bankrupt or makes any arrangement or composition with his creditors generally;
  - b) becomes prohibited from being a Director by reason of any order made under the Act;
  - c) ceases to be a member of the Board of Directors by operation of section 226 of the Act;
  - d) becomes of unsound mind or a person whose person or estate is liable to be dealt with in any way under the law relating to mental health;
  - e) resigns the office by notice in writing to the Association;
  - f) for more than six months is absent without permission of the Association from meetings of the Association held during that period.
  - g) holds any office of profit under the Association;

- h) ceases to be a member of the Association.

## **POWERS AND DUTIES OF THE BOARD DIRECTORS**

- 45. The business of the Association shall be managed by the Board of Directors who may pay all expenses incurred in promoting and registering the Association and may exercise all such powers of the Association as are not by the Act or by this Constitution required to be exercised by the Association in general meeting subject nevertheless to this Constitution to the provisions of the Act and to such regulations being not inconsistent with the aforesaid Constitution or provisions as may be prescribed by the Association in general meeting provided that any rule regulation or by-law of the Association made by the Directors may be disallowed by the Association in general meeting and provided further that no resolution or regulation made by the Association in general meeting shall invalidate any prior act of the Directors which would have been valid if that resolution or regulation had not been passed or made.
- 46. The Board of Directors may exercise all the powers of the Association to borrow money.
- 47. For the purpose of clause 3 of this Constitution the rate of interest payable in respect of money lent by members to the Association shall not exceed the lowest rate paid for the time being by the Commonwealth Bank of Australia in Sydney in respect of term deposits.
- 48. All cheques promissory notes drafts bills of exchange and other negotiable instruments and all receipts for money paid to the Association shall be signed drawn accepted endorsed or otherwise executed as the case may be by nominated two members of the Board of Directors or in such other manner as the Board of Directors from time to time determines.
- 49. The Board of Directors shall cause minutes to be made;
  - a) of all appointments of officers;
  - b) of names of members of the Board of Directors present at all meetings of the Association and of the Directors meetings;
  - c) of all proceedings at all meetings of the Association and of the Board of Directors meetings;
  - d) of all appointments of full student companion fellow and honorary life members when endorsed by the Board of Directors.

Such minutes shall be signed by the Chairman of the meetings at which the proceedings were held or by the Chairman of the next succeeding meeting.

## **PROCEEDINGS OF THE BOARD OF DIRECTORS**

50. The Board of Directors may meet together for the dispatch of business adjourn and otherwise regulate its meetings as it thinks fit.
51. Subject to this Constitution questions arising at any meeting of the Board of Directors shall be decided by a majority of votes and a determination by a majority of the members of the Board of Directors shall for all purposes be deemed a determination of the Board of Directors. In case of an equality of votes the Chairman of the meeting shall have a second or casting vote.
52. The continuing members of the Board of Directors may act notwithstanding any vacancy in the Board of Directors but if and so long as their number is reduced below the number fixed by or pursuant to this Constitution as the necessary quorum of the Board of Directors the continuing member or members may act for the purpose of increasing the number of members of the Board of Directors to that number or of summoning a general meeting of the Association but for no other purpose.
53. The President shall preside as Chairman at every meeting of the Board of Directors or if there is no President or if at any meeting he is not present within ten minutes after the time appointed for holding the meeting the Vice-President shall be Chairman or if the Vice-President is not at the meeting then the members may choose one of their number to be Chairman of the meeting.
54. The Board of Directors may delegate any of its powers and or functions (not being duties imposed on the Board of Directors by the Act or the general law) to one or more committees consisting of such members as the Board of Directors thinks fit. Any committee so formed shall conform to any regulation that may be imposed by the Board of Directors and subject thereto shall have the power to co-opt any member of the Association and all members of the committee shall have one vote. All decisions by the committees to receive endorsement by the Board of Directors before being actioned.
55. A committee may meet and adjourn as it thinks proper and questions arising at any meeting shall be determined by a majority of votes of the members present and minutes of the meeting shall be made and circulated to the Board of Directors within thirty days of the meeting of the committee.
56. All acts done by any meeting of the Board of Directors or of a committee or by any person acting as a member of the Board of Directors shall not withstanding that it is afterwards discovered that there was some defect in the appointment of any such member of the Board of Directors or person acting as aforesaid or that the member of the Board of Directors or any of them were disqualified be as valid as if every person had been duly appointed and was qualified to be a member of the Board of Directors.
57. A resolution in writing signed by all members of the Board of Directors in Australia for the time being entitled to receive notice of a meeting of the Board

of Directors shall be as valid and effectual as if it had been passed at a meeting of the Board of Directors duly convened and held.

### **SECRETARY**

58. The appointment of the Secretary must be subject to the provisions of clause 3 of this Constitution.
59. The Secretary shall be the Secretary at all meetings of the Association and at all meetings of the Board of Directors.
60. The Secretary shall be appointed by the Board of Directors.

### **SEAL**

61. The Board of Directors shall provide for the safe custody of the seal which shall only be used by the authority of the Board of Directors or a person authorised by the Board of Directors and every instrument to which the seal is affixed shall be signed by the President and the Secretary and by other persons as appointed by the Board of Directors.

### **ACCOUNTS**

62. The Board of Directors shall cause proper accounting and other records to be kept and shall distribute copies of every profit and loss account and balance sheet accompanied by a copy of the Auditors report thereon as required by the Act provided and this to be distributed to all members by mail.

### **AUDIT**

63. A properly qualified Auditor or Auditors shall be appointed and their duties regulated in accordance with the Act.

### **NOTICE**

64. Any notice required by law or by or under this Constitution to be given to any member shall be given by sending it by post to the registered address or to the address if any supplied by the Board of Directors for the giving of notices. Where a notice is sent by post service of the notice shall be deemed to be effected by properly addressing prepaying and posting a letter containing the notice and to have been effected in the case of a notice of a meeting on the day after the date of its posting and in any other case at the time at which the letter would be delivered in the ordinary course of the post. A notice of meeting sent by fax or other electronic means is taken to be given on the business day after it is sent.

## **WINDING UP**

65. The provisions in this Constitution relating to the winding up or dissolution of the Association shall be observed as if the same were repeated in this Constitution.

## **INDEMNITY**

66. Every member of the Board of Directors Secretary Auditor and other officer for the time being of the Association shall be indemnified out of the assets of the Association against any liability arising out of the execution of the duties of the office which is incurred by him in defending any proceedings whether civil or criminal in which judgment is given in his favour or in which he is acquitted or in connection with any application under the Code in which relief is granted to him by the Court in respect of any negligence default breach of duty or breach of trust.

## **CHAPTER**

67. The Board of Directors may from time to time allow the formation of a chapter in a state for the purposes of management of local affairs and requirements. The chapter so formed shall not in any way make decisions that will not be in accordance with this Constitution or not be in accordance with the regulations and directions and wishes of the Board of Directors. A member of the Board of Directors or other full member of the Association so delegated by the Board of Directors shall preside as Chairman at the meetings of the chapter. A record of the meeting will be minuted and lodged with the Association's Secretary within twenty days after the date of the meeting.

October 2008



## National Herbalists Association of Australia

# Code of Ethics

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## **1. Preamble**

- A. The role of the National Medical herbalists Association Australia (NHAA) and its individual members is to promote and disseminate the knowledge and understanding of medical herbalism and to encourage the highest standards of competence and performance by practitioners in the practice of medical herbalism.
- B. The NHAA acknowledges this role and position of responsibility in setting the standard of ethical behaviour expected of medical herbalists. The NHAA Code of Ethics provides a set of fundamental principles that should guide members in their professional conduct, and adherence to the Code is obligatory for practitioners belonging to the NHAA.
- C. Medical herbalists have been guided over the centuries by the principles of the Hippocratic Oath which encourages members of the profession to promote the health and well being of their patients and prohibits medical herbalists from behaving solely in their own interests.
- D. Medical herbalists acknowledge that they have a duty of care to their patients to improve and maintain health. This duty is extended to those patients who entrust themselves to care because of illness; to those who seek advice for the maintenance of health; and to those whose aim is to prevent disease.
- E. All medical herbalists are entrusted with the continuance of the practice of traditional herbalism along with the pursuit of rigorous standards of evaluation of those herbs newly introduced to the Western Materia Medica.

## **2. Definition**

A medical herbalist who is recognised by the National Herbalists Association of Australia as a fully qualified practitioner in western herbal medicine is defined as a medical herbalist or naturopath trained in the philosophies, principles and practice of western herbal medicine and medical science, able to assess the condition of a patient and to consequently prescribe and dispense plant medicines (or phytomedicines) in a safe and effective manner. The philosophical approach of a practising herbalist is to seek to treat underlying causes of disease from a wholistic perspective, acknowledging and embracing centuries of empirical knowledge and traditional principles of the usage of plant medicine, whilst continuing to evaluate both herbs and human disease in a modern scientific context.

## **3. NHAA Code of Ethics Pledge**

All full member applicants must sign the following pledge:

I declare that as a member of the National Medical herbalists Association of Australia I will conduct myself honourably and behave with integrity in the practice of my profession. I will apply my knowledge and skills for the maximum benefit of the patient, observe a conscientious and caring attitude towards all patients, and maintain a high standard of confidentiality. I declare that I will do my utmost to maintain the dignity and reputation of the Association. I will obey the rules and guidelines as set by the Association and will abide by all decisions of the Board of Directors. I will keep appropriate patient records, dispense with care and conform to legal requirements. I will not advertise in such a way as to promote either myself, or the practice of herbal medicine in an unprofessional manner.

## **4. Principles Relating to the Conduct of Medical herbalists**

Medical herbalists are engaged in the treatment of patients in a clinical setting, the teaching and dissemination of herbal practice and principles, and research. In all three of these areas, the medical herbalist should adopt an appropriate code of personal and professional conduct and appropriate behaviour in relation to contractual arrangements, publishing and advertising.

### **4.1 Personal Conduct**

The medical herbalist shall:

- i. Adopt and maintain the highest standards of personal presentation and behaviour.
- ii. Behave in a manner that enhances the integrity and status of the profession and promotes public confidence.
- iii. Remain aware that personal conduct may reflect upon their own professional reputation, that of the profession, and of the Association.

### **4.2 Professional Conduct**

- i. A medical herbalist ensure that their conduct is professional in manner and that they behave with morality and dignity in relation to their patients, the public, and other health care providers.
- ii. It is the responsibility of all medical herbalists to enhance their reputation and that of the professional by practicing herbal medicine to the best of their ability and within the limits of their expertise, and by continually upgrading and expanding their knowledge base.
- iii. A practitioner shall not be entitled to practice herbal medicine or to charge a fee for practice until they have attained their full qualifications unless they are fully supervised by a trained practitioner of herbal medicine.
- iv. A medical herbalist shall not discourage or attempt to prevent a patient from seeing another practitioner when they have made an informed choice to do so.
- v. A medical herbalist shall not criticise, condemn, or otherwise diminish any recommendations made by another practitioner, nor make comments with the purpose of denigrating the personal character of another practitioner.
- vi. It is a requisite of practice that a practitioner remains medically, physically and psychologically fit so as not to bring him or herself or the profession into disrepute.
- vii. A medical herbalist shall at no time adversely affect the standing of the profession by taking part in or promoting any activity or product that will reflect improperly on the practice of herbal medicine or on the profession.
- viii. A practitioner will not permit any unqualified person to treat to a patient within their clinical environment
- ix. It is the duty of a medical herbalist to support the association in its endeavours and activities relating to continuing professional education and advancement of the herbal medicine profession.

### **4.3 Conduct in Relation to Patients**

- i. The religious, spiritual, political and social views of any individual irrespective of race, colour, creed, sex, sexual orientation, physical or intellectual disability, age, economic or social status shall be respected by a medical herbalist at all times.
- ii. When personal or religious belief impairs a medical herbalist's ability to treat a patient in a professional manner, the practitioner must inform the patient and suggest an alternative practitioner.

- iii. Medical herbalists must behave with courtesy, respect, dignity, discretion, tact and empathy in their associations with patients.
- iv. Medical herbalists recognize that patients have individual needs and respect the rights of patients to make informed choices in relation to their care.
- v. Medical herbalists maintain the highest standard of professional confidentiality and obtain the consent of the patient before discussion of any aspect of the history or treatment with another professional. A medical herbalist shall exercise due professional judgment in providing such information to other health care professionals.
- vi. The medical herbalist shall not knowingly undertake any action or treatment that might adversely affect the health of a patient or fellow human being.
- vii. The practitioner shall be primarily concerned with the health care and safety of the patient and not be influenced by motives of profit.
- viii. Medical herbalists must never claim to 'cure'. The possible therapeutic benefits may be described but recovery must never be guaranteed.
- ix. When consulting with patients who are deemed incapable of self-determination of their own health care needs, for example, minors or intellectually handicapped persons, the medical herbalist shall follow accepted legal practice by involving and informing the parents, next of kin or guardian in administration of care and decisions about treatments.
- x. Practitioners shall not neglect or abandon a patient or discontinue treatment without due notice to the patient or until another practitioner has assumed responsibility.
- xi. Practitioners shall arrange a consultation or second opinion with a colleague or another practitioner whenever the patient so desires, provided the best interests of the patient are served.
- xii. The practitioner shall ensure that other medical herbalists who are asked to assist in the care of the patient are qualified and competent.
- xiii. A practitioner shall not treat a patient or offer herbal advice while under the influence of drugs or alcohol; or while their reasoning and/or decision-making is impaired in any way.
- xiv. Patients should be advised appropriately of the possible risks and benefits of a particular herbal treatment and encouraged to make an informed choice about the treatment.
- xv. Medical herbalists shall carry appropriate levels of professional indemnity insurance.

#### **4.3.1 Treating family members**

- i. Practitioners should encourage family members to have an independent and trusted practitioner to coordinate their care. Practitioners should only discuss the health of their family member with a treating practitioner with the knowledge and consent of the client.
- ii. If after due consideration a practitioner decides it is appropriate to treat a family member, good records must be maintained, the consultation should be formalised and follow up should be arranged. If the family member has a regular practitioner, there should be communication with that practitioner about the treatment given.
- iii. A client is not entitled to claim health fund rebates for a consultation or treatment by a family member.

#### **4.3.2 Treating children**

- i. The question of when a young person (under the age of 18) is at law considered competent to make decisions about their own medical care is complex and varies from state to state in Australia. In NSW and Victoria a child for the purpose of consenting to treatment is a person under the age of 18. In South Australia a child for the purpose of consenting to treatment is a person 14 to 16 years old.
- ii. Practitioners are encouraged to seek the consent of a parent or legal guardian when treating a person under the age of 18 years.

#### **4.4 Contracts**

A practitioner shall not enter into any contracts, multi-level marketing or any other arrangement with a colleague, patient or organization that may diminish a patient's autonomy, result in a conflict of interest, or impair the practitioner's impartiality or professional integrity in any other way.

#### **4.5 Advertising**

- i. A practitioner may advertise in a proper and professional manner in order to inform members of the general public of their location and details of their practice as a medical herbalist.
- ii. Full members of the NHAA are entitled to use the letters 'MNHAA' after their name and to incorporate the NHAA logo in printed matter or in the advertising of their practice provided:
  - a) The material does not contravene any of the points in the Code of Ethics.
  - b) The material does not make false or misleading claims about the association or the practice of medical herbalism.
  - c) The material is not biased toward or critical of a company, person or association.
- iii. Practitioners shall not use advertising material that may bring the profession into disrepute by identifying past or present patients; or use material that is ethically or professionally unsuitable.
- iv. Practitioners shall not use titles or descriptions that give the impression of medical or other qualifications to which they are not entitled.
- v. A practitioner shall not advertise secret or exclusive methods of treatment or claim to be able to achieve unexpected cures.

#### **4.6 Conservation and Ethics**

##### **4.6.1 Conservation, Ethics and the Medical Herbalists**

- i. It is the responsibility of herbal practitioners to have some awareness of the geographic and cultural origins of the main herbs prescribed in his/her practice.
- ii. Medical herbalists should not utilise herbs or herbal products derived from any wild species known to be threatened or endangered in their natural habitat.
- iii. Medical herbalists have a duty to support products whose manufacturers demonstrate commitment to the sustainability of wild medicinal plants.

- iv. Wherever possible medical herbalists should maintain communication with those responsible for supplying medicinal herbs i.e. growers, wildcrafters, indigenous communities and industry representatives.
- v. It is the duty of all medical herbalists to remain cognizant with those herbs that are endangered and threatened and adopt appropriate practices in the harvest and use of these herbs.
- vi. Medical herbalists have a responsibility to train the next generation of medical herbalists not to promote the use of wildcrafted herbs whose survival is threatened or endangered.
- vii. Members have a duty not to prescribe or recommend plant medicines, supplements or foods derived from GE technology.

#### **4.6.2 Conservation, Ethics and the Association**

- i. The Association believes that medical herbalists should be aware of and respect international treaties and national laws relating to medicinal plant conservation, especially the 1993 Convention on Biological Diversity (CBD), the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES), and the United Nations Draft Declaration on Rights of Indigenous Peoples. Information of this nature is kept at the NHAA office.
- ii. The Association aims to work with industry and government authorities to bring an awareness of medicinal plant conservation issues to all concerned.
- iii. The Association aims to keep all members informed of the 'at risk' herb species for the purpose of restricting their use.
- iv. The NHAA is opposed to Genetic Engineering (GE) and believes that the use of genetically engineered medicinal plants does not conform to traditional usage of herbal medicines.

## **5. Standards of Care**

The relationship between a practitioner and patient is such that the patient places trust in the care, skill and integrity of the practitioner. It is the duty of the practitioner and the practitioner's staff to act with due diligence at all times and not abuse this trust in any way.

### **5.1 The Consultation**

- i. The medical herbalist shall at all times endeavour to practice herbal medicine to the best of their ability and to administer a satisfactory standard of care to the patient.
- ii. The practitioner shall ensure that the patient is aware of all fees and costs involved in consultation and prescribed treatments prior to commencement of a consultation.
- iii. Consultations shall be conducted in such a way as to evaluate completely and competently each patient at each consultation.
- iv. Accurate, clear and comprehensive records shall be kept of each consultation. These should include but not be limited to name, address, contact details and occupation of the patient; date of consultation; presenting complaint including duration; past and family history; relevant lifestyle history, details of previous

- treatments and current medications; known allergic reactions; and findings from pathology tests or other investigations.
- v. Medical herbalists should maintain a sense of professional responsibility for factual statements expressed in reports and other similar documents when these are to be used or signed in a professional capacity.
  - vi. The practitioner must provide a client with a printed invoice which includes the name of the practitioner, the address of the clinic and details of the service provided.

### **5.1.1 Email, internet and telephone consultations**

- i. Any initial consultation must be face to face. Where in exceptional circumstances this is not practical the practitioner:
  - a) must ensure that the patient is assessed by an appropriately qualified practitioner before any course of treatment is recommended;
  - b) has the responsibility to sight any relevant reports generated from a consultation conducted by another appropriately qualified practitioner prior to the email or telephone consultation;
  - c) conduct follow up consultations in absentia provided that the practitioner evaluates the progress of the patient competently;
  - d) conduct a face to face follow up consultation at least every 12 months.
- ii. Fees may be charged for email, internet or telephone consultations however health fund rebates cannot be claimed for these consultations.
- iii. Receipts issued for email, internet or telephone consultations must clearly state that the fee charged is for the email, internet or telephone consultation and that a health fund rebate is not available.

### **5.2 The Premises**

- i. Practitioners shall maintain working conditions suitable for the professional practice of medical herbalism.
- ii. The clinic premises shall be of high standard in order to reflect favourably on herbal medicine and the profession.
- iii. The minimum requirements for a professional clinic shall be a separate clinic space for private consultations, a separate waiting area, and hygienic washroom and toilet facilities in accordance with local government requirements for medical rooms.
- iv. The clinic environs must be well maintained and appropriately clean.
- v. Access to all records, whether written or computerised, shall be restricted to only those personnel who are authorised to view this material.
- vi. Medicines prepared for a patient's use shall be prepared in accordance with the strictest standards of hygiene and shall be labelled in the manner stipulated by the relevant government bodies.

## 6. Complaints Resolution

### 6.1 Responsibilities Relating to Complaints and Complaints Resolution

NHAA has developed policies and procedures for its members for the management of complaints. Providing an opportunity to deal with complaints to the satisfaction of patients is an important aspect of improving the standard of the health care services provided.

NHAA encourages medical herbalists to resolve complaints directly with patients wherever possible.

A complaint may be made in writing or may be made by the patient verbally to either the medical herbalist or his or her staff and may be defined as:

- i. A communication from a patient regarding a medical herbalist's services where concerns are raised about the treatment provided by the medical herbalist
- ii. A communication expressing concern about the adequacy or appropriateness of the verbal or actual conduct between the medical herbalist and the patient.

When dealing with a complaint a medical herbalist should observe the following principles:

- iii. It is the right of patients to make a complaint
- iv. Complaints should be accepted politely and with due regard for the patient
- v. The procedures through which a complaint can be made should be accessible and open. The patient should be given the name of the appropriate person in the clinic who will handle the complaint
- vi. The patient shall be given the contact details of the NHAA and the contact details of the Health Care Complaints Commission from the appropriate state or territory if the complaint cannot be dealt with satisfactorily in the first instance.
- vii. The facts relating to the complaint should be evaluated
- viii. The principles of natural justice must be observed.
- ix. Patients should be protected against any adverse consequences of exercising their rights to complain and should continue to receive quality care by the practitioner if this is their choice.
- x. Complaints should be treated confidentially.
- xi. Complaints made by patients may result in disciplinary action by the Association or in legal action of some kind.

### 6.2 Procedures for Complaints Resolution

When a complaint is received from a patient, the following procedures should be adopted:

- i. Complaints should be received and recorded and an attempt made to resolve the complaint immediately
- ii. Complaints should be dealt with promptly and the patient should be given feedback of the outcome of their complaint.
- iii. Adequate information should be collected and recorded relating to the complaint, the details of which should include the name/s of the individuals involved; the time and date the incident is said to have occurred; whether there was an attempt to resolve the problem immediately and if so, how this was undertaken. Any developments subsequent to the initial incident including dates, times and personnel involved should also be recorded.

- iv. When the complaint cannot be resolved within the clinical setting, the patient should be referred to the NHAA to be resolved in accordance with the 'Protocol for Complaints' procedures as defined by the Board of Directors.
- v. An apology should be tendered and/or appropriate action taken where a complaint has been substantiated.

## **7. The Medical Herbalist and Members of the Association and the Profession**

- i. A practitioner shall at no time take part in or promote any activity, verbal or otherwise, which will reflect improperly or denigrate the standing of herbalism or the Association within the general community or in any professional circles.
- ii. A practitioner shall not use his/her professional connections or affiliation with the Association for personal gain.
- iii. If a practitioner acts as a locum, the practitioner shall not:
  - i. Continue to treat that patient without consent from the original practitioner
  - ii. Attempt to coerce or discourage the patient from returning to their original practitioner
  - iii. Continue to contact patients of the originating practitioner with the intent of inviting them to leave their existing practitioner
- iv. When establishing a new practice or relocating, a practitioner shall observe the courtesy of contacting all existing practitioners/members in the nearby locality.
- v. If a medical herbalist forms the opinion that a fellow practitioner/member is behaving in an unethical manner, they may first discuss this with that practitioner before reporting their concerns to the Association.
- vi. Should a consultation or investigation find a condition in a patient that requires treatment outside the practitioner's area of qualification, expertise or knowledge, that practitioner bears a duty of care to the patient to make a referral for specialised treatment.

## **8. The Medical herbalist and Other Professions**

- i. Practitioners shall at all times show due respect to practitioners of other disciplines.
- ii. A medical herbalist should not criticise, condemn or otherwise denigrate another practitioner or any recommendation made by that practitioner.
- iii. A practitioner should consider it a privilege to treat another practitioner/member or member of an associated profession.
- iv. A practitioner should always obtain a patient's prior consent before releasing information to another practitioner
- v. A practitioner shall not denigrate or otherwise cause disrepute to a member of any other medical or complementary health modality
  - a. for the purpose of self gain
  - b. in front of any layperson, patient or through any public medium
- vi. A member may not give or receive commissions, bonuses, fees or gifts for the referral of patients to any other health care professional
- vii. A practitioner shall not repeat any confidential communications from members of other professions or associations without permission

- viii. Any interdisciplinary dispute should be attended to in a honourable, respectful and professional manner
- ix. Any complaints of conduct of associated professionals must first be discussed with the associated professional, and then reported to their professional association as well as the NHAA.

### **8.1 Referrals to Other Medical herbalists or Other Health Professionals**

- i. It is the practitioner's responsibility to know their own educational and professional limitations and to refer when specialist treatment is required to serve the best interests of the patient.
- ii. Where an opinion is required in a court of law or before the media, a practitioner shall not in any way denigrate another practitioner or the profession or practice of herbal medicine.
- iii. When speaking in public, a practitioner shall clearly indicate which statements are opinions that are in conflict with or contrary to those generally held by the profession or the Association.
- iv. When a practitioner is consulted by a patient through referral or because the practitioner whom the patient usually consults is unable to see them for any reason, the practitioner should treat that person, and refer the patient back to the referring practitioner, outlining assessments and treatment if requested. The current professional relationship shall not be interfered with unless and until the patient or referring practitioner clearly indicates that the new practitioner is to assume the continued care.
- v. Where a patient is referred to another practitioner for a second opinion, that opinion shall be granted to the referring practitioner without prejudice.
- vi. Practitioners shall arrange consultation with a colleague whenever the patient so desires or requires, provided the best interests of the patient are served. The practitioner bears a responsibility to ensure that the colleague assisting in their patient's health care is suitably qualified and competent.

## **9. The Medical herbalist and the Community**

The medical herbalist will adopt a sense of community by providing information through the media, public speaking and written material to assist the general public in making informed health choices in relation to herbal medicine.

- i. The medical herbalist will not mislead the community with claims of herbal cure alls, magic bullets and wonder herbs.
- ii. A medical herbalist will endeavour at all times to behave in an appropriate manner in a public place, recognising that failure to do so will reflect badly on the Association and on the profession of herbal medicine.

## **10. Education, Teaching and Research in Herbal Medicine**

### **10.1 Education**

The Association provides the Australian public, members, and the Government with professional assurance that the NHAA is a reliable and recognised authority monitoring the quality of entrants into the profession.

The NHAA and all members shall at all times recognise and abide by all State, Federal, educational institution and registration board requirements for standards of education, including upgrading as deemed necessary.

In accepting the role of medical herbalist, a practitioner must be educated and show continuing competence in:

- i. The ability to conduct a comprehensive diagnostic assessment
- ii. An understanding of the individual, the family and the community
- iii. The ability to practise disease prevention and health promotion
- iv. Analysing and defining health problems
- v. Managing health problems [planning and implementation of herbal care, referrals]
- vi. Establishing appropriate conditions for patient or patient care by creating a favourable practice milieu
- vii. Ensuring patient safety and avoiding complications in practice by referring patients to the appropriate professionals for investigations such as laboratory, radiological or other specialised physical tests or examinations
- viii. Managing a practice

#### **10.1.1 Continuing Professional Education (CPE)**

- i. A commitment to CPE is mandatory for continuing membership of NHAA
- ii. CPE cards are issued annually with membership renewal.
- iii. The NHAA requires all members to meet CPE criteria and cards are to be submitted to the Association for assessment annually.

#### **10.1.2 First Aid**

- i. It is compulsory for all practicing members to hold a current First Aid and Cardiopulmonary Resuscitation (CPR) certificate
- ii. All practitioners must be able to demonstrate competence in First Aid and CPR skills both functionally and theoretically.

### **10.2 Teaching**

- i. Membership of the NHAA is encouraged of lecturers who are teaching NHAA accredited courses.
- ii. The aim of teaching is to provide solid foundations in the theory and practice of herbal medicine from which the student acquires an enquiring mind and knows where to seek out the required information.
- iii. NHAA members who are lecturers will not enter into sexual relations with their students or behave in a manner which is unbecoming to the profession or victimise any student who resists such an advance.
- iv. Lecturers must be mindful that students are future members of the profession and therefore must be assessed on their competence as a practitioner. If a student is found lacking or only obtaining partial competence in a particular area, this must be drawn to the attention of the student and remedial efforts put in place.

- v. Members of the NHAA teaching in institutions shall obtain permission from their patients to present a case study in the classroom and preserve and respect the anonymity, privacy and dignity of their patients at all times.
- vi. It is considered mandatory that all those involved in teaching herbal medicine actively pursue continuing professional education seminars and conferences and seek out medical and herbal journals to substantiate their knowledge where appropriate.
- vii. Those teaching in any educational institution shall not use their influence over students to promote or denigrate a particular company, product or individual.

### **10.3 Research**

- i. The NHAA encourages its members to undertake research/clinical trials to further the knowledge base and practical application of herbal medicine.
- ii. Members undertaking research, and their staff, should keep as paramount the health, dignity, privacy and freedom of choice of the research subjects. An opportunity to debrief at the conclusion of the clinical trial and to receive information as to the risks/benefits of the treatment should be made available to all participants.
- iii. The member must obtain the subject's written consent to enter the investigation/trial after informing the patient of any risks or invasive procedures involved.
- iv. A member must not exert undue pressure on potential subjects by using a position of authority or a current patient/practitioner relationship for the purpose of securing their participation in a particular research project.
- v. Members undertaking private research must submit research proposals to the NHAA Medicinal Plants Ethics Committee or to the appropriate Area Health Service or University Ethics Committee or other approved appropriate body.
- vi. The research will be conducted in an ethical manner with the emphasis on human trials rather than animal studies.
- vii. Any clinical research involving human subjects shall conform to the guidelines of the Declaration of Helsinki.
- viii. While the randomised double-blind placebo controlled clinical trial is seen as the gold standard for the scientific community, the NHAA seeks to extend these parameters to truly reflect the individualized treatment and holistic patient assessment that is at the basis of herbal medicine.
- ix. To this end, the Association supports the notion of evidence-based medicine, believing that traditional prescribing is based on these precepts.
- x. The Association is involved in actively lobbying the appropriate government authorities to earmark research monies for herbal medicine clinical evaluations and trials.

## 11. Appendices

### 11.1 Oath of Hippocrates

I swear by Apollo Physician and Asclepius and Hygeia and Panacea and all of the gods and goddesses, making them my witnesses, that I will fulfil according to my ability and judgment this oath and this covenant:

- To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art – if they desire to learn it – without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but to no one else.
- I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.
- I will neither give a deadly drug to anyone if asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and art.
- I will not use a knife, not even on sufferers from stone, but will withdraw in favour of such men as engaged in this work.
- Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.
- What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account be spread abroad, I will keep to myself holding such things shameful to be spoken about.
- If I fulfil this oath and do not violate it, may it be granted to me to enjoy life and art, being honoured with fame among all men for all time to come, if I transgress it and swear falsely, may the opposite of all this be my lot.



## Quick Check Index of Activities & Point Values

### A Total of 50 Points is required each year

This is a list of activities which can provide CPE Points. List the activity in the CPE Diary, and the point value in the appropriate subject column (Herbal Medicine, Medical Sciences, or Other). The definitions for each subject are:

#### Herbal Medicine Activities (20 Points Compulsory Minimum)

*“Activities of a continuing education nature which directly relate to the practice of herbal medicine, the scientific research of medicinal plants, herbal medicine professional and industry issues, the historical and traditional aspects of herbal medicine, and the philosophical issues related to the practice of herbal medicine.”*

#### Medical Science Activities (12 Points Recommended Minimum)

*“Activities of a continuing education nature which relate to human biochemistry, anatomy, physiology, pathology, pathophysiology, symptomatology, diagnosis, internal medicine, pharmacology, surgery, epidemiology, psychology and psychiatry.”*

#### Other Subject Activities

*“Activities of a continuing education nature which relate to the practice of herbal medicine, but are not classifiable as either Herbal Medicine or Medical Science topics. Includes subject areas such as business development and promotion, health promotion, general health care philosophy, ethics and history, and the study of other health care modalities not regarded as herbal medicine.”*

**Remember: Doing the CPE questions in AJMH will earn you 5 herbal medicine points and 3 medical science points PER ISSUE – a total of 20 herbal medicine points and 12 medical science points for the year.**

#### Using the NHAA Library

Visit for research ..... 1 point/visit  
Borrowing (inc postal) ..... 1 point/book

Formal studies at a tertiary institution (*Professionally relevant*) ..... 1 point/10 hours  
*Including classes, external work, assignments, examinations*

NHAA State Chapter Meeting ..... 2 points/meeting  
*Attendance/Participation*

Volunteer activities associated with NHAA ..... 1 point/3 hours  
*E.g. Library support, NHMW organisation, State Chapter Meetings organisation*  
*NB these points are acceptable for the ‘Other’ category only*

Participation in a mentoring program ..... 1 point/meeting  
*For supervisor or supervisee*

Presenting to professional audience  
*For health care professions (maximum of 6 points) ..... 2 points/hour*  
*For general public ..... 2 points/presentation*

#### Published articles

*Not original research, professional including AJMH but not Access ..... 5 points/article*  
*Original research, professional journals only, including AJMH ..... 8 points/article*  
*General media ..... 3 points/article*

Purchase of book (*Professionally relevant*) ..... 4 points/book

Purchase of journals (*Professionally relevant*) ..... 2 points/issue  
*More than 4 A4 pages in length, paper or electronic (not the AJMH)*

Purchase of video/CD-ROM/DVD/DVD-ROM (*Professionally relevant*) ..... 4 points/unit

Purchase of seminar notes (*Professionally relevant*) ..... 4 points/set

Seminar/workshop attendance (*Professionally relevant*) ..... 2 points/contact hour

Subscription to a journal database ..... 18 points/subscription  
*E.g. Science Direct, Wiley Interscience and similar*

#### Subscription to a journal

*More than 4 A4 pages in length, published 4 times per year (not AJMH) ..... 8 points/subscription*  
*More than 4 A4 pages in length, published more than 4 times per year (not AJMH) ..... 12 points/subscription*

Subscription to an web/email forum (*Professionally relevant*) ..... 2 points/subscription

Subscription to NHAA discussion forum (web) ..... 2 points/subscription

Undergraduate or Postgraduate teaching/lecturing (*Professionally relevant*) ..... 1 point/6 hours

Writing a book (*Professionally relevant*) ..... 6 points/chapter



## NHAA CPE Member's Manual v2.0

**National Herbalists Association of Australia**

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Produced by the Examiners of the Board of Directors of the National Herbalists Association of Australia (NHAA) February 2009 – Version 2.0



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## Preface

In the past few years herbal medicine has continued to grow in public and professional recognition nationally and globally. With the increasing costs of public health care, interest in the role of herbalists and naturopaths in disease prevention and wellness promotion is entering a new age. This growth continues to promote high expectations of expanding knowledge through research and professional accountability. This in turn increases the importance of a rigorous continuing professional education program (CPE Program).

This revision of the CPE Program aims to continue to assist our Full members to maintain currency in the rapidly changing world of herbal medicine and health care in general and hopes to reflect the changing roles and specialties that have arisen in the field since this document was last revised. Full members who may practice and live in remote locations continue to be supported by the *Australian Journal of Medical Herbalism* (AJMH) CPE system, while the range of accepted activities remains broad with flexibility added by individual activity assessment by the NHAA Examiners being available.

Some participation criteria has been changed or clarified to meet the increasing regulatory requirements now placed upon the system, so we advise you to read this document carefully to ensure you comply fully.

We hope you find this system user friendly and professionally relevant to promoting both the current and future practice of herbal medicine.

**Elizabeth Hammer**

Coordinating Examiner, Board of Directors  
National Herbalists Association of Australia

February 2009

## Overview of the Program

A successful continuing professional education (CPE) program encourages participants to maintain and improve their knowledge and skills in their chosen areas of expertise. In order for this to occur, the awarding of CPE points for time spent in further education needs to be detailed yet simple to apply. For this reason the NHAA CPE Program for Full members has the following features:

- A total of 50 points required each year.
- A CPE manual (this document) and a CPE diary provided to you by the NHAA.
- Compulsory minimum of 20 points devoted to herbal medicine.
- Recommended minimum of 12 points devoted to medical sciences.
- A system to attain these minimums without additional difficulty (AJMH-based CPE system).
- Flexibility for individual areas of interest and speciality.
- Flexibility in regards to choice of activities.
- Ease of use – CPE activities are listed in an index in this manual with a clear statement of point values.

## Participation

Due to continuing and mostly positive changes in the professional recognition of herbal medicine, and the requirements of various bodies and groups, it is now mandatory for herbalists to maintain documented continuing professional education.

Participation in the NHAA CPE program enables a full member to be eligible for the NHAA health fund participation and to receive a TGA Advertising Exemption Certificate (TGAAEC), which allows members to buy therapeutic products from supply companies. For this reason, participation in the NHAA CPE program is now compulsory for all Full members after the first full year of membership (includes practitioners and non practitioners, Fellows, Life members and retired members who wish to remain up-to-date herbalists).

Individuals who do not wish to practice or who are not involved in the provision of herbal medicine health care, education or advice may choose to be a Companion member of the NHAA. Companion members and Student members are not required to participate in the CPE program. This leaves them ineligible for obtaining a TGAAEC or being added to the health fund participation list.

### ***The Rules***

1. All current financial full members **must** supply 50 CPE points annually after their first full year of membership.
2. Full members can suspend their membership for up to 12 months and not supply evidence of CPE for this period when rejoining.  
NB: The CPE exemption does not apply if a member remains financial.
3. After 12 months, 50 CPE points (acquired within the last year) are required to rejoin.

### ***The Process***

When you renew your membership in June each year, you will be asked for your CPE diary for the year just finished. This evidence must be received by the end of September or your membership fees will be refunded, less 25% (administrative costs), and your membership cancelled.

### ***Addendum***

Continuous repetitive suspension of membership may be queried by the examiners.

An annual audit of CPE will be conducted by the examiners. Randomly selected practitioners will be contacted and asked to provide evidence of the CPE activities listed in their diaries (see Maintaining Evidence & Auditing on pg 7 for more information).

## **Structure of the Program**

### **1. Duration of Program**

The CPE Program duration coincides with the financial year and the NHAA membership year (i.e. 1 July to 30 June).

### **2. Paperwork**

The documents you will need are:

- The NHAA Continuing Professional Education Program Members Manual (this document) sent to you on joining as a full member or whenever there is a revision of this manual.
- The NHAA CPE Diary – sent to you when you renew your membership each year.

Both of these documents are also available from our website.

### **3. Using the CPE Diary**

The CPE diary is the official document upon which all of your CPE activities should be recorded. See example of a completed diary on page 6.

At the end of the financial year you must send your NHAA CPE diary to the office. This must be received by the end of September. A new diary for the upcoming year will be sent to you with your membership renewal, or may be downloaded at any time from our website. The form is also available in electronic format and can be emailed direct to the office.

#### 4. Required CPE Points

The following is a breakdown of compulsory and recommended point categories required for CPE to be recognised by the NHAA:

**(a) Total Points**

A total of 50 points per year (minimum) is required to meet CPE obligations.

**(b) Herbal Medicine Points**

As a Full member of the NHAA you are a professional herbalist, although you may practice other modalities. Therefore continuing professional education activities involving solely herbal medicine topics should make up a large part of the NHAA CPE program.

A minimum of 20 of the 50 points must be devoted solely to herbal medicine activities. Activities which are generally regarded as contributing to herbal medicine points are:

*“CPE activities that directly relate to the practice of herbal medicine, the scientific research of medicinal plants, herbal medicine professional and industry issues, the historical and traditional aspects of herbal medicine, and the philosophical issues related to the practice of herbal medicine.”*

**(c) Medical Science Points**

As a herbalist in the modern medical herbalism tradition, medical sciences are an important area of knowledge. Interaction with other health care providers such as doctors, nurses, pharmacists or dentists, requires that you maintain a certain degree of currency in the medical sciences.

A recommended minimum of 12 points should be gained through study of medical sciences. Activities which are generally regarded as contributing to medical science points are:

*“CPE activities that relate to human biochemistry, anatomy, physiology, pathology, pathophysiology, symptomatology, diagnosis, internal medicine, pharmacology, surgery, epidemiology, psychology and psychiatry.”*

**(d) Other**

The remaining 18 Points may be obtained through further activities in the areas of herbal medicine, medical sciences, nutritional medicine or a combination of these areas or other areas of relevance to you as a herbalist. This allows you to pursue particular areas of interest or speciality, and be recognised for the time you have invested.

Activities which are generally regarded as contributing to other subject points are:

*“CPE activities that relate to the practice of herbal medicine, but are not classifiable as either Herbal Medicine or Medical Science topics. Includes subject areas such as business development and promotion, health promotion, general health care philosophy, ethics and history, and the study of other health care modalities not regarded as herbal medicine.”*

#### 5. Qualifying Activities and the Quick Index

Each of the many acceptable activities will have a certain CPE point value, and this can be found by checking the CPE Point Quick Index in this manual.

#### 6. Extraordinary Activities

Although the CPE Point Quick Index is quite comprehensive, there may be some activities which are not included. You may apply to the NHAA for recognition of other activities. A letter or email describing the activity, the subject, the method of learning, the duration spent on the activity, the provider of the activity (if relevant) and any other details should be sent to the NHAA office. The Examiners will assess your request and notify you of their decision and allocated point value.

## Typical Scenario

Below is an outline of a typical scenario in relation to completing the CPE program requirements.

- (a) **Receive membership renewal details and new NHAA CPE diary.**
- (b) **Over the following 12 months, read the 4 issues of the *Australian Journal of Medical Herbalism (AJMH)* published during the year.**
- (c) **Complete the AJMH-Based CPE System Questionnaire found in each issue of the AJMH.**  
Record completion of these questionnaires in CPE Diary.
  - 20 Herbal Medicine Points.
  - 12 Medical Science Points.
- (d) **Attend a 4 hour seminar on herbal medicine.**  
Record event in CPE Diary.
  - 8 Herbal Medicine Points.
- (e) **Buy a DVD containing nutritional health-related information.**  
Record purchase in CPE Diary.
  - 4 Other Subject Points
- (f) **Read an online herbal journal published 4 times per year.**  
Record event in CPE Diary.
  - 8 Herbal Points
- (g) **Total CPE Points:**
  - 36 Herbal Medicine Points (minimum is 20 points)
  - 12 Medical Science Points (recommended minimum is 12 points)
  - 4 Other Points
  - Overall Total: 52 Points (minimum total is 50 points)
- (h) **Send the completed CPE diary to the NHAA office with your annual membership renewal.**

Date of Activity	Activity Description	Herbal Medicine Points	Medical Science Points	Other Activity Points
Aug 08	NHAA seminar	8		
Feb 09	DVD purchase: Nutritional biochemistry & the brain			4
08/09	HerbalGram 4 issues	8		
08/09	AJMH vol 21 issues 1-4 CPE questionnaires	20	12	
	Subject Totals	36	12	4
	Final Total	52		

As can be seen in this example it is not difficult to attain the compulsory minimum for herbal medicine, the recommended minimum for medical sciences and the minimum total of 50 points per year. Although participation in the AJMH-Based CPE System and attendance at a seminar are illustrated here, due to the flexibility of the program other methods may be chosen to gain the required points.

## Maintaining Evidence and Auditing

You should maintain evidence of your annual activities. You are NOT required to submit the evidence with your CPE diary. The Board of Directors of the NHAA reserves the right to audit Full members to determine if they are meeting the CPE requirements. If you are unable to meet the CPE requirements for any reason you should notify the NHAA as soon as possible. We will attempt to assist you wherever possible and reasonable. Evidence of your CPE activities includes receipts, certificates, official documents, notes from courses or seminars, books and digital media for a minimum period of 12 months after submitting your CPE diary.

In the event that the requirements remain unmet or in the event that the member does not wish to meet the requirements, the Board will discuss options which may include (as a last resort) suspension of Full membership and/or the offer of Companion membership.

## The AJMH-Based CPE System

To assist you in obtaining quality continuing education and the required minimum points in the subject areas of herbal medicine and medical sciences, the NHAA has designed a CPE System based on our professional journal – the *Australian Journal of Medical Herbalism* (AJMH).

Participation in this activity is not compulsory. You may choose to obtain your points through other approved methods, however it does provide a relatively straight forward way of accumulating the necessary minimum points.

Even with participation in the AJMH-Based CPE System, it is still necessary for you to participate in other activities, as this system will only provide you with a total of 32 points.

### 1) How it works

At the back of each issue of the AJMH you will find a questionnaire consisting of an average of 8 multiple choice questions. By reading that issue and completing the related questionnaire you will obtain 5 herbal medicine points and 3 medical science points. Completion of all 4 questionnaires for the year will allow you to obtain the minimum points for both herbal medicine and medical sciences categories.

### 2) Recording points in the CPE Diary

Record the points obtained for completing each questionnaire in your CPE diary. It is necessary for you to document the journal volume and issue number of each questionnaire completed on your CPE diary prior to returning it to the NHAA office during the renewal period.

Please note that your questionnaires do not need to be sent to the NHAA with your CPE diary, however you are required to keep your completed questionnaires for 12 months should a CPE audit be requested.

### 3) Completing less than all four questionnaires

Each completed questionnaire will allow you to obtain 5 herbal medicine points and 3 medical science points. Should you only complete one questionnaire for the entire year, you will need to obtain the rest of the minimum number of points through participation in other activities.

### 4) Certificates

Upon request to the NHAA office, a CPE Certificate stating you have completed the AJMH-Based CPE System, detailing the points you have obtained in the two subject areas can be provided to give evidence for other CPE programs.

## Quick Check Index of Activities & Point Values

Below is a list of the various activities that can provide CPE Points. Each qualifying activity should be entered into the CPE Diary and the appropriate point value recorded in the corresponding subject column (Herbal Medicine, Medical Sciences or Other).

Using the NHAA Library	
<i>Visit for research</i> .....	1 point/visit
<i>Borrowing (inc postal)</i> .....	1 point/book
Formal studies at a tertiary institution (relevant to profession) .....	1 point/10 hours
<i>Including classes, external work, assignments, examinations</i>	
NHAA State Chapter Meeting .....	2 points/meeting
<i>Attendance/Participation</i>	
Volunteer activities associated with NHAA .....	1 point/3 hours
<i>E.g. Library support, NHMW organisation, State Chapter Meetings organisation</i>	
<i>NB these points are acceptable for the 'Other' category only</i>	
Participation in a mentoring program .....	1 point/meeting
<i>For supervisor or supervisee</i>	
Presenting to professional audience	
<i>For health care professions (maximum of 6 points)</i> .....	2 points/hour
<i>For general public</i> .....	2 points/presentation
Published articles	
<i>Not original research, professional including AJMH but not Access</i> .....	5 points/article
<i>Original research, professional journals only, including AJMH</i> .....	8 points/article
<i>General media</i> .....	3 points/article
Purchase of book .....	4 points/book
<i>Professionally relevant</i>	
Purchase of journals.....	2 points/issue
<i>More than 4 A4 pages in length, paper or electronic (not the AJMH)</i>	
Purchase of video/CD-ROM/DVD/DVD-ROM.....	4 points/unit
<i>Professionally relevant</i>	
Purchase of seminar notes.....	4 points/set
<i>Professionally relevant</i>	
Seminar/workshop attendance.....	2 points/contact hour
<i>Professionally relevant</i>	
Subscription to a journal database.....	18 points/subscription
<i>E.g. Science Direct, Wiley Interscience and similar</i>	
Subscription to a journal	
<i>More than 4 A4 pages in length, published 4 times per year (not AJMH)</i> .....	8 points/subscription
<i>More than 4 A4 pages in length, published more than 4 times per year (not AJMH)</i> .....	12 points/subscription
Subscription to an web/email forum .....	2 points/subscription
<i>Professionally relevant</i>	
Subscription to NHAA discussion forum (web) .....	2 points/subscription
Undergraduate or Postgraduate teaching/lecturing .....	1 point/6 hours
<i>Professionally relevant</i>	
Writing a book.....	6 points/chapter
<i>Professionally relevant</i>	



# **NHAA Course Accreditation System Guidelines & Curriculum v2.0**

(CAS\_Main)

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Produced by the Examiners of the Board of Directors of the National Herbalists Association of Australia (NHAA) September 2007 – Version 2.0

NHAA Course Accreditation System Guidelines & Curriculum to commence major review by end 2010.



## **Preamble**

As the oldest complementary/alternative medicine association in Australia, the National Herbalists Association of Australia has been setting standards in the education and practice of herbal medicine since 1920. In this time much has changed, and we will always be at the forefront of that change, supporting and promoting herbal medicine and our members.

The NHAA Course Accreditation System (NHAA CAS) aims to assist training providers by providing a standard for curriculum design. By utilising these Guidelines & Curriculum, and the associated documents, your institution can apply to have one or more of its courses recognised by the NHAA. Successful recognition results in that course being given “NHAA Accredited” status, with the attendant benefits for your institution as well as your students and future graduates.

We look forward to building a strong and mutually beneficial relationship with your institution, and welcome your feedback and input.

## **The Examiners of the NHAA**

17<sup>th</sup> May 2008

## **About This Document**

This document contains course content guidelines, procedural requirements and other information relevant to seeking and maintaining NHAA Accredited status for courses in herbal medicine.

This document makes reference to similarities and relationships with the Health Training Package<sup>1</sup> (HTP) for Advanced Diploma of Western Herbal Medicine where applicable, however some areas of the HTP are not covered in this Curriculum, and in many other areas the Curriculum requirements exceed those laid down in the HTP. Although this is the case, it should be noted that this document is not a substitute for the Health Training Package documents as published by the Australian National Training Authority<sup>2</sup>, and should not be used as such.

No part of this document may be reproduced in any form (other than is necessary in the process of submitting a Course Accreditation application) without prior written permission of the National Herbalists Association of Australia.



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HTH Herbal Therapeutics.....	37
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# About Course Accreditation & the Application Process

## Introduction to “NHAA Accredited” Status

The National Herbalists Association of Australia (NHAA) exists to promote and support the professional clinical practice of herbal medicine. As such the training courses of interest to the NHAA are those whose primary outcome is to produce practitioners capable of applying herbal medicine clinically. Although other types of herbal medicine training exist (such as research courses) these do not currently fall within the area of interest of the NHAA in relation to course accreditation.

NHAA Course Accreditation is a partnership between your institution and the National Herbalists Association of Australia; a partnership built on the common goal of striving for the highest quality of herbal medicine education. Your course(s) potentially gain recognition with the oldest medical association in Australia, and the only specialised national association for professional herbalists. Your students have access to the resources, support and recognition provided by the NHAA. And the standard of herbal medicine training in Australia, now and in the future, is assured.

It should be noted that NHAA Accreditation is course dependant. The policy of the NHAA is not to accredit teaching institutions, but rather to examine and accredit individual courses on their individual merits. Thus your institution may be required to submit several courses individually for accreditation to gain NHAA Accredited Status for each course.

## Advantages & Privileges of NHAA Course Accreditation

Some of the advantages of NHAA Course Accreditation are listed below:

- 1) Entitles students to apply for Student Membership of the NHAA, which in turn provides them with the *Australian Journal of Medical Herbalism*<sup>3</sup> and the newsletter *Access*<sup>4</sup>.
- 2) Entitles Student Members to access to the NHAA Library for research purposes.
- 3) Entitles graduates to apply for Full Membership of the NHAA.
- 4) Student Award Program
  - One student of distinction from each class of an accredited course (as chosen by your institution) is awarded for “*Excellence in the Academic Understanding & Clinical Application of Herbal Medicine*” upon graduation.
- 5) Free subscription to the *Australian Journal of Medical Herbalism*<sup>3</sup> and *Access*<sup>4</sup> for your institution’s library for the duration of your course accreditation.
- 6) An “NHAA Certificate of Course Accreditation” issued for the duration of Accreditation.
- 7) Free membership to our Herbal Education Forum online for all herbal educators and academic staff in charge of curriculum and clinical management. Here resources, tips and ideas can be exchanged with other educators around the country and internationally.
- 8) Availability of the Examiners of the NHAA, for questions, assistance or feedback regarding herbal education standards and NHAA Course Accreditation.
- 9) Free advertising in the form of a listing of your institution, and the course(s) you have which are accredited, on the NHAA website, and once a year in the NHAA newsletter *Access*<sup>4</sup>.
- 10) Assistance from the NHAA Examiners with the Assessment Moderation & Validation process required for Registered Training Organisations, if desired.
- 11) Prospective students enquiring about herbal medicine courses will be provided with the names and contact details of institutions with accredited courses.
- 12) All materials supplied by you to the NHAA will remain confidential.

## Understanding & Using this Document

This Guidelines & Curriculum document should be used in conjunction with three other NHAA documents found in the Course Accreditation System package:

- 1) "Course Accreditation Checklist"
  - Provides a checklist of items and procedures to make your application easier.
- 2) "Curriculum Mapping"
  - Provides the Examiners of the NHAA with the relevant data regarding relationships between your course and the NHAA Curriculum. Either the original, or a facsimile of this document must be returned to the NHAA Office with your other documentation.
- 3) "Course Accreditation Agreement"
  - A document which contains the NHAA Course Accreditation Guidelines. Either the original, or a facsimile of this document must be signed by a representative of your institution and returned to the NHAA Office with your other documentation.

The completed "Curriculum Mapping" document, and your course and subject/module<sup>5</sup> outlines will form the bulk of your application. Each Subject Content Requirement found in the Curriculum must be covered at some stage in the course offered by your institution, and its location must be indicated in the "Curriculum Mapping" document. Hours of study must also be indicated, as shown in that document. Delivery methods/types<sup>5</sup> and learning outcomes<sup>5</sup> for all of your subjects/modules must be indicated in your course/module outlines. All of this information must be clearly detailed in your application otherwise it will not be processed.

The names of subjects/modules offered by your institution are not required to be the same as those found in this document. Subjects found in this Curriculum need not be taught as one complete unit of study – indeed the requirements for each subject can be distributed over various modules/units<sup>5</sup> in your course.

## Submitting the Application

Your completed application must contain the following in order for your application to be processed:

- Fully completed "Curriculum Mapping" document.
- "Course Accreditation Agreement" signed by a suitable representative of your institution.
- Copies of your current prospectus (or draft prospectus if applicable), overall course outline, and subject/module outlines (which indicate module name, internal module code, prerequisites<sup>5</sup> and corequisites<sup>6</sup>, learning objectives/outcomes, assessments, delivery method/type, and hours of study – divided into Mixed-Mode Delivery and Self-Directed Study – see later).
- Name and contact details for an appropriate NHAA liaison at your institution.
- Name, qualifications and contact details of the head of faculty for the course, and the primary or senior supervisor in your herbal medicine training clinic.
- Application Fee and Accreditation Fee (see fees later in this document, and in the separate "Schedule of Fees" document).

Please also consult the separate "Course Accreditation Checklist" document to ensure that all items have been included in your Application. Applications which are not complete may unfortunately not be able to be evaluated, or may take longer to evaluate.



## **Dates for Submission of Applications**

Applications for Course Accreditation are assessed at two General Meetings of the Examiners, usually in May and October of each year. Submissions are accepted at any time of the year, however assessment only occurs at these General Meetings of the Examiners.

Your application and all supporting documentation should be received at the NHAA Office no later than the 1<sup>st</sup> of the month in which the evaluation will occur (ie. either May or October).

If clarification of points or more documentation is required for full evaluation of your application, then you will be notified of this by your Contact Examiner.

## **The Evaluation Process**

The evaluation of Applications is conducted by the Examiners, a subcommittee of the elected members of the Board of the NHAA who are mainly responsible for educational and membership standards. Upon receipt of your completed application, the copies are distributed amongst the Examiners, with a copy held at the Office. A Contact Examiner will be appointed for your application, who will be responsible for directing the Examiners in the process of evaluating the application and determining its suitability for Accreditation. If necessary, the Contact Examiner may contact you to clarify points, or request further documentation to support your application.

Final decisions on Applications are made at a special General Meeting of the Examiners in May and October each year.

Submissions are accepted at any time of the year, however it is essential that applications be received on or before the dates specified above in order for the Examiners to evaluate your application at the next scheduled Examiners Meeting. For more information see the section entitled "Dates for Submission of Applications" above.

## **Successful Application**

If your application is successful, you will be notified in writing by the Contact Examiner, and you will be sent a "Final Report on Application for Course Accreditation". Successful Course Accreditations are effective from the date this course in its current form commenced.

With successful Course Accreditation, a package containing your "NHAA Certificate of Course Accreditation", and a CD-ROM with other useful material will be sent to you.

Along with these, NHAA Student Information Packs will be sent to your institution for free (every year), which provide students with information on the NHAA, Student Membership, and other items of interest. If more Student Information Packs are required at any time, please contact the NHAA Office.

Course Accreditation is valid for a period of 4 years from the date of commencement. At the end of this period it will be necessary to apply in full for continued Accreditation, due to the potential for changes to your course and/or changes in the NHAA Curriculum. This involves the same process as the initial application for Course Accreditation, including the same documentation requirements, Application and Accreditation Fees, and timeframes.

## Unsuccessful Application

If your application is unsuccessful, you will be notified in writing by the Contact Examiner at the end of the evaluation period. Included with this letter will be an "Interim Report on Application for Course Accreditation" which will detail both strengths and deficiencies in your application, and suggestions on how deficiencies may be corrected.

At this point you have a four (4) week period in which to submit any requested additional information or resubmit your entire application, as directed in the Interim Report. No additional fees will be charged for re-evaluation at this point. Extensions on this four week period will only be granted under extenuating circumstances, and only after communication with and agreement from the Contact Examiner for your Application.

If your additional information/resubmission satisfies the Requirements, your application will be deemed successful (see "Successful Application" above).

If your resubmission is not received within the four (4) week deadline set by the Examiners, and no alternative arrangements have been agreed upon with the Contact Examiner, then the application will be closed, and a "Final report on Application for Course Accreditation" will be issued. Your Accreditation Fee will be refunded in this instance. If your institution wishes to pursue NHAA Course Accreditation in the future, a new application must be made, including payment of a new Application Fee and Accreditation Fee.

## Application & Course Accreditation Fees

There are various fees associated with this process, as explained below. A separate Schedule of Fees will also be included with this document, and appropriate invoices will be issued to your institution.

- 1) Accreditation Application Fee
  - This fee is payable upon Application for Course Accreditation, and covers the costs of the application and evaluation process. This fee is non-refundable regardless of the success of the application.
- 2) Accreditation Fee
  - Covers the 4 years of Course Accreditation, and is payable upon submission of an Application for Course Accreditation.
  - Course Accreditation is valid for a period of 4 years (unless otherwise stipulated). At the end of this 4 year period, it will be necessary to reapply for Course Accreditation.

## Membership Level Attainable by Graduates

Graduates of training programs which have been awarded NHAA Course Accreditation are entitled to apply for Full Membership of the NHAA as Medical Herbalists. Submission of their academic records, qualifications, and other standard items, with their completed membership form and fee are all that is required. NHAA policy states that members are encouraged to use one of the following titles “Herbalist”, “Medical Herbalist” or “Phytotherapist”.

As Full Members, graduates are entitled to the usual recognition and privileges of membership of a professional association, including TGA Advertising Certificate of Exemption<sup>7</sup>. In addition, Full Members have voting rights, and are supported in various ways by the Association, such as through government representation, continuing education resources, professional journal, professional indemnity insurance opportunities, and various health fund rebates.

## Requirements of NHAA Course Accreditation

There are some standard requirements of Course Accreditation status, as outlined below:

- 1) NHAA Course Accreditation is valid only for the course that was submitted for accreditation. Courses with different qualification titles, and/or different content/delivery methods, must be submitted as separate applications for Course Accreditation. However it is permissible to deliver the same accredited course to more than one group of students without requiring separate applications.
- 2) NHAA Course Accreditation is valid for a period of 4 years from the date of issue, as indicated on the NHAA Certificate of Course Accreditation. For continued Accreditation, a new application with full supporting documentation must be made before the due date.
- 3) The “NHAA Certificate of Course Accreditation” (which is valid only for the years indicated) must be displayed either in the location where the course is delivered, or in your institution’s main offices, for the period of accreditation.
- 4) Any other use of, or improper use of the “NHAA Certificate of Accreditation” constitutes a violation of these Requirements, and may result in cancellation of course accreditation and possible legal action.
- 5) The “NHAA Certificate of Course Accreditation” remain the property of the National Herbalists Association of Australia, and must be returned if course accreditation is suspended or cancelled.
- 6) At no time can your institution advertise or otherwise give the impression that NHAA Accreditation applies to the institution – NHAA Course Accreditation applies only to individual courses which have successfully passed the application process.
- 7) Significant alteration of course content or structure should be notified to the NHAA within 3 months of the commencement of delivery of the altered course. Significant alteration may require your institution to reapply for course accreditation.
- 8) The NHAA reserves the right to randomly audit institutions in regards to these Requirements and the delivery of the course which is accredited. Audits may take the form of requests for documentation, or personal visits from NHAA Board Members in an official capacity.
- 9) NHAA Student Information Packs must be made clearly available to all students throughout the duration of their training.

## **Suspension & Cancellation of NHAA Course Accreditation**

The suspension or cancellation of NHAA Accreditation of a course is regarded as an extreme measure, and only occurs as a last resort. If complaints are received by the NHAA, or if the NHAA has other reason to believe there may be a problem in regards to adherence to the “Requirements of NHAA Course Accreditation”, the NHAA may contact the training provider and detail the nature of the problem, and seek clarification of the issue. If a problem is found to still exist, the NHAA will enter into negotiations with the training provider to find a resolution. It is only if a resolution cannot be found, and the Requirements of Accreditation still cannot be met (or there remain other significant reasons why the NHAA cannot maintain accreditation of the course), that suspension or cancellation of NHAA Accreditation may occur.

Suspension or cancellation of NHAA Course Accreditation will be immediately indicated on the NHAA website. All rights to the use and display of the NHAA name, NHAA logo and NHAA Course Accredited status will be suspended. The right to display the “NHAA Certificate of Course Accreditation” will be revoked. All literature and advertising (in any form) which contain statements of your course accreditation with the NHAA may no longer be used. Failure to comply to these requirements may result in legal action.

## **NHAA Policy Regarding the Health Training Packages**

The National Health Training Packages as outlined by the Australian National Training Authority<sup>2</sup>, are a set of guidelines and competency in various sections of the health care profession, including herbal medicine. The NHAA believes that the existence of such a set of guidelines can only be beneficial to the profession in the long term. As such, included in Appendix 2 of this document is an outline of areas of similarity between the NHAA Curriculum and the Health Training Package for Advanced Diploma of Western Herbal Medicine, to assist in mapping. However it must be noted that this document is not a substitute for the documents as published by the Australian National Training Authority, nor can it be regarded as a definitive or official mapping document.

The NHAA Curriculum takes a slightly different approach to the description of education requirements than the HTP. The HTP's are designed for the VET<sup>5</sup> sector, with their emphasis being on “competencies”<sup>5</sup> rather than knowledge and concepts such as philosophy, which are integral to the herbal medicine education. Although there are certain strengths to the “competency-based” system, there are also weaknesses especially within the context of University education, which is not part of the VET sector. For these reasons the way our requirements are described and formatted is different, but complementary to the systems found in the HTP.

## **Title of Qualification**

The National Health Training Package has introduced standard qualification titles – for example “Advanced Diploma of Western Herbal Medicine”, and “Advanced Diploma of Naturopathy”. Although in many cases institutions will be adhering to these Training Packages and therefore qualification titles, we realise that in some cases training institutions may actually be pursuing a different, possibly higher qualification level, such as a Degree. Therefore qualification titles may vary. The minimum qualification level accepted by the NHAA is advanced diploma, and the Association strongly supports the move towards higher qualifications such as Bachelor degree and beyond.

## **NHAA Policy on Degree Pathways**

Some private training institutions have come to arrangements with universities to provide “degree pathway” options for students. These degrees are often health science-based degrees which are an addition to the “natural therapies” qualifications issued by the primary training provider. Such courses may be inherently linked, with units from the university course being required to progress within the private training institution’s course, and vice-versa.

The NHAA, in principle, encourages the furthering of education, however we do not provide accreditation for qualifications which themselves do not contain herbal medicine content. For example: a training provider offers an Advanced Diploma of Western Herbal Medicine, and has an arrangement with a university which also gives the student a Bachelor of Health Science. The NHAA will, upon successful application, accredit the Advanced Diploma of Western Herbal Medicine, but not the Bachelor of Health Science.

## **Provision of Modules by Various Providers (including “degree pathways”)**

Institutions may choose to outsource some of the components of their training course to other providers. An example of this is again found in many of the “degree pathway” arrangements, where sciences such as anatomy may be provided by the university, and the alternative/complementary medicine aspects of training are provided “in-house”.

As the provider of the primary qualification (the qualification for which your institution is seeking NHAA Accreditation), your institution is regarded as being responsible for all the elements of training, regardless of whether they are conducted in house, or some elements are supplied by other providers.

Therefore your institution must supply the details and mappings of all subject material related to this curriculum, even if that involves external providers. Details of the external provider must also be supplied to the NHAA. It is the responsibility of your institution (as the provider of the primary qualification) to monitor and ensure that any and all external providers continue to meet the necessary requirements throughout the period of NHAA Course Accreditation. Significant alterations in course content and/or delivery by external providers which affect the requirements of NHAA Course Accreditation, may result in the suspension or cancellation of Course Accreditation.

## **NHAA Policy on Delivery Methods**

In recent times the delivery of training has become more flexible, and in many cases is no longer confined to the face-to-face lecture environment. New delivery methods<sup>5</sup> and distance learning<sup>5</sup> (students enrolled in course do not attend the institution, but study off-campus) bring a different style to learning. Nevertheless there is some common ground – both forms require a certain amount of time acquiring knowledge/skill, then more time revising, improving and extending knowledge/skill.

When reviewing a course for accreditation, the Examiners consider the delivery method(s) involved in each module. Allowance is made for flexible delivery approaches and for the extra learning done by a student outside of the formal teaching delivery situation.

In general the NHAA embraces innovative methods of teaching and learning, however we also realise that some subjects present a significant challenge to the provider if they are to be delivered outside the traditional environment where the student has regular access to their teachers. Access to modern communication tools such a telephone assistance, email or web-based internet resources including discussion boards, internet instant messaging, traditional or internet-based teleconferencing, and

multimedia resources, can allow effective teacher/student communication and help to overcome some of the barriers of distance or external learning.

For subjects which have been identified as being difficult to deliver through distance or external education (as specified in the Curriculum), the NHAA requires that the institution show that they have set up specific and suitable methods to overcome these difficulties, such as employment of some of the communication tools listed above.

### **NHAA Policy on Subjects Not Covered in the NHAA Curriculum**

The NHAA recognises that certain institutions choose to provide certain areas of speciality or additional training in their courses for various reasons. We encourage such specialities and further training, and see this as a way of producing a professional community of herbalists who are stronger for their diversity of skills and experience. Although these specialities are not generally assessed by the NHAA, we request that your Course Accreditation Application show these subjects and areas of speciality (such as in your course and module outlines).

In certain circumstances where courses are designed around certain specialities, the NHAA may (at the expert discretion of the Examiners) take this into consideration in reviewing an Application for Course Accreditation.

### **Recognition of Prior Learning/Current Competency**

In some cases a training provider may expect that students have undergone training elsewhere before commencing their herbal medicine training (Prior Learning/Current Competency<sup>5</sup>). In such cases, certain aspects of the NHAA Curriculum may be regarded as a prerequisite<sup>5</sup> knowledge/skill by the training provider awarding the herbal medicine qualification.

In these situations, for the NHAA to be able to grant course accreditation, your institution must provide detailed information about the components deemed to be prerequisite knowledge/skill as they relate to the NHAA Curriculum, and how your institution determines that these components have been satisfactorily completed by students.

### **NHAA Policy on Courses Which Deliver Herbal Education Only**

The NHAA recognises that some training providers choose to specialise in the provision of herbal medicine education and adequately provide this level of training. However they are either not equipped to provide, or decide against providing the other subjects such as the medical sciences. Nevertheless the knowledge and skills contained in these other subjects are integral to the training of a competent herbal clinician. For many of these courses, the student is expected to have already gained this knowledge and skill prior to commencing training, or gain the knowledge and skills through other training prior to finishing their herbal training.

Therefore the NHAA allows providers who choose not to provide certain essential subjects (but still wish to pursue NHAA Course Accreditation) to provide details of their methods of assessment. The details provided must include the full process of evaluation of both prior and concurrent learning/competency in the applicable subject areas. These details must be submitted with the application for Course Accreditation, and clearly indicate how the assessment methods operate, and how/where they apply to the NHAA Curriculum.

## Training Provider Quality

Training providers who provide courses which are accredited by the NHAA should adhere to certain quality standards, as outlined below. The institution is expected to be able to meet, or be implementing methods to meet these standards upon submitting an Application for NHAA Course Accreditation, and may be required to provide documentation to the NHAA regarding this if requested to do so.

The training institution should:

- 1) Keep written policies and procedures for ensuring training and assessment consistent with its described course(s) and the intent of the described course(s).
- 2) Have an organisational chart and statements of roles and duties for all staff, both academic and administrative.
- 3) Have documented policies and procedures for dealing with customer complaints, grievances and appeals in a constructive and timely manner, which include:
  - each complaint, grievance, appeal and its outcome is recorded.
  - each appeal is heard by an independent person or panel.
  - each appellant has an opportunity to formally present their case and is given a written statement of the appeal outcome(s), including reasons for the decision.
- 4) Have a written agreement with any other providers of training/education/assessment which relate to the course(s) delivered, and adhere to this agreement.
- 5) Have procedures to collect and analyse client and staff feedback in relation to their satisfaction with provision of educational and other services.
- 6) Develop and implement procedures to review policies and procedures in relation to such feedback.
- 7) Develop and implement policies and procedures related to continuous quality improvement in relation to services provided.
- 8) Comply with relevant State or Territory laws including Commonwealth or State/Territory legislation on:
  - occupational health and safety.
  - workplace harassment, victimisation, and bullying.
  - anti-discrimination, including equal opportunity, racial vilification, and disability discrimination.
- 9) Staff are provided with information about legislation which affects their duties, and clients are provided with information or sources of such information that significantly affects their participation in education/training.
- 10) Ensure that it has all the necessary insurance to cover aspects of its business, including workers compensation, public liability, professional indemnity, and building and contents insurance.
- 11) Possess effective financial management procedures, which include accurate bookkeeping, systems for the protection of fees paid in advance, and fair and reasonable refund policies.
- 12) Have accurate and secure records management procedures, including retention, archiving and retrieval of student records including academic results for a period of 30 years, and securing of confidential information.
- 13) Maintain up-to-date records of academic staff qualifications and experience.
- 14) Maintain proper version tracking control procedures for all documents relevant to the provision of education/training.

- 15) Disseminate clear and accurate information to each client, prior to enrolment, about:
  - student selection, enrolment and induction/orientation procedures.
  - course information, including content and outcomes.
  - fees and charges, including refund policies and exemptions (where applicable).
  - appeals, complaints and grievance procedures.
  - disciplinary procedures.
  - Recognition of Prior Learning or Current Competency arrangements.
- 16) Implement effective procedures for the recruitment, induction and ongoing development, and performance monitoring of each member of its staff who is involved in the provision of education/training, assessment, or client service.
- 17) Ensure that assessments are reliable, valid and fair within the context of the element(s) being assessed, and incorporate appeal mechanisms.
- 18) Ensure that marketing and advertising of their institution and education/training services are ethical and accurate, and do not involve the improper use of information obtained from other persons or organisations.

Many of these requirements are consistent with standards expressed in the document entitled "Standards for Registered Training Organisations – 2001" published by the Australian National Training Authority. For more information visit <http://www.anta.gov.au>

### **Lecturer Requirements**

Lecturers or teachers who deliver the content of an Accredited Course should meet certain general criteria as outlined below:

- Suitable and recognised qualifications in the subject material in which they teach.
- Suitable duration of experience of application of the knowledge and skills which they teach.
- Suitable skill in the general aspects of provision of education and assessment.
- Sound character and reputation.
- Specific lecturer requirements as detailed under each subject in the Curriculum.

Due to the demanding nature of the provision of education and assessment, and the need for quality in course delivery, it is recommended that all lecturers have undergone, or be in the process of undergoing training in the design, delivery and assessment of courses.

The educational institution is required to assess the suitability of their educators (for example, through review of their Curriculum Vitae and interview process), and may be required to provide documentation regarding the suitability of their educators to the NHAA if requested to do so.



# Herbal Medicine Curriculum

## Key To Information in the Curriculum

The following provides important information on the format and interpretation of the requirements of each subject presented in this Course Accreditation Curriculum.

### NHAA Subject Code & Name

The Subject Name is the name the NHAA uses to describe a particular set of related content requirements. Although you may choose to do so, it is not necessary for your institution to use the same subject names.

The Subject Code is a 3 letter designation used to quickly identify the NHAA Curriculum Subject. It is used when making reference to similarities between your institution's subject modules/units and areas in the NHAA Curriculum.

### Overview & General Objectives

Describes the essence of the subject and its objectives.

### Subject Content Requirements

Rather than simply defining a series of learning outcomes<sup>5</sup>, this section is an overview of actual content requirements. This can also serve to provide your institution and course designers with useful information on what is necessary to achieve desired outcomes. Each particular subject content requirement is identified by a unique code.

It is important to note that all the subject content requirements in each of the NHAA Curriculum Subjects must be covered in your institution's course in order for Course Accreditation to be granted. Additional subjects and requirements may also be taught at the discretion of your institution (although these should also be declared in your application).

However the order of delivery, and the unit/module<sup>5</sup> in which each subject content requirement is taught, is at the discretion of your institution. For example, for a particular NHAA Subject, the Content Requirements may be split between two or more of your institution's modules/units. This is why the "Curriculum Mapping" document has the provision for your institution to indicate which of your module(s) provides each and every NHAA Subject Content Requirement, and why it is so important that this document be fully completed before submitting your application.

### Suggested Prerequisites & Corequisites

These are suggestions in regards to the order or delivery of Content Requirements of NHAA Curriculum Subjects. These are not compulsory, however they do provide a logical arrangement of training which may assist in the development and delivery of subjects.

### Suggested Delivery Method/Type<sup>5</sup>

There are two main forms of delivery of course content outlined in this curriculum: "face-to-face" and "distance/external". For many subjects either form of delivery would be suitable, and it is the choice of your institution how you will deliver those Subject Requirements. However for some Curriculum Subjects, distance/external delivery methods may be difficult due to the nature of the material, and this will be indicated here. Please see the section entitled "NHAA Policy on Delivery Methods" for further information.

## Lecturer Requirements

It is important for your institution to ensure that all lecturers/facilitators are suitably qualified in both the material they are teaching, as well as the process of teaching itself. These and any other requirements related to the lecturer are listed here. See also the sections entitled “Lecturer Requirements” and “Training Provider Quality Issues”.

## Hours of Study

This indicates the minimum amount of time necessary to acquire the skills and knowledge presented in each Subject. These minimum hour requirements include allowance for 25% home study. In other words, for AAP Anatomy & Physiology, 120 hours are required, which can consist of 90 hours being delivered by the training institution, and 30 hours being allowed for individual home study and assignment work.

Hours identified as being related to a particular NHAA Subject should be associated with that subject alone. Hours cannot be “reused” for various subjects. For example, if one of your institution’s modules/units<sup>5</sup> includes both herbal therapeutics training (NHAA HTH – Herbal Therapeutics) and materia medica training (NHAA MME – Materia Medica), this needs to be identified, and the hours for each subject area appropriately allocated on the “Curriculum Mapping” document. These hours cannot be referred to again in the requirements for any other NHAA Subject.

## Suggested Assessment Formats

This section includes suggested methods of assessing students for that subject. Except for the subject CLT Clinical Training, these are only guidelines, and other suitable methods may be employed at the discretion of your institution. For CLT Clinical Training, the assessment methods outlined must be used at a minimum, however additional assessment methods may also be employed at the discretion of your institution.



## Summary of Subjects & Hour Requirements

Subject Code	Subject Name	Hours
<b><i>Medical Science Subjects</i></b>		
AAP	Anatomy & Physiology	120
CHE	Chemistry	50
BCH	Biochemistry	50
PAT	Pathophysiology	60
PHM	Pharmacology	40
<b>Medical Science Subjects Total:</b>		<b>320</b>
<b><i>Clinical Science Subjects</i></b>		
SAD	Symptomatology & Diagnosis	180
NUT	Nutritional Medicine	80
<b>Clinical Science Subjects Total:</b>		<b>260</b>
<b><i>Herbal Subjects</i></b>		
HAP	History & Philosophy	30
MPI	Medicinal Plant Identification & Classification	40
MME	Materia Medica	100
HTH	Herbal Therapeutics	160
MPD	Manufacturing, Processing & Dispensing	50
HPP	Herbal Pharmacology & Pharmacognosy	60
<b>Herbal &amp; Therapeutic Subjects Total:</b>		<b>440</b>
<b><i>Other Subjects</i></b>		
OHS	Occupational Health & Safety	20
CAC	Communication & Counselling	60
PPE	Professional Practice & Ethics	30
<b>Other Total:</b>		<b>110</b>
<b><i>Clinical Training</i></b>		
CLT	Clinical Training (requirements specify mixture of consultations and hours logged. Hours in this table are an estimate only.)	250
<b>Clinical Training Approximate:</b>		<b>250</b>
<b>Totals:</b>		<b>1380</b>

Note that the hours listed above do not include the significant Self-Directed Study which will be required in each subject but which is not part of the assessment of a course for NHAA Course Accreditation

## AAP Anatomy & Physiology

### Overview & General Objectives

To understand the structure and function of the human body, as a background to the understanding of how disease processes impact upon the patient. It will form the basis of knowledge required to pursue the study of Pathology & Pathophysiology.

### Subject Content Requirements

AAP_01	Anatomical terminology.
AAP_02	Levels of organisation and structure of the human body.
AAP_03	Cellular structure and function, including subcellular organelles, and genetics.
AAP_04	Structure and function of the musculoskeletal system.
AAP_05	Structure and function of the nervous system.
AAP_06	Structure and function of the endocrine system.
AAP_07	Structure and function of the blood and cardiovascular systems.
AAP_08	Structure and function of the lymphatic system.
AAP_09	Structure and function of the respiratory system.
AAP_10	Structure and function of the male & female reproductive system.
AAP_11	Structure and function of the integumentary system.
AAP_12	Structure and function of the immune and defence system.
AAP_13	Structure and function of the sensory systems.
AAP_14	Structure and function of the gastrointestinal system.
AAP_15	Structure and function of the urinary system.
AAP_16	Introduction & overview of embryology.
AAP_17	Tissue biochemistry overview.

### Suggested Prerequisites

n/a

### Suggested Corequisites

n/a

### Suggested Delivery Method

Face-to-face or distance/external.

### Lecturer Requirements

- Suitable qualifications and/or experience within the subject area.

### Hours of Study

120

### Suggested Assessment Formats

Theory examinations; quizzes; assignments; laboratory work/attendance.

## CHE Chemistry

### Overview & General Objectives

The objective of this subject is to provide the student with foundational knowledge in chemistry that will enable further study and acquisition of skills in the areas of human physiology, pathology, biochemistry and herbal medicine.

### Subject Content Requirements

CHE_01	Chemistry Basics
CHE_02	Chemical Interactions
CHE_03	Organic Chemistry Basics
CHE_04	Organic Chemical Reactions
CHE_05	Introduction to Biological Chemistry

### Suggested Prerequisites

None

### Suggested Corequisites

None

### Suggested Delivery Method

Face-to-face or distance/external.

### Lecturer Requirements

- Suitable qualifications and/or experience within the subject area.

### Hours of Study

50

### Suggested Assessment Formats

Theory examinations; quizzes; assignments; laboratory work/attendance.

## **BCH Biochemistry**

### **Overview & General Objectives**

The objective of this subject is to provide an understanding of the chemistry of the human body to improve understanding of physiological processes and disease processes, and in turn lead to a better understanding of the application of herbal medicines.

### **Subject Content Requirements**

<b>BCH_01</b>	Structure and Function of Biological Macromolecules
<b>BCH_02</b>	Overview of Metabolic Processes
<b>BCH_03</b>	Glycolysis, Krebs' Cycle and The Electron Transport Chain
<b>BCH_04</b>	Metabolism of Carbohydrates, Lipids, Proteins
<b>BCH_05</b>	Role of Vitamins in Metabolism
<b>BCH_06</b>	Blood Production and Biochemistry
<b>BCH_07</b>	Nucleic acids and DNA
<b>BCH_08</b>	Genes, chromosomes and principles of gene regulation

### **Suggested Prerequisites**

<b>CHE</b>	Chemistry
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### **Suggested Corequisites**

n/a

### **Suggested Delivery Method**

Face-to-face or distance/external.

### **Lecturer Requirements**

- Suitable qualifications and/or experience within the subject area.

### **Hours of Study**

50

### **Suggested Assessment Formats**

Theory examinations; quizzes; assignments; laboratory work/attendance.

## **PAT Pathophysiology**

### **Overview & General Objectives**

To understand the changes (physical and biochemical) which occur in a variety of diseases states, and their impact on the patient at cellular, tissue and whole body levels. Emphasis should be placed on an understanding of the processes of disease and the relevance of this information in a clinical environment.

### **Subject Content Requirements**

<b>PAT_01</b>	The cell and cellular injury, metaplasia, dysplasia, neoplasia and carcinoma
<b>PAT_02</b>	Atrophy and ageing
<b>PAT_03</b>	Acute and chronic inflammation
<b>PAT_04</b>	Immune mediated disorders
<b>PAT_05</b>	Allergy and sensitivity
<b>PAT_06</b>	Pathophysiology of systems listed in Anatomy & Physiology (AAP)
<b>PAT_07</b>	Environmental impacts on the body
<b>PAT_08</b>	Micro-organisms in health and disease (microbiology)

### **Suggested Prerequisites**

<b>CHE</b>	Chemistry
<b>AAP</b>	Anatomy & Physiology

### **Suggested Corequisites**

<b>BCH</b>	Biochemistry
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### **Suggested Delivery Method**

Face-to-face or distance/external.

### **Lecturer Requirements**

- Suitable qualifications and/or experience within the subject area.

### **Hours of Study**

60

### **Suggested Assessment Formats**

Theory examinations; quizzes; assignments; laboratory work/attendance.

## PHM Pharmacology

### Overview & General Objectives

The objective of this subject is to provide the student of an awareness and understanding of commonly employed conventional pharmaceutical agents, their modes of action, uses, cautions and contraindications, adverse reactions, as well as drug/herb and drug/nutrient interactions.

### Subject Content Requirements

<b>PHM_01</b>	Basic Concepts, including terminology, and general principles of pharmacodynamics and pharmacokinetics.
<b>PHM_02</b>	Drugs affecting the systems listed in anatomy & physiology.
<b>PHM_03</b>	Main mechanisms of adverse drug reactions, teratogenicity
<b>PHM_04</b>	Sourcing and interpreting information on drugs, including adverse reactions and interactions and drug/herb and drug/nutrient interactions.

### Suggested Prerequisites

<b>CHE</b>	Chemistry
<b>BCH</b>	Biochemistry
<b>AAP</b>	Anatomy & Physiology

### Suggested Corequisites

<b>PAT</b>	Pathophysiology
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### Suggested Delivery Method

Face-to-face or distance/external.

### Lecturer Requirements

- Suitable qualifications and/or experience within the subject area.

### Hours of Study

40

### Suggested Assessment Formats

Theory examination and quizzes; literature research; theory assignment.

## SAD Symptomatology & Diagnosis

### Overview & General Objectives

To allow the student to gain the knowledge and skills necessary to elicit and understand the relevance of symptoms and signs in patients. In particular it should encourage the student to utilise concepts of pattern recognition and probability to recognise and determine the nature of the health complaints of patients from a diagnostic and prognostic perspective.

### Subject Content Requirements

**SAD\_01** Clinical manifestations (symptoms and signs) and laboratory investigations – relative merits and integration of information.

**SAD\_02** The concept of primary and differential diagnosis.

*Note: Each of the content requirements listed below must include a review of the primary symptoms and signs, physical examination procedures, laboratory investigations associated with that system, and information on aetiology, clinical manifestations, laboratory values, differential diagnosis, complications, and prognosis for each of the most commonly treated diseases of that system.*

**SAD\_03** Gastrointestinal disorders

**SAD\_04** Hepatobiliary disorders

**SAD\_05** Respiratory disorders

**SAD\_06** Ear, nose and throat disorders

**SAD\_07** Musculoskeletal and connective tissue disorders

**SAD\_08** Reproductive disorders in males and females

**SAD\_09** Urinary disorders

**SAD\_10** Endocrine disorders

**SAD\_11** Neurological disorders

**SAD\_12** Psychological and psychiatric disorders

**SAD\_13** Immunological disorders

**SAD\_14** Nutritional and metabolic disorders

**SAD\_15** Cardiovascular disorders

**SAD\_16** Haematological disorders

**SAD\_17** Ophthalmologic disorders

**SAD\_18** Dermatological disorders

**SAD\_19** Infectious disorders

**SAD\_20** Physical examination

### Suggested Prerequisites

**AAP** Anatomy & Physiology

### Suggested Corequisites

**PAT** Pathophysiology

### Suggested Delivery Method

Face-to-face or distance/external.



### **Lecturer Requirements**

- Suitable qualifications and/or experience within the subject area.
- At least 2 years of clinical experience in a health care modality.

### **Hours of Study**

180

### **Suggested Assessment Formats**

Theory examinations; assignments; case studies; literature research.

## NUT Nutritional Medicine

### Overview & General Objectives

This subject aims to give the student an understanding of the fundamental concepts, terminology and knowledge of nutrition and its role in the prevention and treatment of disease as well as the processes involved in becoming responsible for one's own health. The student will explore the how the study of nutrition is being used as a means of preventing, delaying the onset of, and treating a number of chronic diseases that are related to nutrition and lifestyle. The students will also develop an understanding of how to use Nutritional Medicine side by side with Herbal Medicine.

### Subject Content Requirements

NUT_01	Terminology
NUT_02	Food habits and factors affecting food consumption
NUT_03	The major characteristics of the Australian diet
NUT_04	Meeting energy needs
NUT_05	The basis of a healthy diet
NUT_06	Macronutrients and micronutrients
NUT_07	Water
NUT_08	Antioxidants
NUT_09	Introduction to nutritional therapeutics
NUT_10	Drug/nutrient and herb/nutrient interactions

### Suggested Prerequisites

AAP	Anatomy & Physiology
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### Suggested Corequisites

MME	Materia Medica
PAT	Pathophysiology
SAD	Symptomatology & Diagnosis

### Suggested Delivery Method

Face-to-face or distance/external.

### Lecturer Requirements

- Suitable qualifications and/or experience within the subject area.

### Hours of Study

80

### Suggested Assessment Formats

Theoretical examination and quizzes; literature research; case studies and presentations.

## **HAP History & Philosophy**

### **Overview & General Objectives**

The objective of this subject is to provide the underpinning knowledge required to practice Western Herbal Medicine ethically within a framework of the historical and philosophical approaches to Western Herbal Medicine.

### **Subject Content Requirements**

- HAP\_01** History and Philosophies of Major Historical Figures in Western Herbal Medicine.  
**HAP\_02** Other Ancient Healers and Systems – Egyptian, Greek, Roman, Arabic  
**HAP\_03** Traditions of Western Herbal Medicine (Humoral Theory, Physiomedicalism, Eclectic Movement, Doctrine of Signatures)  
**HAP\_04** Introduction to the Ayurvedic and Chinese Systems with Differentiation from Western Systems  
**HAP\_05** The development of Modern Herbalism

### **Suggested Prerequisites**

n/a

### **Suggested Corequisites**

n/a

### **Suggested Delivery Method**

Face-to-face or distance/external.

### **Lecturer Requirements**

- Suitable qualifications and/or experience within the subject area.

### **Hours of Study**

30

### **Suggested Assessment Formats**

Theory examinations; assignments; literature research; presentations.

## **MPI Medicinal Plant Identification & Classification**

### **Overview & General Objectives**

This subject is aimed at ensuring students can accurately identify herbal material used as medicines. The subject must include the skills required for identification, including botany, plant morphology and use of a botanical key, for the following herbal medicines.

### **Subject Content Requirements**

<b>MPI_01</b>	Botany nomenclature
<b>MPI_02</b>	Plant taxonomy (including morphology, plant families, structure, use of botanical keys)
<b>MPI_03</b>	Harvesting and wildcrafting (harvesting to conserve species, issues of environmental awareness, wildcrafting in appropriate environments)
<b>MPI_04</b>	Identification of common medicinal plants
<b>MPI_05</b>	Identification of common poisonous plants
<b>MPI_06</b>	Identification of dried plant material using organoleptic methods

### **Suggested Prerequisites**

n/a

### **Suggested Corequisites**

n/a

### **Suggested Delivery Method**

Face-to-face or distance/external. Use of slide material and field trips is recommended.

### **Lecturer Requirements**

- Suitable qualifications and/or experience within the subject area.

### **Hours of Study**

40

### **Suggested Assessment Formats**

Theory and practical examinations; assignments; presentations.

### **Notes**

It may be appropriate for an institution to outsource this subject to specific experts, which may involve specialised plant identification workshops or field schools. If this is desired, the NHAA may be able to assist in finding appropriate experts.

## MME Materia Medica

### Overview & General Objectives

This subject gives an understanding of herbal medicines by teaching the actions, indications, constituents, contraindications and differential materia medica. It enables the student to develop a working understanding of the herbs in relation to the different systems of the body and to become both competent and confident in the use of these herbs for a wide variety of disease states.

### Subject Content Requirements

*Note:* For each herbal medicine taught, the following must be covered: botanical name, common name(s), part used, known active constituents, actions, indications, cautions, contraindications, preparation and dosage.

**MME\_01** List A (all plants listed must be taught – total of 98 medicines):

<i>Achillea millefolium</i>	Yarrow, Milfoil
<i>Actaea racemosa</i> (previously <i>Cimicifuga racemosa</i> )	Black cohosh
<i>Aesculus hippocastanum</i>	Horse Chestnut
<i>Albizia lebeck</i>	Albizia
<i>Allium sativum</i>	Garlic
<i>Althaea officinalis</i>	Marshmallow
<i>Angelica archangelica</i>	Angelica
<i>Apium graveolens</i>	Celery
<i>Arctium lappa</i>	Burdock
<i>Arctostaphylos uva-ursi</i>	Bearberry
<i>Artemisia absinthium</i>	Wormwood
<i>Avena sativa</i>	Oats
<i>Baptisia tinctoria</i>	Wild indigo
<i>Berberis vulgaris</i>	Barberry
<i>Calendula officinalis</i>	Pot Marigold, Calendula
<i>Capsella bursa-pastoris</i>	Shepherd's Purse
<i>Capsicum minimum</i>	Capsicum, cayenne
<i>Cassia angustifolia</i>	Senna
<i>Chamaelirium luteum</i>	False Unicorn Root
<i>Chelidonium majus</i>	Greater celandine
<i>Commiphora molmol</i>	Myrrh
<i>Crataegus oxycantha/C. monogyna</i>	Hawthorn
<i>Cynara scolymus</i>	Globe artichoke
<i>Dioscorea villosa</i>	Wild Yam
<i>Drosera rotundifolia/D. longifolia</i>	Sundew
<i>Echinacea angustifolia/E. purpurea/E. pallida</i>	Echinacea

<i>Eleutherococcus senticosus</i>	Siberian ginseng
<i>Elytrygia repens</i> (previously <i>Agropyron repens</i> )	Couch grass
<i>Equisetum arvense</i>	Horsetail
<i>Eupatorium perfoliatum</i>	Boneset
<i>Euphorbia hirta</i>	Asthma Weed
<i>Euphrasia officinalis</i>	Eye bright
<i>Filipendula ulmaria</i>	Meadowsweet
<i>Foeniculum vulgare</i>	Fennel
<i>Fucus vesiculosus</i>	Bladderwrack
<i>Galega officinalis</i>	Goat's rue
<i>Galium aparine</i>	Clivers
<i>Gentiana lutea</i>	Gentian
<i>Geranium maculatum</i>	Cranesbill
<i>Ginkgo biloba</i>	Ginkgo
<i>Glycyrrhiza glabra</i>	Licorice
<i>Grindelia robusta/G. camporum</i>	Grindelia
<i>Gymnema sylvestre</i>	Gymnema
<i>Hamamelis virginiana</i>	Witch hazel
<i>Hemidesmus indicus</i>	Hemidesmus
<i>Humulus lupulus</i>	Hops
<i>Hydrastis canadensis</i>	Golden Seal
<i>Hypericum perforatum</i>	St John's wort
<i>Inula helenium</i>	Elecampane
<i>Iris versicolor</i>	Blue flag
<i>Lavandula officinalis</i>	Lavender
<i>Leonurus cardiaca</i>	Motherwort
<i>Linum usitatissimum</i>	Linseed, Flaxseed
<i>Lycopus virginicus</i>	Bugleweed, Gypsyweed
<i>Marrubium vulgare</i>	White horehound
<i>Matricaria recutita/M. chamomilla/Chamomilla recutita</i>	Chamomile
<i>Melissa officinalis</i>	Lemon balm
<i>Mentha x piperita</i>	Peppermint
<i>Olea europea</i>	Olive leaf
<i>Panax ginseng</i>	Panax
<i>Passiflora incarnata</i>	Passionflower
<i>Phytolacca decandra/P. americana</i>	Poke root
<i>Piper methysticum</i>	Kava kava
<i>Piscidia erythrina</i>	Jamaican dogwood

<i>Plantago lanceolata</i>	Ribwort
<i>Prunus serotina</i>	Wild cherry bark
<i>Rhamnus purshiana</i>	Cascara
<i>Rheum palmatum</i>	Rhubarb
<i>Rosmarinus officinalis</i>	Rosemary
<i>Rubus idaeus</i>	Raspberry leaf
<i>Rumex crispus</i>	Yellow dock
<i>Salix alba</i>	White willow
<i>Salvia officinalis</i>	Sage
<i>Sambucus nigra</i>	Elder
<i>Scutellaria lateriflora</i>	Skullcap
<i>Serenoa serrulata/S. repens</i>	Saw Palmetto
<i>Silybum marianum</i>	St Mary's Thistle
<i>Solidago virgaurea</i>	Golden rod
<i>Stellaria media</i>	Chickweed
<i>Tanacetum parthenium</i>	Feverfew
<i>Taraxacum officinale folia</i>	Dandelion leaves
<i>Taraxacum officinale radix</i>	Dandelion root
<i>Thymus vulgaris</i>	Thyme
<i>Tilia spp.</i>	Lime flower
<i>Trifolium pratense</i>	Red clover
<i>Trigonella foenum-graecum</i>	Fenugreek
<i>Ulmus rubra</i>	Slippery elm
<i>Urtica dioica/U. urens</i>	Nettle
<i>Vaccinium myrtillus</i>	Bilberry
<i>Valeriana officinalis</i>	Valerian
<i>Verbascum thapsus</i>	Mullein
<i>Verbena officinalis</i>	Vervain
<i>Viburnum opulus</i>	Cramp bark
<i>Viola odorata</i>	Sweet violet
<i>Vitex agnus-castus</i>	Chaste tree
<i>Zanthoxylum clava-herculus/Z. americanum</i>	Prickly ash
<i>Zea mays</i>	Corn silk
<i>Zingiber officinale</i>	Ginger

MME\_02 List B (a selection of at least 24 of these medicinal plants must be taught):

<i>Adhatoda vasica</i>	Adhatoda
<i>Agrimonia eupatoria</i>	Agrimony
<i>Alchemilla vulgaris</i>	Lady's mantle
<i>Aletris farinosa</i>	True unicorn root
<i>Allium cepa</i>	Onion
<i>Aloe spp.</i>	Aloe Vera
<i>Andrographis paniculata</i>	Andrographis
<i>Armoracia rusticana</i>	Horseradish
<i>Anemone pulsatilla (Pulsatilla vulgaris)</i>	Pulsatilla
<i>Anethum graveolens</i>	Dill
<i>Angelica polymorpha (previously A. sinensis)</i>	Dong quai
<i>Arnica montana</i>	Arnica
<i>Artemisia annua</i>	Chinese wormwood
<i>Artemisia vulgaris</i>	Mugwort
<i>Asclepius tuberosa</i>	Pleurisy root
<i>Asparagus racemosus</i>	Shatavari
<i>Astragalus membranaceus</i>	Astragalus
<i>Atractylodes macrocephala</i>	Atractylodes
<i>Bacopa monniera</i>	Bacopa
<i>Ballota nigra</i>	Black horehound
<i>Barosma betulina (Agathosma betulina)</i>	Buchu
<i>Berberis aquifolium</i>	Oregon mountain grape
<i>Berberis aristata</i>	Indian Barberry
<i>Betula spp</i>	Birch
<i>Boswellia serrata</i>	Boswellia
<i>Bupleurum falcatum</i>	Bupleurum
<i>Camellia sinensis</i>	Green tea
<i>Carica papaya</i>	Paw paw
<i>Carum carvi</i>	Caraway
<i>Caulophyllum thalictroides</i>	Blue cohosh
<i>Centella asiatica</i>	Gotu Kola
<i>Chionanthus virginicus</i>	Fringe tree
<i>Cinnamomum zeylanicum/C. cassia</i>	Cinnamon
<i>Citrus reticulata</i>	Chen pi
<i>Cnicus benedicta</i>	Blessed thistle
<i>Codonopsis pilosula</i>	Codonopsis
<i>Cola nitida/C. vera</i>	Kola

<i>Coleus forskohlii</i>	Coleus
<i>Corydalis ambigua</i>	Corydalis
<i>Crataeva nurvala</i>	Crataeva
<i>Curcuma longa</i>	Turmeric
<i>Elletaria cardamomum</i>	Cardamon
<i>Epilobium parviflorum</i>	Willow Herb
<i>Eschscholzia californica</i>	Californian poppy
<i>Eucalyptus globulus</i>	Eucalyptus
<i>Eupatorium purpureum</i>	Gravel root
<i>Fumaria officinalis</i>	Fumitory
<i>Harpagophytum procumbens</i>	Devil's claw
<i>Hedera helix</i>	Ivy
<i>Hydrangea arborescens</i>	Hydrangea
<i>Hyssopus officinalis</i>	Hyssop
<i>Juglans cinerea</i>	Butternut
<i>Juglans nigra</i>	Black walnut
<i>Juniperus communis</i>	Juniper
<i>Lamium album</i>	White dead nettle
<i>Larrea mexicana</i>	Chaparral
<i>Leptandra virginica</i>	Black root
<i>Lomatium dissectum</i>	Lomatium
<i>Medicago sativa</i>	Alfalfa/Lucerne
<i>Mentha pulegium</i>	Pennyroyal
<i>Mitchella repens</i>	Squaw vine
<i>Myrica cerifera</i>	Bayberry
<i>Nepeta cataria</i>	Catmint
<i>Nepeta hederacea</i>	Ground Ivy
<i>Nymphaea odorata</i>	White pond lily
<i>Oenothera biennis</i>	Evening primrose
<i>Paeonia lactiflora</i>	Peony
<i>Panax notoginseng</i>	Tienchi Ginseng
<i>Parietaria diffusa</i>	Pellitory of the wall
<i>Petroselinum crispum</i>	Parsley
<i>Phyllanthus amarus</i>	Phyllanthus
<i>Picrorrhiza kurroa</i>	Picrorrhiza
<i>Pimpinella anisum</i>	Aniseed
<i>Piper longum</i>	Long pepper
<i>Plantago major</i>	Plantain

<i>Plantago psyllium/P. ovata</i>	Psyllium
<i>Pneumus boldus</i>	Boldo
<i>Polygala tenuifolia</i>	Polygala
<i>Polygonum bistorta</i>	Bistort
<i>Polygonum multiflorum</i>	Polygonum
<i>Populus tremuloides</i>	Trembling poplar
<i>Poria cocos</i>	Hoelen
<i>Portulaca oleracea</i>	Pigface
<i>Quercus robur</i>	Oak bark
<i>Ranunculus ficaria</i>	Pilewort
<i>Rehmannia glutinosa</i>	Rehmannia
<i>Rosa canina</i>	Rosehips
<i>Rumex acetaloza</i>	Sheep's sorrel
<i>Ruscus aculeatus</i>	Butcher's broom
<i>Ruta graveolens</i>	Rue
<i>Salvia miltiorrhiza</i>	Dan Shen
<i>Sanguinaria canadensis</i>	Blood root
<i>Schisandra chinensis</i>	Schisandra
<i>Scrophularia nodosa</i>	Figwort
<i>Scutellaria baicalensis</i>	Baical skullcap
<i>Smilax spp.</i>	Sarsaparilla
<i>Solanum dulcamara</i>	Bittersweet
<i>Stachys betonica (Betonica officinalis)</i>	Wood betony
<i>Stephania tetrandra</i>	Stephania
<i>Stillingia sylvatica</i>	Queen's delight
<i>Tabebuia avellaneda</i>	Pau D'arco
<i>Thuja occidentalis</i>	Thuja
<i>Tribulus terrestris</i>	Tribulus
<i>Trillium erectum</i>	Beth root
<i>Tropaeolum majus</i>	Nasturtium
<i>Turnera diffusa</i>	Damiana
<i>Tylophora indica</i>	Tylophora
<i>Uncaria tomentosa</i>	Cat's claw
<i>Vaccinium macrocarpon</i>	Cranberry
<i>Valeriana edulis</i>	Mexican valerian
<i>Viburnum prunifolium</i>	Black haw
<i>Vinca major</i>	Greater periwinkle
<i>Vinca minor</i>	Lesser periwinkle

<i>Viola tricolor</i>	Heartsease
<i>Viscum album</i>	Mistletoe
<i>Withania somnifera</i>	Withania
<i>Zizyphus jujuba/Z. spinosa</i>	Chinese date

**MME\_03** List C Scheduled or Restricted Herbs (a selection of at least 15 of the medicinal plants listed must be taught in overview, or be required to be researched by the student):

<i>Aconitum spp</i>	Aconite
<i>Acorus calamus</i>	Sweet flag
<i>Aloysia triphylla</i>	Lemon verbena
<i>Ammi visnaga</i>	Khella
<i>Aristolochia spp</i>	Aristolochia
<i>Atropa belladonna</i>	Deadly nightshade
<i>Azadirachta indica</i>	Neem
<i>Borago officinalis</i>	Borage
<i>Cannabis sativa</i>	Cannabis
<i>Cephaelis ipecacuanha</i>	Ipecac
<i>Cinchona spp</i>	Peruvian bark
<i>Colchicum autumnale</i>	Autumn crocus
<i>Convallaria majalis</i>	Lily of the valley
<i>Datura stramonium</i>	Thorn apple
<i>Digitalis lanata/D. purpurea</i>	Foxglove
<i>Ephedra spp.</i>	Ephedra, Ma huang
<i>Gelsemium sempervirens</i>	Yellow jasmine
<i>Hyoscyamus niger</i>	Henbane
<i>Lobelia inflata</i>	Indian tobacco
<i>Mandragora officinarum</i>	Mandrake
<i>Melilotus officinalis</i>	Sweet clover
<i>Papaver somniferum</i>	Opium poppy
<i>Petasites officinalis</i>	Butter burr
<i>Pulmonaria officinalis</i>	Lungwort
<i>Rauwolfia serpentina</i>	Indian snake root
<i>Sarothamnus scoparius</i>	Broom
<i>Strychnos nux vomica</i>	Poison nut
<i>Symphytum officinalis</i>	Comfrey
<i>Tanacetum vulgare</i>	Tansy
<i>Tussilago farfara</i>	Coltsfoot
<i>Urginia maritima</i>	Squill



### **Suggested Prerequisites**

**MPI** Medicinal Plant Identification & Classification

### **Suggested Corequisites**

**AAP** Anatomy & Physiology

**CHE** Chemistry

### **Suggested Delivery Method**

- Face-to-face or distance/external.

### **Lecturer Requirements**

- Suitable qualifications and/or experience within the subject area.
- At least 3 years of clinical experience in herbal medicine.

### **Hours of Study**

100

### **Suggested Assessment Formats**

Literature research relating to specific herbs; presentations and group work; presentation of personal compilation of materia medica; quizzes; theory examination.

## HTH Herbal Therapeutics

### Overview & General Objectives

The objective of this subject is to instruct the student in principles of herbal treatment, and to develop the ability to utilise herbal medicines to manage various health complaints in all the major body systems.

### Subject Content Requirements

- HTH\_01 Principles of herbal treatment and treatment structure.  
HTH\_02 Principles and method of constructing liquid formulations.  
HTH\_03 Dosage principles.
- general principles
  - geriatric and paediatric dosage
  - other patient factors influencing dosage

*Note: Each of the content requirements listed below must include a review of the general herbal considerations for treatment of the relevant body system, including issues of maintenance and prevention utilising herbal medicines, and interactions of herbal medicines with other medicines where applicable.*

- HTH\_04 Gastrointestinal disorders:  
HTH\_05 Hepatobiliary disorders:  
HTH\_06 Respiratory disorders:  
HTH\_07 Ear, nose and throat disorders:  
HTH\_08 Ophthalmologic disorders:  
HTH\_09 Psychological and psychiatric disorders:  
HTH\_10 Immunological disorders:  
HTH\_11 Infectious disorders (*may be covered under other body systems*):  
HTH\_12 Musculoskeletal and connective tissue disorders:  
HTH\_13 Dermatological disorders:  
HTH\_14 Reproductive disorders in males and females:  
HTH\_15 Urinary disorders:  
HTH\_16 Endocrine disorders:  
HTH\_17 Neurological disorders:  
HTH\_18 Cardiovascular & haematological disorders:

### Suggested Prerequisites

- AAP Anatomy & Physiology  
CHE Chemistry

### Suggested Corequisites

- MME Materia Medica  
PAT Pathophysiology  
SAD Symptomatology & Diagnosis  
HPP Herbal Pharmacology & Pharmacognosy



### **Suggested Delivery Method**

At least one half of the Primary Instruction hours is recommended to be delivered face-to-face. If delivered through distance/external education, then suitable tools should be made available for regular tutor/student interaction.

### **Lecturer Requirements**

- Suitable qualifications and/or experience within the subject area.
- At least 3 years of clinical experience in herbal medicine.

### **Hours of Study**

160

### **Suggested Assessment Formats**

Theory examinations and quizzes; assignments; case studies and case presentations; literature research; NHAA and other herbal seminar attendance.

## **MPD Manufacturing, Processing & Dispensing**

### **Overview & General Objectives**

The objective of this subject is to provide the necessary skills and knowledge to process; manufacture and dispense herbal medicines.

### **Subject Content Requirements**

<b>MPD_01</b>	Growing, Harvesting, Drying and Storage
<b>MPD_02</b>	Processing
<b>MPD_03</b>	Manufacturing, packaging and storage of oral solid and liquid dosage forms, topical preparations
<b>MPD_04</b>	Legal Requirements of Manufacturing, including Therapeutic Goods Act regulations
<b>MPD_05</b>	Purchasing from Other Manufacturers, including Therapeutic Goods Act regulations and Quality Issues in Manufacturing
<b>MPD_06</b>	Formulating, Dispensing & Labelling

### **Suggested Prerequisites**

Nil

### **Suggested Corequisites**

<b>CHE</b>	Chemistry
<b>MPI</b>	Medicinal Plant Identification & Classification
<b>HTH</b>	Herbal Therapeutics

### **Suggested Delivery Method**

All Primary Instruction hours is recommended to be face-to-face, and involve a considerable amount of practical demonstration and participation. If delivered through distance/external education, then suitable tools should be made available for regular tutor/student interaction, and performance and assessment of practical aspects of this subject.

### **Lecturer Requirements**

- Suitable qualifications and/or experience within the subject area.

### **Hours of Study**

50

### **Suggested Assessment Formats**

Theory quizzes; practical and theoretical assignments; practical participation and assessment.

### **Notes**

It may be appropriate for an institution to outsource this subject to specific experts, which may involve specialised manufacturing workshops or field schools. If this is desired, the NHAA may be able to assist in finding appropriate experts.

## HPP Herbal Pharmacology & Pharmacognosy

### Overview & General Objectives

The main objectives of this subject include teaching the student about the various groups of active chemicals found naturally in plants, including specific examples and their medicinal activity. Issues of pharmacokinetics, and factors influencing the chemistry of medicinal plants should be covered.

### Subject Content Requirements

HPP_01	Chemical complexity in medicinal plants.
HPP_02	Principles of pharmacodynamics in relation to medicinal plants.
HPP_03	Principles of pharmacokinetics in relation to medicinal plants.
HPP_04	Factors influencing chemistry of medicinal plants and medicinal plant preparations.
HPP_05	Adverse reactions of herbal medicines.
HPP_06	Interactions of herbal medicines with other medicines.

*Note:* Each of the content requirements listed below must include a review of the chemistry of the constituent group, and also mention specific examples including known pharmacodynamic and pharmacokinetic information on each example.

HPP_07	Alkaloids
HPP_08	Glycosides (including flavonoids, anthraquinones, saponins)
HPP_09	Phenols & Tannins
HPP_10	Polysaccharides
HPP_11	Terpenes & Sterols
HPP_12	Resins and volatile oils

### Suggested Prerequisites

CHE	Chemistry
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### Suggested Corequisites

MME	Materia Medica
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### Suggested Delivery Method

### Lecturer Requirements

- Suitable qualifications and/or experience within the subject area.

### Hours of Study

60

### Suggested Assessment Formats

Theoretical examination and quizzes; literature research; practical demonstrations of constituent properties; theoretical assignments.

### Notes

This subject may also be taught through a pharmacologically based method involving discussion of pharmacological actions, and groups of plant chemicals known to contribute to these actions.

## OHS Occupational Health & Safety

### Overview & General Objectives

To understand and ensure a good working knowledge of the legislative and codes of practice requirements including duties and responsibilities of all parties under a general duty of care. Understanding to include clinical health and safety (client and practitioner), infection control AND management and advanced first aid.

### Subject Content Requirements

OHS_01	The Therapeutic Goods Act and SUSDP and its application to clinical practice.
OHS_02	National Guidelines for Integrating Occupational Health & Safety Competencies into National Industry Competency Standards (NOHSC:7025 (1998) 2nd Edition).
OHS_03	Professional obligations and Duty of Care.
OHS_04	Health and safety issues, including reporting guidelines for adverse reactions.
OHS_05	Universal precautions and infection control guidelines.
OHS_06	First aid.

### Suggested Prerequisites

AAP	Anatomy & Physiology
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### Suggested Corequisites

CAC	Communication & Counselling
PPE	Professional Responsibilities and Performance
CLT	Clinical Training
HTH	Herbal Therapeutics

### Suggested Delivery Method

Face-to-face or distance/external.

### Lecturer Requirements

- Suitable qualifications and/or experience within the subject area.

### Hours of Study

20

### Suggested Assessment Formats

Theoretical examination; practical examination.

## CAC Communication & Counselling

### Overview & General Objectives

To understand and demonstrate the skills and knowledge required by practitioners to establish and maintain effective communication. Communication involves all interactions with clients, people within the workplace and external parties. To enhance effective communication, practitioners must also understand and demonstrate basic counselling skills to facilitate treatment.

### Subject Content Requirements

CAC_01	Principles of effective communication
CAC_02	Different modes of communication.
CAC_03	Effective communication under unusual or special needs situations.
CAC_04	Developing and maintaining effective relationships
CAC_05	Professional obligations, boundaries, relationships and duty of care
CAC_06	Basic counselling approaches and the human psyche
CAC_07	Recognising limitations of own counselling training and when to refer

### Suggested Prerequisites

nil

### Suggested Corequisites

OHS	Occupational Health & Safety
PPE	Professional Practice & Ethics
CLT	Clinical Training

### Suggested Delivery Method

Face-to-face. This subject requires regular dialogue between facilitators and students, and therefore is recommended to be delivered through face-to-face methods. If delivered through distance/external education, then suitable tools should be made available for regular tutor/student interaction.

### Lecturer Requirements

- Suitable qualifications and/or experience within the subject area.
- At least 3 years of clinical experience in a health care modality.

### Hours of Study

60

### Suggested Assessment Formats

Case studies and role plays; journaling; class participation; presentations; assignment.

## **PPE Professional Practice & Ethics**

### **Overview & General Objectives**

#### **Subject Content Requirements**

<b>PPE_01</b>	Duty of Care
<b>PPE_02</b>	Knowledge of Professional Associations Code of Conduct
<b>PPE_03</b>	Patient privacy issues
<b>PPE_04</b>	Continuing Professional Education (CPE), including the NHAA CPE Program.
<b>PPE_05</b>	Reporting guidelines for adverse reactions
<b>PPE_06</b>	Business Management Skills
<b>PPE_07</b>	Ethics in the health industry

#### **Suggested Prerequisites**

<b>HAP</b>	History & Philosophy
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#### **Suggested Corequisites**

<b>CAC</b>	Communication & Counselling
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#### **Suggested Delivery Method**

#### **Lecturer Requirements**

- Suitable qualifications and/or experience within the subject area.

#### **Hours of Study**

30

#### **Suggested Assessment Formats**

Assignments; class presentations.

## CLT Clinical Training

### Overview & General Objectives

The principle aim of clinical training is to allow students to apply knowledge and skills learned in other stages of training, and to assess their ability to do so in a safe and clinically competent manner.

It is recommended that students begin to gain clinical experience at early point in their training. Nevertheless the majority of clinical training, especially CLT\_01, would need to be conducted towards the end of the student's training.

### Subject Content Requirements

- CLT\_01** Primary Practitioner Consultations – 30 consultations
- Where the student is responsible for the face-to-face consultation with the patient. These consultations must be supervised by an appropriately trained and experienced herbalist/naturopath.
- CLT\_02** Observations – 70 consultations
- Students observing face-to-face consultations in a supervised clinical setting.
- CLT\_03** Case Analysis/Home Cases – 50 cases
- These cases are not necessarily real time clients or requiring the presence of a patient. However it also allows the possibility of taking home written cases and submitting them to the supervisor for evaluation. Note: the NHAA does not advocate the commencement of patient treatment based on a Case Analysis unless the consultation has been supervised by a suitably training clinician.
- CLT\_04** Work Experience – 50 hours
- Supervised relevant work experience outside of the training institution in a health care related setting. This may include areas such as retail pharmacy, health food, other clinical settings (eg. nursing homes, hospitals, osteopathic or podiatry practices, etc), and industry settings (eg. wholesalers and manufacturers of medicines). If this area requirement cannot be met, then the students should have the 50 hours spread over the CLT\_01-03 requirements.
- CLT\_05** Clinic Management – 50 hours
- Includes dispensing, dispensary management, and reception/administrative functions.

As can be seen, CLT\_01 to CLT\_03 specify number of consultations and *not* hours, to ensure students are sufficiently exposed to patients, and all the intricacies of case management. This assists the student in achieving greater clinical skill and confidence whilst still being in a supervised situation.

## Suggested Prerequisites

### *CLT\_01 Primary Practitioner Consultations:*

<b>AAP</b>	Anatomy & Physiology
<b>SAD</b>	Symptomatology & Diagnosis
<b>PAT</b>	Pathophysiology
<b>MME</b>	Materia Medica
<b>HTH</b>	Herbal Therapeutics
<b>NUT</b>	Nutritional Medicine
<b>PHM</b>	Pharmacology
<b>CAC</b>	Communication & Counselling

## Suggested Corequisites

<b>HPP</b>	Herbal Pharmacology & Pharmacognosy
<b>OHS</b>	Occupational Health & Safety
<b>PPE</b>	Professional Practice & Ethics

## Required Delivery Method

### *CLT\_01 Primary Practitioner Consultations*

This component can be delivered either within the training institution, or externally with distance education programs. However the availability of, and supervision by a suitably qualified practitioner is required at all times.

### *CLT\_02 Observations:*

This component can be delivered within the training institution or externally with distance education programs. However the availability of, and supervision by a suitably qualified practitioner is required at all times.

### *CLT\_03 Case Analysis/Home Cases:*

This component can be delivered within the training institution or externally with distance education programs. However the availability of a suitably qualified practitioner is required for evaluation of submitted cases.

### *CLT\_04 Work Experience:*

Needs to be supervised and officially documented by an appropriately trained/experienced individual.

### *CLT\_05 Clinic Management:*

Needs to be supervised and officially documented by an appropriately trained/experienced individual.

## Lecturer Requirements

### **CLT\_01 Primary Practitioner Consultations**

- Suitably qualified herbal/naturopathic practitioner with at least 4 years of clinical experience available for student guidance and instruction.

### **CLT\_02 Observations:**

- Suitably qualified herbal/naturopathic practitioner with at least 4 years of clinical experience available for student guidance and instruction.

### **CLT\_03 Case Analysis/Home Cases:**

- Suitably qualified herbal/naturopathic practitioner with at least 4 years of clinical experience available for student guidance and instruction.

### **CLT\_04 Work Experience:**

- An appropriately trained/experienced individual within the chosen field(s) available for student guidance and instruction.

### **CLT\_05 Clinic Management:**

- An appropriately trained/experienced individual within the chosen field(s) available for student guidance and instruction.

**NOTE:** The institution is directly responsible for ensuring the suitable qualifications, clinical skills and professional standing of both internal and external supervisors and assessors.

## **Compulsory Assessment Requirements** *(please note: these are compulsory minimum)*

### **CLT\_01 Primary Practitioner Consultations:**

- Individual logging of number of consultations which the student has completed.
- Documentation of participation and competency in the areas of: case history taking; patient communication; clinical reasoning and diagnosis; forming treatment plans for short and long term management of patients; herbal medicine prescribing.

### **CLT\_02 Observations:**

- Logging of number of consultations observed.

### **CLT\_03 Case Analysis/Home Cases:**

- Individual logging of number of cases which the student has completed.

### **CLT\_04 Work Experience:**

- Logging of hours and type of work experience activities.

### **CLT\_05 Clinic Management:**

- Individual logging of hours completed.



## END OF NHAA COURSE CURRICULUM MODULE DESCRIPTIONS

# Appendix 1: Glossary of Terminology Used in this Document

**Application**

Refers to the process, as well as the entire documentation, related to an institution applying for NHAA Course Accreditation for one or more of its courses.

**Corequisite**

A Subject which is regarded as being related to another Subject, and which is suggested to be delivered concurrently with (or prior to) the other Subject.

**Course Accreditation**

See “NHAA Course Accreditation”.

**Curriculum**

See “NHAA Curriculum”

**Curriculum Mapping**

The process of demonstrating the relationships and similarities between an institution’s course of study, and the NHAA Curriculum, in order to apply for NHAA Course Accreditation.

**Delivery Method/Type**

See “Mixed Mode Delivery”

**Distance Education**

See “Distance Learning”

**Distance Learning/Education<sup>5</sup>**

Learning conducted outside normal lecture environments, where tutor/facilitator/lecturer is not immediately available for feedback and questioning by the student. Refer also “Mixed Mode Delivery”.

**Evaluation**

The process whereby the NHAA Examiners review the Application and determine whether Course Accreditation will be granted.

**External Learning/Study<sup>5</sup>**

See “Distance Learning”

**External Provider**

A provider of training which provides components of the entire course, but which is not the primary provider of training (i.e. the provider which issues the qualification which has received – or has applied for – NHAA Course Accreditation).

**Face-to-Face**

A method of learning whereby the tutor/facilitator/lecturer is delivering knowledge/skill, or is directly supervising and assisting the student in gaining knowledge/skill, and is present for immediate feedback and questioning by the student. Refer also “Mixed Mode Delivery”.

**Health Training Packages (HTP)<sup>1</sup>**

The set of guidelines issued for various qualifications by the Australian National Training Authority (ANTA)<sup>2</sup>.

**Mixed Mode Delivery<sup>5</sup>**

A combination of learning modes to deliver a course or module, such as distance education and face-to-face study in classes, tutorials, practical sessions and workshops.

**Module<sup>5</sup>**

Generally referring to a defined unit of study presented by the training institution.

**NHAA Certificate of Accreditation**

A certificate, issued yearly by the NHAA for the duration of Course Accreditation, which must be displayed either in the location where the course is delivered, or in your institution's main offices, for the period of accreditation. It remains the property of the NHAA, and must be returned upon demand.

**NHAA Course Accreditation**

Refers to both the process and the outcome of submitting a herbal course of study to the NHAA Examiners for evaluation and approval. Successful NHAA Course Accreditation confers many benefits upon the institution delivering the course(s) and the students and graduates of that course.

**NHAA Course Accreditation Curriculum**

See "NHAA Curriculum"

**NHAA Curriculum**

The requirements of training determined by the NHAA Examiners and ratified by the NHAA Board of Directors, as being the minimum necessary to produce clinicians of a standard necessary for admission to Full Membership of the NHAA.

**Prerequisite<sup>5</sup>**

A Subject which is regarded as suggested underpinning knowledge necessary for a student to complete another Subject.

**Qualification (Certification)<sup>5</sup>**

The title of the award which is gained by students successfully completing a course of study. May also generically refer to the entire course of study.

**Recognition of Current Competency (RCC)<sup>5</sup>**

The process and outcome of an institution assessing a student for exemption from a component of training due to the fact that the student has already achieved the desired competency.

**Recognition of Prior Learning (RPL)<sup>5</sup>**

The process and outcome of an institution assessing a student for exemption from a component of training due to the fact that the student has already completed identical learning.

**Student Information Packs**

Information packs provided free of charge by the NHAA which are to be given to students of Accredited Courses, and which contain details on Student Membership of the Association, and other useful information. They must be displayed in an area students have free access to them.

**Subject<sup>5</sup>**

In this document it generally refers to the NHAA Subjects – distinct groupings of content which are given a specific NHAA Subject Code and Title.

**Unit<sup>5</sup>**

See "Module". Also refers to the individual units as presented in the Health Training Packages.

## Appendix 2: Relationships between NHAA CAS & Health Training Packages

The following table is a guideline to similarities between the NHAA Curriculum and the current HTP's. It should not be taken as an exact mapping document, rather as a guide to assist.

HLT60107 - ADVANCED DIPLOMA OF WESTERN HERBAL MEDICINE		
COMPULSORY UNITS		
Code	Competency	Related NHAA Subject(s)
BSBFLM303B	Contribute to effective workplace relationships	CAC – Communication & Counselling
		CLT – Clinical Training
HLTCOM502B	Develop Professional Expertise	PPE – Professional Practice & Ethics
		OHS – Occupational Health & Safety
		CLT – Clinical Training
HLTCOM503B	Manage a practice	CLT – Clinical Training
		CAC – Communication & Counselling
HLTCOM404B	Communicate Effectively with Clients	CAC – Communication & Counselling
		HTH – Herbal Therapeutics
		SAD – Symptomatology & Diagnosis
		CLT – Clinical Training
HLTCOM406B	Make referrals to other health care professionals where appropriate	SAD – Symptomatology & Diagnosis
		CAC – Communication & Counselling
		PPE – Professional Practice & Ethics
		OHS – Occupational Health & Safety
		CLT – Clinical Training
HLTHIR501A	Maintain an effective health work environment	PPE – Professional Practice & Ethics
		OHS – Occupational Health & Safety
		CAC – Communication & Counselling
		CLT – Clinical Training
HLTIN504B	Manage the control of infection	OHS – Occupational Health & Safety
		CAC – Communication & Counselling
		CLT – Clinical Training
HLTOHS300A	Contribute to OHS processes	OHS – Occupational Health & Safety
		CLT – Clinical Training

HLTAP401A	Confirm physical health status	PAT – Pathophysiology
		HTH – Herbal Therapeutics
		SAD – Symptomatology & Diagnosis
		NUT – Nutritional Medicine
		CLT – Clinical Training
HLTAP501A	Analyze health status	PAT – Pathophysiology
		SAD – Symptomatology & Diagnosis
		HTH – Herbal Therapeutics
		NUT – Nutritional Medicine
		PHM – Pharmacology
CHCORG28A	Reflect and improve upon professional practice	CLT – Clinical Training
		HAP – History & Philosophy
		PPE – Professional Practice & Ethics

*Continued on next page with Specialisation Units.*

<b>HLT60107 - ADVANCED DIPLOMA OF WESTERN HERBAL MEDICINE</b>		
<b>SPECIALISATION UNITS</b>		
<b>Code</b>	<b>Competency</b>	<b>Related NHAA Subject(s)</b>
HLTHER601B	Apply western herbal medicine diagnostic framework	SAD – Symptomatology & Diagnosis
		HTH – Herbal Therapeutics
		PHM – Pharmacology
		PAT – Pathophysiology
		CLT – Clinical Training
HLTHER602B	Manage work within the Western Herbal Medicine Framework	HAP – History & Philosophy
		MME – Materia Medica
		HTH – Herbal Therapeutics
		CAC – Counselling & Communication
		PPE – Professional Practice & Ethics
		CLT – Clinical Training
HLTHER603B	Operate a Western Herbal Medicine Dispensary	MPD – Manufacturing, Processing & Dispensing
		MPI – Medicinal Plant Identification & Classification
		CLT – Clinical Training
		HPP – Herbal Pharmacology & Pharmacognosy
HLTHER604B	Perform Western Herbal Medicine Assessment	PHM – Pharmacology
		HTH – Herbal Therapeutics
		SAD – Symptomatology & Diagnosis
		NUT – Nutritional Medicine
		CAC – Communication & Counselling
		CLT – Clinical Training
		PPE – Professional Practice & Ethics
HLTHER605B	Plan the Western Herbal Medicine treatment strategy	SAD – Symptomatology and Diagnosis
		MME – Materia Medica
		HTH – Herbal Therapeutics
		NUT – Nutritional Medicine
		CAC – Communication & Counselling
		CLT – Clinical Training

HLTHER606B	Prepare and dispense the western herbal medicine	MME – Materia Medica
		MPI – Medicinal Plant Identification & Classification
		MPD – Manufacturing, Processing & Dispensing
		HPP – Herbal Pharmacology & Pharmacognosy
		CAC – Communication & Counselling
HLTHER607B	Provide dietary advise	NUT – Nutritional Medicine
		CLT – Clinical Training
HLTHER608B	Provide specialised western herbal medicine treatment	MME – Materia Medica
		HTH – Herbal Therapeutics
		HPP – Herbal Pharmacology & Pharmacognosy
		CLT – Clinical Training
HLTHER609B	Provide western herbal medicine treatment	MME – Materia Medica
		HTH – Herbal Therapeutics
		MPD – Manufacturing, Processing & Dispensing
		HAP – History & Philosophy
		CLT – Clinical Training
		CAC – Communication & Counselling

## References

- <sup>1</sup> Australian National Training Authority, *Complementary & Alternative Health Care National Competency Standards – Health Training Package (HLT07)*, Community Services & Health Industry Skills Council, Feb 2007.
- <sup>2</sup> Australian National Training Authority (ANTA) is a Commonwealth statutory authority established in 1992 to provide a national focus for vocational education and training (VET).
- <sup>3</sup> The *Australian Journal of Medical Herbalism* is a quarterly publication of the National Herbalists Association of Australia. The journal publishes material on all aspects of medical herbalism.
- <sup>4</sup> *Access* is a quarterly newsletter published by the National Herbalists Association of Australia. The newsletter disseminates information to members and is a forum for members to express their views.
- <sup>5</sup> Australian National Training Authority, *Glossary of Terms*, [www.anta.gov.au](http://www.anta.gov.au), March 2003.
- <sup>6</sup> A corequisite subject/module is one which should be undertaken at the same time as another subject/module.
- <sup>7</sup> Therapeutic Goods Administration – Advertising unit, [www.tga.health.gov.au/docs/html/advsch1.htm](http://www.tga.health.gov.au/docs/html/advsch1.htm)