

**ANPA responses for ARONAH**

March 2013

**Respondent 1**

I am very concerned with the 40 hours of CPD. Most practitioners are part time and I find this amount to be excessive. Other Allied health care practitioners are required to do between 20 and 25 hours a year and I fail to understand why we should be required to do 40 annually.

**Respondent 2****Advertising**

This to the best part is covered by consumer laws and also goods administration. The major problems are that so called practitioner only products are being sold freely from behind the counters in health food stores without any consultation by nothing more than shop assistants, including abortifacients. If you go into Dr Earth in Newtown, Sydney the cabinet is wide open for customers to help themselves. This is common practice. Companies like Mediherb are selling on the internet everything to anyone at any time.

How can registration make sense under these circumstances?

**Criminal records**

There was a landmark case in the UK last week that found that people do not have to disclose all their criminal records and that new precedent contradicts these guidelines. There is also the limitation of sealed juvenile records and cautions. So there is little point creating a set rules that contradicts present legal practices. A civil rights lawyer needs to be consulted on this section.

## Code of conduct

ANPA does not presently require ongoing supervision.

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### Respondent 3.

1. Practitioners should become familiar with the Australian Consumer Law. Information can be found at [www.consumerlaw.gov.au](http://www.consumerlaw.gov.au) – Unrealistic given the scope of the law as it is open to interpretations.
2. A statement about fees charged, bulk-billing arrangements, or other insurance plan arrangements and installment fee plans regularly accepted – irrelevant to naturopaths as we don't bulk bill. This document appears to have been a template for another health profession rather than meaningfully reflecting our own industry.
3. Encourage (directly or indirectly) inappropriate, indiscriminate, unnecessary or excessive use of health services; for example, references to a person improving their physical appearance and the use of phrases such as 'don't delay', 'achieve the look you want' and 'looking better and feeling more confident' have the potential to create unrealistic expectations about the effectiveness of certain services and encourage unnecessary use of such services. Subjective wording, as naturopaths aren't we promoting the idea of wellness and therefore optimal health which is the result.
4. Use testimonials or purported testimonials as holders of the Therapeutic Goods Advertising Certificate of Exemption this should not apply.
5. If photographs of people are used in advertising of treatments, the photographs must only depict a real patient or client who has actually undergone the advertised treatment by the advertising doctor or practice, and who has provided written consent for publication of the photograph in the circumstances in which the photograph is used. We abide by a patient confidentiality law regardless of their consent which leaves the patient vulnerable.
6. The boards encourage caution when using scientific information in advertising of health service. What boards are we being censored by?
7. This document keeps referring to the Therapeutic Goods Advertising Code of 2007 yet we hold Therapeutic Goods Advertising certificates of Exemption is this not a contradiction?
8. advertising must not be directed to minors, with certain exceptions (e.g. sunscreen and condoms) Relevance to naturopathic industry ???

### 7.2 Advertising of scheduled medicines

Almost all State and Territory drugs and poisons laws prohibit the advertising to the public of substances in Schedule 4 (prescription only medicines), Schedule 8 (controlled drugs) and Schedule 9 (prohibited substances) of the current Poisons Standard (the Standard for Uniform Scheduling of Drugs and Poisons). The same restriction applies to the advertising of substances in Schedule 3 (pharmacist only medicines), with the exception of those substances listed in Appendix H of the current Poisons Standard. Again not relevant or reflective of naturopathic industry.

9. If this draft is to become legislation, it does not accurately reflect our industry. This is a long a waffling document that needs to be condensed into clear and precise language that is meaningful to the

practitioner of Naturopathy and Herbal Medicine so that it can be met. Copying another boards existing documentation is not a sound way for us to stand alone on our own merits and be recognized as professional health care providers.

**10. English language Skills Register Standard. As Australian Naturopaths and Herbalists this is standard, perhaps this document belongs with Chinese Medicine.**

**11.** Interpretation of restricted titles needs to recognise that modalities using generic terms such as acupuncture, massage, diet, herbal, have for decades and centuries been used by a range of health practitioners. There is, for example, Japanese Acupuncture, Ayurvedic Acupuncture etc and not all health practitioners practising acupuncture are practising Chinese Acupuncture. Similarly, herbal medicine has been used in Greece and Europe for centuries and not all herbal administrations are Chinese herbal medicines.

In order to avoid the unnecessary prosecution of persons - leading to loss of livelihood - who are merely practicing a modality that remains a modality they can offer provided they can come up with different words to advertise the service.

**There needs to be a prudent approach to interpretation of restricted title and a policy of first educating a potential offender and inviting the offender to consider other words to advertise their services. Otherwise the various Boards under the new Act will quickly be viewed as using the restriction of title provisions merely as a means of raising revenue and not protecting the public.**

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**Respondent 4A** (Attached pdf) Advertising Guidelines Draft

**Respondent 4B** (Attached pdf) Code of Conduct Draft

**Respondent 4C** (Attached pdf) Continuing Professional Development Final

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**Respondent 5**

**CPD**

**Provide a table format for filling out the CPD points**

How do practitioners that are part-time assess their CPD points?

**CODE OF CONDUCT**

**10.2 Teaching and Supervising & 10.4 Students**

Needs much more detail.

### **Important Qualities of a Supervisor**

Empathy, offers support, flexibility, instruction, knowledge, interest in supervision, good tracking of mentee, interpretive, respectful, focused and practical, ability to problem solve jointly, reassurance, ability to link theory and practice, offer clear constructive feedback on errors.

### **Important Qualities of a Supervisee/Student**

Motivated, open, honest, self-reflecting, aware of own strengths and weaknesses, able to accept responsibility for own practice, able to receive constructive feedback.

**Clinic Observation** is a process whereby a student naturopath observes an experienced graduated naturopath in practice.

**Clinical Supervision** is the process whereby two or more professional naturopaths formally meet to review and reflect clinical situations. This process aims to offer monitoring, guidance and feedback on matters of personal, professional and educational development. This process may include mentoring and coaching with a focus on clinical as well as business practice. Assessing and anticipating a naturopath's strengths and weaknesses are included so as to maximise patient safety.

## **GUIDELINES:**

### **A. Clinic Observation**

- The student contacts the practicing naturopath and arranges to attend the clinic in person.
- The amount of time required is agreed upon by the student and the mentor naturopath (number of hours, frequency of observation).
- Goals and objectives for the student are clearly specified.
- Roles for the student in the clinic are clearly specified by the practicing naturopath. These may include duties in reception, dispensary and in the consultation environment.
- The responsibility of the practicing naturopath regarding the observation sessions is clearly specified to the student.
- If the student is required to have paperwork signed off from a training institution, this paperwork is to be shown to the practitioner prior to the agreement for observation hours.
- If the practicing naturopath is to be remunerated by the college the student attends, the practitioner is given clear information about the fee paid prior to sessions commencing. Financial payments from a college are to be clearly specified.
- Appropriate dress code is specified by the practicing naturopath.
- Confidentiality is explained by the practicing naturopath to the visiting student.
- Evaluation and constructive feedback are given to the student during (if appropriate) and after each session.

## **B. Clinical Supervision**

- The supervisee contacts the supervisor to schedule a time that suits both parties.
- The clinical supervision can commence either face to face, via telephone, or Skype.
- The parties agree to the amount of time allocated for each session and the frequency.
- A venue is agreed upon. This does not always need to be at the clinic.
- Confidentiality is maintained at all times regarding the issues discussed between the mentor and mentee.
- Goals and objectives of the sessions are specified and agreed to by the supervisor and supervisee.
- Review of goals and objectives: the supervisor and the supervisee assign a time to review progress.
- Cost: any costs need to be discussed before the clinical supervision sessions are commenced.
- Conflict: conflict may occur between supervisor and supervisee. Prompt identification and response to potential issues may in fact strengthen the relationship between the supervisor and supervisee. At the commencement of the clinical supervision session, the parties should agree on how conflict will be resolved. Either party is encouraged to raise issues of concern. IF the conflict cannot be resolved, it may be appropriate to invite a third party to mediate. Both supervisor and supervisee should agree on a mediator. If the supervision is unsatisfactory, the supervisee or the supervisor has the option of terminating the arrangement.

## GUIDELINES FOR INSURANCE

What is ARONAH's plan and timeline for assuming the role of interfacing with the Private Health Insurers?