



# NATUROPATHIC COURSE ACCREDITATION STANDARDS

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2021



ARONAH

Australian Register of Naturopaths and Herbalists

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## ACKNOWLEDGEMENTS

The Board of the Australian Register of Naturopaths and Herbalists acknowledges the time, expertise and commitment of each stakeholder who participated in the review and update of the Naturopathic Accreditation Standards. The review was conducted by independent consultant Dr Melisa Rangitakatu DNP, who was responsible for compiling the revised Naturopathic Accreditation Standards.

Individuals and organisation who provided feedback included:

### Peak Body and Professional Representatives

- Dr Iva Lloyd ND & Ms Tina Howser, *World Naturopathic Federation – Education Committee*
- Dr Benita Perch ND, *World Naturopathic Federation – Western Pacific Regional Group*
- Mr David Casteleijn (President), Ms Diana Bowman & Ms Fi McCormick, *Naturopaths and Herbalists Association of Australia*
- Ms Marta Browne, *Australian Naturopathic Practitioners of Australia*
- Ms Kristy Hollis (President), Ms Rosemary Jacobs, *Complementary Medicines Association*
- Ms Emma Burchell, *Complementary Medicines Australia*
- Dr Joanna Harnett ND PhD, *Australasian Integrative Medicine Association*
- Ms Liz McNamara (President), Ms Jill Dunn, *New Zealand Association of Medical Herbalists*

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- Ms Elizabeth MacGregor, Head of Department, *Naturopathy, Endeavour College of Natural Health*

### Government and Community Representatives

- Ms Anne-Louise Carlton, *WHO Expert Consultant on Health Registration and Training*
- Ms Tricia Greenway, *Consumer Board Member, Australasian Integrative Medicine Association*
- Mr Ben Harris, Director Policy and Research, *Private Healthcare Australia*
- Dr Karen Treloar, Director, Engagement Group, *Tertiary Education Quality and Standards Agency*
- Mr Danny Vadasz, Chief Executive Officer, *Health Issues Centre*

### ARONAH Representatives

- Jackie Arbuckle, Chairperson
- Dr Amie Steel ND PhD, Deputy Chairperson

### Declined to provide feedback:

- Australian Traditional Medicine Society
- Federal Department of Health, Workforce Reform Branch
- Federal Department of Education
- Therapeutic Goods Administration
- RACGP Integrative Medicine Specific Interests Network

### Did not respond to the invitation to provide feedback:

- Australian Natural Therapists Association
- Consumer Health Forum

# 1. Preamble

The Australian Register of Naturopaths and Herbalists (ARONAH) Naturopathic Accreditation Standards are designed to ensure the quality of the naturopathic profession and its work on behalf of public interest and safety. ARONAH affirms that the public should be confident that higher education providers of naturopathy programs produce graduates who are competent to practice safely and effectively, within their Competency Standards for Naturopathic Practitioners<sup>1</sup> and Code of Ethics.

Education providers are required to ensure that naturopathic graduates possess the requisite common and transferable skills, knowledge, behaviours and attitudes (articulated in the Competency Standards for Naturopathic Practitioners) upon which to build the competencies needed to practice. Program accreditation evaluates whether the provider, on the basis of the evidence provided, is likely to meet this goal. This is predicated on the following fundamental principles:

- i. That the education providers are authorised to issue the relevant qualification and are evaluated to assure continued quality learning outcomes for graduates of their program of study, and
- ii. That there exists a set of agreed and contemporary competency standards for the profession, against which the capability of intending graduates of entry to practice programs can be assessed.

Program accreditation is distinct from the regulatory assessment made by the Tertiary Education Quality and Standards Authority (TEQSA), or other jurisdictional equivalent, for the registration of an education provider and the accreditation of their courses of study. While ARONAH defers to TEQSA to monitor education providers against HESF standards, professional program accreditation is concerned with evaluation and monitoring of the quality, governance, and program design and implementation of Australasian education providers of naturopathy programs, and seeks to ensure that program content, student assessment and the overall student experience are aligned with naturopathic principles, philosophy and practice.

The professional accreditation process administered by ARONAH is an efficient and effective proxy for externally assessing each graduate against the required Competency Standards for Naturopathic Practitioners. Professional program accreditation must ensure that professional standards are protected without inhibiting diversity and innovation or constraining continuous quality improvement. As with the Competency Standards for Naturopathic Practitioners, the Naturopathic Accreditation Standards are reviewed to ensure relevance and incorporation of pertinent changes in health and education legislation, policy, delivery and ethos.

To be eligible for accreditation with the ARONAH, naturopathy programs must be delivered by a government-accredited university or higher education provider and lead to the award of a Bachelor or Master degree in Naturopathy, or equivalent.

### 1.1 REVIEW OF THE NATUROPATHIC ACCREDITATION STANDARDS

In 2015, the ARONAH benchmarked and developed the first accreditation standards to guide naturopathic programs in Australia. These standards were developed by the ARONAH Board following invited stakeholder feedback and were benchmarked against primary care professions in Australia and naturopathic education standards internationally. The standards reflected Board consensus on the content, characteristics and resources of a naturopathic medicine program as necessary for:

- i. Graduating safe and effective practitioners capable of working within the boarder context of the Australian healthcare systems, and
- ii. Achieving its educational mission and objectives.

In addition to recognising the need to circumstantially review the published standards as needed, the Board committed to a comprehensive review of the approved Naturopathic Education Accreditation Standards (2015) in five years. Fulfilling that commitment, in August 2020 ARONAH engaged an independent consultant (see acknowledgements) to lead and conduct a complete review of the accreditation standards to ensure incorporation of emerging trends in naturopathic practice, and the Australian higher education and healthcare landscape.

The review was conducted across three separate stages, with stakeholders offered the opportunity to provide feedback via survey, written submission, online teleconference, telephone, or face-to-face.

### 1.2 CONSULTATION STAGE ONE

The first consultation (September – December 2020) involved stakeholder groups providing feedback on the contemporary requirements of naturopathic education in Australia. Key stakeholder groups across peak body, industry, associated professional representatives, naturopathic educational leaders, naturopathic professional leaders, and consumer representatives were identified and contacted. Stakeholder groups were invited to provide feedback via survey, written submission, or verbally.

The review was publicised on the ARONAH website and through social media platforms where direct community feedback was invited.

*Feedback indicated the need for review and clarification of required clinical work-integrated hours and definitions; quality of clinical training; cultural safety; ethics; research, translational and evidence-based practice; reflective practice; assessment quality; student support; health consumer advocacy and student/consumer partnership; staffing qualifications, experience and ongoing training; online learning; and, telehealth.*

### 1.3 CONSULTATION STAGE TWO

The second consultation (January 2021) consisted of a face-to-face stakeholder forum where the group was presented with a collated feedback summary, and a proposed draft of the revised standards and evidence criteria. Matters arising out of Stage One of the consultation process and which required further consideration were also presented during this forum.

Stakeholders attending the forum were asked to consider the following:

- **Draft standards and criteria** – Provide feedback on the need for additional information, amalgamation or deletions and to identify pertinent omissions.

*Feedback indicated a need to include a glossary of terms, clarification on language proficiency requirements for clinical health science degrees, expansion of reference to Aboriginal and Torres Strait Islander peoples to include all populations indigenous to the western pacific region, inclusion of cultural and linguistically diverse people, and the inclusion of a specified supervisor to student ratio. There were no recommendations for amalgamations or deletions and no pertinent omissions were identified.*

- **Clinical education** – Agree a definition for what experiences constitute clinical education and clinical hours, agree on professionally relevant nomenclature, decide on the acceptable number of clinical hours required to develop practitioner competency and promote public safety, and decide on the parameters for external clinical placements.

*Stakeholders agreed a definition for clinical education and clinical hours, relevant nomenclature, appropriate number of clinical hours and the parameters for external clinical placements (including its relevant definition).*

- **Digital technology and technology-enhanced virtual learning** – If proposed standards captured recommendations for the incorporation of digital technologies in educational design and delivery, and best-practice online learning, and agreed definition and criteria for online/virtual technology enhanced learning.

*Stakeholders agreed on terminology for technology-enhanced virtual learning and came to a consensus on the appropriate maximum percentage of program hours that can be completed via technology-enhanced virtual learning, in alignment with World Naturopathic Federation guidelines. Feedback indicated that the proposed standards captured the recommendations for the use of technology in naturopathic education and best practice “online” learning.*

- **Inclusion of telehealth in clinical education** – If proposed guidance should be adopted in the standards, appropriate provisions for the inclusion of telehealth consultations in

student practitioner consultations, safety, design, assessment and implementation concerns.

*Feedback indicated that the incorporation of telehealth in naturopathic clinical education was appropriate and necessary to ensure that students are adequately prepared to enter contemporary naturopathic practice on program completion. Guidance on student practitioner consultations, safety, design, assessment and implementation was agreed upon discussion of concerns and considerations.*

- **Health informatics and health data collection** – If the standards support emerging issues around the incorporation of naturopathy in health data collection systems and how best to include these issues in naturopathic education.

*Feedback indicated that the standards reflect the required incorporation of health informatics and health data collection in naturopathic curriculum.*

- **Other issues** – additional issues raised.

*Feedback indicated the importance of ensuring that research continues to be an integral part of a naturopathic program of study, and the need to continue to ensure that students graduate with the requisite knowledge and competence to be safe and effective practitioners and collaborators in the broader healthcare delivery system.*

## 1.6 OVERVIEW OF NATUROPATHIC ACCREDITATION STANDARDS (2021)

The current Naturopathic Accreditation Standards consist of five (5) discrete standards. They are:

1. Safe Practice
2. Governance and Quality Assurance
3. Program Design, Implementation and Resourcing
4. Student Experience
5. Student Assessment

## 1.7 USING THE NATUROPATHY ACCREDITATION STANDARDS

The Naturopathy Accreditation Standards are designed principally for use by higher education providers seeking accreditation of an entry-to-practice naturopathy program of study. ARONAH assessment teams evaluate programs in accordance with these standards and make recommendations to the ARONAH Board for decision.

While the standards are principally for use by higher education providers, they are also useful for anyone interested and involved in the education of naturopaths. Higher education providers seeking accreditation are required to complete an application pack (available at [www.aronah.org](http://www.aronah.org)). The pack includes the Naturopathy Accreditation Standards and relevant guidance on addressing them. The guidance is regularly reviewed and updated to assist education providers to prepare their submissions.

## **1.8 GUIDANCE FOR EVIDENCE AND MONITORING**

These standards articulate accreditation requirements for education providers delivering programs intended to qualify graduates for registration for the practice of naturopathy. It provides guidance on the required documentation to be submitted to evidence standard adherence. The application/submission should be structured to address each standard sequentially.

It is the responsibility of the education provider applying for accreditation or re-accreditation to demonstrate that each standard is met and to supply supplemental supporting information in their application as deemed necessary to evidence compliance. However, should the assessment team determine that the documentation provided is inadequate, a revised submission may be requested, and accreditation withheld until suitable documentation is presented. The sources of

copies of supporting evidence must be clearly identified. In the event that an institution is assessed by the Board to not meet all of the requirements of accreditation, conditional accreditation may be granted. Education providers offered conditional accreditation will be required to submit a detailed plan outlining the process by which they will address the identified areas of concern. The duration, conditions and requirements of conditional accreditation will be determined by the Board on a case-by-case basis.

It is expected that documentation will be provided in duplicate in bound hardcopy and electronic softcopy with contents page, page numbers, and index separators to assist the assessment team in locating information provided. Supporting documents (such as staff curriculum vitae, subject/unit guides, booklets and brochures) should be provided in appendices or a separate folder.

## **1.9 REVIEW OF NATUROPATHIC ACCREDITATION STANDARDS**

The accreditation standards will be reviewed as necessary. A comprehensive, independent review of the Naturopathic Accreditation Standards will occur in 2025, and every five years thereafter. The purpose of an ongoing review is to ensure that the accreditation standards continue to foster high quality naturopathic education, reflect the evolving needs of the profession and the broader healthcare system in Australia, and comply with TEQSA requirements or its jurisdictional equivalent.

## FEEDBACK AND FURTHER INFORMATION

ARONAH invites education providers, accreditation assessors and other users of the accreditation standards to provide feedback on this document.

Please email your feedback to ARONAH at [info@aronah.org](mailto:info@aronah.org)

For further information please contact:

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## 2. NATUROPATHIC ACCREDITATION STANDARDS, CRITERIA, EVIDENCE AND GUIDANCE NOTES

### 2.1 STANDARD 1: SAFE PRACTICE

Standard statement: Public safety through safe and competent practice is central to program design, implementation and evaluation.

Criteria	Documentary evidence to include in accreditation application/interim reports
<b>1.1</b> The program is guided by the principle of public safety.	
<b>1.2</b> The education provider requires students to comply with a professional Code of Conduct and Code of Ethics consistent with the Australian Register of Naturopaths and Herbalists expectations of safe, ethical and professional conduct.	
<b>1.3</b> The education provider maintains internal processes to reduce public risk by ensuring policy compliance by staff and students	
<b>1.4</b> The program's admission requirements are clear, fair, equitable, ethical and transparent. Before issuing an offer of enrolment, education providers must inform applicants of the requirement to: <ul style="list-style-type: none"> <li>a. demonstrate English language proficiency consistent with tertiary education in health science clinical degrees (IELTS 6.5) and communication skills to successfully undertake academic and supervised clinical practicum requirements</li> <li>b. meet the program's inherent course requirements</li> <li>c. meet and maintain ability to safely practice at all times, including maintenance of state or federal regulatory requirements for working with vulnerable populations, including Working with Children checks if applicable</li> <li>d. register with ARONAH prior to undertaking first clinical skills practicum and maintain registration upon successful completion of the program</li> </ul>	
<b>1.5</b> The education provider ensures that staff teaching supervised clinical practicums:	

<ul style="list-style-type: none"> <li>a. are qualified naturopaths with relevant post-graduate qualifications</li> <li>b. have a minimum of five (5) years' clinical experience</li> <li>c. have a minimum of two (2) years' experience in academic or clinical education</li> <li>d. receive training to adequately and safely supervise and assess naturopathic students</li> <li>e. maintain unconditional registration with ARONAH</li> </ul>	
<p><b>1.6</b> The education provider maintains evidence-based and transparent policies, including workplace health and safety, sexual assault and harassment, bullying, quality assurance, disability and discrimination</p>	
<p><b>1.7</b> Clinic environments used for supervised clinical practicum and work integrated clinical placements must:</p> <ul style="list-style-type: none"> <li>a. meet state and national safety requirements</li> <li>b. maintain relevant accreditation</li> <li>c. support interprofessional collaboration</li> <li>d. provide emotional and cultural safety</li> <li>e. promote ethical and evidence-based naturopathic practice grounded in naturopathic philosophy</li> <li>f. practice patient-centred care</li> </ul>	
<p><b>1.8</b> The educational provider or program must ensure that students meet pre-clinical skills and scaffolded clinical pre-requisite skills to be eligible for progression into each supervised clinical practicum and/or work integrated clinical placement unit in the course structure</p>	

## STANDARD 1: GUIDANCE NOTES

This standard focuses on safe practice as the primary mechanism through which public safety is protected. It addresses public safety, ethics and conduct, admission, workplace health and safety, clinical education and supervision and the attainment of requisite pre-clinical and clinical skills.

### Public safety

At its core, the purpose of the ARONAH accreditation process is to ensure the quality of the profession and its work on behalf of public interest and public safety. A stringent focus on public safety within the profession promotes the public's confidence in higher education providers of naturopathy programs' ability to produce graduates who are competent to practice safely and effectively.

### Ethics and conduct

The education provider is expected to ensure graduates achieve the common and transferable skills, knowledge, behaviours and attitudes of naturopathic practice. The requirements for achieving this are articulated in the *Competency Standards for Naturopathic Practitioners, Code of Ethics and the Code of Conduct*.

### Program admission

Those admitted to a higher education degree in naturopathy are typically mature-aged, direct-entry students. While this provides diversity in the student body, it also presents unique learning challenges as students transition to student life. As such, it is the expectation that the education provider ensures fair, ethical and equitable admission practices and that they do not admit students to the program if they are aware that the student does not yet possess the capability to be academically successful.

Education providers delivering post-graduate programs of study must meet all Naturopathic Accreditation Standards and relevant criteria in addition to all criteria outlined in the ARONAH Guidance Note for Post-graduate Naturopathic Programs (see ARONAH website [www.aronah.org](http://www.aronah.org)). Where education providers deliver advanced standing post-graduate programs in advanced naturopathic practice, program curriculum is expected to be embedded in practice, and expand on clinical expertise relevant to advanced reflective practice.

### Attainment of pre-clinical and clinical skills

Clinical skills are developed over time and with experience. Prior to progressing through the program, students must evidence attainment of the requisite pre-clinical and clinical skills. It is expected that the education provider will design a program that permits the scaffolded development of skills to promote clinical skills development and minimise public risk.

## 2.2 STANDARD 2: GOVERNANCE AND QUALITY ASSURANCE

Standard statement: Governance and quality assurance processes foster a sustainable, high-quality education experience for students, enabling them to achieve naturopathic competency.

Criteria	Documentary evidence to include in accreditation application/interim reports
<p><b>2.1</b> The education provider must be registered with the Tertiary Education Quality Standards Agency (TEQSA) as an Australian university or other higher education provider, or equivalent in other jurisdictions.</p>	
<p><b>2.2</b> The program must be accredited by TEQSA, or equivalent in other jurisdictions, for non-self-accrediting higher education providers or be granted relevant university governance board/committee approval for self-accrediting providers, or equivalent.</p>	
<p><b>2.3</b> The education provider must be listed on the Australian Qualifications Framework (AQF) National Registry for the award of bachelor's degree (AQF level 7) or higher, or equivalent.</p>	
<p><b>2.4</b> The education provider and faculty conducting the program must have an academic governance structure which ensures oversight of the program and promotes high-quality teaching and learning, scholarship, research and ongoing evaluation.</p>	
<p><b>2.5</b> The head of faculty/discipline/department must be a qualified naturopath with appropriate post-graduate qualifications and naturopathic clinical experience.</p>	
<p><b>2.6</b> The education provider conducting the program must:</p> <ul style="list-style-type: none"> <li>a. maintain a program advisory committee with the responsibility to develop, monitor, review, evaluate and make informed quality improvements</li> <li>b. ensure that the program advisory committee includes external stakeholder input into the design, implementation, quality and evaluation of program from health consumer representatives, students, alumni, representatives of the profession, representatives from other health professions, and other relevant stakeholders, including indigenous and culturally and linguistically diverse populations</li> <li>c. incorporate relevant feedback from sources such as external stakeholders, students, peer review and external program review into program design, implementation and quality improvement.</li> </ul>	

<p><b>2.7</b> Formal processes exist to regularly evaluate and revise the program content to ensure incorporation of contemporary and emerging issues surrounding naturopathic practice, healthcare research and health and policy reform.</p>	
<p><b>2.8</b> The program must regularly evaluate the suitability and performance of academic and clinic supervisors and monitor supervision in the program from sources such as student feedback.</p>	
<p><b>2.9</b> The education provider must enable and support professional and academic development of staff to advance knowledge and effectiveness in teaching and learning and student assessment.</p>	
<p><b>2.10</b> Students and staff must be adequately indemnified for relevant activities undertaken as part of program requirements.</p>	
<p><b>2.11</b> All work-integrated clinical placements must be appropriately designed and scaffolded and all learning environments that deliver clinical experience must be monitored and reviewed regularly prior to and during student placement.</p>	
<p><b>2.12</b> Where the program structure allows for multiple entry pathways for which students receive block credit or advanced standing (other than on an individual basis) the program provider must ensure that the pathway meets the Competency Standards for the relevant Course Accreditation Standards.</p>	
<p><b>2.13</b> Staff recruitment must be culturally and gender inclusive to reflect population diversity and must take affirmative action to encourage participation from indigenous and culturally and linguistically diverse populations.</p>	
<p><b>2.15</b> Students and staff must learn, work and develop in a physically, emotionally and culturally safe and equitable environment.</p>	
<p><b>2.16</b> The education provider must adequately assess and manage risk.</p>	

## STANDARD 2: GUIDANCE NOTES

This standard focuses on the governance and quality assurance of the naturopathy program. ARONAH acknowledges regulatory role of TEQSA, and equivalent agencies in other jurisdictions, in registering the education provider, accrediting its courses of study and conducting annual provider assessments, which include academic and organisational governance assessments. This standard addresses the administrative and academic governance and quality control mechanisms that support the program's quality and protect students undertaking the program with their provider of choice.

The program is expected to be:

- a. provided by a university or higher education provider that is registered and accredited by TEQSA, or jurisdictional equivalent
- b. delivered over 4 years full time study load or its equivalent at the baccalaureate level

### Governance structure

The education provider is expected to have a robust academic and organisational governance structure which ensures academic, programmatic and operational oversight, promotes quality teaching and learning, scholarship, research and ongoing program evaluation to ensure a sustainable, high-quality education experience for students, enabling them to meet the Competency Standards for Naturopathic Practitioners.

### External stakeholder engagement

ARONAH expects that education providers regularly engage in formal and informal external stakeholder engagement. External stakeholders should be actively included in program governance activities for the purposes of program monitoring, continuous quality improvement and input on the design and implementation of the program. Education providers are expected to annually (every 12 months at a minimum) engage external feedback from individuals and groups who may be impacted by the naturopathic program, such as industry groups, associations and peak bodies, students and consumers of naturopathic health care. It is also expected that stakeholder groups represent social, cultural and gender diversity.

### Quality Assurance

The education provider is expected to assess and address the risk to the program, its outcomes and students and is required to maintain a primary focus on continuous quality improvement of the teaching and learning experience for students and the competence of graduates.

The naturopathic department should have delegated responsibility and academic autonomy to design, develop, implement, monitor, review and evaluate and the program and is accountable for assuring continuous quality improvement. It is expected that feedback gained through quality review cycles be incorporated into the program to improve the experience of theory and practice learning for students.

### Work Integrated Clinical Placement

The supervised clinical practicum should be undertaken at an appropriately resourced on-campus student teaching clinic. In addition to minimum required supervised clinical practicum, students may undertake work integrated clinical placements in their final semester/unit of study to support clinical learning and develop clinical experience in diverse populations and settings. Such work integrated clinical placements must be supervised by a qualified naturopath who meets all professional expectations outlined in the Naturopathic Accreditation Standards.

Where the education provider is a self-accrediting TEQSA designated university or equivalent, work integrated clinical placements can occur throughout the education program if the university can demonstrate adequate infrastructure to support clinical placement coordination, supervision and monitoring of students and external site locations.

All education providers offering work integrated clinical placements must meet all TEQSA requirements for Work Integrated Learning<sup>2</sup>, or jurisdictional equivalent, including the monitoring of quality assurance, ensuring formalised agreements are in place, ensuring the student experience and learning outcomes are monitored against defined, expected outcomes and that outcomes are consistent (see criterion 2.7), managing risk and critical incidents, and ensuring student wellbeing, safety and access to continuous student support.<sup>3</sup> Education providers are also required to ensure that all work integrated clinical placements are managed by a Clinical Placement Coordinator (see Glossary).

## 2.3 STANDARD 3: PROGRAM DESIGN, IMPLEMENTATION AND RESOURCING

Standard statement: The program design, implementation and resourcing enable students to achieve the Competency Standards for Naturopathic Practitioners.

Criteria	Documentary evidence to include in accreditation application/interim reports
<b>3.1</b> The program curriculum, design and implementation is informed by educational research and naturopathic philosophy.	
<b>3.2</b> Teaching and learning reflects contemporary Australian and international evidence-based best practice that incorporates educational research and technologies to enhance curriculum delivery.	
<b>3.3</b> Teaching and learning strategies that: <ol style="list-style-type: none"> <li>scaffold theoretical, practical and clinical learning concepts throughout the program</li> <li>incorporates simulated experiences to prepare students for clinical learning</li> <li>encourages the application of critical-thinking and problem-solving skills</li> <li>engenders deep rather than surface learning</li> <li>encourages students to become self-directed, life-long learners</li> <li>develops the capacity to learn from and use emerging research and clinical experience throughout their careers</li> <li>promotes emotional intelligence, communication, collaboration, cultural competence, cultural safety, ethical practice, reflective practice and leadership skills.</li> </ol>	
<b>3.4</b> The program's content ensures achievement of Competency Standards for Naturopathic Practitioners and understanding of naturopathic practice.	
<b>3.5</b> The program's content focuses on naturopathic practice, comprising core evidence-based naturopathic-specific professional knowledge and skills applied across the human lifespan.	
<b>3.6</b> The program's unit/subject learning outcomes reflect contemporary and evidence-based approaches to ensure professional naturopathic practice.	
<b>3.7</b> The program's content and unit/subject learning outcomes enable the development of research skills that include searching and reviewing research, traditional naturopathic knowledge and other forms of knowing for translation into practice.	
<b>3.8</b> The program's content and unit/subject learning outcomes ensure:	

<ul style="list-style-type: none"> <li>a. principles of interprofessional education and exposure to multi-professional health care environments</li> <li>b. integration of the National Safety and Quality Health Standards, or jurisdictional equivalent</li> <li>c. collaborative and reflective practice</li> <li>d. patient-centred health consumer education and advocacy for health promotion and self-care<sup>4</sup> to promote consumer health, shared-decision making, wellbeing and safety</li> <li>e. integrated knowledge of community, regional, national and global health priorities including chronic illnesses and health across the life course</li> <li>f. integrates knowledge of health informatics, health literacy, health research, health policy, health and reform.</li> </ul>	
<p><b>3.9</b> Where any component of the program is gained outside of the country:</p> <ul style="list-style-type: none"> <li>a. no more than one semester can be completed offshore</li> <li>b. equivalence of theory, or supervised clinical practicum, or work integrated learning must be demonstrated to include unit/subject objectives, learning outcomes and assessments.</li> </ul>	
<p><b>3.10</b> The program develops caring and ethical primary care providers with a well-developed sense of personal wellness and understanding of the strengths and limitations of naturopathic practice.</p>	
<p><b>3.11</b> The supervised clinical practicum component of the program includes:</p> <ul style="list-style-type: none"> <li>a. a minimum of 500 hours of quality supervised naturopathic clinical learning completed by all students, aligned with the content and sequencing of the curriculum, where 60% of required hours are completed as the primary clinician</li> <li>b. exposure to a variety of health conditions with sufficient client interaction to ensure the development of skills in client care and management</li> <li>c. supervised clinical experience as soon as practicably possible within the program to facilitate early engagement with professional naturopathic practice context</li> <li>d. student to supervisor ratio of no more than 8:1</li> </ul>	
<p><b>3.12</b> The education provider ensures extended clinical practicum in the country towards the end of the program to consolidate learning and skills acquisition and competence and facilitate</p>	

<p>transition to independent practice, including a cumulative objective structured clinical examination (OSCE)</p> <ul style="list-style-type: none"> <li>a. the capstone clinical unit/subject may include a supervised work integrated clinical placement delivered external to the educational provider. This must not exceed 25% of the capstone unit/subject</li> <li>b. telehealth consultations may be incorporated into a supervised clinical practicum telehealth unit/subject. Telehealth consultations must not exceed 25% of the clinical practice hours.</li> </ul>	
<p><b>3.13</b> The education provider must appoint qualified academic staff at the appropriate level to adequately supervise and teach students</p> <ul style="list-style-type: none"> <li>a. staff supervising supervised clinical practicums must meet requirements outlined in the Naturopathic Accreditation Standards</li> <li>b. staff teaching into the program must hold one qualification higher than the program of study being taught</li> <li>c. staff teaching into the program must be qualified naturopaths where the subject matter relates to naturopathic practice.</li> </ul>	
<p><b>3.14</b> The program's human and physical resources are adequate to equip and sustain students and staff to support continuous quality improvement and the achievement of the Competency Standards for Naturopathic Practitioners and in all teaching and learning environments, including simulated and clinical practice.</p>	

### STANDARD 3: GUIDANCE NOTES

This standard focuses on how education providers produce competent graduates through the design, implementation and resourcing of the naturopathic program. The principles of naturopathic medicine should be reflected in all program components:

- a. The healing power of nature
- b. First do no harm
- c. Identify and treat the cause
- d. Physician/doctor as teacher
- e. Heal the whole person
- f. Prevention is the best cure

#### Program design and implementation

The education provider is expected to design and implement a naturopathic program that enables students to achieve the Competency Standards for Naturopathic Practitioners. It is expected that learning outcomes, assessments and naturopathic understanding is scaffolded throughout the program and adequately mapped to the Competency Standards for Naturopathic Practitioners.

Where content is delivered via technology-enhanced virtual learning (see definition in Glossary), the education provider is expected to ensure equity and equivalency of learning. No more than 25 students can be enrolled into online/virtual units/subjects per facilitator. Any unit delivered via technology-enhanced virtual learning must include a synchronous component of no less than 30% and must incorporate the frequent use of break out groups of no more than 3-5 students. Practical skills, pre-clinical skills and supervised clinical practicum (see Glossary) should be delivered and assessed in person or through blended learning. The education provider is expected to provide adequate learning support to students learning in technology-enhanced virtual learning environments to ensure Competency Standards for Naturopathic Practitioners and learning outcomes are met. In line with World Naturopathic Federation recommendations, no more than 40% of non-clinical practicum subjects within the naturopathic program can be delivered via technology-enhanced virtual learning.

Content which require students to develop practical skills (see Glossary) must contain a synchronous, in-person learning component, and may be delivered in a traditional semester/trimester teaching period or through blended/hybrid intensives. Furthermore, students must have material engagements with ingestive medicines (e.g. herbal medicine) through facilitated in-person learning that includes a broad and rich sensory experience of the medicines prior to progressing into the supervised clinical practicum component of the program.

A student can only graduate if they have completed no more than 40% of the program's non-clinical contact hours through technology-enhanced virtual learning.

#### Program Content

It is expected that the naturopathic principles and evidence-based critical inquiry underpin naturopathic curriculum and implementation. Emphasis is placed on achieving competency rather than prescribing content, however, it is expected that naturopathic programs include instruction on the specific content outlined herein:

- a. naturopathic history, principles, philosophies and theories<sup>6</sup>
- b. the basic sciences of biology, chemistry and physics to the extent necessary to lay foundations for proper understanding at an advanced level of the human and clinical sciences taught later in the course
- c. the life sciences of anatomy, genetics, biophysics (selected), histology, embryology, physiology, biochemistry, microbiology, the endocannabinoid system and psychology (including human development across the lifespan)
- d. pathology, pharmacology, pharmacognosy, and general medicine, especially those aspects of general medicine most important to naturopathic diagnosis and management
- e. environmental and public health (including epidemiology, clinical ecology, immunology and infectious diseases)
- f. diagnostic skills including physical, psychological, clinical, laboratory, diagnostic imaging, and differential diagnoses
- g. therapeutic subject matter including herbal medicine, homeopathy, conventional pharmaceutical drugs, clinical nutrition, applied nutrition, physical medicine, exercise therapy, hydrotherapy, counselling, nature cure
- h. clinical subject matter including body systems and their interactions, cardiology, psychology, dermatology, endocrinology, ENT, gastroenterology, urology, proctology, gynaecology, neurology, orthopaedics, pulmonology, natural childbirth/obstetrics, women's health, reproductive health, paediatrics, geriatrics, rheumatology, oncology and hematology
- i. naturopathic science and the skills of naturopathic assessment (including physical examination, such as nail, tongue, eye and

pulse analysis, and laboratory findings), differential diagnosis, prognosis and treatment including the assessment and management of complex conditions, treating the cause of disease and treating the whole person, the contribution of human behaviour, attitudes and lifestyle to illness and their amelioration potential

- j. patient lifestyle counselling in preventive approaches, including health education/promotion, disease prevention and mind-body medicine and lifestyle prescription
- k. the clinical skills of diagnosis, oral and written communication and counselling and the development of clinical judgment in deciding appropriate treatment and/or referral
- l. clinical risk management
- m. financial recordkeeping, ethics, jurisprudence (including knowledge of Australian Consumer law), marketing and naturopathic practice management
- n. research skills including the ability to document the outcomes of naturopathic care.

Where content relates to therapeutic subject matter (as outlined in item g.), at a minimum, students are required to achieve a:

- i. high level of clinical competence in applied nutrition, lifestyle prescription, clinical nutrition and herbal medicine
- ii. safe level of clinical competence in at least two (2) other therapeutics categories as listed.

Naturopathic programs are expected to include a discrete subject which specifically addresses naturopathic philosophy and traditional knowledge, and which develops knowledge of core naturopathic principles engendering a critical and balanced understanding of the interface between new and traditional knowledge within contemporary naturopathic practice. The program should then provide progressive opportunities for naturopathy philosophies, principles and theories to be critically applied in theoretical and practical learning activities integrated into subsequent subjects.

### Research and Scholarship

It is expected that the program be taught in the institutional context of sustained scholarship, which informs teaching and learning in naturopathy and ensures that students understand the process of research and the importance of evidence to inform theory and practice and are able to critique and evaluate new and established ideas and concepts.

### Teaching and Learning

Teaching and learning strategies should develop caring and competent primary care providers and should be underpinned by evidence-based educational research. Teaching and Learning approaches should encourage the application of critical-thinking and problem-solving skills and develop life-long learners. All strategies should be directed towards meeting learning outcomes and preparing students to achieve the Competency Standards.

The use of best-practice innovative teaching and learning strategies should be student-centred, and designed to promote participation, develop critical thinking, communication and problem solving. This may include simulation labs to support the safe and effective development of clinical and counselling skills.

### Resourcing

The education provider is expected to ensure sufficiency of resources (to include staffing, facilities, equipment, learning resources and other teaching resources) to carry out the program's mission and educational objectives in the short, medium and long term. Students should have access to a well-maintained library on campus, with holdings of books, journals, electronic materials, and other media and a full dispensary to support learning outcomes.

Education providers are expected to provide a staffing profile which evidences staff teaching into the program or supervising students meet the accreditation standards.

### Supervised Clinical Practicum

It is expected that students are provided with the opportunity to interact with other health professionals to support their understanding of multi-professional health care environments, facilitate interprofessional learning for collaborative practice and develop an understanding of referral networks and a team approach to care. Further, students should have exposure to all life stages and body systems in their supervised clinical practicum.

Students must undertake 700 hours of clinical education, of which 500 hours must be clinical hours (see Glossary for definition and distinction). The education provider is expected to ensure that students have a sufficient number of patients/clients to ensure that the clinical hours are met.

The program is expected to foster evidence-based practice literacy, embedding skills to approach, appraise, apply, translate, implement and de-implement practice.

The education provider is expected to ensure that proper technology and security provisions are made available to safely facilitate clinical assessment and diagnosis and to ensure patient confidentiality. This includes, but is not limited to, videoconferencing, health data security portal, and videorecording for moderation.

### **Telehealth**

It is expected that the supervised clinical practicum will consist primarily of a supervised in-person consultation with a patient who is physically co-located with the student and supervisor. In addition, telehealth consultations may contribute to the clinical learning experience to augment learning and should not be used as a replacement for traditional care.<sup>5</sup> Further, the client should be given the choice of in-person consultation.

Students must demonstrate developed in-person clinical skills as well as pre-clinical skills in telehealth prior to being enrolled in a telehealth clinical experience. They must also be provided with an opportunity to practice using technologies prior to being enrolled in supervised clinical practicum. Pre-clinical skills curriculum should instruct students on ethical and privacy use considerations and the limitations of telehealth as a therapeutic platform. Curriculum should also ensure the development of skills in remote physical assessment, identify when clients cannot be treated via telehealth, and processes for referral, and ensure appropriate technologies, security and health data recording. The education provider is expected to develop evidence-based telehealth practice, policies, practice standards and ethical guidelines. All students enrolled in the naturopathic program are required to complete one (1) supervised clinical practicum unit/subject in telehealth.

Students enrolled in the telehealth supervised clinical practicum unit/subject should be supervised at all times by an experienced naturopath (per Naturopathic Accreditation Standards) with developed skills and training in telehealth. Clients are only eligible for a telehealth consultation following their initial in-person consultation and cannot be followed up via telehealth if clinical conditions are serious or acute. Additionally, patients are ineligible for telehealth consultations when a physical exam is required or for new diagnoses or ongoing management. The client can be assessed by a local health care provider for their initial consultation. Paediatric (under 16 years of age) and offshore patients are not eligible for telehealth consultations.

No greater than 25% of the supervised clinical practicum can delivered via telehealth and clinical groups are to be capped at no more than four students to one supervisor.

## 2.4 STANDARD 4: STUDENT EXPERIENCE

Standard statement: The education provider's approach to recruiting, enrolling, supporting and assessing students is underpinned by the values of transparency, authenticity, equal opportunity and appreciation of social and cultural diversity.

Criteria	Documentary evidence to include in accreditation application/interim reports
<b>4.1</b> Program information provided to students is accurate, clear, relevant and published.	
<b>4.2</b> The education provider encourages and promotes diversity of academic, work and student life experiences and ensures equity of resources, opportunity and experiences.	
<b>4.3</b> The education provider monitors and promotes cultural safety at all times.	
<b>4.4</b> Students are informed about, and have access to, appropriate academic, counselling, health care and personal support services.	
<b>4.5</b> The education provider has formal mechanisms to identify and support students to meet the learning needs and professional conduct requirements of the program.	
<b>4.6</b> Students are represented in academic governance, program management, content delivery and program evaluation to inform quality improvement.	
<b>4.7</b> Students are informed about, and have access to formal feedback mechanisms, grievance and appeals processes.	
<b>4.8</b> The education provider ensures opportunities for students to partner with health consumers to promote community health.	
<b>4.9</b> Students are provided with opportunities to participate in naturopathic research.	

## STANDARD 4: GUIDANCE NOTES

This standard addresses the overall student experience, from recruitment to post-graduation. The education provider's approach to the student experience should be ethical and transparent and should encourage diversity. It is expected that the whole student-life experience is central to the education provider's operational decision-making and that all learning environments promote physical, emotional and cultural safety.

### **Equal opportunity**

Program recruitment should evidence social and cultural diversity and should be non-discriminatory. ARONAH acknowledges that the unique challenges of direct-entry admission require adequate human and financial support to ethically enable student success. Education providers are expected to provide academic, learning and pastoral support to promote student well-being and ensure students have an equal opportunity to complete the program, irrespective of mode of delivery or program location.

### **Student support**

Education providers are required to demonstrate the provision of adequate student support services. Such services include admissions counselling, program orientation, financial aid and counselling, mental health and wellbeing, counselling, learning support (including tutorial support), academic skills development, career development services and clinical remediation.

### **Student centricity**

Naturopathic programs should be modelled on its core philosophy which takes a person-centred approach. The student experience should be central to program and provider decisions. It is expected that program providers actively engage students as important, and autonomous stakeholders. Students should be informed about all program requirements and feedback mechanisms.

## 2.5 STANDARD 5: STUDENT ASSESSMENT

Standard statement: The program's curriculum incorporates a variety of approaches to assessment that suit the nature of the learning experience and comprehensively measure achievement against the current Competency Standards for Naturopathic Practitioners.

Criteria	Documentary evidence to include in accreditation application/interim reports
<b>5.1</b> The program's unit/subject learning outcomes and assessment tasks are mapped to the Competency Standards for Naturopathic Practitioners.	
<b>5.2</b> The program's learning outcomes and assessments are aligned and scaffolded according to level of study and clearly stated progression rules.	
<b>5.3</b> Theoretical, practical and clinical assessments use validated learning assessment tools and include a variety of assessment methods to evaluate competence in the essential knowledge, skills and behaviours required for professional naturopathic practice, assuring academic integrity.	
<b>5.4</b> Formal moderation processes exist at the level of the unit/subject to assure competence and equity.	
<b>5.5</b> The program's assessments include formative and summative assessments to enhance learning.	
<b>5.6</b> Consistency of assessment methods across all delivery modes, including Technology-Enhanced Virtual Learning, and across all learning environments.	
<b>5.7</b> Assessments include the appraisal of competence in pharmacokinetics, pharmacodynamics and the quality use of naturopathic therapeutics including consideration of interactions with pharmaceutical medications.	
<b>5.8</b> The education provider holds ultimate accountability for assessing students in relation to their supervised clinical practicum and work integrated clinical placements.	

## STANDARD 5: GUIDANCE NOTES

This standard addresses the use of student assessment as a tool to measure knowledge attainment and practice competency. It focuses on alignment to Competency Standards and learning outcomes and logical program sequencing and scaffolding of knowledge and skills.

### Assessment approaches

The program is expected to incorporate a variety of valid and reliable assessment methods/tools to evaluate competence in the essential knowledge, skills and behaviours required for professional naturopathic practice. This should include both formative and summative assessments, and written assessments to develop health promotion and communication skills and ensure English language proficiency. Students should also be assessed on the appropriate and ethical use of digital technology in health promotion and practice.

The assessment of students in the clinical setting should use validated instruments to assure attainment of competency standards. Assessments must measure achievement of learning outcomes, be grounded in educational research and adhere to best practice for assuring academic integrity. The education/program provider is expected to maintain formal internal and external moderation processes at the level of each unit/subject (for example, supervised clinical practicum, work integrated clinical placements, technology-enhanced virtual learning and hybrid/blended units/subjects) to assure competence, equity, and accuracy of results.

### Assessors

Education providers are required to ensure that staff responsible for writing and evaluating assessments possess adequate knowledge and skills in current assessment principles. All assessors are required to be adequately qualified for the unit/subject they are assessing (see criterion 1.5) and should receive ongoing institutional training and development in student evaluation. Advanced qualifications in education are recommended for permanent academic staff responsible for designing and implementing the naturopathic program.

Assessors should be cognizant of the role constructive feedback plays in reflective practice, reflexivity and student practitioner competency.

## Glossary of Terms

**Accreditation:** Quality evaluation of an educational program that is judged against professional accreditation standards to ensure that education leads to professional registration with the self-regulatory body.

**Asynchronous delivery:** A technology-enhanced method of virtual learning that is delivered through static content or pre-recordings and that does not include a live component of teaching and tutoring.

**Australian Register of Naturopaths and Herbalists:** An independent regulatory body to ensure minimum standards for naturopathy and Western herbal medicine in Australia.

**Australian Qualifications Framework (AQF):** A qualification earned through completion of a nationally regulated (accredited program) of study certifying satisfactory achievement of AQF aligned learning outcomes.<sup>7</sup>

**Blended Learning:** Learning that incorporates a combination of in-person (traditional) and technology-enhanced virtual approaches. May also be referred to as a “flipped classroom”.

**Clinical Education:** The components of the program of study through which students learn, develop and apply clinical knowledge and skills, and professional praxis, such as translational research, reflective practice and clinical leadership.

**Clinical Experience:** Learning that occurs in a clinical setting with a patient.

**Clinical Placement Coordinator:** An experienced clinician employed by the education provider who is responsible for coordinating work integrated clinical placements and providing direct and indirect support to naturopathy students.

**Clinical Practice Hours:** The time spent in supervised clinical practicum providing care to a patient including within-consultation conferrals with a clinical supervisor about the patient’s case. This excludes time spent in out-of-consultation care planning or conferrals, or dispensary and administrative tasks.

**Cultural Safety:** The act of creating an environment that is safe for all cultures, including indigenous cultures where there is no assault, challenge or denial of their identity or knowledge.<sup>8</sup>

**Evidence-based Practice:** An approach to providing care that integrates the best available research evidence with clinical expertise and patient values.<sup>9</sup>

**In-person Learning:** Interactive learning that occurs when the learner and teacher are co-located in the same physical space. This may also be known as “face-to-face” learning and does not include any component of technology-enhanced virtual learning or blended learning.

**Naturopathic Accreditation Standards:** A standard used to assess whether a naturopathic program and the education provider delivering the program graduates safe and effective practitioners.

**Online Learning:** Any internet-based distance learning that occurs outside of a traditional classroom. May also be known as “e-learning”.

**Practical Skills:** Discrete and observable hands-on skills relevant to the educational preparation necessary to perform naturopathic patient care. These include, but are not limited to, herbal botany and manufacturing, clinical skills, physical/clinical examination, interpersonal skills, hydrotherapy, and myotherapy techniques.

**Practice:** Any role in which the practitioner uses their skills and knowledge as a naturopathic practitioner. Practice is not restricted to the provision of direct clinical care and may include working in management, education, research, administration, advisory, regulatory or policy roles.<sup>10</sup>

**Pre-clinical Skills:** Integrated curriculum, with competency-based assessments, that prepares second-year naturopathic medicine students to enter the clinical setting.

**Primary Clinician:** A student clinician that has the lead role and principal responsibility in case-taking, clinical assessment and diagnosis, and care planning for a patient.

**Recency of Practice:** Demonstration that practitioners have undertaken sufficient practice to maintain professional naturopathic competence.<sup>11</sup>

**Scaffolded learning:** Pedagogical design that progressively moves learners towards knowledge apprehension and skills acquisitions by building upon the successful completion of prior related learning.

**Supervised Clinical Practicum:** The component of the degree through which students build clinical experience through patient care overseen by a qualified naturopath.

**Synchronous delivery:** A technology-enhanced method of virtual learning that is delivered via internet conferencing platforms with live teaching and tutoring. May also be known as “live classrooms” or “live-streamed learning.”

**Technology-Enhanced Virtual Learning:** Any learning that occurs outside of a traditional classroom, conducted in a virtual learning environment. Includes a combination of synchronous and asynchronous delivery.

**Telehealth:** The remote/virtual supervised monitoring of patients, patient education and consultation, facilitated by telecommunication hardware and software and used to supplement care for patients who are not physically able to present to an on-campus student teaching clinic (such as patients who live in rural or remote communities and patients with disabilities) for the purposes of supervised clinical practicum consultations.

**Tertiary Education Quality and Standards Agency:** National tertiary education quality assurance and regulatory agency.

**Translational Research:** Practice-oriented research and dissemination that focuses on leveraging facilitating factors and overcoming specific barriers to bridges evidence with quality patient-centred care.

**Work Integrated Clinical Placement:** Any arrangement where students undertake learning in a work environment outside of their higher education provider as part of their supervised clinical education, and where the education provider always retains full responsibility for the student.<sup>12</sup>

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