



Consultation on ARONAH Standards and Guidelines

Submitted by the National Herbalists Association of Australia (NHAA)

National Herbalists Association of Australia

ACN: 25 000 009 932

Founded in 1920

4 Cavendish St

Concord West

NSW 2138

Phone: 02 8765 0071 (+61 2 8765 0071)

Fax: 02 8765 0091 (+61 2 8765 0091)

Email nhaa@nhaa.org.au

Web: www.nhaa.org.au



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Executive Summary

Background and scope

The purpose of this submission is to evaluate and comment on the proposed ARONAH Standards and Guidelines. The NHA supports the development and progression of ARONAH and feels that these standards and guidelines are positive steps towards the registration of the profession.

This document has been prepared by the National Herbalists Association of Australia (NHA), which has represented the interests of professional western herbal medicine (WHM) practitioners and naturopaths in Australia since 1920.

The NHA gives in principle support to the establishment of an independent register of naturopaths and herbalists

The NHA believes the establishment of a register is to protect the public by allowing choice of practitioners from a list of suitably trained and qualified practitioners.

The NHA considers that the register should be established along guidelines used to establish statutory registers of health professionals and is positively supportive of these guidelines as they reflect AHPRA recommendations.

The NHA believes the standards set by the register must reflect not only current practice and legislation but also consider future aspirations of the professions.

The NHA believes the registration board must work actively to protect and promote the practice, treatments and underlying philosophy used by naturopaths and herbalists.

Recommendations

As summarised in this submission, the NHA supports ARONAH's standards and guidelines and the foundational guidelines provided by AHPRA. We have some recommendations for additions/modifications, and look forward to reviewing the next update of these crucial guidelines.



About the NHAA

The NHAA is a peak professional association representing appropriately qualified Western herbalists and naturopaths using herbal medicines as their primary treatment modality. It is the oldest professional association of complementary therapists, founded in 1920 with a current full membership of approximately 850 (our total membership is around 1200 including student and companion members). This represents approximately one third of practising Herbalists and Naturopaths in Australia. The NHAA is the only national professional association specifically concerned with the practice and education of Western herbal medicine (WHM) in Australia. Members are required to adhere to the Association's Constitution and the Code of Ethics (including standards of practice). Details of the Constitution and the Code of Ethics and Standards of Practice of the Association are detailed in Appendices 1 & 2.

The primary aims of the NHAA are to:

- Promote, protect and encourage the study, practice and knowledge of medical herbalism.
- Disseminate such knowledge by talks, seminars and publications.
- Encourage the highest ideals of professional and ethical standards.
- Promote herbal medicine within the community as a safe and effective treatment option.

The vision held by the NHAA for the professional practice of herbal medicine is summarised in the following statements.

- Practitioners and the practice of herbal and naturopathic medicine are fully integrated into the primary healthcare system in Australia.
- The NHAA is recognised as the peak body for herbal and naturopathic medicine.
- Herbal and naturopathic medicine is accessible to all.
- The integrity of the profession of Western herbal medicine and naturopathy is maintained.
- The standards and quality of education of the profession continue to be promoted.
- Career opportunities and research pathways for herbalists and naturopaths are created.
- The integration of traditional medicine and evolving science is continued.

The NHAA is governed by a voluntary Board of Directors. Full members of the Association elect the Board of Directors, with each board member serving a two-year term after which they may stand for re-election.



Full members of the NHAA have completed training in Western Herbal and Nutritional medicine sufficient to meet the educational standards as determined by the Examiners of the Board. These standards are set in consultation with tertiary educational institutions (standards in line with but exceeding the requirements of the NSW Health Training Package), and all members must adhere to a comprehensive Code of Ethics and Continuing Professional Education (CPE) program (see Appendices 2, 3 & 4). Membership consists of practitioners of Western herbal medicine who choose to use herbal medicine as their major modality of practice including Naturopaths, GPs, Pharmacists and Registered Nurses.

The NHAA publishes the quarterly *Australian Journal of Herbal Medicine*, a subscription journal covering all aspects of Western herbal medicine, and holds annual seminars on herbal medicine throughout Australia. An *International Conference on Herbal Medicine* has been held every 2-3 years since 1992.

Since its inception, the NHAA and its members have been at the forefront of herbal medicine and have been influential in areas ranging from education and practice standards, to government regulation and industry standards. The NHAA has a strong commitment to achieving high educational standards in herbal medicine practice and supports the regulation of the profession.



NHAA responses

Proof of Identity Requirements

Comment

The NHAA support proof of identity requirements but would like to see the statement; *“At least one document from each of categories (A, B and C, and D if necessary) is required. Documents applicable in category A and B may be used in other categories”* to improve readability and comprehension of requirements.



Criminal History Skills Register Standard

Comment

The NHAA has no comment on this area and agrees with AHPRA recommendations.



English Language proficiency guidelines

Comment

The NHAA has no comment on this area and agrees with AHPRA recommendations.



Code of Conduct

Comment

The NHA agrees with the Code of Conduct proposed. We have suggested two inclusions below.

Review

2.2 Good care

Telehealth consultations

The NHA would like to see the inclusion of a good care guideline that relates to email, internet and telephone consultations. We would like to point out that an increasing number of practitioners are using the Internet to conduct consultations. The NHA has concerns with this practice and emphasises that practitioners should be making a decision to treat a patient/client remotely only if it is in the best interest of the individual patient/client.

Please find below 5.1.1 from the NHA's Code of Ethics:

5.1.1 Email, internet and telephone consultations

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.

Fees may be charged for email, internet or telephone consultations however health fund rebates cannot be claimed for these consultations.

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.



Adequacy of premises

In addition, the NHAA would like to see reference to adequacy of premises within this guideline. Appropriate premises are a critical component of providing good care to patients/clients.

Please find below 5.2 from the NHAA Code of Ethics:

5.2 The Premises

Practitioners shall maintain working conditions suitable for the professional practice of medical herbalism.

The clinic premises shall be of high standard in order to reflect favourably on herbal medicine and the profession.

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.

The clinic environs must be well maintained and appropriately clean.

Access to all records, whether written or computerised, shall be restricted to only those personnel who are authorised to view this material.

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.



Guidelines for Advertising of Naturopathic and Western herbal medicine services

Comment

The NHAA agrees with the advertising guidelines proposed by ANRONA. However, we would like to point out that many practitioners are currently in breach of these guidelines (e.g. the use of testimonials, terms such as specialist and registered) and we suggest that practitioners will need to be educated about the appropriate use of advertising. In particular prior to joining the register, practitioners attention should be drawn to the following guidelines.

Review

4. What is acceptable advertising?

5. What is unacceptable advertising?

The NHAA agrees with the acceptable and unacceptable advertising guidelines proposed. The NHAA has observed that some practitioners are currently in breach of this guideline, in particular with the use of testimonials. This is an area that needs to be highlighted to practitioners. In addition, we recommend the provision of an appendix providing examples of acceptable and unacceptable advertising under the guidelines particularly in relation to claims. This will better enable practitioners to comply.

6.3.2 Advertising of specialties and endorsements

The NHAA supports ARONAHs specialties and endorsements guidelines. However, the NHAA has observed that the terms “specialist” and “registered” are frequently misused. We believe there is a lack of understanding of this term among practitioners and suggest that ARONAH educate practitioners about the definition of the term “specialist” and “registered” prior to joining the register. In addition, it is suggested that ARONAH provide alternative examples of appropriate terms such as “special interest in” or “area of interest” (e.g. has a special interest in mental health).

6.5 Use of titles in advertising

The NHAA agrees with this guideline. However, would like to highlight that discounts and specials are currently often used by practitioners. This is another area that should be highlighted to practitioners, and one they will need to be educated about.



Professional Indemnity Insurance Register Standard

Comment

The NHAA has no comment on this area and agrees with AHPRA recommendations.



Guidelines for continuing professional development

Comment

The NHAA agrees to overall CPD program format; however some elements may benefit from clarification. Additionally, further documentation on whether ARONAH intends to “approve” CPD activities offered by entities as practiced by some associations, may need to be included in this standard.

Review

Requirements

1. The NHAA is unsure why ARONAH has chosen to scale CPD requirements up to final levels upon opening the register. Practitioners already complete CPD to maintain association membership and the 40 points set by ARONAH should not be particularly onerous to current practitioners. However having chosen to do so; while the scaled implementation of CPD requirements are plainly stated for applicants that join in the first year of the registers induction, this requirement may confuse those joining in later years, particularly during years 1-4. This may require the insertion of dates prior to publishing the final document.
6. Needs to more clearly state that 1 CPD point equals 1 hour of active learning.
11. CPD requirements should be outlined for those changing from one form of registration to another, e.g. from researching to practice etc.

Definitions

A sample list of acceptable activities under the various types of education outlined (e.g. informal education) beyond the general categories already listed, will save ARONAH staff from inevitable queries from registrants seeking clarification.



Guidelines on patient record keeping

Comment

Overall, the NHAA concurs with the standard titled Guidelines on Patient Records, with some small recommended changes outlines below.

Electronic Records

In order to meet legal requirements for maintaining records (e.g. changes made to the record must be signed, dated and previous entry remain visible), purpose built software should be used that prevents the erasure of patient record data. Where such software is not available, reasonable efforts should be made to preserve original files, e.g. Hard copy back-up, PDF back-up and archiving of records or some other method of data storage that will meet legal requirements.

Review

Proviso should be added that any change in laws related to Patient records will instigate an immediate review of the standard.



Recency of practice guidelines

Comment

The NHAA agrees with most of the terms outlined for the recency of practice standard, including the number of hours over 3 years required for recency, which is very generous. We do however feel the Schedule A requirements are a bit limited in scope.

Schedule A requirements

Recency of practice is generally required to ensure that a practitioner maintains skill, knowledge and safety in the profession to which they aspire to practice. Where these skills and knowledge cross over in to other professional areas such as health, education and research, some consideration should be given as to whether these activities contribute to the above attributes that are deemed the requirements for safe practice. For example a nurse or Doctor who may be working primarily in those areas and may be teaching or researching part-time within the fields of Naturopathy or Western Herbal Medicine, with the addition of a targeted CPD program, would be able to maintain the desired attributes. Schedule A does not seem sufficient to cater to this group. We are concerned such stringent guidelines may also be a barrier to practitioners seeking to undergo post-graduate studies or research without a clearer path for re-registration or more importantly maintaining their registration. While we recognise that Schedule B may meet these groups requirements for re-entry, it does not seem suitable for a professional who wishes to maintain their registration while working in a manner that does not meet Schedule A's requirements.

Schedule B requirements

There is some concern regarding the clarity of Schedule B requirements. While these may seem clear to those who have experience in evaluating such applications, they can be confusing to applicants. The NHAA suggest an appendix which outlines potential supporting documentation for applicants or if deemed beyond the scope of the standard a statement that directs the potential applicant to where such assistance can be found.



Appendices

Appendix 1 - NHAA constitution

http://www.nhaa.org.au/index.php?option=com_content&view=article&id=457&Itemid=415 and attached as a separate file.

Appendix 2 - NHAA Code of Ethics and Standards of Practice

http://www.nhaa.org.au/index.php?option=com_content&view=article&id=81&Itemid=76 and attached as a separate file.

Appendix 3 - NHAA Continuing Professional Education Guide

<http://www.nhaa.org.au/images/stories/CPE%20Guide%202012.pdf> and attached as a separate file.

Appendix 4 - NHAA Continuing Professional Education Diary

<http://www.nhaa.org.au/images/stories/CPE%20Diary%20Print%202012.pdf> and attached as a separate file.