Competency Standards

for naturopathic practitioners in Australia and Aotearoa New Zealand

Draft

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ARONAH
Australian Register of Naturopaths and Herbalists

AUSTRALIAN REGISTER OF NATUROPATHS AND HERBALISTS (ARONAH)

Introduction

The Australian Register of Naturopaths and Herbalists (ARONAH) have developed these competency standards for the naturopathic profession in Australia and New Zealand. Known as *Competency Standards for naturopathic practitioners in Australia and Aotearoa New Zealand*, the main aim is to detail the essential knowledge, skills and professional qualities required to practise safely and competently as a naturopath in these countries.

These standards are written to reflect contemporary Australian and New Zealand healthcare practice and are structured in a manner consistent with competency frameworks used across regulated health professions, including naturopathy internationally. For the sake of brevity, Aotearoa New Zealand will be referred to as New Zealand.

Scope and context

A naturopath practises in partnership with patients and other healthcare professionals. Practice is evidence-informed and usually educative to promote health, prevent disease, providing treatment that supports recovery, rehabilitation, and self-care or to provide comfort during palliative care. A naturopath also provides advocacy to other health care providers for use of naturopathic care. Naturopathic practice may include applied nutrition, clinical nutrition, botanical medicine, lifestyle medicine, mind-body medicine and physical medicine. Naturopaths practice in ways consistent with Australian and New Zealand public health systems. Collaborative practice with regulated health professions is prioritised to protect public safety.

These standards apply across practice settings, including private practice, multidisciplinary services, community settings, outreach care, education, telehealth and digital practice.

Cultural safety, health equity and respectful practice

Cultural safety is practised as determined by Aboriginal and Torres Strait Islander peoples, families and communities in Australia, and by Māori in New Zealand. In New Zealand, practice should respect the principles of Te Tiriti o Waitangi and The New Zealand Health Charter Te Mauri o Rongo. Culturally safe practice requires ongoing critical reflection on one's knowledge, attitudes, behaviours, assumptions and power in healthcare relationships. These standards also require respectful, inclusive and responsive care for people from diverse cultural, linguistic, social and identity groups, and for people affected by disability, trauma, discrimination, poverty, remoteness or other barriers to health.

Threshold competence

Threshold competence is the minimum acceptable standard required for safe and effective practice. A competent naturopathic practitioner:

- practises within their education, training, experience and current competence
- recognises and responds to risk, uncertainty and complexity

- works in a culturally safe, person-centred and ethical manner
- uses evidence, professional judgement and patient values and preferences in clinical decision-making
- reflects on and improves their own practice
- engages in multidisciplinary teams to strengthen health outcomes for individuals and groups
- addresses and supports national public and community health initiatives.

Use of this document

These competency standards serve as a guide for both educators, qualified naturopaths, third-party agencies and the public. They are organised into six domains, each with corresponding key competencies (what naturopaths must be able to do) and enabling components (evidence of competency for practice).

Domain 1: Professional, legal and ethical practice

Domain 2: Clinical assessment and care planning

Domain 3: Therapeutic management

Domain 4: Communication, collaboration

Domain 5: Evidence-informed practice and professional learning

Domain 6: Safety, quality and practice systems

These competency standards are not intended to serve as the sole method for assessing competence. They are intended to support the ARONAH's professional standards framework that includes the *Naturopathic Education Accreditation Standards* as well as the *Code of Conduct for naturopaths and Western Herbalists in Australia and Aotearoa New Zealand* and should be used in conjunction with these documents.

These competencies are designed to be used for a range of purposes, including:

- assisting universities or non-university higher education institutions, in designing naturopathic programmes and courses
    - for developing supplementary performance indicators to ensure a consistent benchmark for assessing an individual's performance across a range of settings including practice

- informing the public, patients, employers, health insurance providers, and other interested parties about the competence expected of naturopaths
- providing practitioners with a framework to self-assess the currency of their skills and knowledge in practice and for planning their continuing professional development (CPD)
- assisting employers with workplace performance evaluation, review and management
- and to guide professional associations and education providers for the production of continuing professional development courses.

These competency standards are also the foundation for assessing people who want to begin practising as naturopaths in Australia and New Zealand. This includes assessments for:

- naturopaths trained and qualified in Australia or New Zealand
- those who have gained their qualifications overseas
- practitioners returning to the profession after a period of absence.

Key terms

Health Equity: The principle of ensuring fair opportunity for all to attain their full health potential by addressing barriers such as social determinants, discrimination, and inequity.

Naturopathy also called naturopathic medicine, is a medical system that has evolved from a combination of traditional practices and scientific health care. It is defined by its core philosophies of holism and vitalism, seven principles (i.e. First do no harm; Healing power of nature; Treat the cause; Treat the whole person; Doctor as teacher; Disease prevention and Health promotion; and Wellness). Its practice is guided by distinct naturopathic theories (the Therapeutic order; Emunctory theory, Theory of complex systems amongst others). (Carlton et al, 2025; Lloyd, Steel & Wardle, 2021).

Naturopathic practice is complex, multi-modal and incorporates core naturopathic therapies, including applied nutrition, clinical nutrition, herbal medicine, lifestyle modification, mind-body medicine counselling, naturopathic physical medicine, hydrotherapy, and other therapies to provide individualized care and health promotion. Therapies practised are based on jurisdictional regulations, culture and naturopathic education (Lloyd, Steel & Wardle, 2021, p. viii).

Patient: The person receiving naturopathic care; this term includes client, consumer and, where relevant, families, carers and supporters involved in care.

The New Zealand Health Charter Te Mauri o Rongo sits alongside the Te Tāhū Hauora (Health Quality and Safety Commission, HQSC) 'Code of expectations for health entities' engagement with consumers and whānau' and the 'Code of Health and Disability Services Consumers' Rights' (Code of Rights). These documents are underpinned by the health sector principles. The health sector principles incorporate Te Tiriti o Waitangi (the Treaty of Waitangi) principles: tino rangatiratanga (self-determination);

ōritetanga (equity); whakamaru (active protection); kōwhiringa (options); and pātuitanga (partnership).

The New Zealand Health Charter Te Mauri o Rongo [the lifeforce of humanity] recognises healthcare providers connection to provision of health services, to each other, to the people we serve and to our whakapapa [lineage]. It speaks to specific behaviours that we will expect from each other guided by the pou [the pillar] of Te Mauri o Rongo: WAIRUATANGA [commitment to service], RANGATIRATANGA [leadership/authority/self-determination], WHANAUNGATANGA [work together], TE KOROWAI ĀHURU [a cloak of safety and comfort]. Te Mauri o Rongo is the foundation for how we will provide healthcare that is more responsive to the needs of, and accessible to, all people living in Aotearoa New Zealand.

Te Tiriti o Waitangi: The founding document of New Zealand (the Treaty of Waitangi), the principles of which guide culturally safe and respectful practice in that region.

How the competency standards were developed

The development of the core domains and key competencies outlined in this document was guided by a comparative analysis of similar documents detailing the knowledge, skills, professional attributes, and competencies required for both registered and non-registered health professions in Australia and New Zealand. The current competency standards were comprehensively reviewed against submitted Australian and New Zealand stakeholder competencies, the National Prescribing Competencies Framework (Australia), naturopathic competencies from Brazil, Canada, Switzerland and the USA, and a range of regulated health professions (Chinese Medicine Board of Australia, Nursing and Midwifery Board of Australia, specifically Nurse Practitioners, Psychology Board of Australia, Pharmacy Board of Australia), as well as Australian and New Zealand College of Perfusionists Dietitians Australia, Certified Practising Counsellors, and the Canadian Interprofessional Health Collaborative. The document structure and format for the *Competency Standards for naturopathic practitioners in Australia and Aotearoa New Zealand* draws extensively from the ANZCP Competency Standards for Clinical Perfusionists.

Review

This document will be reviewed no less than five years from the release date (and no less than every 5 years thereafter), or sooner if deemed necessary.

References

Association of Accredited Naturopathic Medicine Colleges (AANMC) (2019). AANMC Core Competencies of the Graduating Naturopathic Student.

Australian and New Zealand College of Perfusionists (ANZCP) (2024) Competency Standards for Clinical Perfusionists, Version 5.0.

Carlton, A.-L., Carè, J., Myers, S.P., Doolan, A., Gerontakos, S., & Steel, A. (2025). Assuring safe and integrated health care. A review of the risks, benefits, and regulatory requirements for the professions of naturopathy and Western herbal medicine: A research report commissioned by the members of the Australian Naturopathic Council. April 2025. Australian Naturopathic Council.

Dusin J, Melanson A, & Mische-Lawson L. (2023). Evidence-based practice models and frameworks in the healthcare setting: a scoping review. BMJ Open. 22;13(5):e071188.

Health New Zealand (2023). Te Mauri o Rongo The New Zealand Health Charter.

Lloyd, I., Steel A. & Wardle, J. (eds.) 2021. Naturopathy, Practice, Effectiveness, Economics & Safety, Toronto, Ontario: World Naturopathic Federation.

Mielke J, De Geest S, Zúñiga F, Brunkert T, Zullig LL, Pfadenhauer LM, & Staudacher S. (2022). Understanding dynamic complexity in context - Enriching contextual analysis in implementation science from a constructivist perspective. Front Health Serv. Jul 22;2:953731.

New Zealand Government Health Quality and Safety Commission (2024). Code of expectations for health entities' engagement with consumers and whānau.

Organisation der Arbeitswelt Alternativmedizin Schweiz (OdA AM) [Swiss Organisation of the Working World in Alternative Medicine] (30.6.2014). COAQ MA Quality Assurance Commission. Description of the M1-M7 Modules Advanced Professional Examination for Naturopaths.

Organisation der Arbeitswelt Alternativmedizin Schweiz (OdA AM) [Swiss Organisation of the Working World in Alternative Medicine] (5.11.2013). Professional profile. Naturopath with a federal diploma in (discipline).

Sociedade Brasileira de Naturologia [Brazilian Society of Naturology] (2018). National Curriculum Guidelines for the Undergraduate Course in Naturology.

Competency domains

Domain 1: Professional, legal and ethical practice

This domain describes the professional, legal and ethical foundations of naturopathic practice. It includes accountability, scope of practice, professional conduct, lawful practice, protection of patient rights.

Competency 1. Practises in accordance with legal, regulatory and professional obligations

What naturopaths must be able to do	Evidence of competency for practice
Practitioners practise in accordance with legislation, common law, professional obligations, and organisational requirements relevant to naturopathic practice.	a. Applies legal, regulatory and professional obligations such as duty of care relevant to practice including telehealth. Acts in accordance with the *Code of conduct for naturopaths and Western herbalists in Australia and Aotearoa New Zealand* in addition to other national codes or charters as appropriate, and maintains informed consent, privacy, confidentiality, record keeping (including digital), advertising, and work health and safety requirements including: i. acting ethically and respectfully towards patients, colleagues, communities and the environment ii. understanding contemporary ethical issues in naturopathic practice b. Complies with legal requirements for recommending, prescribing, supplying, dispensing administering, labelling, storing, and handling medicines and other therapeutic products, and reports related adverse events where required. c. Recognises and takes appropriate action in relation to breaches of law relevant to practice (including child safety and mandatory reporting, negligence and vicarious liability, consumer protection, and anti-discrimination). d. Abides by the legal, professional and ethical obligations of assessment, recommendations, treatment, supply of products, communication, documentation, professional networks and timely referral. e. Documents patient records accurately, comprehensively, clearly and contemporaneously, and maintains and takes responsibility for patient

	records and other documentation according to legal and professional guidelines, including: i. adhering to legal requirements in all aspects of patient record keeping and documentation, including digital records, ii. identifying the author and designation in patient records, and iii. storing and maintaining patient records securely, in line with relevant privacy and health records laws, retaining them for the legally required period, depending on the practice location. f. Recognises when information must be disclosed by law or to prevent serious harm and responds appropriately. g. Maintains practice policies and procedures that are consistent with legal and professional obligations. h. Takes responsibility for their own professional conduct, decisions and actions, and practises within the limits of their competence and lawful scope of practice.

Key Terms

Duty of care: The legal and professional obligation of a practitioner to act with reasonable care and skill to avoid acts or omissions that could foreseeably cause harm to a patient.

Informed consent: A voluntary agreement by a patient to participate in assessment, physical examination, a treatment care plan, procedures, telehealth, information collection for research or teaching, information sharing and product supply as required after the practitioner has explained the purpose, expected benefits, material risks, costs, and alternatives.

Mandatory reporting: A legal obligation for practitioners to disclose specific information to authorities, such as concerns regarding child safety or breaches of law, to prevent serious harm.

Patient records: the comprehensive collection of a patient's health and medical history, documenting assessment findings, reasoning, and recommendations alongside clinical data such as physical examinations, diagnostic results, and previous diagnoses. This integrated record tracks informed consent, all interventions, including administered treatments and supplied therapeutic products, while capturing additional communications, referrals, and follow-up details to evaluate clinical outcomes. Furthermore, they encompass all necessary administrative and legal documentation, ensuring insurance requirements are formally recorded.

Scope of practice: The professional role and the activities performed by a practitioner which are determined by their education, competence and legal authorization.

Therapeutic products: Any product prescribed to a patient to achieve health outcomes. This includes but is not limited to herbal and nutraceutical supplements and may also be other products to improve health.

Domain 2: Clinical Assessment and Planning

This domain describes the knowledge, assessment and clinical reasoning capabilities required to gather information, identify risk, formulate clinical impressions, and develop safe, prioritised, and appropriate person-centred care plans.

Competency 2. Conducts comprehensive, relevant and safe assessment

What naturopaths must be able to do	Evidence of competency for practice
Practitioners gather, verify and document information necessary for safe and effective naturopathic care.	a. Demonstrates application of principles, philosophies and theories of practice in conjunction with the desired health outcomes of the patient. These include: i) Naturopathic principles of first do no harm; healing power of nature (vis medicatrix naturae); identify and treat the cause; doctor as teacher; treat the whole person; prevention; wellness). Naturopathic philosophies of vitalism and holism. Naturopathic theories including the therapeutic order, emunctory theory, and theory of complex systems amongst others. b. Obtains a comprehensive history relevant to the presenting condition, including medical history, emotional and psychological concerns, medications, surgical procedures, supplements, allergies, family history and cultural background, diet, lifestyle, sleep, stress, reproductive history where relevant, psychosocial factors and environmental influences. c. Identifies the person's health goals, expectations, values, preferences, cultural context and capacity for self-management. d. Performs appropriate observation, physical assessment, screening or functional assessment and working diagnosis within own competence and with informed consent. e. Identifies red flags, contraindications, urgent presentations and factors that increase risk, and recognises and responds to any urgent or emergency situations with timely and appropriate intervention, consultation and/or referral.

	f. Identifies adverse interactions between treatments provided, whether prescribed or not, and that the practitioner is aware a patient is taking. g. Reviews available clinical records, test results, correspondence and case taking where relevant and with consent to establish baseline health data/measures. h. Demonstrates appropriate time management and priority setting skills.

Key terms

Cultural safety: An outcome defined by Aboriginal and Torres Strait Islander peoples, and Māori and the principles of Te Tiriti o Waitangi, achieved through ongoing critical reflection and provision of care that is free from racism and responsive to power imbalances. Practicing cultural safety means that professionals must understand how their personal culture, values, beliefs, attitudes, and assumptions affect the way they interact with individuals, families, communities, and colleagues.

Emunctory theory: A naturopathic theory focused on the body's organs and channels of elimination and their role in maintaining health.

Holism: A core naturopathic philosophy that views the individual as an integrated whole, requiring the treatment of the whole person rather than isolated symptoms.

Informed consent: A voluntary agreement by a patient to participate in assessment, physical examination, a treatment care plan, procedures, telehealth, information collection for research or teaching, information sharing and product supply as required after the practitioner has explained the purpose, expected benefits, material risks, costs, and alternatives.

Red flags: Critical clinical indicators, contraindications, or urgent presentations that increase risk and necessitate timely medical review or emergency referral.

Theory of complex systems: outlines that the body is a complex and self-sustaining dynamic and evolving system functioning within an environment of multiple nested systems which are interconnected, and naturopathic practice must reflect this complexity (World Naturopathic Federation, 2021).

Therapeutic order: A naturopathic theory used to prioritize clinical interventions in a logical sequence from minimal to maximal intervention to support the body's natural healing process.

Vitalism: A naturopathic philosophy recognizing the healing power of nature as an inherent self-healing capacity within the individual.

Competency 3. Applies clinical reasoning to inform safe decision-making

What naturopaths must be able to do	Evidence of competency for practice
Practitioners analyse and integrate information to support safe, evidence informed practice and person-centred clinical decisions as a sole provider or as part of a collaborative healthcare team.	a. Integrates assessment findings using naturopathic philosophies, principles and theories, biomedical knowledge and relevant evidence according to the clinical context, and takes responsibility for this clinical reasoning. b. Develops reasoned clinical impressions and identifies priorities for care, further assessment or referral. c. Differentiates presentations suitable for naturopathic management from those requiring medical review, co-management or urgent action. d. Interprets investigations, screening tools and clinical information within trained competence, and naturopathic philosophies, principles and theories. e. Recognises uncertainty and avoids overstatement of findings, diagnosis or prognosis. f. Revises clinical impressions when new information emerges.

Key Terms

Clinical context: A comprehensive set of factors, including beliefs, social norms, and the surrounding environment, that influence activities and decisions within a healthcare setting. It encompasses elements such as the location where care is provided, the cultural values and perspectives of those involved, social and economic backgrounds, as well as legal and ethical considerations that shape clinical choices. The clinical context represents the broader framework in which patient care occurs, incorporating the physical setting, social structures, and collective attitudes present in the environment. (Mielke, et. al., 2022)

Clinical reasoning: The process of gathering, analysing, and synthesising patient information using naturopathic philosophies, principles and theories, biomedical knowledge, and evidence to make safe and person-centred care decisions.

Collaborative / integrated care: A practice model where naturopaths work constructively with other health professionals—such as medical doctors, midwives, and allied health—to coordinate safe and continuous patient outcomes.

Evidence-informed practice: The integration of the best available evidence (including traditional and scientific knowledge), practitioner expertise, and patient values, preferences, and circumstances within clinical practice. This approach aligns with evidence-based practice, which offers a systematic

process for reviewing, translating, and applying research findings to clinical practice to enhance patient care, treatment, and outcomes. (Dusin, Melanson, Mische-Lawson, 2023).

Competency 4. Develops an individualised naturopathic management plan

What naturopaths must be able to do	Evidence of competency for practice
Practitioners develop care plans that are safe, realistic, coordinated and responsive to the patient's needs, cultural and financial circumstances, preferences and context as a sole provider or as part of a collaborative healthcare team.	a. Sets goals and priorities collaboratively with the patient. b. Selects interventions that are appropriate to the clinical presentation, assessment and naturopathic philosophies, principles and theories, and the individual's preferences, readiness for change, safety profile, access and financial context. c. Evaluates expected benefit, burden, risk, complexity and patient capacity when planning care. d. Documents the rationale for the management plan, expected review points and criteria for referral, escalation, modification or cessation. e. Integrates prevention, health promotion and self-management support into care planning. f. Coordinates the care plan with other healthcare providers where relevant and with consent.

Key Terms

Collaborative / integrated Care: A practice model where naturopaths work constructively with other health care providers—such as medical doctors, midwives, and allied health—to coordinate safe and continuous patient outcomes.

Domain 3: Therapeutic management

This domain describes the safe and effective delivery of naturopathic interventions, including product-related care, ongoing review, and continuous care, collaboration and referral. It describes the collaborative, interdisciplinary and public-health-aligned care required in practice, including during pregnancy birthing, and postnatal care and for infectious disease prevention and vaccination-related communication.

Competency 5. Implements naturopathic interventions safely and appropriately

What naturopaths must be able to do	Evidence of competency for practice
Practitioners provide or recommend naturopathic care that is clinically justified, evidence-informed and responsive to patient needs.	a. Demonstrates a sound knowledge of relevant disease processes and health complexities, including psycho-social needs. b. Identifies that higher-risk presentations and populations, including infants and children, older people, pregnancy and breastfeeding, people with cancer, severe or unstable mental health concerns, eating disorders, substance-related harm, polypharmacy, renal or hepatic impairment, immunocompromise, disability, family violence, trauma, acute deterioration and people delaying urgent medical care require working within scope of practice, and collaboration with other health professionals. c. Recognises and responds to any urgent or emergency situations with timely and appropriate intervention, consultation and/or referral. d. Uses naturopathic philosophies, principles and theories, and current scientific knowledge to select appropriate interventions. e. Provides care that includes lifestyle, dietary/nutritional, psycho-social, mind-body and behavioural, herbal, physical, preventative or other supportive interventions within competence and lawful scope. f. Organises workload to facilitate naturopathic care for patients, demonstrates appropriate time management and priority setting skills, ensures the effective use of resources including personnel. g. Tailors recommendations to the patient's health status, age, life stage, cultural and financial circumstances, preferences, access and readiness for change. h. Provides clear instructions for use, expected effects, precautions, duration and follow-up.

	i. Provides care that is clinically justified and is in line with the *Code of conduct for naturopaths and Western herbalists in Australia and Aotearoa New Zealand* as it relates to professional judgement, use of healthcare resources and conflicts of interest.

Key Terms

Cultural safety: An outcome defined by Aboriginal and Torres Strait Islander peoples, and Māori and the principles of Te Tiriti o Waitangi, achieved through ongoing critical reflection and provision of care that is free from racism and responsive to power imbalances. Practicing cultural safety means that professionals must understand how their personal culture, values, beliefs, attitudes, and assumptions affect the way they interact with individuals, families, communities, and colleagues.

Evidence-informed practice: The integration of the best available evidence (including traditional and scientific knowledge), practitioner expertise, and patient values, preferences, and circumstances within clinical practice. This approach aligns with evidence-based practice, which offers a systematic process for reviewing, translating, and applying research findings to clinical practice to enhance patient care, treatment, and outcomes. (Dusin, Melanson, Mische-Lawson, 2023).

Competency 6. Provides safe naturopathic care during pregnancy, birthing, the postnatal period and breastfeeding

What naturopaths must be able to do	Evidence of competency for practice
Pregnancy, birth, the postnatal period, and breastfeeding are stages of high risk and vulnerability. Practitioners provide pregnancy-related care within their legal scope of practice and competence, prioritising maternal and infant safety through collaboration with registered maternity care providers.	a. Understands pregnancy, birthing, the postnatal period and breastfeeding are higher-risk clinical contexts. b. Understands and operates within the legal framework that applies to birthing practices, including any restricted birthing practices. c. Practises using the safest possible interventions that are evidence-informed during pregnancy, birthing, the postnatal period and breastfeeding. d. Collaborates with midwives, obstetricians and medical practitioners where pregnancy-related care is provided. e. Refers promptly when complications, risk factors or uncertainty arise during pregnancy, birthing, the postnatal period, and breastfeeding. f. Avoids claims or interventions that may undermine evidence-based maternity care.

Key Terms

Clinical context: A comprehensive set of factors, including beliefs, social norms, and the surrounding environment, that influence activities and decisions within a healthcare setting. It encompasses elements such as the location where care is provided, the cultural values and perspectives of those involved, social and economic backgrounds, as well as legal and ethical considerations that shape clinical choices. The clinical context represents the broader framework in which patient care occurs, incorporating the physical setting, social structures, and collective attitudes present in the environment. (Mielke, et. al., 2022)

Scope of practice: The professional role and the activities performed by a practitioner which are determined by their education, competence and legal authorization.

Competency 7. Recommends, supplies or uses therapeutic products and procedures safely, lawfully, and ethically

What naturopaths must be able to do	Evidence of competency for practice
Naturopaths recommend, supply, administer, extemporaneously compound, prescribe, and/or dispense therapeutic products, and carry out procedural aspects of naturopathic care safely, transparently and within legal and professional boundaries. Naturopaths using herbal medicine and nutraceuticals demonstrate competence in relevant materia medica,	a. Maintains current knowledge of herbal and nutritional pharmacology, therapeutic products, ingredients, dosage, indications, precautions, contraindications, adverse effects, interactions and quality considerations relevant to practice. Demonstrates detailed knowledge of herbal and/or nutritional pharmacology within scope. b. Screens for interactions between herbal medicines, nutritional products, foods and beverages, over-the-counter medicines, prescription medicines, illicit drugs and other therapies and adjusts care accordingly. c. Recommends or supplies therapeutic products only where there is a clinical rationale, where lawful to do so, and within scope of practice, and communicates the risks and benefits of therapeutic products clearly and accurately. d. Labels, stores, handles, and documents dispensed therapeutic products in accordance with legal and safety requirements. e. Provides information that supports safe use, including adverse effects, warnings, interactions and when to discontinue use or seek urgent care from other health professionals. f. Maintains comprehensive records for the traceability of supplied therapeutic products and takes appropriate action in response to recalls, quality concerns, or safety alerts.

pharmacovigilance and sustainability.	g. Recognises, monitors, documents and reports adverse reactions and events associated with therapeutic product safety concerns to the appropriate authorities. h. Understands sustainability, quality assurance and ethical sourcing of all therapeutic products used in clinical practice is part of professional responsibility and accountability.

Key Terms

Scope of practice: The professional role and the activities performed by a practitioner which are determined by their education, competence and legal authorization.

Professional boundaries: The limits that maintain a safe and professional therapeutic relationship, protecting against dual relationships, exploitation, or undue influence.

Therapeutic products: Any product prescribed to a patient to achieve health outcomes. This includes but is not limited to herbal and nutraceutical supplements and may also be other products to improve health.

Competency 8. Collaborates, refers and coordinates integrated care

What naturopaths must be able to do	Evidence of competency for practice
Practitioners work constructively with other practitioners and services to promote collaborative, multidisciplinary and public health-aligned care that is person-centred, safe, coordinated, and continuous.	a. Collaborates and consults with other practitioners to coordinate and share care, recognising when another practitioner is better placed to lead or coordinate care. b. Avoids claims or interventions that may undermine evidence-based care provided by another practitioner. c. Articulates the scope and limits of naturopathic practice to other practitioners and patients and refers in a timely manner when the patient's needs are outside the naturopathic scope, competence or safe practice limits. d. Communicates clearly and respectfully with other health practitioners, with patient consent where required, being especially mindful at times of professional disagreement. e. Provides referral letters, reports or handover information that are relevant, clear and clinically useful.

	f. Always supports continuity of care, and especially during higher-risk situations such as transitions, deterioration, complexity, pregnancy, acute illness, mental health concerns, and chronic disease.

Key Terms

Collaborative / integrated care: A practice model where naturopaths work constructively with other health professionals—such as medical doctors, midwives, and allied health—to coordinate safe and continuous patient outcomes.

Scope of practice: The professional role and the activities performed by a practitioner which are determined by their education, competence and legal authorization.

Competency 9. Monitors, reviews and evaluates outcomes of care

What naturopaths must be able to do	Evidence of competency for practice
Practitioners monitor treatment response, safety and patient experience, and modify care based on clinical outcomes.	a. Reviews progress against agreed goals using appropriate clinical indicators to assess change against baseline data, including objective and subjective measures to evaluate the intervention, and patient-reported outcomes during follow-up consultations. b. Identifies adverse effects, lack of benefit, poor adherence, emerging risks or change in clinical status. c. Modifies, pauses or discontinues care when it is ineffective, no longer indicated, not tolerated or not safe. d. Recognises when ongoing symptoms, new findings or deterioration require reassessment, or referral. e. Supports the patient to understand progress, monitoring requirements and next steps. f. Documents and takes responsibility for review findings, decisions and follow-up arrangements.

Domain 4: Communication and collaboration

This domain describes the communication, relational and partnership skills required to establish therapeutic relationships, practise cultural safety, and support informed and shared decision-making, and patient advocacy.

Competency 10. Communicates effectively and builds therapeutic relationships

What naturopaths must be able to do	Evidence of competency for practice
Practitioners communicate in ways that are respectful, clear, compassionate and appropriate to the person, context and mode of care.	a. Actively listens and responds to verbal and non-verbal cues. b. Uses language that is clear, respectful and matched to the person's health literacy, communication needs and preferences. c. Adapts communication for children, older persons, people with disability, people affected by trauma, and people with communication or cognitive barriers. d. Uses interpreters and other communication supports where needed and appropriate. e. Establishes rapport, trust and professional therapeutic boundaries. f. Communicates effectively in writing, by telephone, by video and through secure digital systems.

Competency 11. Provides culturally safe, inclusive and equitable care

What naturopaths must be able to do	Evidence of competency for practice
Practitioners practise in a way that is culturally safe, free from racism and discrimination, and responsive to diversity, equity and inclusion.	a. Engages in critical self-reflection of personal beliefs, assumptions, values, bias and power imbalances in practice. b. Identifies and addresses barriers to healthcare access, understanding, adherence and continuity of care, including the impacts of colonisation, racism, trauma, stigma, social determinants of health and inequity in health.

	c. Applies principles of trauma-informed care in practice to minimise re-traumatisation and support safety, trust, choice, collaboration and empowerment. d. Recognises and respects customary law and treaties in the context of healthcare and practises in a culturally safe manner with Aboriginal and Torres Strait Islander, and Māori peoples, including by supporting self-determination, respectful partnership and strengths-based care. e. Delivers care that is respectful of culture, spirituality, family structures, sexual orientation, gender, disability, age, language, religion, lifestyle needs and socioeconomic context.

Key Terms

Cultural safety: An outcome defined by Aboriginal and Torres Strait Islander peoples, and Māori and the principles of Te Tiriti o Waitangi, achieved through ongoing critical reflection and provision of care that is free from racism and responsive to power imbalances. Practicing cultural safety means that professionals must understand how their personal culture, values, beliefs, attitudes, and assumptions affect the way they interact with individuals, families, communities, and colleagues.

Strengths-based care is a healthcare approach that focuses on a patient's internal strengths, resources, and resilience rather than just their illnesses or deficits. It empowers individuals to collaborate actively with providers to direct their own recovery and well-being

Competency 12. Facilitates informed consent and shared decision-making

What naturopaths must be able to do	Evidence of competency for practice
Practitioners work in partnership with patients so that care decisions are informed, voluntary, documented and aligned with the person's goals, values, preferences, and cultural and financial circumstances.	a. Explains the purpose, expected benefits, material risks, uncertainties, costs and alternatives of assessment, treatment and monitoring options, including the option of no treatment. b. Discusses the evidence base, and the rationale and limitations of naturopathic options in a balanced manner. c. Checks understanding and encourages patient questions, deliberation and informed choice. d. Obtains and documents valid informed consent for assessment, physical examination, treatment, procedures, telehealth, information collection for research or teaching, information sharing and product supply as required.

Practitioners advocate for naturopathic care where appropriate.	e. Supports decision-making for people with reduced capacity by involving family, carers, guardians or supporters where lawful and appropriate. f. Respects a patient's right to refuse, pause or withdraw consent and responds professionally. g. Advocates for patient rights by identifying concerns, supporting patient self-advocacy and informed choice, seeking consent where appropriate, escalating or referring when needed, and documenting actions taken.

Key Terms

Informed consent: A voluntary agreement by a patient to participate in assessment, physical examination, a treatment care plan, procedures, telehealth, information collection for research or teaching, information sharing and product supply as required after the practitioner has explained the purpose, expected benefits, material risks, costs, and alternatives.

Domain 5: Evidence-informed practice and professional learning

This domain describes the ability to integrate evidence, assess own learning needs, engage in lifelong learning, and contribute to professional and health service improvement.

Competency 13. Practises in an evidence-informed manner

What naturopaths must be able to do	Evidence of competency for practice
Practitioners use the best available evidence from the naturopathic and scientific body of knowledge, and clinical expertise, together with patient values and preferences, and the clinical context to guide evidence-informed practice.	a. Examines traditional naturopathic knowledge within the context of scientific inquiry. Supports a culture of inquiry and critical stance in research that enables the constant self-assessment of naturopathy and the development of its body of knowledge. b. Maintains current knowledge about research relevant to clinical practice. c. Locates, appraises and applies relevant evidence to support clinical decision-making. d. Applies scientific evidence, naturopathic knowledge, traditional knowledge, practitioner's clinical experience and patient values in clinical decision making in a balanced manner. e. Discusses the implications of evidence with the patient, differentiating between stronger and weaker forms of evidence, and communicates uncertainty honestly. f. Avoids selective use of evidence or reliance on claims that are misleading, outdated or unsupported. g. Recognises opportunities to contribute to the development of new knowledge through research and enquiry. This requires a practitioner to have a basic understanding of research design, methodology, analysis, review and publication in the research pathway. h. Uses new evidence, outcome data, audit findings, feedback and reflection to improve practice and service delivery.

Key Terms

Clinical context: A comprehensive set of factors, including beliefs, social norms, and the surrounding environment, that influence activities and decisions within a healthcare setting. It encompasses elements such as the location where care is provided, the cultural values and perspectives of those involved, social and economic backgrounds, as well as legal and ethical considerations that shape clinical choices. The clinical context represents the broader framework in which patient care occurs,

incorporating the physical setting, social structures, and collective attitudes present in the environment. (Mielke, et. al., 2022)

Evidence-informed practice: The integration of the best available evidence (including traditional and scientific knowledge), practitioner expertise, and patient values, preferences, and circumstances within clinical practice. This approach aligns with evidence-based practice, which offers a systematic process for reviewing, translating, and applying research findings to clinical practice to enhance patient care, treatment, and outcomes. (Dusin, Melanson, Mische-Lawson, 2023).

Competency 14. Engages in reflective practice, self-awareness, and continuing professional development

What naturopaths must be able to do	Evidence of competency for practice
Practitioners maintain and improve competence through reflection, feedback, self-care and ongoing learning	a. Recognises and regularly reflects on attitudes, clinical decisions, communication, outcomes, bias and values, limitations and professional behaviour and the potential impacts on the profession, practice and patients. b. Demonstrates purposeful and deliberate efforts to improve judgment, capability and consistency of care. c. Builds and maintains professional relationships and referral networks, demonstrating a commitment to, and respect for, colleagues and peers. Maintains professional networks relevant to practice to optimise outcomes for patients. d. Seeks and responds constructively to feedback from patients, other health professionals and colleagues, clinical and professional supervision, mentoring or case discussion. e. Analyses strengths and limitations of own skills, knowledge and experience and addresses limitations through ongoing evidence of continuing professional development. f. Seeks supervision, consultation, mentoring or referral when patient needs exceed own competence or scope of practice.

Key Terms

Scope of practice: The professional role and the activities performed by a practitioner which are determined by their education, competence and legal authorization.

Reflective practice: may include self-reflection during and after a clinical challenge or experience. It may involve structured and informal reflection to either review and integrate knowledge and findings into practice or to improve services.

Competency 15. Contributes to learning, research, and the profession

What naturopaths must be able to do	Evidence of competency for practice
Practitioners support development and improvement of the profession, workforce and evidence base.	a. Contributes to professional learning environments through supporting colleagues and students where appropriate. b. Supports ethical research, knowledge translation and scholarly engagement relevant to naturopathic practice. c. Uses professional forums, networks, communities of practice and interprofessional learning to strengthen quality of care relevant to practice. d. Contributes to the development of the profession in a way that is ethical, evidence-informed and in the public interest.

Key Terms

Evidence-informed practice: The integration of the best available evidence (including traditional and scientific knowledge), practitioner expertise, and patient values, preferences, and circumstances within clinical practice. This approach aligns with evidence-based practice, which offers a systematic process for reviewing, translating, and applying research findings to clinical practice to enhance patient care, treatment, and outcomes. (Dusin, Melanson, Mische-Lawson, 2023).

Domain 6: Safety, quality and practice systems

This domain describes the systems, governance and safety capabilities needed to provide high-quality naturopathic services, including infection prevention, emergency readiness, documentation, digital care and responsible advertising.

Competency 16. Maintains safe practice environments and responds to risk

What naturopaths must be able to do	Evidence of competency for practice
Practitioners maintain environments, systems and behaviours that protect patients, practitioners, staff and the public from harm.	a. Identifies and acts on risks, and actively engages in safety, risk management and quality improvement activities within the practice. b. Applies infection prevention and control principles relevant to the practice setting and any procedures performed. c. Maintains safe physical environment, equipment, product storage systems and emergency processes. d. Identifies and mitigates clinical and non-clinical risks, including product safety, allergies, falls, sharps, fire, cyber risk and workplace hazards. e. Maintains up to date skills and knowledge concerning first aid and emergency care where appropriate to the practice context. f. Recognises urgent or emergency situations and initiates timely first aid, emergency response, and referral. g. Participates in incident reporting, open disclosure, review and learning from adverse events or near misses.

Key Terms

Fit to practice: the naturopath meets the *Competency Standards for naturopathic practitioners in Australia and Aotearoa New Zealand*.; and complies with the professional standards set out in the *Code of Conduct for naturopaths and Western herbal medicine practitioners in Australia and Aotearoa New Zealand*.

Open disclosure: The professional requirement to participate in honest communication and reporting following an incident, adverse event, or "near miss" in clinical practice.

Competency 17. Practises safely in digital, telehealth and AI environments

What naturopaths must be able to do	Evidence of competency for practice
Practitioners create, manage and protect patient health information and deliver safe care using digital, telehealth, and other virtual systems.	a. Protects privacy and confidentiality and secures paper and electronic records against loss, misuse or unauthorised access, to maintain data privacy. This includes avoiding entering sensitive patient-identifiable information into public or unsecured AI models to prevent unauthorised data processing. b. Uses digital systems, messaging, prescribing-related communication, telehealth platforms, AI enabled tools and other technologies safely and appropriately, ensuring an understanding of their specific functionality and limitations. c. Confirms identity, obtains consent and assesses suitability when care is delivered by telehealth or other virtual methods, including the disclosure of the use of AI tools to patients where such tools significantly influence the assessment or treatment recommendations. d. Ensures a human-in-the-loop approach, by critically evaluating and cross-referencing AI-generated information for accuracy, bias, source integrity, and clinical relevance before incorporating it into patient care or professional communication, ensuring that digital tools support, rather than replace, professional judgment, ethical practice, and patient safety. e. Maintains professional standards and boundaries in all digital interactions, including social media, ensuring that online content reflects evidence-based practice and professional integrity. Understands the role of social media in communicating about professional practice.

Key Terms

AI-enabled tools: refers to any software, devices, or systems that use advanced algorithms and machine learning to analyse complex medical data, aiding practitioners in diagnosis, treatment planning, and patient monitoring. In naturopathic practice, these tools may support administrative, educational or clinical-information tasks, but must not replace practitioner judgement, informed consent, privacy obligations, lawful scope of practice or appropriate referral.

Human-in-the-loop approach: ensures that AI tools act as supportive assistants rather than final decision-makers, always requiring a human clinician to review, validate, or override the AI's recommendations.

Telehealth: the use of digital information and communication technologies, such as computers, smartphones, and video conferencing, to access and manage healthcare services remotely. It enables

virtual clinical consultations, remote patient monitoring, and health education without the need for an in-person visit.

Competency 18. Maintains clinical governance, quality improvement and ethical practice management

What naturopaths must be able to do	Evidence of competency for practice
Practitioners contribute to systems that improve safety, quality, accountability and public trust, including responsible service promotion and sustainable practice operations.	a. Uses clinical governance processes (e.g., policies and protocols, audit, incident and complaints review, and feedback) to monitor and improve service quality. b. Provides practice information transparently, including scope and limits of care, fees, products supplied, referral options and expected review arrangements. c. Promotes services responsibly and lawfully, avoiding misleading or unsubstantiated claims, fear-based promotion, inappropriate inducements and conflicts of interest. d. Applies ethical practice management principles to support including planning and managing time, resources and workload. e. Identifies, assesses and responds to practice challenges and opportunities (e.g., changes in demand, technology, workforce, regulation), implementing risk controls and quality improvement actions as needed. f. Reviews and updates clinic operations in response to practice challenges at regular intervals to implement documented risk controls and quality improvements in response to changing industry standards. g. Maintains operational systems relevant to the practice context (e.g., stock and expiry controls, recalls, cleaning and maintenance schedules, staff clinical practice orientation and training, privacy compliance and safe delegation). h. Identifies opportunities for quality improvement, audit, service evaluation, business planning, and practice development activities.

Key Terms

Practice development: A continuous process of improving healthcare through the systematic evaluation and refinement of clinical environments and person-centred care. In the context of

naturopathy, it involves translating research and collaborative learning into daily practice to enhance service delivery and patient outcomes.

Competency 19. Supports public health, disease prevention and health protection

What naturopaths must be able to do	Evidence of competency for practice
Practitioners contribute to public health by providing evidence-informed advice, supporting accurate health information, following public health legislation and advocating for naturopathic care where appropriate.	a. Demonstrates understanding of the public and private health systems and services and the position and role of naturopathic care. Understand historical conflicts between naturopathy, and biomedicine that has impacted naturopathy practice today. b. Applies relevant public health legislation, guidance and reporting requirements within the practice setting and jurisdiction. c. Identifies and responds appropriately to suspected notifiable and other high-risk infectious conditions, including timely referral in line with state, territory, or country requirements. d. Provides evidence-informed education to patients about infection control and disease prevention, risk reduction and self-management, consistent with recognised public health authorities where relevant. e. Implements preventative care strategies and patient self-care through education, naturopathic treatments, and long-term care plans to support lasting wellness. f. Advocates for, and promotes naturopathic practice, within the context of public health policy by acting to address public health issues including the promotion of healthy dietary and lifestyle choices. g. Supports vaccination-related informed decision-making by providing accurate, balanced information within scope, addressing misinformation, and referring to appropriate immunisation providers and resources. h. Recognises and responds to public health concerns relevant to practice (e.g., chronic disease prevention, substance-related harm, family violence), including safety planning and referral pathways where required. i. Uses practice policies and systems (e.g., screening, triage, documentation, outbreak/respiratory illness protocols) to reduce transmission risk and protect patients, staff and the public.

Key Terms

Evidence-informed practice: The integration of the best available evidence (including traditional and scientific knowledge), practitioner expertise, and patient values, preferences, and circumstances within clinical practice. This approach aligns with evidence-based practice, which offers a systematic process for reviewing, translating, and applying research findings to clinical practice to enhance patient care, treatment, and outcomes. (Dusin, Melanson, Mische-Lawson, 2023).