The 2021 to 2026 Course Accreditation Standards Mapping Document

Purpose of this Document

This mapping document illustrates how feedback from naturopathic professional associations: ANPA, ANTA, ATMS, CMA, NHAA, and NMHNZ, alongside education institutions ECNH, SCU, SPCNM, and TUA both in Australia and New Zealand have directly shaped the updated 2026 Naturopathic Course Accreditation Standards. Over the past two years, we have carefully reviewed stakeholders' suggestions and benchmarked ARONAH's requirements against national and international health professions. In response to this input, key adjustments have been made across the standards, including simplifying workforce requirements, updating clinical supervisory criteria, introducing modern telehealth and AI frameworks, and broadening program leadership qualifications. This document details each specific change to the 2021 standards to demonstrate how stakeholder recommendations were incorporated to build a collaborative, contemporary, and unified educational framework for the naturopathic profession.

Standard 1: Safe Practice

- Criteria 1.1, 1.2, & 1.3: No change. However the Naturopathic Code of Conduct was developed based on feedback around a consensus for needing this document.
- Criterion 1.4: Simplified in the new 2026 standards. The old clause requiring ongoing monitoring and enforcement of mandatory student-level registration with ARONAH has been removed based on feedback from NHAA, ATMS, TUA, ECNH.
- Criterion 1.5: Requirements modified. The expectation for general academic staff to maintain active ARONAH practitioner status has been removed based on feedback from NHAA, ATMS, TUA, ECNH. However, explicit documentation proving professional indemnity insurance and clear Working with Children Checks (WWCC) for all active clinical faculty has been added.
- Criterion 1.6: Artificial Intelligence requirements added
- Criterion 1.7: Slightly more detail around insurance thresholds. Adds an explicit requirement that the provider must verify and hold documentary evidence of student professional indemnity and public liability coverage during external placements based on feedback from ECNH.
- Criterion 1.8: No change.

Guidance notes:

Standard 1 (Safe Practice) Guidance: The revised notes shift focus away from tracking student-level professional registration records. Instead, the updated guidance provides

specific directions on documenting the legal and clinical scaffolding of your workforce, explicitly detailing how to present certified evidence of professional indemnity insurance and valid safety clearance checks for clinical staff. Feedback from NMHNZ incorporated.

Standard 2: Governance and Quality Assurance

- Criteria 2.1 & 2.2, 2.4: No change. Requirements for higher education institutional status and general academic governance structures are identical.
- Criterion 2.3: Unchanged. Requires absolute curriculum alignment to the Australian Qualifications Framework (AQF) Level 7 or above.
- Criterion 2.5: Head of program qualifications broadened based on feedback from NHAA, ANTA.
- Criterion 2.6: Criteria for the Course Advisory Committee has changed. Rather than just general "stakeholder input," the 2026 standards explicitly mandate the inclusion of specific roles within your Course Advisory Committee (including independent external academics, registered naturopathic practitioners, and professional association representatives).
- Criteria 2.7, 2.8. 2.9: Unchanged.
- Criterion 2.10: evidence broadened
- Criterion 2.11: Unchanged but evidence clearer
- Criteria 2.12, 2.13, 2.14, 2.15: No change.

Guidance notes:

Standard 2 (Governance) Guidance: The notes have been updated to define the exact criteria for acceptable stakeholder inclusion in the CACs. The notes also provide more detail on the qualifications of the Chief Academic Officer as well as the Clinical placement coordinator. This is based on feedback from TUA.

Standard 3: Program Design, Implementation and Resourcing

- Criterion 3.1: Naturopathic theories have been added to stand alongside naturopathic philosophy and principles based on feedback from NMHNZ.
- Criterion 3.2: criteria wording updated to reflect contemporary evidence for teaching

- Criterion 3.3: no change
- Criterion 3.4: evidence of 5 year success rates removed. Replaced with broader progression, completion and graduate outcome monitoring
- Criteria 3.5, 3.6, 3.7, 3.8: no change
- Criterion 3.9: 20% requirement removed. More detail required in evidence for offshore study component based on feedback from ATMS.
- Criterion 3.10: additional evidence required for Student life programs
- Criterion 3.11: The total 500 supervised naturopathic hours and a 60% primary clinician requirement) remains exactly the same. Primary Clinician terminology has been updated to Leading Clinician. The criteria has expanded to include specific clinical exposures that are desirable, (groups of clients, as well as clinical presentations), and also now includes a reference to the Code of Conduct that students should follow, as well as being a student member of ARONAH or a profession association. The definition of a recognised professional association has been clarified. These changes were partly based on feedback from NHAA, ANTA, TUA, NMHNZ but also benchmarked against similar professions in Australia and New Zealand as well as naturopathy internationally, which was specifically asked for by ATMS. Please refer to benchmarking summary document.
- Criterion 3.12: Requirements modified. Telehealth maximum percentage has been removed. A variety of clinical experiences are suggested such as telehealth, 1:1 consultations, group consultations and more; technology in consultations is specifically defined and discussed to reflect the broadening way naturopaths consult with patients. This is based on feedback from CMA, ANPA, TUA, ANTA. These changes were also benchmarked against similar professions in Australia and New Zealand as well as naturopathy internationally. Please refer to benchmarking summary document. Evidence is updated to reflect these changes.
- Criterion 3.13: qualifications of clinical supervisors can now be mapped if equivalent to AQF7. Requirement for ARONAH membership has been removed based on feedback from CMA, NHAA, ATMS, TUA, ECNH. Supervisors must be a member of a recognised professional association.
- Criterion 3.14: evidence of quality improvement changed from Statutory declaration to a letter from a broader group of management based on feedback from TUA.

Guidance notes:

Standard 3 (Program Design) Guidance: This section has experienced the most substantial revision. The legacy notes, which strictly governed the mathematical 40% threshold for online delivery, have been removed. Modern technology is incorporated into the clinical experience. Key changes include the explicit integration of digital health systems, automated practice management, and generative AI guidelines into the curriculum, alongside formalized, core training for telehealth safety protocols and remote physical assessments. Content requirements have been updated to include traditional

naturopathic theories alongside philosophy and principles, while the framework for counselling has been strictly defined around behaviour change communication and motivational interviewing with clear professional boundaries. Clinical training has evolved by transitioning the primary student role to the title of "Leading Student Clinician" and introducing dynamic supervisor-to-student ratios that scale according to the student's clinical progression and safety requirements. This is based on feedback from CMA, NHAA, TUA. These changes were also benchmarked against similar professions in Australia and New Zealand as well as naturopathy internationally, which was specifically asked for by ATMS. Please refer to benchmarking summary document.

Standard 4: Student Experience

- No substantial changes to criteria or evidence. Some phrasing has been edited for clarity and detail

Standard 5: Student Assessment

- No substantial changes to criteria or evidence. Some phrasing has been edited for clarity and detail.