Naturopathic Course Accreditation Standards

For practitioners in Australia and Aotearoa New Zealand

2026

Table of Contents

Overview **3**
History of the naturopathic course accreditation standards 4
Review process 5
Overview of Naturopathic Course Accreditation Standards (2026) 6
Using the naturopathic accreditation standards 6
Guidance for evidence and monitoring 6
Review of Naturopathic course accreditation standards 7
Ratification and approval 7
Ongoing feedback and further information 7
Acknowledgment of Participants 8

Naturopathic course accreditation standards, criteria, evidence and guidance notes **9**
STANDARD 1: Safe practice 9
STANDARD 1: Guidance notes 12
STANDARD 2: Governance and quality assurance 14
STANDARD 2: Guidance notes 17
STANDARD 3: Program design, implementation and resourcing 19
STANDARD 3: Guidance notes 24
STANDARD 4: Student experience 30
STANDARD 4: Guidance notes 31
STANDARD 5: Student assessment 32
STANDARD 5: Guidance notes 34

Glossary of Terms **35**

References and Source Documents **39**

Overview

The Australian Register of Naturopaths and Herbalists (ARONAH) has revised the *Naturopathic Course Accreditation Standards* to support the quality, integrity and ongoing development of the naturopathic profession, with a primary focus on public protection and patient safety. ARONAH affirms that the public should have confidence that higher education providers delivering naturopathic programs prepare graduates who are competent to practise safely, effectively and ethically. Graduates are expected to meet the requirements of the *Competency Standards for Naturopathic Practitioners in Australia and Aotearoa New Zealand* and the *Code of Conduct for Naturopaths and Western herbalists in Australia and Aotearoa New Zealand.* All references to the Competency Standards, and the Code of Conduct, in these *Naturopathic Course Accreditation Standards* refer to these documents.

Higher education providers are responsible for ensuring that graduates possess the core and transferable knowledge, skills, professional behaviours and attitudes required for safe entry-level practice. These capabilities are articulated within the *Competency Standards for Naturopathic Practitioners in Australia and Aotearoa New Zealand* and form the foundation upon which professional competence is developed. Program accreditation assesses whether an education provider, on the basis of evidence submitted, is likely to achieve this outcome.

This approach is founded on two key principles:

1. Educational Quality Assurance – Higher education providers must be authorised to deliver and confer the relevant government approved qualification and be subject to appropriate quality assurance processes that support the achievement of high-quality learning outcomes for graduates.
2. Professional Competence – The profession must maintain contemporary, agreed and evidence-informed competency standards against which the capabilities of graduates from entry-to-practice programs can be assessed.

Where these requirements are met, graduates can be expected to enter the workforce as safe and effective naturopathic practitioners. A safe and effective naturopath practises in a manner that protects the public and promotes patient wellbeing by meeting the requirements of the *Naturopathic Course Accreditation Standards*, the *Competency Standards for Naturopathic Practitioners in Australia and Aotearoa New Zealand* and the *Code of Conduct for Naturopaths and Western herbalists in Australia and Aotearoa New Zealand*. Such practitioners integrate naturopathic philosophies, principles and theories within an evidence-informed, ethical and patient-centred model of care; recognise the limits of their professional competence; communicate effectively and respectfully; maintain accurate clinical records; practise in culturally, emotionally and physically safe ways; collaborate appropriately with other health professionals; make timely referrals where required; and engage in ongoing reflective practice, continuing professional development and quality improvement throughout their careers.

Professional program accreditation undertaken by ARONAH is distinct from the regulatory functions exercised by the Tertiary Education Quality and Standards Agency (TEQSA) in Australia, the New Zealand Qualifications Authority (NZQA) in Aotearoa New Zealand, or their jurisdictional

equivalents. These agencies are responsible for the registration and quality assurance of higher education providers and courses of study within their respective regulatory frameworks.

ARONAH acknowledges the important role of TEQSA and NZQA in assuring compliance with broader higher education quality standards. However, ARONAH's accreditation standards have been specifically developed for naturopathic professional practice, and address the unique professional requirements of naturopathic entry-to-practice programs.

Accordingly, ARONAH accreditation operates alongside, rather than in place of, government quality assurance processes. While TEQSA and NZQA assess institutional and academic quality, ARONAH evaluates the governance, curriculum design, educational delivery, assessment practices and student learning experiences that are specific to naturopathic education. Particular attention is given to ensuring that program content and assessment are grounded in naturopathic philosophy, principles and professional practice, providing a level of professional scrutiny beyond that offered through general higher education regulation alone.

In this respect, ARONAH's role is analogous to that of professional accreditation authorities operating alongside Ahpra National Boards and accreditation authorities in the regulated health professions. When seeking accreditation, providers must demonstrate compliance with both the applicable higher education quality requirements of their jurisdiction and the *Naturopathic Course Accreditation Standards.*

The professional accreditation process administered by ARONAH provides an efficient and robust mechanism for assuring that graduates of accredited programs are capable of meeting the profession's entry-to-practice requirements. Accreditation evaluates whether the educational program, its systems and its outcomes are likely to produce graduates who meet the *Competency Standards for Naturopathic Practitioners in Australia and Aotearoa New Zealand.* Professional accreditation must maintain and protect professional standards while supporting institutional diversity, educational innovation and continuous quality improvement. Consistent with the *Competency Standards for Naturopathic Practitioners in Australia and Aotearoa New Zealand* and the *Code of Conduct for Naturopaths and Western herbalists in Australia and Aotearoa New Zealand*, the *Naturopathic Course Accreditation Standards* are reviewed periodically to ensure they remain contemporary and responsive to developments in health care, education, legislation, policy and professional practice.

To be eligible for accreditation by ARONAH, a naturopathic program must be delivered by a government-recognised or government-accredited university or higher education provider and lead to the award of a Bachelor's degree, Master's degree, or equivalent qualification in naturopathy.

HISTORY OF THE NATUROPATHIC COURSE ACCREDITATION STANDARDS

In 2015, 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. These guidelines ensured programs graduate safe, effective practitioners capable of working within the broader healthcare system and the board committed to a comprehensive review of the standards every five years.

Fulfilling that commitment, in August 2020 ARONAH engaged an independent consultant to lead and conduct a complete review of the course accreditation standards to ensure the incorporation of emerging trends in naturopathic practice, and the Australian higher education and healthcare landscape. This was the most comprehensive review to date of naturopathic education standards in the Australasian region.

The three-stage 2020–21 review actively incorporated stakeholder feedback via surveys, submissions, and meetings. Where possible, the review was undertaken with reference to the World Naturopathic Federation (WNF) standards to support alignment between Australian naturopathic practice and global professional standards. The full process details are available on the ARONAH website.

The standards were scheduled for review in 2025, and although a comprehensive evaluation was conducted, particular attention was given to three key areas: Work Integrated Learning (Clinical) hours, Online Learning, and Telehealth. These topics warranted detailed examination due to the evolving educational landscape following the COVID-19 pandemic. The benchmarking of these key areas included comparisons with similar regulated professions in Australia and New Zealand, as well as with international naturopathic education standards.

REVIEW PROCESS

Stage 1

The review commenced in July 2024, inviting stakeholders within the naturopathic sector across Australia and New Zealand to provide input on the standards. All invited naturopathic professional associations and educational institutions participated by submitting their feedback during this consultation phase. They were:

- Naturopathic Associations ANPA, ANTA, ATMS, CMA, NHAA, and NMHNZ.
- Education institutions: Endeavor College of Natural Health, South Pacific College of Natural Medicine, Southern Cross University, and Torrens University.

Feedback was collated and themes were developed. This feedback was received between August 2024 and May 2025.

Stage 2

Those who gave feedback were invited to participate in regular video conferencing meetings where themes were discussed, and consensus was gained where possible. These meetings were held monthly on average, between February 2025 and September 2025.

Stage 3

The theme areas of Work Integrated Learning (Clinical) hours, Online Learning, and Telehealth were benchmarked by ARONAH board members, against naturopathic standards internationally, as well as similar professions in Australia and New Zealand. This information, as well as the feedback collected from the above stakeholders was incorporated into the standards. More details on this process can be found on the ARONAH website.

Overview of Naturopathic Course Accreditation Standards (2026)

The current Naturopathic Course 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

These standards should be used alongside the *Competency standards for naturopathic practitioners in Australia and Aotearoa New Zealand*, and the *Code of Conduct for naturopaths and Western herbalists in Australia and Aotearoa New Zealand*.

Using the naturopathic accreditation standards

The Naturopathic Course Accreditation Standards are designed principally for use by higher education providers seeking accreditation of an entry-to-practice naturopathy program of study. ARONAH's independent assessment team evaluates programs in accordance with these standards and makes recommendations to the ARONAH Board for decision.

Higher education providers seeking accreditation are required to complete an application pack (available at http://www.aronah.org/). The pack includes the *Naturopathic Course Accreditation Standards* and relevant guidance on addressing them. The guidance is regularly reviewed and updated to assist education providers prepare their submissions.

While the standards are principally for use by higher education providers, they are also useful for anyone interested and involved in the education of naturopathic practitioners.

Guidance for evidence and monitoring

These standards articulate accreditation requirements for education providers delivering programs intended to qualify graduates for the practice of naturopathy. It provides guidance on the required documentation to be submitted as evidence for the adherence to the standards. 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 supporting material 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. Education providers must clearly identify the source of supporting evidence when presenting evidence for review and monitoring.

Conditional accreditation may be granted if an institution is assessed by the Board as not meeting accreditation requirements. 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 evidentiary documentation will be submitted electronically. This includes all electronic copies and URLs (where available) of all primary evidence outlined in the Naturopathic Course Accreditation Standards as required for accreditation applications, and any on-going quality assurance evidence required for interim report monitoring purposes. Specific details on submission processes will be provided on the accreditation application or in documentation for interim monitoring requests.

Review of Naturopathic course accreditation standards

The Naturopathic Course Accreditation Standards will be reviewed as necessary. A comprehensive, independent review of the Naturopathic Course Accreditation Standards will occur in 2031, and every five (5) 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 Australasian healthcare system, and comply with TEQSA/NZQA requirements or its jurisdictional equivalent.

Ratification and approval

The Chair of ARONAH's Board reviewed the Naturopathic Course Accreditation Standards before presenting them to the Board to ratify and approve. These standards were approved by the ARONAH Board on 12th July 2026 for use subject to a final review for cultural appropriateness by by Māori and Indigenous Australian advisory groups.

Date of effect: 12th July 2026 (On this date these accreditation standards replace the Naturopathic Education Accreditation Standards published in 2021).

Ongoing feedback and further information

The feedback process is ongoing. ARONAH invites education providers, accreditation assessors and other users of the Naturopathic Course Accreditation Standards to provide feedback on this document at any time. Please email your feedback to ARONAH at info @ aronah.org

For further information please contact:

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ACKNOWLEDGMENT OF PARTICIPANTS

The Board of the Australian Register of Naturopaths and Herbalists acknowledge the time, expertise and commitment of each stakeholder who participated in the review and update of the *Naturopathic Course Accreditation Standards*.

Representatives from each organisation met regularly throughout 2025 and gave their time generously for the advancement of the profession.

- Naturopathic Associations ANPA, ANTA, ATMS, CMA, NHAA, and NMHNZ.
- Education institutions: Endeavor College of Natural Health, South Pacific College of Natural Medicine, Southern Cross University, and Torrens University

Naturopathic course accreditation standards, criteria, evidence and guidance notes

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
1.1 The program is guided by the principle of public safety.	• Unit/subject outlines that evidence public safety and protection in the curriculum • Deidentified examples of three student assessments across different units/subjects that show safe practice is taught and assessed in the pre-clinical and clinical settings • Examples of quality improvement measures that identify, assess, correct and report public safety concerns in routine program monitoring.
1.2 The education provider requires students to comply with the professional *Code of Conduct for naturopaths and Western herbalists in Australia and Aotearoa New Zealand* consistent with the expectations of safe, ethical and professional conduct.	• Unit/subject outlines that evidence that the professional *Code of Conduct for naturopaths and Western herbalists in Australia and Aotearoa New Zealand* is being taught throughout the curriculum • Examples of three de-identified student assessments that evidence implementation and reinforcement of the *Code of Conduct for naturopaths and Western herbalists in Australia and Aotearoa New Zealand* in theoretical, practical, pre-clinical and clinical subjects within the program.
1.3 The education provider maintains internal processes to reduce public risk by ensuring policy compliance by staff and students.	• Copy of safety and/or risk policies • Examples of implementation of formal processes and that reduce public risk in clinical settings • Evidence of policy training • Evidence of a risk management plan.
1.4 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: a. demonstrate English language proficiency appropriate for tertiary education in health science clinical degrees, with a minimum IELTS score of 6.0 overall and no individual band below 5.5, or an approved equivalent, unless a higher threshold is required by the education provider, clinical placement setting, regulator or relevant jurisdiction b. meet the program's inherent course requirements.	• Copy of admissions policy • Copy of English language proficiency requirements in policy and examples of denied admission where policy requirements were not met • Copy of Naturopathic Inherent Course Requirements.

1.5 The education provider ensures that staff teaching supervised clinical practicums: a. are qualified naturopaths or content specialists with relevant post-graduate qualifications or relevant experience and expertise in the naturopathic profession* b. have a minimum of five (5) years' clinical experience c. have a minimum of two (2) years' experience in academic or clinical education d. receive training to adequately and safely supervise and assess naturopathic students e. maintains membership with a recognised naturopathic professional association** f. are covered by relevant professional indemnity arrangements, including institutional indemnity and, where applicable, individual professional indemnity insurance appropriate to their role, scope of practice, employment or contracting arrangement, and clinical supervision responsibilities *g.* are covered by Working With Children Check / Children's Worker Safety Check depending on jurisdiction.	• Examples of formal monitoring processes to ensure that staff possess the minimum qualifications and experience • Copy of staffing table for all staff teaching supervised clinical practicums • Evidence of ongoing staff training provisions. • Evidence that staff teaching supervised clinical practicums are covered by appropriate indemnity arrangements, including institutional insurance or indemnity and, where applicable, current individual professional indemnity insurance, with processes to verify and monitor currency of cover, and Child safety checks.
1.6 The education provider maintains evidence-based and transparent policies, including workplace health and safety, cyber security (inclusive of artificial intelligence systems and data governance), sexual assault and harassment, bullying, quality assurance, disability and discrimination.	• Copy of most recent policies outlined in criterion 1.6 • Examples of staff and student policy training and implementation • Evidence of policy transparency.

* To teach a Higher Education qualification, academic teaching staff must hold a qualification at least one Australian Qualifications Framework (AQF)/New Zealand Qualifications and Credentials Framework (NZQCF) level or equivalent, higher than the program they are instructing. Or they must demonstrate equivalent relevant academic, professional, clinical experience, competence, and expertise. (Higher Education Standards Framework (Threshold Standards) 2021 (Cth) s3.2.3; Tertiary Education Quality and Standards Agency [TEQSA], 2022 October 13 "3.2 Staffing" section)

This may be assessed in multiple ways, some examples including: conference/professional peer group presentations, authorship or peer review of academic papers, development of accredited continuing professional development (CPD), invited lecturing, advanced clinical case presentations, receipt of awards, fellowships, or appointments within the profession, and ongoing professional development relevant to naturopathic education and supervision. Please refer to example of an Academic Equivalence Assessment Matrix (separate document) which details information to assist with mapping equivalency from AQF7 to AQF8.

**A recognised Australian and NZ naturopathic professional association is defined as an association that has adopted naturopathic education standards, and the national code/charter of conduct, along with the degree minimum requirement for the profession.

1.7 Clinic environments used for supervised clinical practicums and work-integrated clinical placements must: a. meet state and national safety requirements b. maintain relevant accreditation c. support interprofessional collaboration d. provide emotional and cultural safety e. support ethical and evidence-based naturopathic practice grounded in naturopathic philosophy and contemporary pillars of evidence informed practice f. enable practice of patient-centred care g. have appropriate insurance coverage for students.	● Demonstrate implementation of internal processes that show teaching clinics or work integrated clinical placement environments maintain relevant safety, accreditation and licences ● Evidence that the education provider regularly monitors the currency of work integrated clinical placement environment/practice accreditation and licencing ● Examples of a copy of a Memorandum of Understanding (MOU) with a work-integrated clinical placement environment/practice that evidences support for interprofessional collaboration and patient-centred care ● Examples of implementation of internal mechanisms to promote emotional and cultural safety in all learning environments such as cultural safety frameworks or action plans, staff and student training records, clinic and placement orientation materials, feedback and complaints processes, de-identified incident or quality improvement records ● Examples of implementation of internal mechanisms that promote naturopathic practice underpinned by philosophy, tradition and contemporary pillars of evidence (per criterion 1.7.e) ● Examples of implementation of internal mechanisms that facilitate and monitor patient-centred care in supervised clinical practicum and work-integrated clinical placement environments, such as patient/client feedback processes, consent and shared decision-making procedures, student clinical assessment tools, reflective practice tasks, or supervisor evaluation records ● Evidence of appropriate insurance coverage for students undertaking supervised clinical practicum and/or work-integrated clinical placements, such as a current certificate of currency, placement agreement, MOU, or written confirmation from the insurer or education provider specifying student coverage.
1.8 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.	● Examples of at least three de-identified student assessments across a range of performance that evidences assessment of learning outcomes for pre-clinical skills, including examples from students who have not met pass requirements ● Documents evidencing pre-requisite and scaffolded pre-clinical unit/subject learning outcomes to be met prior to progressing through pre-clinical, supervised clinical practicum and work integrated clinical placements in the program.

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 professional 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 naturopathic course accreditation process is to ensure the quality of the profession and its work in the public interest. A stringent focus on public safety within the profession promotes the public's confidence in the education providers ability to produce graduates of naturopathic programs who are competent to practice safely and effectively.

In the interest of protecting public safety, all naturopathic students enrolled in an approved program of study with clinical training in naturopathy are required to register as a student member with ARONAH and/or a professional association prior to undertaking their first clinical skills practicum unit/subject. This safeguards safe and ethical practice in accordance with the professional *Code of Conduct for naturopaths and Western herbalists in Australia and Aotearoa New Zealand.* This is outlined in criteria 3.11. ARONAH and most associations offer free student memberships.

Another part of this adherence to public safety is ensuring all clinical supervisors are adequately qualified and experienced. Criteria 1.5a stipulates that all clinical supervisors must have relevant post-graduate qualifications or relevant experience and expertise in the naturopathic profession*

* To teach a higher education qualification, academic teaching staff must hold a qualification at least one AQF/NZQCF level or equivalent higher than the program they are instructing, or demonstrate equivalent relevant academic, professional, clinical experience, competence, and expertise. (Higher Education Standards Framework (Threshold Standards) 2021 (Cth) s3.2.3; TEQSA, 2022 October 13, "3.2 Staffing" section") This may be assessed in multiple ways, but some examples are: conference/professional peer group presentations, authorship or peer review of academic papers, development of accredited continuing professional development (CPD), invited lecturing, advanced clinical case presentations, receipt of awards, fellowships, or appointments within the profession, and ongoing professional development relevant to naturopathic education and supervision. Please refer to the Academic Equivalence Assessment Matrix document which documents details around mapping AQF7 to AQF8 (separate document)

Ethics and conduct

The education provider is expected to ensure graduates achieve the common and transferable skills, knowledge, behaviours and attributes associated with safe and effective naturopathic practice. The requirements for achieving this are articulated in the *Competency standards for naturopathic practitioners in Australia and Aotearoa New Zealand* and the *Code of Conduct for naturopaths and Western herbalists in Australia and Aotearoa New Zealand*.

Program admission

Education providers are expected to ensure fair, ethical and equitable admission practices where students are not admitted to the program if the education provider is aware that the student does

not yet possess the capability to be academically successful. Education providers are expected to ensure that processes are in place to support the student's transition to higher education and academic success.

Education providers delivering post-graduate programs of study must meet all Naturopathic Course Accreditation Standards and relevant criteria in addition to all criteria outlined in the Naturopathic Accreditation Standards: Guidelines for Post-graduate Programs of Study (see ARONAH website www.aronah.org). Where education providers deliver advanced standing post- graduate programs in advanced naturopathic practice, the 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 allowing students to progress through the program, the education provider must have formal processes to assess and verify that students have attained the requisite pre-clinical and clinical skills, including case taking, differential diagnosis and physical examination. It is expected that the education provider will design a program that permits the scaffolded development of skills to promote clinical skills development and minimises public risk.

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 competency as a naturopathic practitioner.

Criteria	Documentary evidence to include in accreditation application/interim reports
2.1 The education provider must be registered with the Tertiary Education Quality Standards Agency (TEQSA) as an Australian university or Higher Education Provider, or New Zealand Qualifications Authority (NZQA) as a New Zealand higher education provider, or equivalent in other jurisdictions.	● TEQSA notice of decision on registration, including designation of self-accrediting authority (if applicable) ● NZQA notice of decision on registration, including designation of self-accrediting authority (if applicable).
2.2 The program must be accredited by TEQSA/NZQA, 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.	For non-self-accrediting higher education providers: ● TEQSA's report on program accreditation, or NZQA program approval/accreditation documentation, including disclosure of conditions and response to concerns (if applicable) For self-accrediting providers: ● Copy of governance program approval, including disclosure of conditions and response to concerns (if applicable).
2.3 The program is delivered at an AQF Level 7 or NZQCF level 7 for the award of bachelor's degree, or above.	● Evidence of AQF/NZQCF level approval by TEQSA/NZQA for non-self-accrediting providers or relevant board approval for self-accrediting providers, or jurisdictional equivalent.
2.4 The education provider 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.	● Copy of approved Governance Framework ● Terms of reference for relevant department committees and advisory groups ● Evidence of governance arrangement between the university or higher education provider and the department that ensures responsiveness to accreditation requirements for ongoing compliance with *Naturopathic Course Accreditation Standards*.
***2.5** The program must have an appropriately qualified chief academic officer* ^ and must include an experienced naturopath with postgraduate qualifications in the leadership team. The education provider must demonstrate naturopathic consultation and advisement into the course content and proposed program/curriculum changes. ^ see guidance notes	● Staff profile for head of program that evidences: ○ Level of academic appointment and staffing fraction ○ Role, title, name, qualifications and experience relevant to their responsibilities ○ Reporting relationships ● Evidence of post-graduate qualifications relevant to the role ● Evidence that staff responsible for the leadership/management of the program has delegated responsibility and control of program development, monitoring, revision of the program ● Evidence of naturopathic consultation and advisement into the course content and proposed program/curriculum changes. Examples of evidence may include curriculum committee minutes, advisory group records, written reports or recommendations from qualified naturopathic advisors, documented review of unit outlines by naturopathic experts, evidence of naturopath participation in course approval or review processes, and records showing how

	naturopathic advice informed changes to curriculum, learning outcomes, assessments, or program structure.
2.6 The education provider conducting the program must: a. maintain a program/course advisory committee with the responsibility to develop, monitor, review, evaluate and make informed quality improvements b. ensure that the program/course advisory committee includes external stakeholder input into the design, implementation, quality and evaluation of program from a diverse range of stakeholders, including: ○ Representatives of the professional associations, industry, and clinical workforce* ○ Current students and alumni ○ Clinical placement supervisors and employers of graduates ○ Health consumer and patient advocacy representatives** ○ Aboriginal, Torres Strait Islander, and/or Māori peoples to ensure cultural safety and competence are embedded in the curriculum The committee should additionally seek input from representatives of other health professions to foster interprofessional collaboration and safety, as well as individuals representing culturally and linguistically diverse (CALD) populations c. incorporate relevant feedback from sources such as external stakeholders, students, peer review and external program review into program design, implementation and quality improvement.	● Terms of Reference for program/course advisory committee responsible for providing feedback on design, implementation, quality and program evaluation ● List of external stakeholder members ● Examples of formal external input into the program and evidence of actions taken to incorporate or respond to input for quality improvement ● Copy of Annual Course Report ● Copy of program/course advisory committee meeting calendar ● Evidence that program provider has reported on program alignment to education standards to the course/program advisory committee ● De-identified examples of formal student feedback incorporated into the program and evidence of actions taken to respond to input for quality improvement ● Evidence of client retention rates for clinical work-integrated learning subjects delivered at the education provider's institution.
2.7 Formal processes exist to regularly evaluate and revise the program content to ensure incorporation of contemporary and emerging issues surrounding adult learning, educational technology, naturopathic practice, healthcare research and health and policy reform.	● Examples of changes made to content in response to contemporary and emerging issues related to adult learning, educational technology, naturopathic practice, health research and policy reform.
2.8 The program must regularly evaluate the suitability and performance of academic and clinic supervisors and monitor supervision in the program.	● Examples of recruitment processes, and regular performance review and monitoring of academic and supervisory staff performance ● Explanation of staffing interventions initiated based on student feedback.
2.9 The education provider must enable and support professional and academic development of academic and clinical staff to advance knowledge and effectiveness in teaching and learning and student assessment.	● Evidence of academic and clinical staff training and development in educational theory, teaching and learning and contemporary assessment principles.

*industry groups, associations and peak bodies

**former/current patient(s) of naturopathic services, or a member of a consumer health advocacy group.

2.10 Students and staff must be adequately indemnified for relevant activities undertaken as part of program requirements.	● Current certificates of currency, policy schedules or other documentary evidence confirming that students and staff are appropriately indemnified for relevant program activities, including supervised clinical practicums and work-integrated clinical placements.
2.11 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.	● Evidence of formal work-integrated learning policies and processes in place, including evaluation of the program by students ● Evidence of three de-identified review reports of the work integrated clinical placement.
2.12 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 naturopathic practitioners in Australia and Aotearoa New Zealand* .	● Policies relating to credit transfer or the recognition of prior learning that are consistent with AQF/NZQCF national principles and the graduate's ability to meet the *Competency Standards for naturopathic practitioners in Australia and Aotearoa New Zealand.*
2.13 Staff recruitment must be culturally and gender inclusive to reflect population diversity and must take affirmative action to encourage participation from indigenous, gender diverse, and culturally and linguistically diverse populations.	● Evidence of recruiting strategies that promote inclusion and diversity ● Copy of a developed Reconciliation Action Plan.
2.14 Students and staff must learn, work and develop in a physically, emotionally and culturally safe and equitable environment.	● Evidence of processes to ensure physical, emotional and cultural safety in the learning environment ● De-identified feedback from staff and students regarding their sense of physical, emotional, and cultural safety ● Copy of grievance policy for employees, non-discrimination and equal opportunity policies ● Copy of grievance policy for students.
2.15 The education provider must adequately assess and manage risk.	● Copy of risk management policies and associated risk management plans.

STANDARD 2: GUIDANCE NOTES

This standard focuses on the governance and quality assurance of the naturopathic program. ARONAH acknowledges the regulatory roles of TEQSA and NZQA, 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/NZQA, or jurisdictional equivalent
b. delivered at AQF Level 7 / NZQCF Level 7 or above, normally over four years full-time study load or equivalent

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.

Criteria 2.5 outlines The program must have an appropriately qualified chief academic officer^

^ an appropriate qualification for the Chief Academic Officer (CAO) must meet one of the following criteria:

1. A doctoral degree (Ph.D. or equivalent) in any discipline, paired with a minimum of three (3) years of executive-level management experience in higher education.
2. A Master's degree or higher in a relevant health science, education, or leadership field, combined with a degree qualification in a health profession, and a minimum of five (5) years of academic administration experience.

Where the CAO does not hold a qualification in naturopathy, the provider must formally document how the CAO collaborates with the naturopathic leadership team to ensure the clinical and philosophical integrity of the program.

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 representatives of the profession and industry* students, and consumers of naturopathic health care as well as health consumer representatives.**

It is also expected that stakeholder groups include people with diverse social, cultural, linguistic, and gender perspectives.

*industry groups, associations and peak bodies
**former/current patient(s) of naturopathic services, or a member of a consumer health advocacy group.

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 the program and is accountable for assuring continuous quality improvement. It is expected that feedback gained through quality review cycles is 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 student teaching clinic under the sole responsibility of the education provider. In addition to the minimum required supervised clinical practicum hours, 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 these *Naturopathic Course Accreditation Standards.*

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 placement locations.

All education providers offering work integrated clinical placements must meet all TEQSA/NZQA requirements for Work-Integrated Learning, 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 1.7), managing risk and critical incidents, and ensuring student wellbeing, safety and access to continuous student support. Education providers are also required to ensure that all work-integrated clinical placements are managed by a Clinical Placement Coordinator. A Clinical Placement Coordinator can be an experienced clinician, administrator, coordinator, or manager who is employed by the education provider. They are responsible for coordinating work integrated clinical placements and providing direct and indirect support to naturopathy students. Where the Clinical Placement Coordinator is not a qualified naturopath, the education provider must ensure they have access to, and consult with, a qualified naturopath on matters relating to naturopathic clinical practice, supervision, student scope of practice, patient safety and placement suitability.

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
3.1 The program curriculum, design and implementation are informed by educational research and naturopathic philosophy, principles and theories.	● Statement outlining how educational research is applied in the design and implementation of the program ● Statement of the program's conceptual and philosophical framework ● Evidence of the implementation of educational research and naturopathic philosophy, principles and theories in the program's curriculum.
3.2 Teaching and learning reflects contemporary Australian, New Zealand, and international evidence-based best practice that incorporates educational research and technologies to enhance curriculum delivery.	● Examples of changes to teaching and learning strategies based on best-practice and educational research ● Examples of technology enhanced learning approaches.
3.3 Teaching and learning strategies that: a. scaffold theoretical, practical and clinical learning concepts throughout the program b. incorporates authentic simulated experiences to prepare students for clinical learning and future clinical practice c. encourages the application of critical-thinking and problem-solving skills d. engenders deep rather than superficial or rote learning e. encourages students to become self-directed, life-long learners f. develops the capacity to learn from and use emerging research and clinical experience throughout the students' careers g. promotes emotional intelligence, professional attitudes and behaviours, communication, collaboration, cultural competence, cultural safety, ethical practice, reflective practice and leadership skills.	● Copy of current Teaching and Learning plan ● Evidence of Teaching and Learning plan implementation, including simulated clinical learning experiences and development of life-long learning ● Statement that outlines the relationship of units/subjects between teaching periods and over the years of the program ● Copy of unit/subject outlines and assessment guides that show where reflective practice, leadership, and collaboration are taught and assessed ● Copy of unit/subject outlines that show the integration of evidence-based practice, critical thinking and problem-solving skills ● Statement outlining the implementation of cultural competence and cultural safety in the design of the program ● Explanation of how students are encouraged to become self-directed, life-long learners.
3.4 The program's content ensures achievement of *Competency standards for naturopathic practitioners in Australia and Aotearoa New Zealand* and understanding of naturopathic practice.	● Mapping document evidencing alignment between unit/subject rationale, learning outcomes and assessment to *Competency standards for naturopathic practitioners in Australia and Aotearoa New Zealand.* ● Evidence of student progression, completion and graduate outcome monitoring, including how these data are reviewed and used to improve curriculum alignment with the *Competency Standards for Naturopathic Practitioners in Australia and Aotearoa New Zealand*. Evidence may include progression and attrition data, completion rates, clinical assessment outcomes, graduate destination or employment data, graduate and employer feedback, professional association eligibility or membership data where available, and documented quality improvement actions arising from outcome review.

3.5 The program's content focuses on naturopathic practice, comprising core evidence-based naturopathic-specific professional knowledge and skills applied across the human lifespan.	• Unit/subject outlines and learning outcomes that address specific content areas.
3.6 The program's unit/subject learning outcomes reflect contemporary and evidence-based approaches to ensure professional naturopathic practice.	• Comprehensive curriculum document outlining: a. Program structure and delivery modes b. Unit/Subject outlines for all subjects taught in the program.
3.7 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.	• Annual report of institutional scholarly activity. The documentation should indicate any involvement with, or impact on, students enrolled in the naturopathic program • Current, documented research projects including details of principal researchers and explanatory title for each project being pursued by academic staff and students in the naturopathic program • Evidence of research funding awarded over the last 3 years to staff in the naturopathic academic faculty • Evidence of peer-reviewed publications produced in the last 6 years by the naturopathic academic staff • Position descriptions and recruitment policies for academic staff outlining the requirement for scholarly activity • Evidence that learning outcomes within the program/s include key elements associated with critical analysis of scientific research and its evaluation.
3.8 The program's content and unit/subject learning outcomes ensure: a. principles of interprofessional education and exposure to multi-professional health care environments and diverse models of care b. integration of the Australian National Safety and Quality Health Standards (NSQHS), Ngā Paerewa Health and Disability Services Standard (NZS 8134) or jurisdictional equivalent as per relevant legislation c. collaborative and reflective practice d. patient-centred health consumer education and advocacy for health promotion and self-care to promote consumer health, shared-decision making, wellbeing and safety e. integrated knowledge of community, regional, national and global health priorities including chronic illnesses and health across the life course, including higher-risk presentations and populations (see competency 5 in *Competency standards for naturopathic practitioners in Australia and Aotearoa New Zealand - 2026*) f. integrated knowledge of health informatics, health literacy, health research, health systems, and public health policy	• Unit/subject outlines and assessment specifications that evidence integration of interprofessional education and health care environments • Unit/subject outlines and assessment specifications that evidence NSQHS Standards/NZS 8134 are taught in the program • Program materials that show where health consumer perspectives (criterion 3.8.d) are addressed in the program • Program materials that show the integration of community, national, and global health priorities across the life course • Unit/subject outlines that evidence integration of health informatics, including charting as a legal record and clinical information sharing systems • Program materials that show where collaborative and reflective practice, health literacy, health systems, and health policy are addressed in the program.
3.9 Where any component of the program is gained outside of Australia or New Zealand:	• Copy of policy on Recognition of Prior Learning (RPL) • Statement of the process for determining RPL for: a. any component of the program gained outside of the country, and/or

a. It must be mapped for equivalency against course competency standards and graduate outcomes b. Equivalence of theory, supervised clinical practicum, or work-integrated learning must be demonstrated to include unit/subject objectives, learning outcomes and assessments.	b. details of the offshore study component where applicable, including delivery arrangements, student support, supervision, assessment, and evidence that the component is equivalent to the relevant course competency standards and graduate outcomes
3.10 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.	• Unit/subject outlines that evidences integration of ethics and reflective practices in the program and clinical practicum.
3.11 The supervised clinical practicum component of the program includes: a. a minimum of 500 hours of 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 leading student clinician^ (see guidance notes) b. supervised clinical experience as soon as practicably possible within the program to facilitate early engagement with professional naturopathic practice context c. exposure to a variety of health conditions with sufficient client interaction to ensure the development of skills in client care and management d. a broad, varied work-integrated learning experience for students across a range of patients/clients and clinical presentations, for example: • Aboriginal and Torres Strait Islander, and Māori Peoples • people from multicultural backgrounds • people with a physical or cognitive disability, and/or their advocates • neurodiverse people • young people • older people • lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse (LGBTIQA+) people. • people living in diverse geographic settings, including rural and regional areas e. student to supervisor ratio of no more than 8:1 f. meet and maintain ability to safely practice at all times, including maintenance of state or federal regulatory requirements for working with vulnerable populations, as well as abiding by the *Code of Conduct for*	• Unit/subject outlines that evidence scaffolded clinical hours between teaching periods and across the years of the program to meet required supervised clinical hours • Statement outlining how clinic hours are met and the process for ensuring that students have a sufficient number and diversity of patients to meet learning outcomes • Three de-identified student clinical logs demonstrating clinical hours as the primary provider and client conditions for each teaching period in the program structure • Three de-identified copies of clinic student feedback specific to the criteria (3.11.a & c) for their supervised clinical practicum experience • Program materials that evidence program structure • Copy of Clinic Supervisor policy evidencing student to supervisor ratios. • Copy of supervised clinical practicum successful entry requirements documentation to show maintenance of state or federal regulatory requirements. (e.g. requirement of a Working With Children Check, nationally recognised First Aid Certificate.) • Three de-identified examples demonstrating implementation and monitoring of formal processes to ensure students remain safe to practise throughout the program. This may include confidential student disclosure processes, completion and monitoring of police checks and working with children checks where applicable, supervisor feedback, clinical assessment records and reflective tasks that evidence students' application of the Code of Conduct in supervised clinical practice, including confidentiality, informed consent, professional boundaries, respectful communication, safe practice, accurate record keeping and appropriate referral • Explanation of implementation of formal processes to monitor professional association and/or ARONAH membership • The education provider must document that the ratio of clinical supervisors to students in the supervised clinical practicum is met. While ratios may vary based on the clinical delivery mode and the student's level of advancement, the provider must justify any ratio exceeding 8:1 for primary treating practitioners.

naturopaths and Western herbalists in Australia and Aotearoa New Zealand. g. that students register as a student member with a recognised naturopathic professional association* and/or ARONAH, prior to undertaking the first clinical skills practicum and maintain membership throughout the student clinical practicum period.	
3.12 The education provider ensures extended clinical practicum towards the end of the program to consolidate learning and skills acquisition and competence to facilitate transition to independent practice, including a competency-based evaluation such as an Objective Structured Clinical Examination (OSCE). This must include each of the following contexts: a. a capstone clinical unit/subject which may include a supervised work-integrated clinical placement delivered external to and in partnership with the educational provider. b. a variety of clinical situations incorporated into the supervised clinical practicum, such as one-on-one consultations, group consultations, telehealth consultations, community outreach programs, detailed case studies. c. technology in consultations (e.g. telehealth, AI, and other evolving technologies) incorporated into a supervised clinical practicum. d. exposure to evolving healthcare technologies and adaptive clinical settings which are incorporated into the supervised clinical practicum. This ensures students develop digital literacy in current and emerging tools (including artificial intelligence, automated practice management, and digital health records)	● Unit/subject outlines that show competency-based evaluation such as an Objective Structured Clinical Examination (OSCE) as a cumulative method of examination towards the end of the program ● Examples showing how the education provider verifies and monitors that clinics used for work-integrated clinical placements hold current accreditation, licences and other required approvals ● Register of formal contracts (MOUs) and/or other written agreements between education provider and work-integrated clinical placement sites demonstrating retained responsibility for the student (by the education provider) ● Examples of implementation of formal monitoring processes to assure student safety ● Unit/subject outline for telehealth unit or pre-clinical skills subjects that teach telehealth competency if not a stand-alone unit/subject ● Copies of technology relevant policies including telehealth, AI, and any other evolving technologies outlining safety and legal requirements, and ethical guidelines ● Statement outlining how the education provider meets Guidance Notes requirements for telehealth, inclusive of student preparation, client management and referrals, supervisory role and functions, and identification of where telehealth consultations are incorporated into total clinical practice hours.

3.13 The education provider must appoint qualified academic and clinical staff at the appropriate level to adequately supervise and teach students. This includes that: a. staff facilitating supervised clinical practicums must meet requirements outlined in the *Naturopathic Course Accreditation Standards 2026* (criterion 1.5) b. academic and clinical staff teaching into the program must hold one qualification higher than the program of study being taught, or mapped equivalency**. c. academic and clinical staff must be qualified naturopaths where the subject matter relates to naturopathic practice, unless there is demonstratable benefit to student learning through interdisciplinary teaching.	● Current workforce plan evidencing academic and operational staffing requirements are met ● Staffing table for all staff responsible for implementing the program, evidencing: ○ level of academic appointment and role ○ the fraction and type of appointment ○ their qualifications and years of experience ○ current recognised naturopathic professional association membership* for clinical supervisors ○ engagement in professional development.
3.14 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 in Australia and Aotearoa New Zealand* and in all teaching and learning environments, including simulated and clinical practice.	● Letter signed by the Chief Executive Officer, Managing Director or Vice Chancellor (or delegate) confirming ongoing support for the quality and resourcing of the program ● Document identifying facilities and equipment used for theoretical, practical and clinical teaching and learning to enable students to achieve the Competency Standards for Naturopathic Practitioners and learning outcomes.

*A recognised Australian and NZ naturopathic professional association is defined as an association that has adopted naturopathic education standards, and the national codes/charter of conduct, along with the degree minimum requirement for the profession.
** Please refer to example of an Academic Equivalence Assessment Matrix (separate document) which details information to assist with mapping equivalency from AQF7 to AQF8

STANDARD 3: GUIDANCE NOTES

This standard focuses on how education providers produce competent graduates through the design, implementation and resourcing of the naturopathic program.

Naturopathic philosophies, principles and theories should be reflected across all program components and progressively applied throughout the curriculum. This includes the naturopathic philosophies of vitalism and holism; principles of first do no harm, the healing power of nature (*vis medicatrix naturae*), identify and treat the cause, doctor as teacher, treat the whole person, disease prevention and health promotion and wellness; and theories including the therapeutic order, emunctory theory, theory of complex systems and other relevant naturopathic theoretical frameworks.

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 in Australia and Aotearoa New Zealand*. 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 in Australia and Aotearoa New Zealand*.

Where content is delivered through technology-enhanced or online learning, the education provider must demonstrate that the mode of delivery is appropriate to the learning outcomes, assessment tasks and required professional competencies. Online delivery should not be regulated by a fixed percentage of total course hours alone; rather, delivery mode should be determined by the nature of the learning activity and the level of risk to student competence, public safety and clinical readiness.

Foundational, theoretical and knowledge-based content may be delivered online, including incorporating a blended synchronous/asynchronous delivery, where the provider can demonstrate that students have adequate access to academic support, learning resources, feedback and opportunities for engagement. Where online learning is used for interactive learning activities, such as case-based discussion, clinical reasoning, treatment planning or tutorials requiring active student participation, the provider should include a synchronous component and maintain class sizes that allow meaningful interaction, formative feedback and monitoring of student engagement. As a guide, synchronous online tutorials should normally be capped at approximately 30 students per academic staff member, unless the provider can justify an alternative ratio.

Practical skills, pre-clinical skills, physical assessment, clinical communication and supervised clinical practicum must be delivered and assessed in person, or through a clearly justified blended model that includes sufficient in-person learning to ensure safe and competent practice. Skills-based classes must be staffed to allow direct observation, correction and feedback; as a guide, practical or pre-clinical skills classes should not normally exceed 30 students per tutor or supervisor, with lower ratios required for higher-risk clinical or hands-on activities. Where learning involves practical skills, including engagement with ingestive medicines such as herbal medicines, students must participate in facilitated in-person learning that provides a sufficiently broad sensory and practical experience before progressing to supervised clinical practicum.

Supervised clinical practicum involving interaction with members of the public must be conducted in person in an approved clinical learning environment, with supervision ratios appropriate to public safety, student competence and the complexity of clinical activity. Telehealth may be incorporated as a supervised clinical practicum activity where it is appropriate, safe and consistent with the Telehealth guidance notes (see below). However, it should supplement rather than replace in-person supervised clinical practicum and must not be relied on as the sole method of clinical practicum delivery. As a guide, active student clinic supervision should normally be limited to approximately 8 students to 1 supervisor, unless the provider can demonstrate that an alternative model provides equivalent oversight, safety and learning outcomes.

The education provider must be able to justify all online, blended and in-person delivery arrangements, including class sizes and supervision ratios, by reference to the *Competency standards for naturopathic practitioners in Australia and Aotearoa New Zealand*, the intended learning outcomes, assessment requirements and the adequacy of student learning support.

Summary of proposed delivery mode and class size guidance

Education providers should determine delivery mode according to the nature of the learning activity, the level of risk to students and the public, and the extent to which direct observation, feedback and competency verification are required. The following ratios provide indicative benchmarks that providers should meet or justify where alternative arrangements are proposed.

Learning activity / delivery type	Suggested requirement	Maximum ratio or class size*	Rationale
Foundational, theoretical and knowledge-based content	May be delivered online where appropriate	Uncapped, subject to adequate learning support	Provider must demonstrate that students have adequate access to academic support, learning resources, feedback and opportunities for engagement
Synchronous online tutorials / webinars	Permitted where active engagement, discussion and feedback are maintained	30 students per academic staff member	Allows for meaningful interaction and monitoring of engagement
Case-based learning / clinical reasoning tutorials	May be online or blended, provided active participation is required	Up to 30 students per academic staff member	Smaller groups support formative feedback, reasoning development and participation
Practical skills / pre-clinical skills classes	Must be delivered in person or through a justified blended model with sufficient in-person learning	Up to 24 students per tutor/supervisor	Allows direct observation, correction and feedback on hands-on skills
Higher-risk physical assessment or clinical skills	Must be delivered and assessed in person	Maximum of 20 students per tutor/supervisor, depending on risk	Lower ratios are required where safety, technique or professional judgement must be closely monitored
Supervised student clinic - in person	Must occur in an approved clinical learning environment	8 students to 1 supervisor	Supports public safety, direct clinical oversight and competency verification
Telehealth clinical supervision (all students carrying out Telehealth	May be permitted where the provider demonstrates equivalent supervision,	4 students to 1 supervisor	Tighter ratio reflects the added complexity of

concurrently in a Telehealth specific unit)	privacy, consent, safety and learning outcomes		supervising remote clinical encounters
Observation-only clinical activity	May be permitted where students are observing rather than actively treating	Up to 1 supervisor to maximum of 13 students	Where there is no direct patient/client care responsibility

*class numbers have been benchmarked against naturopathic qualifications internationally, and similar regulated and unregulated professions in Australia and New Zealand.

PROGRAM CONTENT

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

a. naturopathic history, principles, philosophies, and theories
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. life sciences including anatomy, genetics, biophysics (selected), histology, embryology, physiology, biochemistry, microbiology, the endocannabinoid system and psychology (including human development across the lifespan and transitions)
d. pathology, pharmacology, pharmacognosy, and general medicine, especially those aspects of general medicine most important to naturopathic diagnosis and management (including interactions between conventional and naturopathic treatments, and an understanding of medical interventions)
e. public health, including epidemiology, immunology, infectious diseases, and infection control; integrated knowledge of health informatics, health literacy, health research, and health systems, including the role of naturopathy within the broader health system; and public health policy.
f. environmental determinants of health, including building biology influences, exposure to environmental toxins, climate change and ecological influences on health, and their relevance to patient assessment, health education, prevention and sustainable naturopathic practice
g. diagnostic skills including physical, psychological, clinical, laboratory, diagnostic imaging, and differential diagnoses
h. therapeutic subject matter including herbal medicine, conventional pharmaceutical drugs, clinical nutrition, applied nutrition, physical medicine, exercise therapy, hydrotherapy, counselling, nature cure ^
i. clinical subject matter including body systems and their interactions with each other, cardiology, psychology, dermatology, endocrinology, ear/nose and throat, gastroenterology, urology, proctology, gynaecology, neurology, immunology, 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, and interdisciplinary teamwork.
l. clinical risk management, including identification, assessment, escalation and documentation of clinical risk, recognition of red flags and higher-risk presentations, appropriate referral, incident reporting, management of adverse events, and understanding the limits of student and naturopathic scope of practice
m. patient recordkeeping, financial recordkeeping, ethics, jurisprudence (including knowledge of Australian and New Zealand Consumer law where relevant), marketing and naturopathic practice management
n. research skills including the ability to document the outcomes of naturopathic care.

** Counselling skills should include the ability to listen attentively, respond with empathy, clarify and reflect patient concerns, use appropriate open and closed questions, summarise key information, communicate respectfully and without judgement, maintain appropriate professional boundaries, and recognise when signposting or referral to a suitably qualified mental health practitioner is required, and engage in ongoing self-reflection to manage the interpersonal dynamics of the practitioner-patient relationship.

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

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

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 naturopathic 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.

The program is expected to foster evidence-informed practice literacy, including students' ability to appraise and apply evidence, translate evidence into practice, and identify practices that should be modified or discontinued

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 students to become life-long learners. All strategies should be directed towards meeting learning outcomes and preparing students to achieve the *Competency standards for naturopathic practitioners in Australia and Aotearoa New Zealand.*

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, flipped classroom approaches to strengthen student preparation, self-directed learning, active participation and application of theory to practice, and problem-based learning to develop critical thinking, teamwork and lifelong learning.

RESOURCING

The education provider is expected to ensure there are sufficient resources (to include staffing, facilities, equipment, learning 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 appropriate collections 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 demonstrating that all academic, clinical and supervisory staff involved in teaching, clinical education or student supervision meet the relevant qualification, experience, professional membership and professional development requirements of the *Naturopathic Course 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 supervised clinical practicum experiences that provide exposure to patients across the lifespan, presentations across a range of body systems, diverse patient/client presentations, and populations with varied health needs. This should include opportunities to recognise and respond appropriately to higher-risk presentations, within the limits of student practice and under the oversight of qualified clinical supervisors. Education providers should consider how student teaching clinics, community-based clinics, outreach activities or work-integrated clinical placements can support access to diverse populations and communities, including Aboriginal and Torres Strait Islander peoples, Māori peoples, culturally and linguistically diverse communities, refugees and migrants, rural and remote communities, older people, young people, people with disability, neurodiverse people, LGBTQIA+ communities and socio-economically disadvantaged communities. These experiences should be appropriately governed, supervised and culturally safe, and should support students to develop

empathy, clinical reasoning, referral judgement, interprofessional collaboration and patient-centred care.

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 to ensure that the clinical hours are met and that 60% of the clinical hours are as a ^leading student clinician.

^Leading student clinician is a student clinician who takes the primary role in managing a patient consultation under supervision. This includes leading case-taking, clinical reasoning, assessment, diagnosis, care planning, communication with the patient, and follow-up documentation, while remaining under the oversight and responsibility of a qualified clinical supervisor.

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. Further, the client should be given the choice of in-person consultation.

Students must demonstrate well-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 or in person - 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 the equivalent of one (1) supervised clinical practicum unit/subject which encompasses telehealth. This may consist of one (1) discrete unit/subject, or as telehealth clinical experiences integrated throughout the clinical education component of the program

Students enrolled in the telehealth supervised clinical practicum unit/subject should be supervised at all times by an experienced naturopath (see criterion 1.5 & 3.13) with developed skills and training in telehealth. Patients are ineligible for telehealth consultations when a physical exam is required. The client can be assessed by a local health care provider for their initial consultation.

Clinical group situations incorporating purely telehealth only are to be capped at no more than four students to one supervisor.

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, a health data security portal, and videorecording for moderation.

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
4.1 Program information provided to students is accurate, clear, relevant and is published and accessible.	• Copy of information provided to students prior to and upon enrolment, including relevant links to website • Program information brochure • Examples of prospective and enrolled student notification of tuition fees, associated costs, and refund procedure.
4.2 The education provider encourages and promotes diversity of academic, work and student life experiences and ensures equity of resources, opportunity and experiences.	• Examples of social and cultural diversity assurance.
4.3 The education provider monitors and promotes cultural safety at all times.	• Explanation of how cultural safety is promoted and monitored.
4.4 Students are informed about, and have access to, appropriate academic, counselling, health care and personal support services.	• Examples of implemented support services to meet student needs • Evidence of learning/academic support services, including evidence of how students access academic advisors, including tutorial support.
4.5 The education provider has formal mechanisms to identify and support students to meet the learning needs and professional conduct requirements of the program.	• Explanation of student at risk procedure • Explanation of student support processes • Copy of student Misconduct policy and procedure and incorporation of the *Code of Conduct for naturopaths and Western herbalists in Australia and Aotearoa New Zealand* in curriculum • Examples of implementation of student support services to meet the learning needs of the program.
4.6 Students are represented in academic governance, program management, content delivery and program evaluation to inform quality improvement.	• Copy of program advisory committee Terms of Reference • Evidence that student input has been incorporated into the program design or implementation.
4.7 Students are informed about, and have access to formal feedback mechanisms, grievance and appeals processes.	• Example of feedback, grievance and appeals policies, procedures and mechanisms.
4.8 The education provider ensures opportunities for students to partner with health consumers to promote community health through health promotion, prevention, health literacy and self-care activities. This may occur as part of work-integrated clinical placement, supervised clinical practicum, or another structured component of the program.	• Examples of unit/subject outlines or learning outcomes that evidence student-community engagement • At least three de-identified student assessments which demonstrate achievement of health consumer partnership/community health promotion.
4.9 Students are provided with opportunities to participate in or contribute to naturopathic or other related research.	• Examples of unit/subject outlines that demonstrate student participation in research • Statement of education provider's commitment to providing students with research opportunities • Examples of formal research agreements and student research activities.

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, transparent, inclusive and non-discriminatory, and should support equitable access, participation and success for students from diverse social, cultural and linguistic backgrounds. 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

Providers should encourage social and cultural diversity and employ non-discriminatory approaches within their program recruitment. ARONAH recognises that students may enter programs with diverse educational backgrounds, learning needs and personal circumstances. Education providers are therefore expected to allocate adequate academic, pastoral, and human support to promote student wellbeing, ethical admission practices and equitable opportunities for student success, irrespective of mode of delivery or program location.

STUDENT SUPPORT

Education providers are required to demonstrate the provision of adequate student support services across the student lifecycle. These may include admissions advice, program orientation, financial assistance information, counselling and wellbeing services, academic and learning support including tutorial assistance, 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.

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 in Australia and Aotearoa New Zealand.

Criteria	Documentary evidence to include in accreditation application/interim reports
5.1 The program's unit/subject learning outcomes and assessment tasks are mapped to the *Competency standards for naturopathic practitioners in Australia and Aotearoa New Zealand.*	● Assessment matrix, curriculum map, or equivalent mapping document demonstrating alignment of all assessment tasks to each unit/subject learning outcome and the *Competency standards for naturopathic practitioners in Australia and Aotearoa New Zealand* ● Unit/subject outlines, assessment briefs, or equivalent assessment documentation providing details of assessment tasks for each unit/subject in the program ● Examples of four different clinical practicum assessment tools and specifications evidencing diversity in student assessment and showing assessment of Competency Standards for Naturopathic Practitioners
5.2 The program's learning outcomes and assessments are aligned and scaffolded according to level of study and clearly stated progression rules.	● Explanation of program progression rules ● Assessment matrix, curriculum map, or equivalent mapping document demonstrating scaffolding of assessments between teaching periods and program years for all theory, practical, and clinical units/subjects.
5.3 The program employs theoretical, practical and clinical assessments to evaluate competence in the essential knowledge, skills, behaviours and attributes required for professional naturopathic practice, assuring academic integrity. Program assessments: a. are authentic, relevant and meaningful b. use validated learning assessment tools c. include a variety of assessment methods.	• Assessment strategy for all years of the program, explaining how theoretical, practical and clinical assessments are authentic, relevant and meaningful, use validated learning assessment tools, include a variety of assessment methods and assure academic integrity. ● Examples of how student outcomes data is reviewed and implemented to improve assessment ● Examples of assessment benchmarking ● Explanation of ongoing academic staff training and development in student evaluation.
5.4 Formal moderation processes exist at the level of the unit/subject to assure competence and equity.	● Copy of moderation policy ● Three de-identified moderated assessments for each program delivery site/campus across all delivery modes including outcomes and actions ● Copy of moderation tracking tool and evidence of implementation across all units/subjects of study.
5.5 The program's assessments include formative and summative assessments to enhance learning.	● Unit/subject outlines assessment schedules, curriculum maps or equivalent assessment documentation showing where formative and summative assessment opportunities occur across the program
5.6 Consistency of assessment methods across all delivery modes, including technology-enhanced virtual learning, and across all learning environments.	● Comprehensive assessment design documents that evidence consistency and equivalency of assessment methodology across delivery modes.
5.7 The education provider holds ultimate accountability for assessing students in relation to their supervised clinical practicum and work-integrated clinical placements.	● Copy of work-integrated clinical placement policy ● Examples of implementation of formal processes to ensure that learning outcomes are defined for students and work-integrated clinical placement supervisors

	● Examples of implementation of formal processes to ensure that learning outcomes are assessed in all work-integrated clinical practicum experiences ● Examples of guidance provided to clinical practicum supervisors and work-integrated clinical placement supervisors on unit/subject rationale, learning outcomes, assessment tasks, grading, and moderation requirements.

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 for naturopathic practitioners in Australia and Aotearoa New Zealand* 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 clinical practice.

Education providers must have clear assessment policies and task-level instructions regarding the permitted, restricted or prohibited use of artificial intelligence and other digital tools. Where AI use is prohibited or limited, assessment design, authentication processes and academic integrity procedures must support verification that submitted work and demonstrated clinical reasoning reflect the student's own knowledge, skills and competence. The use of artificial intelligence must not compromise assessment validity, academic integrity, patient/client confidentiality, or the provider's ability to verify that the student has independently achieved the required learning outcomes and competencies. Assessment instructions should clearly state where AI use is permitted, restricted or prohibited, and require appropriate disclosure where AI tools are used.

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

ASSESSORS

Education providers are required to ensure that academic and clinical 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 and clinical staff responsible for designing and implementing the naturopathic program.

Assessors should be cognisant of the role constructive feedback plays in reflective practice, reflexivity and student practitioner competency, and ensure that students are provided with written feedback on their assessments.

Glossary of Terms

Academic integrity: The ethical conduct of learning, teaching and assessment, including honesty, transparency, appropriate acknowledgement of sources, responsible use of technology and avoidance of plagiarism, contract cheating or other forms of academic misconduct.

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.

Advanced reflective practice: A deliberate, cognitive process where practitioners analyse their own clinical actions and assumptions, plus their emotions to improve their future performance and outcomes for their patients.

Artificial intelligence: Digital systems or tools that use automated processes to generate, analyse, summarise, classify or support decisions using data or user prompts. In these standards, artificial intelligence includes generative AI and other AI-enabled tools used in learning, assessment, administration or clinical education.

Assessment moderation: A quality assurance process used to support consistency, fairness and validity in assessment design, marking, feedback and grading across assessors, cohorts, delivery modes and sites.

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/or tutoring.

Blended learning: Learning that incorporates a combination of in-person (traditional) and technology-enhanced virtual approaches.

Blended synchronous/asynchronous delivery: A delivery model that combines live, scheduled learning activities with self-paced online learning activities. Students may complete some content independently, while other components require real-time participation with educators and/or peers. Viewing a recording of a live session is classified as asynchronous participation unless the student attended and engaged in the session in real time.

Chief academic officer: The senior academic leader responsible for oversight of the naturopathic program's academic governance, quality assurance, curriculum, staffing, and compliance with accreditation requirements. This may be the Dean, Program Director, Head of Program, Head of School, or Academic Lead.

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 Placement Coordinator: An experienced clinician, administrator, coordinator, or manager employed by the education provider who is responsible for coordinating work integrated clinical placements and providing direct and indirect support to naturopathy students. Where the Clinical Placement Coordinator is not a qualified naturopath, the education provider must ensure they have access to, and consult with, a qualified naturopath on matters relating to naturopathic clinical practice, supervision, student scope of practice, patient safety and placement suitability.

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 competence: The knowledge, skills, behaviours and attitudes that support respectful, responsive and effective engagement with people from diverse cultural backgrounds. Cultural competence supports, but does not replace, cultural safety.

Cultural safety: A culturally safe environment is one in which people's identity, culture and knowledge are respected and not challenged, denied or diminished, and where power imbalances, racism, discrimination and bias are actively recognised and addressed.

Clinical supervisor: A qualified and experienced practitioner responsible for overseeing, guiding and assessing students during supervised clinical practicum or work-integrated clinical placement, and for ensuring safe, ethical and competent student practice.

Emotional safety: A learning or clinical environment in which students, staff and patients can participate without fear of humiliation, harassment, bullying, discrimination or inappropriate psychological harm, and where concerns can be raised and responded to appropriately.

Evidence-based practice/Evidence-informed practice: An approach to providing care that integrates the best available research evidence with clinical expertise and patient values.

Formative assessment: Assessment designed primarily to support learning by providing feedback on student progress before final judgement of achievement.

Health consumer: A person who uses, has used, or may use health services, including patients, clients, carers and representatives of health consumer advocacy groups.

Health informatics: The use of digital systems, data and information processes to support safe health care, including clinical records, information sharing, privacy, data security and responsible use of health technologies

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.

Interprofessional collaboration: Collaborative practice between health practitioners, students, patients and other relevant professionals to support safe, coordinated and patient-centred care.
Interprofessional education: Learning activities in which students learn with, from and about other health professions to support collaborative, patient-centred care.

Leading Student clinician: A student clinician who under supervision, has the lead role and principal responsibility in a patient consultation, including case-taking, clinical assessment and diagnosis, clinical reasoning, care planning and patient communication.

Naturopathic Philosophy: The foundational basis of the naturopathic profession that includes the philosophies of "vitalism" and "holism" as core to naturopathic practice globally.

Naturopathic Principles: The core principles that guide naturopathic philosophy, education and practice. These include first do no harm, the healing power of nature (*vis medicatrix naturae*), identify and treat the cause, doctor as teacher, treat the whole person, disease prevention and health promotion and wellness;

Naturopathic Theories: The theoretical frameworks used to explain and guide naturopathic assessment, clinical reasoning and therapeutic decision-making. These include the therapeutic order, emunctory theory, theory of complex systems and other relevant naturopathic theoretical frameworks.

Offshore study: Any component of a naturopathic program of study delivered through a model of transnational education for students located in another country. This can include campus-based education or technology-enhanced virtual learning delivered by the education provider on-site or through a partnership arrangement.

Online learning: Any internet-based distance learning that occurs outside of a co-located physical environment. May also be known as "e-learning".

Patient-centred care: Care that respects and responds to the patient's values, preferences, needs, circumstances and health goals, and supports informed consent, shared decision-making, health literacy and safe, respectful therapeutic relationships.

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 body work 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.

Pre-clinical skills: Integrated learning and competency-based assessment activities that prepare students to enter supervised clinical practicum safely, including foundational communication, case-taking, physical assessment, clinical reasoning, documentation and professional conduct skills.

Program component gained outside of the country: Any component of a naturopathic program of study undertaken outside of the country of an ARONAH accredited program, for which students may be granted credit for Recognition of Prior Learning.

Recognition of prior learning: The process for recognising learning that has its source in experience and/or previous formal, non-formal and informal learning contexts, including knowledge and skills gained within higher education contexts and life and work experiences.

Recognised naturopathic professional association: an association that has adopted naturopathic education standards, and the national code/charter of conduct, along with the degree minimum requirement for the profession.

Safe and effective naturopath: A naturopath who meets the profession's accreditation, competency and conduct requirements and consistently applies them in practice through evidence-informed, ethical, culturally safe and patient-centred care, including appropriate clinical reasoning, communication, record keeping, referral, collaboration, reflective practice and continuing professional development.

Scaffolded learning: Pedagogical design that progressively supports learners to develop knowledge, understanding and skills by building on the successful completion of prior related learning.

Student teaching clinic: A discipline-specific or multi-disciplinary health clinic operated solely by the education provider for the purposes of providing health services delivered by student practitioners under the supervision of a qualified clinic supervisor (see criterion 1.5; 3.13).

Summative assessment: Assessment used to make a judgement about whether a student has achieved required learning outcomes or competencies.

Supervised clinical practicum: The component of the program 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 learning: The use of technologies to support learning whether the learning is local (face-to-face or in-person) or remote (virtual). It can be used in both synchronous and asynchronous delivery and in same or different geographical locations. Technology-enhanced learning provides an opportunity for hybrid courses.

Technology-Enhanced virtual learning: Any learning that occurs outside of a co-located physical environment, conducted in a virtual learning environment. Includes a combination of synchronous and asynchronous delivery.

Telehealth: The use of secure telecommunications technology to support supervised patient consultation, monitoring, education or follow-up where clinically appropriate, safe and consistent with privacy, consent, documentation and supervision requirements.

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

Work-integrated clinical placement: Any partnership arrangement between an education provider and an external entity, 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.

Work-integrated learning: Learning that integrates academic study with authentic workplace or practice-based experiences and is designed, supervised and assessed as part of the program.

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