



## **Grand-parenting and General Registration Eligibility Registration Standard Requirements**

### **Preamble**

General registration is available to practitioners who apply their skills and knowledge in any area relevant to the practice of naturopathy or Western herbal medicine. This includes, but is not limited to, the provision of direct clinical care. Practitioners may apply for registration within one or more of the following divisions of the Australian Register of Naturopaths and Herbalists (ARONAH):

- Naturopaths
- Western herbal medicine practitioners

An applicant for general registration must meet the eligibility requirements of ARONAH including meeting the requirements of the approved mandatory registration standards. The qualifications to obtain general registration with ARONAH are set out below in Tier 1; however, existing practitioners who do not qualify under these standards may be eligible to be accepted under a grand-parenting scheme, as outlined in Tier 2 or 3, during the first three years. An individual who applies to have their name added to the ARONAH register as a naturopath or Western herbal medicine practitioner before June 30 2016 will be accepted if the individual:

1. holds a qualification or has completed training in the profession, that the National Board considers is adequate for the purposes of practising the profession;

OR

2. holds a qualification or has completed training in the profession, and has completed any further study, training or supervised practice in the profession required by the Board for the purposes of this section;

OR

3. has practised in the designated profession at any time between 1 January 2003 and 31 December 2012 for a consecutive period of 5 years or any periods together which amount to 5 years.

### **Assessment of applications for general registration under grand-parenting provisions**

#### ***Tier 1***

Applicants making application under (1), as listed above are required to provide evidence of:

- a) current membership of a professional association as outlined in Schedule 2
- b) successful completion of a relevant course of study that is accredited at Bachelor degree level (or higher) under the Australian Qualifications Framework (AQF) (assessed by AEI-NOOSR), or equivalent.

A list of courses known to meet these requirements is available on the ARONAH website. Any courses not included on this list may still be acceptable providing sufficient evidence of fulfilling the above criteria is provided.

#### ***Tier 2***

Applicants making application under (2), as listed above are required to provide evidence of:

- a) current membership with a professional association as outlined in Schedule 2
- b) successful completion of a qualification and any further study, training or supervised practice which is broadly consistent with a minimum of Advanced-Diploma-level in the Australian Qualifications Framework (AQF).

Such qualification/s and/or further training or supervised practice must include:

1. A clinical component which is:

- i. structured (clinical learning designed to be progressive through the various stages of the program of learning, inclusive of a comprehensive range of clinical presentations that cover all the clinical areas);
- ii. directly supervised by practitioners with appropriate qualifications, clinical experience, and understanding of the curriculum and teaching requirements;
- iii. formally assessed (formative and summative, addressing all clinical skills, against clear learning outcomes); and
- iv. a minimum of 200 clinic hours.

OR

1. Evidence of 2 years clinical practice as a naturopath or western herbal medicine practitioner, and;
2. training in theory including differential diagnosis and the design of individualised Naturopathic/western herbal medicine treatments; and
3. training in biomedical sciences (i.e. anatomy, physiology, biochemistry, pharmacology, pathology, clinical diagnosis and therapeutics); and
4. ethics, legal responsibilities and practice management.

***Tier 3***

Applicants making application under (3), as listed above are required to provide evidence of:

- a) current membership with a professional association as outlined in Schedule 2
- b) practice within the professional division of registration being applied for:
  - i. a consecutive period of 5 years; or
  - ii. any periods which together amount to 5 years at any time in the previous 10 years from the date of application.

- c) competence within the professional division of registration. For individuals applying for registration as a naturopath this is defined as:
  - i. being capable to provide a naturopathic consultation to a member of the public who consults them for such a service This would be expected to include competent case taking, the differential diagnosis of the person's condition and the design of naturopathic treatment plan specific to the person's condition with adequate knowledge to ensure the safe selection, combination and dispensing of naturopathic medicines with proper instructions to the patient about dosage etc.

For individuals applying for registration as a Western herbal medicine practitioner this is defined as:

- i. being capable to administer Western herbal medicine to a member of the public who consults them for such a service. This would be expected to include competent case taking, the differential diagnosis of the person's condition and the design of an herbal formula specific to the person's condition, and adequate knowledge to ensure the safe selection, combination and dispensing of herbs and proper instructions to the patient about dosage etc.

### **Documentary evidence for applications**

The evidence that the Board considers acceptable proof of practice is included as Schedule 1. Two separate pieces of evidence is required for each claimed year of practice. The evidence that the Board considers acceptable proof of competence is included as Schedule 2. Documents which may qualify as evidence for either proof of practice or competence may only be used in one category.

All documents must be certified copies of the original. All documents in foreign languages must be translated by a certified translator.

ARONAH may require an applicant to provide additional evidence of their qualifications, training, further study, supervised practice or length of practice. ARONAH may also investigate an applicant including requiring an applicant to undertake an assessment.

### **Review**

This standard will commence on 20<sup>th</sup> June 2013 and be reviewed on 20<sup>th</sup> June 2016.

## **SCHEDULE 1: Approved Documentary Evidence of Practice for Naturopathy and Western Herbal Medicine Practitioners**

<b>Type of evidence</b>	<b>Details and explanations</b>
<b>Taxation records</b>	Must clearly identify occupation or earnings from the relevant area of practice
<b>Health Fund (or other third party payer) Rebate Status</b>	Evidence of health provider rebate status, including details of health fund, category, and provider number. This information varies between funds, years, etc. Whether this evidence satisfies evidentiary requirements will be assessed on a case-by case basis. Only one private health fund Provider Rebate Status per year can be claimed as approved evidence.
<b>Evidence of attendance at continuing professional development activities specific to division applying for</b>	Professional development activities which relate to naturopathy or western herbal medicine generally will be accepted for one division only in a given year
<b>Invoices or statement from supplier of naturopathic products and/or herbal medicines</b>	Invoice or statement must be in the name of the applicant
<b>Professional Indemnity Insurance</b>	Must be in the name of the applicant and cover the specific area of practice
<b>Membership of a professional association relevant to the specific area of practice</b>	Only one membership of a professional association can be claimed per year as approved evidence. Criteria by which professional associations are defined as acceptable is outlined in Schedule 3
<b>Written record from an employer</b>	The record must state the period of time employed, title and the applicant's duties related to the specific area of practice. Guidelines for Written Records from an Employer are outlined in Schedule 4

<b>Type of evidence</b>	<b>Details and explanations</b>
<b>Non-identified Patient records</b>	10 de-identified, certified copies of real patient records for each Division being applied for. Each patient record/file MUST comply with the Guidelines for Non-identified Patient Records as outlined in Schedule 5.

## **SCHEDULE 2: Evidence of Competence for Registration of Naturopathy and Western Herbal Medicine**

Evidence of competence in naturopathy or Western herbal medicine practice must demonstrate:

- ii. whether the applicant’s practice was in naturopathy and/or western herbal medicine;
- iii. the knowledge and application of differential diagnosis;
- iv. the design of a treatment specific to the person’s condition.
- v. design and use of individualised naturopathy and/or Western herbal medicine prescriptions, with amounts of each herb and dosing instructions.

**Acceptable documentary evidence of competence in practice is outlined in the following table:**

<b>Type of evidence</b>	<b>Details and explanations</b>
<b>Statement from a Western herbal medicine professional association</b>	The professional association must show that it has assessed the practitioner’s competence against criteria acceptable to the Board.
<b>Statement from an Employer</b>	The employer must show that they are qualified and have assessed the practitioner’s competence against criteria acceptable to the Board.
<b>Non-identified Patient records</b>	20 de-identified, certified copies of real patient records for each Division being applied for. Each patient record/file MUST comply with the Guidelines for Non-identified Patient Records as outlined in Schedule 4.

Applicants who do not have sufficient formal qualifications and/or evidence of practice and/or evidence of competence may be eligible for limited registration.

## **SCHEDULE 3: Criteria for Defining the Acceptability of a Professional Association as Appropriate Evidence**

Professional association membership is a valid form of evidence of practice or competence if the association meets the following requirements:

1. Listed with the Therapeutic Goods Administration (TGA)
2. Require members to undertake a minimum of 20 hours of continuing professional education per annum

Based upon available information, ARONAH recognises membership with any one of the following associations as acceptable evidence for applicants:

- Association of Natural Medicine Practitioners
- Australian Committee of Natural Therapies
- Australian Natural Therapists Association
- Australian Naturopathic Practitioners Association
- Australian Traditional Medicine Society
- Complementary Medicine Association
- National Herbalists Association of Australia
- Society of Natural Therapists & Researchers

Membership with any associations listed here will be accepted as evidence of practice or competence under the proviso that proof that the association complies with the above criteria.



## **SCHEDULE 4: Guidelines for Written Records from an Employer**

Employer statements are used when an employee requires verification of experience that is outside of the standard ARONAH application approval criteria. Employer statements must comply with the following guidelines:

1. It must be presented on letterhead paper
2. Include the dates of employment
3. Describe the role in which employed including a brief explanation of responsibilities, skills etc. Inclusion of job title only in the statement is acceptable if a job description is also provided as an additional document.
4. State whether it is part time or full time hours
5. Be signed by a manager

## **SCHEDULE 5: Guidelines for Non-identified Patient Records**

Applicants should treat with respect the participants of their clinical cases studies, and protect their welfare and privacy. This should encompass a respect for the inherent dignity and the rights of persons, and a commitment not to use a person only as a means to an end. By taking all steps to non-identify a clinical record, individual's privacy can be protected whilst information is shared.

To non-identify a patient record the following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:

1. Names;
2. All geographic subdivisions smaller than a State, including street address, city, state, and post code;
3. All elements of dates (except year) for dates directly related to an individual, including birth date and date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Tax file numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Web Universal Resource Locators (URLs);
14. Internet Protocol (IP) address numbers;
15. Full face photographic images and any comparable images; and
16. Any other unique identifying number, characteristic, or code.

In addition to removal of these identifiers, non-identified patient records must include at least the following information:

1. Date/s of consultation
2. Non-identifying record of patient name (such as initial)
3. Presenting condition including signs and symptoms
4. Treatment provided

### **Additional guidelines for document format:**

1. **Photocopied documents:** all details from the above list must be blacked out in a method that does not allow transparency or viewing of any nature
2. **Emailed documents:** document should have all details from the above list removed

3. **Original documents:** it is not recommended that original documents be used. All details from the above list must be blacked out in a method that does not allow transparency or viewing of any nature

It is recommended that patient records be transcribed onto non-original format. ARONAH may consider a patient record template to be completed, to avoid details being accidentally missed.