ASSURING SAFE AND INTEGRATED HEALTH CARE

A submission to State, Territory and Federal Governments seeking statutory registration for naturopaths and Western herbalists under the National Registration and Accreditation Scheme

Submitted by the Australian Naturopathic Council
in partnership with naturopathic and Western herbal medicine representative organisations and educational institutions

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This submission was prepared for the Australian Register of Naturopaths and Herbalists by Dr Anne-Louise Carlton and Dr Jenny Carè.

The development of this submission has been supported by members of the ANC's National Registration Working Group, representing the following organisations:

Professional Associations:

- Australian Natural Therapists Association (ANTA)
- Complementary Medicine Association (CMA)
- Naturopaths and Herbalists Association of Australia (NHAA)

Regulator (non-statutory):

- Australian Register of Naturopaths and Herbalists (ARONAH)

Education Providers:

- Endeavour College of Natural Health (ECNH)
- Southern Cross University (SCU), National Centre for Naturopathic Medicine
- Torrens University Australia (TUA)

The National Registration Working Group acknowledges the longstanding advocacy for professional registration by ANTA, NHAA, ARONAH, and other professional bodies over the past two decades.

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EXECUTIVE SUMMARY

The purpose of this submission is to:

- present to Australian state, territory and federal governments an assessment of the professions of naturopathy and Western herbal medicine (WHM) (referred to in this submission as naturopaths and herbalists) against the nationally agreed criteria for statutory registration,[1] and
- seek the agreement of state, territory and Commonwealth Health Ministers to take necessary steps to include naturopaths and herbalists as regulated health practitioners under the National Registration and Accreditation Scheme for the health professions (NRAS)

The practice of naturopathy is complex and multi-modal – it incorporates core naturopathic therapies and practices such as applied nutrition, clinical nutrition, herbal medicine and lifestyle modification, among other therapies (Lloyd, Steel & Wardle 2021: viii). Some practitioners are qualified only in herbal medicine and practice under the title "herbalist" rather than "naturopath". Naturopathic practice is underpinned by a strong philosophy and principles, at its core a focus on health promotion and disease, patient centred care and promotion of wellness and wellbeing.

There are an estimated 15,000 naturopaths and herbalists in Australia who are providing primary care to approximately 6-8% Australians with acute and chronic conditions, with approximately four million visits each year. Naturopathic care often occurs in parallel with other conventional medical and allied health services, and patients often use pharmaceutical medicines concurrently with herbal medicines.

The development and lodgement of this submission has been undertaken collaboratively by the National Registration Working Group, comprising professional associations (ANTA, CMA and NHAA), ARONAH and education providers (ECNH, SCU, TUA) who jointly advocate for the inclusion of naturopaths and herbalists in the National Registration and Accreditation Scheme.

This submission details the evidence and rationale for the statutory registration of naturopaths and herbalists in Australia – the objective is to protect the health, safety and well-being of the millions of Australians who consult a naturopath or herbalist each year.

This submission has a solid evidence base – it draws extensively from a report of a research study published in 2025, commissioned by the Australian Register of Naturopaths and Herbalists (ARONAH) on behalf of the members of the Australian Naturopathic Council (Carlton, Carè et al. 2025).

The report of this research (Carlton, Carè et al. 2025) is attached and forms part of this submission. This submission and the attached research report detail the scale and scope of

[1] See Australian Health Ministers' Advisory Council. (2018). AHMAC Information on regulatory assessment criteria and process for adding new professions to the National Registration and Accreditation Scheme for the health professions. https://agedcare.royalcommission.gov.au/system/files/2020-10/AHP.0002.0001.0001.pdf

naturopathy and WHM practice in Australia. We present a profile of patients who consult naturopaths and herbalists and a profile of the naturopathic and WHM workforce.

We present evidence of the scope and seriousness of the risks associated with the practice of naturopaths and herbalists and the use of naturopathic medicines – a pattern of harm that, in the absence of institutional controls, has occurred over more than three decades. We detail the recent history of diminution of institutional controls that have previously provided some assurance of the quality and safety of naturopathy and WHM services, as a result of government policy decisions.

While most naturopaths and herbalists practise in a safe, competent and ethical manner, we detail many cases of egregious harm caused to patients by naturopaths and herbalists, or more often, those professing to be a naturopath or herbalist but with minimal or no naturopathic or herbal medicine qualifications.

We detail the many, ultimately ineffective, attempts that have been made by professional bodies over the decades to mitigate these risks, through profession-led voluntary certification schemes. For several decades there have been calls from most naturopathy and WHM representative bodies for governments to intervene to strengthen regulation of these professions. This is because:

- without statutory registration, there is no effective means to prevent untrained and undertrained persons from assuming the title 'naturopath' or 'herbalist' and holding themselves out to the public as qualified to practise naturopathy or WHM
- without statutory registration, there is no effective means to enforce the standards of practice that set the minimum expectations of naturopathic or WHM diagnosis and treatment, to ensure safe and competent patient care

Without government leadership and support, naturopathy and WHM representative bodies have been unable to enforce across the entire profession minimum entry to practice qualifications, probity checks and practice standards, professional indemnity insurance or continuing professional development (CPD) – all the requirements needed to assure the safety and quality of naturopathy and WHM services.

In highlighting the significant risk of harm to the public from the unregulated practice of naturopathy and WHM, this submission assesses the suitability of various alternative models for regulation of the profession, finding that continuing the status quo (no change in regulation) is not a satisfactory option for protecting the public.

The submission concludes with a recommendation directed at the Health Chief Executives Forum (HCEF) and all Australian state, territory and Commonwealth Health Ministers (through the Health Ministers' Meeting) – that statutory registration of the naturopathy and WHM professions under the NRAS is urgent and necessary, to assure the Australian community of the quality and safety of naturopathic and herbal medicine practice and practitioners, and to prevent harm to patients.

This recommendation is informed by a solid evidence base which includes a World Health Organization (WHO) commissioned review of health practitioner regulation (Carlton, Leslie et al. 2024). It aligns with WHO guidance on health practitioner regulation which encourages all

member states to strengthen regulatory frameworks for traditional and complementary medicine (T&CM) practitioners, products, and practices:

> *Available evidence suggests that the risk profile of some TCIM practitioners with a broad scope of practice warrants statutory regulation* (WHO 2024: 10)

The aim is to ensure the safety and quality of services and to achieve better integration of these practitioners and practices within health systems. (WHO 2013: 7; WHO 2019; WHO 2025a: 35-36). A report commissioned by the WHO advises that the use of therapies that are taken orally (such as herbal medicine) is a threshold that may trigger the need for statutory registration of a profession (Carlton, Leslie et al. 2024: 138).

We ask governments to take a systems approach, to better understand:

- the complex institutional context within which naturopathy and WHM services are delivered
- the risk profile of these professions
- why the unregulated practice of naturopathy and WHM carries greater risks to the public than many other regulated and unregulated health professions, and
- why these risks have proven to be so resistant to mitigation efforts on the part of the representative professional bodies.

The preferred model is a Naturopaths and Herbalists Board of Australia, structured and operating according to the same legislative template as the other National Boards under the NRAS. Enhanced profession-led regulation, as proposed in the NRAS Complexity Review Final Report (Dawson 2025: 7, 42, 44), will provide no greater public protection for consumers of naturopathic and WHM services than existing arrangements and is not supported.

We note the current uncertainty around the criteria and processes for regulatory assessment – in response to findings and recommendations of the Dawson Report (2025), Health Ministers have directed the Health Workforce Taskforce to review and revise the risk assessment method and the process for assessing professions for entry to the National Scheme by mid 2026 (Health Ministers' Meeting 2025). Until this review is concluded, our assumption is that the existing national criteria and assessment processes (AHMAC 2018) continue to apply.

Below is a summary of the assessment of the naturopathy and WHM professions against the nationally agreed criteria.[2]

[2] See: AHMAC 2018; COAG 2008; AHMAC 1995.

ASSESSMENT against the Intergovernmental Agreement Criteria

CRITERION 1: Is it appropriate for Health Ministers to exercise responsibility for regulating the occupation in question, or does the occupation fall more appropriately within the domain of another Ministry?

Conclusion: **It is appropriate** for Health Ministers to exercise responsibility for regulating naturopaths and herbalists and naturopathic/WHM practice. Naturopathy and WHM are health professions and clearly within the scope of the health portfolio. They do not more appropriately fall within the domain of another Ministry.

CRITERION 2: Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?

Conclusion: The treatment modalities, scope of practice, and practice context of naturopaths and herbalists all contribute to a **risk profile for unregulated naturopathy and WHM professions** that are **unacceptably high** and on par with or greater than many of the health professions that are subject to statutory registration. These risks are not just theoretical – there is a pattern of harm evident, with repeated cases over three decades.

CRITERION 3: Do existing regulatory or other mechanisms fail to address health and safety issues?

Conclusion: The **risk profile of the naturopathy and WHM professions is substantial** and there is a pattern of harm to consumers that is not being adequately addressed under current regulations. The existing mix of self-regulatory, co-regulatory, negative licensing and other mechanisms are failing to adequately address the risks of harm associated with unregulated naturopaths and herbalists. Without enforceable controls over entry to practise in the professions, there are no effective mechanisms to enforce minimum practise standards and no effective methods of preventing unqualified individuals from continuing to practice. Without enforceable qualification and probity requirements, people who have no qualifications whatsoever, those who been expelled from associations for misconduct and those deregistered from other regulated professions, cannot be prevented from establishing or continuing to offer naturopathy and WHM services to the public or shifting from one association to another. Without enforceable qualification and probity requirements and an effective mechanism to monitor practitioners for compliance with practice standards, the professions are targeted by those who are disposed to exploit the vulnerabilities of their patients for personal gain. **Existing regulatory mechanisms are failing** to deal with this fundamental problem.

CRITERION 4: Is regulation possible to implement for the occupation in question?

Conclusion: **Regulation is possible to implement** for the **naturopathy and WHM** professions – they are **well-defined and well-established health professions in Australia**. They have established bodies of knowledge, modalities, principles and philosophies and established education and practice standards. The professions are supportive of registration and able to support a self-funded National Board. It is possible to implement regulation.

CRITERION 5: Is regulation practical to implement for the occupation in question?

Conclusion: **Regulation is practical to implement** for the naturopathy and WHM professions. Introduction of statutory registration is not without some practical challenges. However, experiences in other jurisdictions (the US, Canada) and with the implementation of registration of the Chinese medicine profession in Australia show that these **challenges are solvable**. These precedents can be drawn upon in implementing appropriate arrangements for the naturopathy and WHM professions.

CRITERION 6: Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

Conclusion: This submission and the attached research report provide **prima facie evidence** of the **need for statutory registration** for the naturopathy and WHM professions and that the substantial benefits of regulation are expected to outweigh the costs. This assessment demonstrates that **existing mechanisms** for protecting the public **are inadequate** and that statutory registration is the only option that will provide sufficient protection from harm for patients, given the risk profile of these professions and the pattern of harms

1. BACKGROUND

Purpose of this submission

The purpose of this submission is to:

- present an assessment of the professions of naturopathy and Western herbal medicine (WHM) (referred to in this submission as naturopaths and herbalists) against the criteria for statutory registration set out in intergovernmental guidance,[3] and
- seek the agreement of state, territory and federal Health Ministers to take necessary steps to include naturopaths and herbalists as regulated health practitioners under the National Registration and Accreditation Scheme for the health professions (NRAS)

Naturopaths and herbalists are a non-registered workforce, operating principally in private practice, outside the public health system. They provide services to patients from all demographics and across most parts of the country. They constitute a substantially underutilised public health asset with significant potential to enhance primary and preventive care, thereby contributing more effectively to maintaining population health. However, initiatives aimed at integrating naturopaths and Western herbalists into public health and primary care systems encounter persistent institutional and attitudinal barriers, compounded by ongoing debate regarding the safety, efficacy, and overall value of their treatments and practices.

The demand for the healthcare services provided by naturopaths and herbalists has been a consistent feature of the Australian healthcare landscape for generations. Each year, a sizeable proportion (6-8%) of the Australian population choose to see a naturopath or herbalist to help maintain their health, prevent illness, and treat acute and chronic health conditions. This is a picture that has remained largely consistent over time (Lin, Bensoussan et al. 2005; Carlton, Carè et al. 2025).

This submission and the attached research report (Carlton, Carè et al. 2025) detail the evidence and rationale for the introduction of statutory registration of naturopaths and herbalists in Australia – the objective being to protect the health, safety and well-being of the millions of Australians consulting with naturopaths and herbalists each year.

We detail the scale and scope of the practice of naturopaths and herbalists in Australia. We present a profile of patients who consult naturopaths and herbalists and a profile of the naturopathic and WHM workforce. We present evidence of the scope and seriousness of the risks associated with the practice of naturopaths and herbalists and the use of naturopathic products.

We detail the many, ultimately ineffective, attempts made over the decades to mitigate these risks, through profession-led voluntary certification schemes. We outline some of the recent

[3] See Australian Health Ministers' Advisory Council. (2018). AHMAC Information on regulatory assessment criteria and process for adding new professions to the National Registration and Accreditation Scheme for the health professions. https://agedcare.royalcommission.gov.au/system/files/2020-10/AHP.0002.0001.0001.pdf

government policy decisions that have served to diminish the mechanisms of quality assurance for these professions.

While most naturopaths and herbalists practise in a safe, competent and ethical manner, we detail many cases of egregious harm caused to patients by naturopaths or herbalists, or more often, those professing to be a naturopath or herbalist with minimal or no relevant or recognised qualifications from a registered training organisation.

In the absence of government leadership and support, professional associations have been unable to enforce essential requirements for safe and competent practice across the entire workforce, such as minimum entry-to-practice qualifications, probity checks and practice standards, professional indemnity insurance or continuing professional development (CPD). Of more concern, associations lack the authority to prevent individuals from self-identifying as practitioners and affiliating with organizations whose standards are not aligned with accepted professional benchmarks. This gap has allowed unqualified persons to enter or remain in practice, even in cases where they have been found guilty of criminal offences or serious professional misconduct.

About the Australian Naturopathic Council (ANC)

In 2019, the ANC was established with a platform to provide broad-based representation for the naturopathy and WHM professions and with the intention to press for an expansion of the NRAS to provide national registration for naturopaths and herbalists.[4]

The ANC is the only body in Australia that represents those organisations that are recognised by the World Naturopathic Federation (WNF) as a naturopathic professional associations or educational institutions. Founding members of the ANC are:

- Australian Register of Naturopaths and Herbalists (ARONAH)
- Complementary Medicine Association (CMA)
- Endeavour College of Natural Health (ECNH)
- Naturopaths and Herbalists Association of Australia (NHAA)
- Southern Cross University (SCU), National Centre for Naturopathic Medicine (NCNM)
- Torrens University Australia (incorporating the former Southern School of Natural Therapies and Australian College of Natural Therapies).

In December 2025, to broaden representation and strengthen the case for national registration, the ANC invited additional professional associations to participate in the National Registration Working Group. The Working Group includes:

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[4] The objectives of the ANC are to: foster understanding and communication, and where appropriate, the sharing of information amongst the naturopathic stakeholders in Australia regarding successes, challenges and new initiatives within each organisation; identify areas of common interest and, where appropriate, opportunities for cooperative and/or complementary action; facilitate communication amongst Australian naturopathic stakeholders in support of the quality, viability and sustainability of the naturopathic profession in Australia; improve efficiencies amongst Australian naturopathic stakeholders by communicating openly and sharing resources where appropriate to decrease workload and duplication.

See https://www.naturopathiccouncil.org.au/

Professional Associations:

- Australian Natural Therapists Association (ANTA) - invited December 2025
- Complementary Medicine Association (CMA) – ANC founding member
- Naturopaths and Herbalists Association of Australia (NHAA) - ANC founding member

Regulator (non-statutory):

- Australian Register of Naturopaths and Herbalists (ARONAH) - ANC founding member

Education Providers:

- Endeavour College of Natural Health (ECNH)
- Southern Cross University (SCU), National Centre for Naturopathic Medicine
- Torrens University Australia

All participating professional associations in the Working Group support statutory registration for naturopaths and herbalists and have collaborated in the development and lodgement of this submission.

Further information about these organisations can be found at Attachment 1 of this submission.

The Naturopathy Regulation Research Project

In 2021, ARONAH, on behalf of the ANC, commissioned research to investigate the risks of naturopathic and WHM care in Australia and the options for strengthening regulation of the naturopathy and WHM professions (ANC 2020).

The purpose of the study was to investigate and understand the practice of naturopathy and WHM in Australia and to make recommendations on the need, if any, for measures to strengthen regulation, to better protect public health and safety and improve the health of the population. The brief was to build on an earlier Victorian Government-commissioned study published in 2005 (Lin, Bensoussan et al. 2005) (the Lin Report).

The report of this research (Carlton, Carè et al. 2025) is attached and forms part of this submission.

Definitions

Definitions for key terms used in this submission are set out in Textbox 1.

This submission is concerned only with naturopathy and WHM and does not consider a range of other practices (such as kinesiology, reflexology, iridology, reiki, Bach flower therapy, aromatherapy, Ayurvedic medicine, and so on). In this report, WHM practitioners are also referred to as 'herbalists'.

Naturopathic practice has always been therapeutically diverse in its approach to healing and incorporates various therapeutic modalities and practices applied based on the naturopathic philosophical and traditional framework (Lloyd, Steel & Wardle 2021: ix).

There are many tools and techniques that a naturopath may use to treat a patient, but the four most common ones in Australia are nutritional supplements, herbal medicine, dietary advice and lifestyle change (Steel, Schloss et al. 2020).

The qualifications for entry to practice as a naturopath or herbalist should be at AQF Level 7 or equivalent with provision for the grandparenting of practitioners with historic qualifications who can demonstrate a record of safe practice.

Textbox 1: Definitions

Naturopathy

Naturopathy, also called naturopathic medicine, is a traditional medical system that has evolved from a combination of traditional practices and healthcare approaches popular in Europe during the 19th century.[5] It is defined by its core principles of holism and vitalism, and its practice is guided by distinct naturopathic theories. Its body of knowledge is extensively documented and it is widely practised as a profession in many countries.

Naturopath

A naturopath is a health practitioner who has:

- completed core training in naturopathic principles, history, theories, and philosophy, as well as in at least three of five practice modalities: (i) herbal medicine; (ii) clinical nutrition; (iii) applied nutrition; (iv) manual therapies; and (v) exercise therapy; and
- achieved naturopathic competencies such as those described in the ARONAH *Competency Standards for Naturopathic Practitioners*.[6]

Western herbal medicine (herbalism)

Western Herbal Medicine (WHM) is a clinical practice of healing that uses naturally occurring plant material or plants, with or without industrial processing. Medicines or extracts from crude plant material, such as root, bark, and flower, are used in multiple plant formulations to treat persons with disease and dysfunction and to promote health and well-being. The practitioner assesses a client's health using a holistic framework (considering root causes, lifestyle, constitution, and broader context) rather than treating only isolated symptoms. WHM is a term used to differentiate herbalism based on Anglo-American traditional herbal medicine from other systems of herbal medicine such as Ayurveda or traditional Chinese Medicine (Niemeyer et al. 2013: 1-2).

WHM integrates traditional herbal knowledge (often grounded in European / Western materia medica) with modern scientific understanding (e.g. pharmacognosy, physiology, safety, quality control); assesses a client's health using a holistic framework (considering root causes, lifestyle, constitution, and broader context) rather than treating only isolated symptoms.

Western herbal medicine practitioner (herbalist)

A WHM practitioner is a person who provides health services that involve the extemporaneous compounding of herbs for therapeutic purposes for individuals under their care, and has:

- satisfactorily completed core training in Western herbal medicine principles, history, theories, philosophy and practice, and
- achieved Western herbal medicine competencies, such as those set out in ARONAH's *Competency Standards for Western herbalists*.[7]

Our approach to preparing this submission

This submission updates and extends the regulatory assessment undertaken in 2005 as part of the study commissioned by the Victorian Department of Human Services (the Lin Report). It also draws on recent evidence reported in several commissioned research studies including from the WNF health technology assessment (Lloyd, Steel & Wardle 2021) and the attached research report commissioned for the ANC (Carlton, Carè et al. 2025).

While the modalities encompassed by naturopathy also may be practised as single modalities, this submission does not encompass those practitioners whose training and practice is in a single modality, such as massage, clinical nutrition (sometimes called 'nutritional medicine'), homeopathy, or counselling.

Key data sources are set out in Table 1.

Table 1: Key data sources drawn upon to prepare this submission

Organisation	Authors	Title of report	Year
State of Victoria, Department of Human Services Victoria	Lin V, Bensoussan A, Myers SP, McCabe P, Cohen M, Hill S, & Howse G.	*The practice and regulatory requirements of naturopathy and Western herbal medicine.* (the Lin Report)	2005
Australian Natural Therapists Association (ANTA)	Weir M.	*Submission to Chair, Health Workforce Principal Committee, Registration of Naturopathy, Western Herbal Medicine and Nutritional Medicine.*	2016
World Naturopathic Federation (WNF)	Lloyd I, Steel A, & Wardle J. (Eds).	*Naturopathy practice, effectiveness, economics & safety* (the WNF Health Technology Assessment)	2021
Canadian Health Workforce Network	Carlton A-L, Leslie K, Bourgeault IL, Balasubramanian M, Mirshahi R, Short SD, Carè J, & Lin VK.	*WHO Global Guidance on Health Practitioner Regulation: A large scale rapid review of the design, operation and strengthening of health practitioner regulation systems.*	2024

[5] See Lin, Bensoussan et al. (2005: 24-26) for a summary of the evolution of the practice of naturopathy & WHM.

[6] Noting there is not yet broad consensus among professional associations and education providers concerning Australian competency standards for naturopaths, this report references the Australian Competency Standards for Naturopathic Practitioners, published by ARONAH. See ARONAH website: https://www.aronah.org/wp-content/uploads/ARONAH_Competency-standards_Naturopaths.pdf

[7] Noting there is not yet broad consensus among professional associations and education providers concerning Australian competency standards for Western herbalists, this report references the Australian Competency Standards for Western Herbalists, published by ARONAH. See ARONAH website: https://www.aronah.org/wp-content/uploads/ARONAH_Competency-standards_Herbalists.pdf

Australian Naturopathic Council (ANC)	Carlton A-L, Carè J, Myers SP, Doolan A, Gerontakos S, & Steel A.	*Assuring safe and integrated healthcare: A review of the risks, benefits and regulatory requirements for the professions of naturopathy and Western Herbal Medicine*	2025
World Health Organization (WHO)	Mahat A, Cometto G, Dhillon I, & Campbell J.	*Health practitioner regulation: Design, reform and implementation guidance*	2024
World Health Organization (WHO) Bulletin	Lin V, Canaway R, Carlton A-L, Ijaz N, Patel G, Sawadogo N, Rong H, & Sheikh K.	*Workforce, regulation and capacity needed for integration of traditional medicine*	2025

The submission highlights the significant risk of harm to the public from the unregulated practice of naturopathy and WHM. It assesses the suitability of various alternative models for regulation of the professions, including whether continuing the status quo (no change in regulation) is a satisfactory option.

This submission is informed by a solid evidence base. It asks governments to take a systems approach – to understand the institutional context within which naturopathic and WHM services are delivered, to better understand the risk profile of the profession – why the unregulated practice of naturopathy and WHM carries greater risks to the public than other regulated and unregulated health professions, and why these risks have proven to be so resistant to mitigation efforts on the part of the profession.

Section 2 of this submission provides an overview of the naturopathic and WHM professions, its practice and its patients.

Section 3 of this submission sets out some of the myths that are associated with naturopathy and WHM and naturopaths and herbalists.

Sections 4-10 set out the assessment of the naturopathy and WHM professions against each of the threshold criteria for statutory registration set out in the AHMAC Guidance.

The submission concludes with a recommendation directed at all Australian state, territory and Commonwealth Health Ministers – **that statutory registration of the naturopathy and WHM professions under the NRAS is urgent and necessary**, to assure the Australian community of the quality and safety of naturopathic and WHM practice and practitioners, and to prevent harm to patients.

This recommendation accords with policy recommendations from the WHO concerning the need to regulate the T&CM professions to achieve better health system integration (WHO 2013: 7; WHO 2019).

Our preferred model is a Naturopaths and Herbalists Board of Australia, structured and operating according to the same legislative template as the other National Boards under the NRAS.

2. POLICY CONTEXT

What consumers expect

When making health care decisions, Australians are entitled to reasonable assurance that the naturopath or herbalist they choose to consult is appropriately trained and regulated to the same standard generally expected of any primary care practitioner with a similarly broad scope of practice.[8] Unlike the USA and Canada, where naturopathic medicine is a licensed profession in more than half the States and Provinces,[9] there is no such assurance for the Australian public.

While the vast majority of naturopaths and herbalists are well trained and practise safely and competently, the health and safety of Australians is at risk because of an unknown number who flout professional norms, breach professional codes of conduct and sometimes commit criminal offences.

Without effective controls over entry-to-practice, anyone is at liberty to set up a practice and offer their services as a naturopath or herbalist, with little or no naturopathic or WHM training. And they do. We know that some individuals who have been practising as a naturopath with no qualifications whatsoever (some having been deregistered from NRAS) have eventually come to the attention of regulators, but often only after multiple patients have suffered serious harm (Wardle 2014: 354; Carlton, Carè et al. 2025: 51-52).

The regulatory assessment criteria and process

The policy framework governing joint government decision-making about the need for statutory registration of the non-registered health professions is described in Chapter 10 of the attached report (Carlton, Carè et al. 2025).

We note the current uncertainty around the criteria and processes for regulatory assessment – in response to findings and recommendations of the Dawson Report (2025), Health Ministers have directed the Health Workforce Taskforce to review and revise the risk assessment method and the process for assessing professions for entry to the National Scheme by mid 2026 (Health Ministers' Meeting 2025). Until this review is concluded, our assumption is that the existing criteria and processes continue to apply.

The *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the health professions* (the NRAS IGA), signed in 2008 by Australian state, territory and Commonwealth Governments committed all governments to the establishment of NRAS. The NRAS was established for 14 professions in 2010-12 and the scheme was expanded in 2016 to include the profession of paramedicine and regulate midwifery as a separate profession

[8] The scope of practice of naturopaths includes the use of orally administered therapies or treatments, including oral medications such as herbal medicines, and nutritional supplements such as vitamins (CMA 2021).

[9] Naturopathic medicine is a licensed profession in at least 25 US States and 5 Canadian provinces (Lloyd, Steel & Wardle 2021: 37-39).

(making 16 regulated health professions encompassing 24 health occupations, regulated by 15 National Boards).

Attachment B of the NRAS IGA sets out the arrangements for inclusion of other health professions in the National Scheme and adopts the original AHMAC criteria for regulatory assessment that were first agreed upon in 1995 – see Textbox 2.

Textbox 2: The AHMAC/Intergovernmental Agreement criteria

1. Is it appropriate for Health Ministers to exercise responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another Ministry?
2. Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?
3. Do existing regulatory or other mechanisms fail to address health and safety issues?
4. Is regulation possible to implement for the occupation in question?
5. Is regulation practical to implement for the occupation in question?
6. Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

Source: AHMAC 1995; COAG 2008; AHMAC 2018

What has happened to date

Naturopaths were previously registered by statute for seven years in the Northern Territory under the *Health Practitioners and Allied Health Professions Registration Act 1985* (NT). However, this legislation was repealed in 1992 following national agreement on which professions should be subject to statutory registration in every Australian state and territory and implementation of the associated *Mutual Recognition (NT) Act 1992*.

An important milestone in 2004 saw the Victorian Government Department of Human Services commission a consortium of researchers led by La Trobe University to conduct independent research on the risks, benefits and regulatory requirements for the profession of naturopathy and Western herbal medicine. The resulting report (the Lin Report) was published in 2005 and included an assessment of the naturopathy profession against the AHMAC Criteria for statutory registration. The report, and its principal recommendation – that governments legislate to provide a statutory registration scheme for the profession – was brought forward by Victoria to AHMAC for consideration soon after.

However, by the end of 2005, following publication of the Productivity Commission's report *Australia's Health Workforce*, the national reform process to establish the NRAS was underway and the prime focus of governments and Health Ministers during the subsequent decade was on dismantling the multiple state-based registration schemes and setting up (and then bedding down) the NRAS.

During this period, naturopathy professional associations made representations to government from time to time concerning the need for statutory registration of naturopaths, however they were informed they must wait until work to update the AHMAC criteria and processes for regulatory assessment was completed and new guidelines issued. This took governments 10 years from the date the Intergovernmental Agreement to proceed with the NRAS was signed (COAG 2008; AHMAC 2018).

In 2016 the Australian Natural Therapists Association (ANTA) made a formal submission to the Health Workforce Principal Committee of AHMAC seeking statutory registration for naturopaths (Weir 2016).[10] It is not clear whether this submission was progressed to AHMAC or the Ministerial Council for consideration since it seems no formal response was ever received.

In 2018, AHMAC finally published an updated regulatory policy (the AHMAC Guidance), providing greater clarity concerning the criteria and process for regulatory assessment of professions for inclusion in the NRAS.

World Health Organization policy

The World Health Organization (WHO) has repeatedly called for Member States including Australia to better regulate traditional and complementary medicine (T&CM) practitioners and practice:

First, the *WHO Global Report on Traditional and Complementary Medicine* (2019) recommends regulatory action by governments, stating:

> *T&CM is used by at least 80% of the Member States across all WHO regions, with more than 90% of Member States in the Eastern Mediterranean, South-East Asia and Western Pacific regions reporting use of T&CM. This uniformly high use of T&CM across all regions reinforces the need for policy development, appropriate laws and regulations, safety and monitoring systems, and integration of T&CM products, practices and practitioners into health systems* (WHO 2019: 45).

Second, the *WHO Global Report on traditional, complementary and integrative medicine* (2024) identifies a range of challenges facing Member States in regulating the T&CM workforce (WHO 2025a: 61).

Third, the *WHO Global traditional medicine strategy 2025–2034,* encourages Member States to strengthen quality assurance, safety, proper use and effectiveness of T&CM by appropriately regulating products, practices and practitioners (WHO 2025b: 11-13).

Fourth, the WHO guidance titled *Health practitioner regulation: design, reform and implementation guidance* (2024) suggests Member States 'consider extending licensing to established traditional, complementary and integrative medicine (TCIM) practitioners, where warranted on patient safety or user safety grounds':

[10] The ANTA submission encompassed nutritionists as well as naturopaths and Western herbal medicine practitioners.

> *… TCIM practitioners play a substantial role in primary health care delivery… TCIM practitioners cannot be considered a single group of health practitioners with the same risk profile, given the substantial differences in TCIM, including curricula and models of education, service delivery profile, standards for practice and division of labour… considering the weaker position of TCIM compared to the dominant stream* of *medicine in most countries, it is essential to build the capacity of the regulatory authority and TCIM expertise to further public protection* (WHO 2024: 36).

Finally, the WHO commissioned research report on health practitioner regulation titled *Health practitioner regulation systems: a large-scale rapid review of the design, operation and strengthening of health practitioner regulation systems* (2024) – see Textbox 3:

Textbox 3: Findings from WHO commissioned research report (2024)

There is considerable evidence of the barriers faced by the established T&CM professions in achieving institutional recognition and collaborative practice arrangements with conventional biomedical practitioners within primary care health systems.

The evidence suggests that statutory registration schemes are being enacted for the established and widely practiced T&CM professions at a greater rate than in previous decades and that this type of regulation is justified based on risk profiles, particularly for those T&CM professions with a scope of practice that includes use of orally administered medicines.

There is evidence showing that statutory registration is an effective tool for strengthening public protection for consumers who use T&CM services, preserving Indigenous medical knowledge and strengthening health service delivery to underserved populations, in both low and middle income countries and high income countries.

There is some evidence to suggest that the design of occupational regulation for the established T&CM professions presents challenges and must be carefully managed to ensure traditional knowledge is preserved and institutions strengthened. The evidence suggests that statutory registration schemes are being enacted for the established and widely practiced T&CM professions at a greater rate than in previous decades and that this type of regulation is justified based on risk profiles, particularly for those T&CM professions with a scope of practice that includes use of orally administered medicines (Carlton, Leslie et al. 2024: 138).

Calls from the profession for governments to strengthen regulation

For several decades there have been calls from sections of the naturopathy profession for governments to intervene to strengthen regulation of the profession (Lin, Bensoussan et al. 2005; NHAA 2006; Naturopaths for Registration 2008; Wardle 2008; Wardle et al. 2012; 2013; Weir 2016). These calls have been supported by key professional associations; the Australian Natural Therapists Association (ANTA), which lodged a formal submission to AHMAC in 2016 (Weir 2016), the Australian Naturopathic Practitioners Association (ANPA), Complementary Medicine Association (CMA) and Naturopaths and Herbalists Association of Australia (NHAA),

and the voluntary registering organisation the Australian Register of Naturopaths and Herbalists (ARONAH).

While the representative arrangements for the naturopathy and WHM professions are relatively fragmented, with multiple national professional associations, each with its own policy on the question of registration for naturopaths and herbalists, most associations see statutory registration as a vehicle to lift standards and better protect the public:

- without statutory registration, there is no effective means to control entry to practise, to prevent untrained or undertrained persons from assuming the title 'naturopath' and holding themselves out to the public as qualified to practise the profession
- without statutory registration, there is no effective means to enforce the standards of practice that set the minimum expectations of naturopathic diagnosis and treatment that ensure safe and competent patient care
- naturopaths and herbalists are primary care practitioners with a very broad scope of practice – other primary care health professions with a similar risk profile (and similarly broad scope of practice that includes the prescription of orally administered therapies) are already regulated under the NRAS[11]
- this lack of effective regulation is contrary to what patients generally expect – they expect practitioners to be properly trained and regulated (Lin, Bensoussan et al. 2005: 247).

Over the last two decades, news coverage and media releases have highlighted cases of harm to the public and called for stronger regulation of unqualified persons who assume the title and trappings of the profession – see Table 2 for a selection of media releases and news coverage.

TABLE 2: Selection of media releases and news coverage of cases of harm and calls for stronger regulation of the naturopathy profession

Date	Source/type	Description
Sept 2022	ARONAH Media Release	Calls for registration of naturopaths highlighted on SBS Insight Program
Jun 2022	ABC News	Perth naturopath Rodrigo Bascunan Cabrera jailed for abusing women after bogus diagnoses
Apr 2022	ABC News	Perth naturopath Mauricio Bascunan Cabrera handed a six-year jail term for abusing 18 patients
Nov 2021	ARONAH Media Release	Registering naturopaths is urgently needed to protect the public as a purported "naturopath" is found guilty of sexually assaulting 18 women
Aug 2021	Nine News	Adelaide Hills naturopath suspended from providing COVID-19 advice after publishing anti-vax piece

[11] Regulated health professions with the authority to prescribe medicines are: medical practitioners, nurses and midwives, optometrists, paramedics, podiatrists and Chinese medicine practitioners.

Aug 2021	ARONAH Media Release	Naturopath comes under investigation for advice on COVID-19 vaccinations
Dec 2020	ARONAH Media Release	Urgent call for Government registration of naturopaths to protect the public
Jun 2020	ARONAH Media Release	Why do we need Registration/Regulation of the Naturopathic profession in Australia? Guest post from the ANC
Apr 2018	ABC News	Naturopath jailed for at least seven months for role in starving infant
Apr 2018	ARONAH Media Release	Government delaying registration of naturopaths exposes public to ongoing risk
Aug 2017	ARONAH Media Release	Delays in statutory registration of naturopaths exposes public to ongoing risk
Jun 2016	ARONAH Media Release	Naturopathy can be safe and effective but registration is the key
May 2016	Sydney Morning Herald	Herbalist declared risk to public after claiming his remedies would cure cancer
Jul 2015	The Guardian	Sydney naturopath arrested after baby comes close to death on treatment plan
Feb 2015	ARONAH Media Release	Dodgy naturopathy courses putting public at risk
Oct 2010	ARONAH Media Release	National register of naturopaths and herbalists to improve public safety
Oct 2010	ABC News	Unregulated naturopaths putting lives at risk.
Jul 2010	ABC News	Incompetent care led to Dingle's death
Oct 2008	Sydney Morning Herald	Sex assault naturopath jailed
April 2008	Sydney Morning Herald	Naturopath banned for life
Apr 2005	ANC News	Naturopath's qualifications unverifiable, inquest told
Sept 2002	The Age	Call for control on alternative medicine

3. NATUROPATHS & HERBALISTS – PRACTITIONERS, PATIENTS AND PRACTICE

What is naturopathy

Every culture has its own traditional system of medicine, with most traditions dating back many centuries. Naturopathy is the traditional system of medicine that originated in Europe, was formalised as a distinct system of medicine during the 19th century and is now practised around the world (Lloyd, Steel & Wardle 2021: viii).

The WNF describes naturopathic practice as complex and multi-modal, incorporating core naturopathic therapies and practices that may include applied nutrition, clinical nutrition, herbal medicine, lifestyle modification, mind-body medicine, counselling, naturopathic physical medicine, hypnotherapy and other practices (Lloyd, Steel & Wardle 2021: viii). Naturopathic practitioners, products and practices are generally included under the WHO definition of traditional and complementary medicine (T&CM) (WHO 2019: 8).[12]

Naturopathic practice is underpinned by a strong philosophy and principles – at its core is a focus on health promotion and disease prevention, patient-centred care and promotion of wellness and wellbeing. Attachment 3 provides further details on definitions and the scope of naturopathic practice.

The earliest records of the practice of naturopathy and Western herbal medicine (WHM) in Australia date back to the early 20th century (Jacka 1998: 12). Today, Australian naturopaths and herbalists are autonomous primary care practitioners who treat patients with a broad range of acute and chronic conditions throughout the lifespan. The core therapeutic modalities practised by Australian naturopaths are:

- dietary advice
- lifestyle prescription
- nutritional medicine, and
- herbal medicine (McIntyre et al. 2019).

A common component of naturopathic practice is the extemporaneous compounding of herbs and nutritional supplements, generally in aqueous alcohol extracts, to individual patients for therapeutic purposes (Lin, Bensoussan et al. 2005: 2).

[12] The *WHO Global Report on Traditional and Complementary Medicine 2019* includes the following definitions: ***Traditional medicine*** Traditional medicine has a long history. It is the sum total of the knowledge, skill and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness; ***Complementary medicine*** The terms "complementary medicine" and "alternative medicine" refer to a broad set of health care practices that are not part of that country's own traditional or conventional medicine and are not fully integrated into the dominant health care system. They are used interchangeably with traditional medicine in some countries; ***Traditional and complementary medicine*** T&CM merges the terms TM and CM, encompassing products, practices and practitioners (WHO 2019: 8).

For the purposes of this submission, the terms 'naturopath' and 'naturopathy' include those who practise all four therapeutic modalities, as well as those who identify as a 'herbalist' and practise the single therapeutic modality of Western herbal medicine.

The naturopathic workforce

We cannot be certain how many naturopaths and herbalists are practising in Australia since, unlike the registered health professions, there is no routine collection of annual workforce data. However, we do know that naturopathy is the largest and most widely practised of the registered and non-registered T&CM professions in Australia.

Chapter 5 of the attached report provides a summary of the findings from a systematic review of studies of the naturopathic workforce (Steel et al. 2022). Extrapolating from data published by Leach (2013) and data available from the Practitioner Research and Collaboration Initiative (PRACI)[13] operating out of the Australian Research Centre in Complementary and Integrative Medicine at the University of Technology Sydney, we estimate the size of the naturopathy workforce to be around **15,000 practitioners**, of whom approximately **14,000 identify as naturopaths** (9,000 of these as a naturopath only) and **6,000 as herbalists** (1,000 of these as a herbalist only). Approximately one-third (5,000) of the total naturopathy workforce identifies as both a naturopath and a herbalist.

Most naturopaths are in independent private practice (Steel et al. 2020). Naturopaths are found in city and country areas, in large and small towns, in rural and remote locations (Steel et al. 2017; Wardle et al. 2011), practising in solo, group and integrative medicine practices (Steel et al. 2020).

Naturopathic patients and their health conditions

Naturopaths treat patients with a wide range of health conditions both as primary care practitioners and in collaboration with other healthcare providers (Lloyd, Steel & Wardle 2021: 89).

Chapter 2 of the attached report provides a summary of key findings from a systematic review of studies of the patients who use the services of naturopaths (Steel et al. 2022).

While over 70% of naturopathic patients present with chronic conditions, naturopaths also treat patients with acute conditions and provide preventive and palliative care – see Table 3 for the proportion of patients with a nationally-significant health condition who consult a naturopath for that condition (Steel et al. 2022).

[13] Launched in 2015, PRACI is the largest known practice-based research network for complementary healthcare in the world. It is a multi-modality practice-based research network of more than 1000 members representing fourteen complementary medicine professions across Australia, over one-quarter of whom identify as naturopaths and Western herbalists (Steel et al. 2017; Steel at al. 2020).

A typical naturopathic consultation will generally involve the prescription, recommendation or use of an average of four different categories of naturopathic treatments, therapies, or practices (Lloyd, Steel & Wardle 2021: 386).

Table 3: Proportion of patients who consulted a naturopath or herbalist for management of a specific health condition, by health condition (n=2488)

Health condition	Proportion of patients who consulted a naturopath or herbalist seeking treatment or care for the specified health condition		
	Naturopath (%)	***Herbalist (n, %)***	***Either naturopath or herbalist (n, %)***
Non-insulin dependant diabetes mellitus	7.7%	7.1%	10.0%
Malignant cancer	15.8%	13.0%	19.2%
Heart disease	21.4%	6.7%	23.5%
High blood pressure	11.8%	5.6%	8.7%
High cholesterol	10.0%	15.4%	20.0%
Autoimmune condition	12.5%	20.%	22.2%
Osteoarthritis	33.3%	0.0%	25.0%
Asthma	5.9%	5.3%	8.3%
Endometriosis	14.3%	28.6%	33.3%
Polycystic ovarian syndrome	33.3%	14.3%	25.0%
Anxiety	17.9%	7.7%	18.9%
Mood disorder	16.7%	9.5%	13.6%
Sleep disorder	19.1%	8.7%	20.0%

***Source*:** Steel et al. (2022)

Number and cost of naturopathic consultations

Various studies have estimated the number and cost of naturopathic consultations each year. In 2007 it was estimated that Australians made around five million visits to naturopaths and three million visits to WHM practitioners every year (Xue et al. 2007). More recent research indicates that there are **4 million visits** to naturopaths annually (ANC 2021: 6; McIntyre et al. 2019). It was also estimated that around 11 per cent of 45–50-year-old Australian women consult with a naturopath or herbalist (Adams et al. 2007), with this rising to around 16% for those with complex conditions such as cancer (Adams et al. 2005). A strong focus of naturopathic treatment is on prevention of disease, promoting health and wellbeing through maintenance of a healthy lifestyle (Lloyd, Steel & Wardle 2021: viii) as well as active treatment prescriptions such as herbal medicine.

Other survey data suggests that the demand for naturopathy services has remained steady in recent decades (McIntyre et al. 2019; MacLennan et al. 2006; MacLennan et al. 2002). Each year, it is estimated that **6-8% of Australians** make the choice to use the services of a naturopath to help manage their health (McIntyre et al. 2019), often in parallel with other conventional medical and health services (Adams et al. 2003; Lin, Bensoussan et al. 2005: 236; Carlton, Carè et al. 2025).

Out-of-pocket expenses reportedly average between $50 and $100 per patient per annum (McIntyre et al. 2019). With a conservatively estimated 4 million naturopathic consultations annually (ANC 2021: 6; McIntyre et al. 2019), the out-of-pocket expenses for Australians may be as high as **$400 million**.

4. COMMON MYTHS ABOUT NATUROPATHS AND HERBALISTS

Before presenting this assessment of the naturopathic and WHM professions against the AHMAC criteria, we consider it important to articulate and challenge some of the myths that surround naturopathy and shape the experiences of the profession in its dealings with government, health service providers and the wider community. These myths are often reflected in deeply held beliefs of decision-makers, bureaucrats and many of our health service colleagues.

We are firmly of the view that these myths must be dispelled, to provide the best chance for regulatory policy decisions to be fair and evidence-informed.

Myth 1 – Naturopathy is a fringe health care practice that is not widely used by Australian consumers

Naturopathy is not a fringe health care practice. It has a long history of practice in Australia (Jacka 1998; Lin, Bensoussan et al. 2005) and is widely used by a sizeable segment of the Australian population.

We estimate that approximately **6-8% of the Australian population use naturopathy annually** (MacLennan et al. 2002; Lin, Bensoussan et al. 2005; MacLennan et al. 2006; McIntyre et al. 2019). This means in any year, there are an estimated **4 million consultations** with naturopaths and herbalists.

As outlined earlier, we estimate the size of the naturopathic profession to be approximately **15,000 practitioners**. This is larger than six of the 16 NRAS regulated health professions.[14] It is more than twice the size of the optometry and podiatry professions and larger than the professions of Chinese medicine, chiropractic and osteopathy combined.

Naturopaths are found practising across Australia, in **urban and rural areas**, and in solo, group and integrative practices (Steel et al. 2017; Steel et al. 2020; Wardle et al. 2011; Carlton, Carè et al. 2025)

Myth 2 – Naturopathic practice is low risk - naturopathic medicines are natural and therefore safe

Any health care discipline that prescribes orally administered therapies carries a heightened risk for patients. Herbal medicines and nutritional supplements are pharmacologically active agents that have the capacity to change physiological function and therefore, can have adverse effects (Lin, Bensoussan et al. 2005: 37). Like pharmaceutical drugs, herbal medicines can have both predictable and idiosyncratic adverse reactions. The potential for herb/herb, herb/pharmaceutical drug and herb/food interactions heighten these risks.

[14] The *Ahpra/National Boards Annual Report 2020-21* reported the following number of registrants Australia-wide: 829 ATSI health practitioners; 4,863 registered Chinese medicine practitioners; 5,968 registered chiropractors; 6,288 registered optometrists; 2,951 registered osteopaths and 5,783 registered podiatrists.

Some herbal medicines are considered to be sufficiently toxic to justify restricting their use only to suitably qualified practitioners. This is achieved when herbs are 'scheduled', that is, they are included in *The Poisons Standard* (the Standard for the Uniform Scheduling of Medicines and Poisons – the SUSMP), sometimes because of a substance the herb contains. Some naturopathic medicines have been scheduled (see Attachment 4), an indicator of the risks associated with their use or misuse.

To maximise the therapeutic benefits and mitigate the risks, medicines should be prescribed, compounded and dispensed to patients by properly qualified practitioners. This is the same for herbal and nutritional medicines.

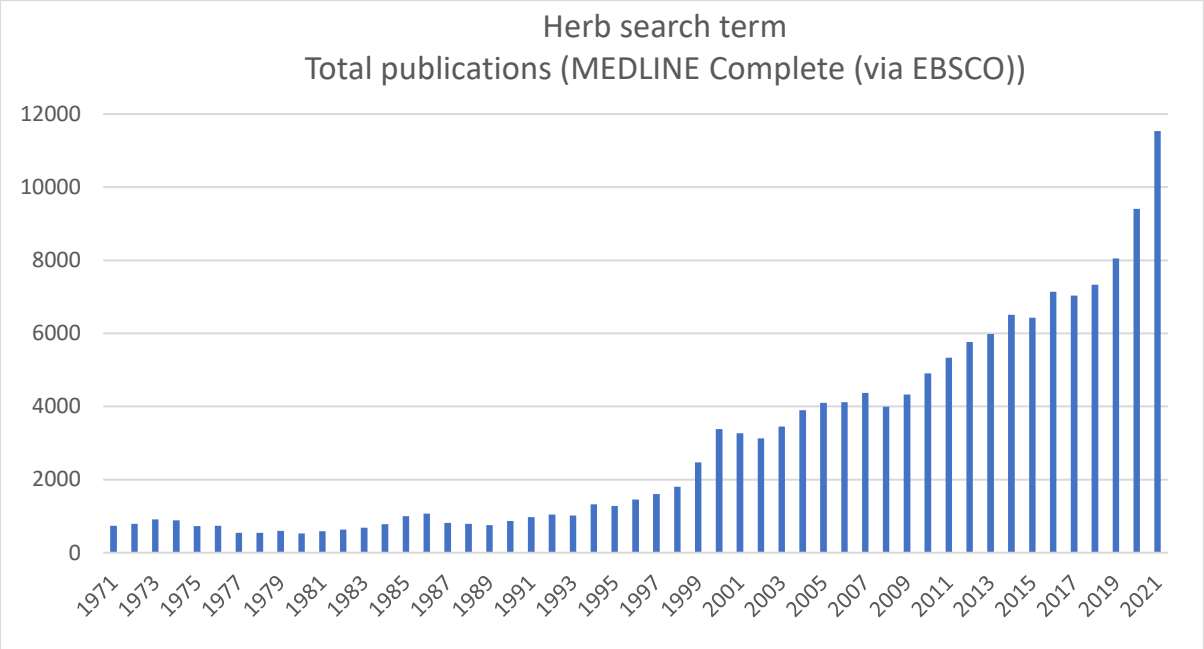
Currently, Chinese herbalists are regulated by the Chinese Medicine Board of Australia under the NRAS, due to the potential harm associated with Chinese herbal medicine. Chinese herbal medicine generally relies on the preparation of herbs under aqueous extraction, with many boiled in water. Western herbal medicine generally relies on ethanolic extraction of herbal medicines which have significantly greater toxicity than aqueous extraction (Gafner et al. 2004; Parekh et al. 2005; Zdanowski et al. 2014), thereby increasing the risk profile of the naturopathic profession.

Myth 3 – Naturopathic practice is not evidence based – there is no scientific evidence that naturopathy is effective, and any reported benefits of naturopathic medicine are most likely due to the placebo effect

In recent decades, there has been an exponential growth in research into naturopathic practices and products and the research base for naturopathic practice is extensive in scope and scale (Lloyd, Steel & Wardle 2021; Myers & Vigar 2019; Lin, Bensoussan et al. 2005; Carlton, Carè et al. 2025).

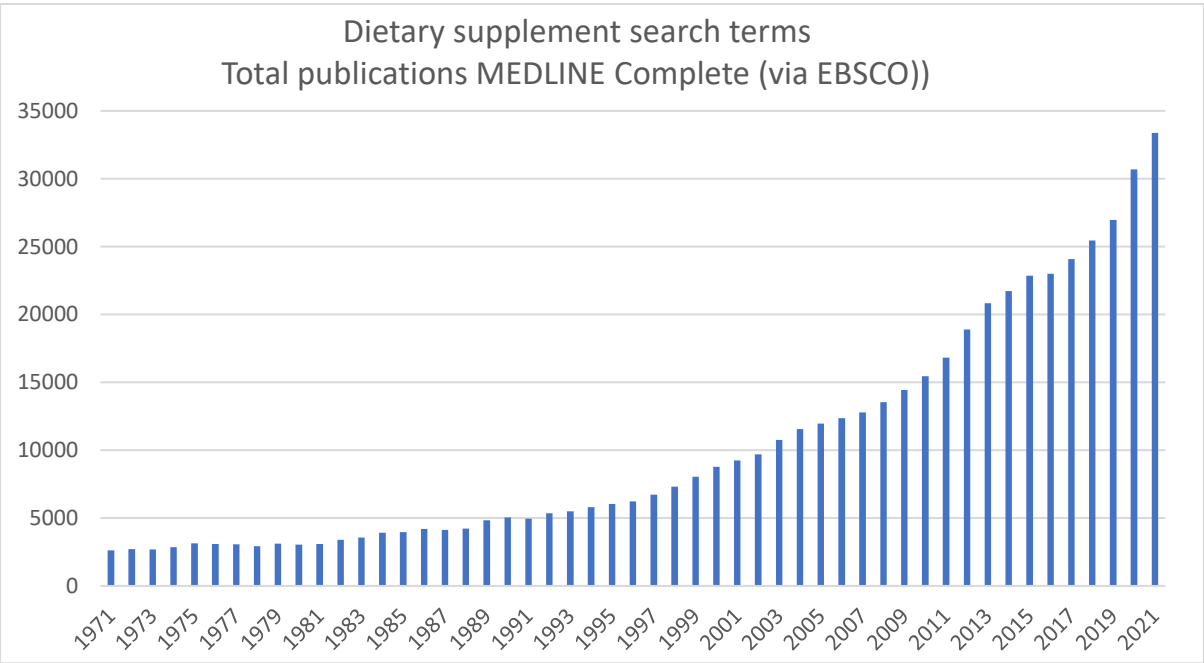
To illustrate, the ANC research report includes a bibliometric analysis of research publications published over a 50-year period between 1971 and 2021. We found that citations for 'herbal medicine' as a subject from a single database (Ovid MEDLINE) increased by more than 15 times – from 738 citations in 1971 to 11,535 in 2021 (see Figure 1).

Figure 1: Results of bibliometric analysis of 'herbal medicine' search term



During the same period, citations for dietary supplements increased nearly 13 times – from 2,624 citations in 1971 to 33,387 in 2021. This published research covered a range of subject areas including anti-bacterial agents, anti-coagulants, antioxidants, anti-inflammatories, bone density, COVID-19, gastrointestinal microbiome, osteoporosis, and vitamin and mineral deficiencies (Carlton, Carè et al. 2025) (see Figure 2).

Figure 2: Results of bibliometric analysis of 'dietary supplement' search term



Not only have we witnessed exponential growth in the volume of research conducted on naturopathic practices and products, but the quality of research has also changed in line with

the maturing of the profession and the growth of its research capability. For example, we found not a single systematic review or meta-analysis citation related to 'herbal medicine' as a subject in PubMed prior to 1991. However, since 1991, this type of research has steadily grown, with 496 systematic reviews published in the year 2021. Similar growth rates are also seen for randomised controlled trials for 'herbal medicine' and 'dietary supplement' and systematic reviews for 'dietary supplement' (Carlton, Carè et al. 2025) (see Figures 3 and 4).

Figure 3: Results of bibliometric analysis of systematic reviews and randomised controls trials using 'herbal medicine' search term

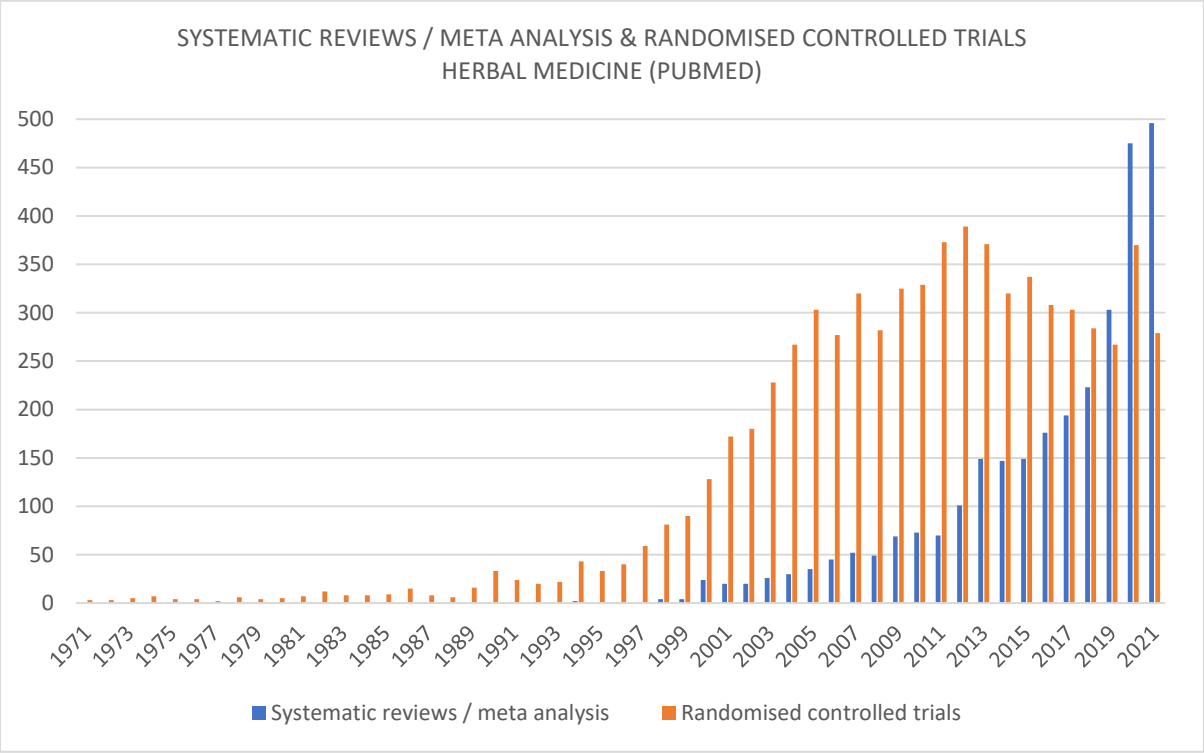
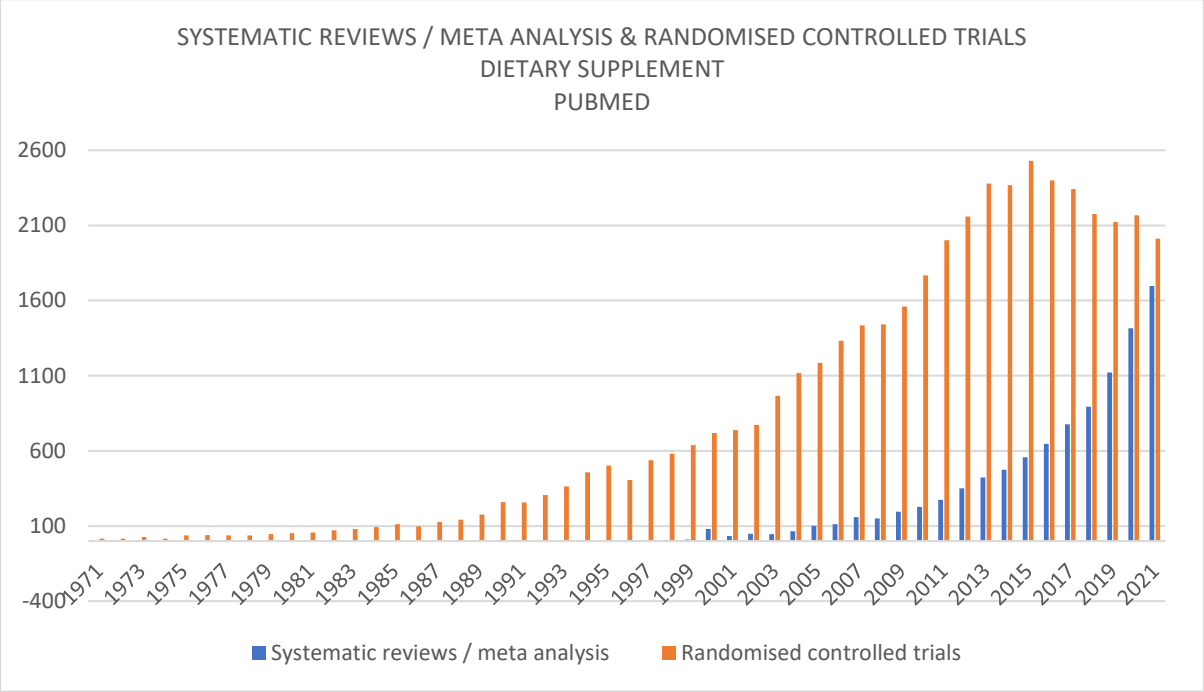


Figure 4: Results of bibliometric analysis of systematic reviews and randomised controls trials using 'dietary supplement' search term



The WNF health technology assessment found that:

- since 1987, naturopathic researchers have published over 2,200 peer-reviewed articles, 81% of these published since 2008 (2021: 131)
- many of these articles were published in highly ranked journals (2021: 135-6)
- naturopathic researchers conducted clinical research in over 80 different illness populations and overall showed a positive outcome in 81% of studies (2021: 140)
- Australian naturopathic researchers punched well above their weight internationally, producing almost 30% of this research output (2021: 132).

Only one in ten publications explicitly mentioned the term 'naturopathy' and the researchers concluded that this may be contributing to the misbelief that naturopathic practice is not evidence-based (Lloyd, Steel & Wardle 2021: 137).

Clinical naturopaths also have demonstrated a strong commitment to evidence-based clinical practice, with more than 80% of surveyed naturopaths reporting they use research from scientific journals to guide practice 'always', 'most of the time' or 'about half the time' (Steel et al. 2021).

Myth 4 – Those who choose to see a naturopath or herbalist or use naturopathic medicine are either ill-informed, misled or lacking in suitable alternatives

This is a common charge levelled at those who choose T&CM and underestimates the agency and health literacy of Australian health consumers. Successive research studies have found that consumers choose these therapies for a range of reasons, often because they have a

chronic health condition that has failed to respond to conventional medicine (Foley et al. 2020a; Foley et al. 2020b; Carlton, Carè et al. 2025).

Earlier studies found that the most common demographic using T&CM including naturopathy were middle class, well-educated women (Bensoussan & Myers 1996; Lin, Bensoussan et al. 2005; MacLennan et al. 2006).

More recently, Foley and colleagues found that the most prevalent users were those between 18 and 29 years of age (39.3%), in a relationship (51%), employed (70%), and held a bachelor's degree or higher (40.5%) (2020a). Similarly, McIntyre & colleagues found that individuals who consult naturopaths are generally 18 to 29 years, more highly educated and are more likely to be employed than the general population (McIntyre et al. 2019). Studies also suggest that patients are often more satisfied with the services they received from their naturopath than they are with services from their GP (Foley et al. 2020b).

It is not surprising that the naturopathic patient profile is skewed towards those from higher socio-economic groups – since 2019 naturopathic services have not been reimbursable under either public or private health insurance which disadvantages those on lower incomes. While these rebates were reinstated by the Commonwealth Government in April 2025, third-party payers have been slow to give effect to this decision to the detriment of consumers.

Myth 5 – Most naturopaths have little interaction with conventional health care professionals and there is little cross-referral of patients

While there is little recent research that quantifies the extent of cross-referral between naturopaths and other medical and allied health practitioners, data collected as part of the ANC study suggests cross-referral is occurring on a routine basis, both to and from naturopaths and herbalists (Carlton, Carè et al. 2025).

A practitioner survey of naturopaths and Western herbalists (Casey et al. 2008) found almost all respondents (99%) referred patients to other health care professionals, 93% reporting that they regularly referred patients to medical practitioners. Common reasons for referral were for pathology testing, treatment or prescription, medical diagnosis and confirmation of medical diagnosis, and treatment of acute infectious diseases. Approximately half the 649 respondents reported receiving referrals from medical practitioners and almost 97% of practitioners indicated that they would like to see closer collaboration and cooperation with the medical community.

As naturopathy and WHM are not regulated professions, referral from members of the medical community places an onus on the referring doctor to satisfy themselves that the naturopath or herbalist practises in a safe, competent, and ethical manner. This is perceived as a limiting factor on the extent of inter-professional communication. Researchers have found that GPs and other conventional health practitioners express reluctance to refer to naturopaths and other complementary therapy practitioners because of fear of liability if something goes wrong (Cohen et al. 2005). However, GPs are more likely to refer patients to a naturopath if they believe in the efficacy of or have seen positive results from naturopathy (Wardle, Sibbritt & Adams 2014).

Anecdotally, we know of repeated efforts by naturopaths and herbalists to engage collegially with their medical and allied health colleagues and the frustration they experience when they are declined entry or not invited to participate in service provider networks, association forums and other collegiate inter-disciplinary networks (Carlton, Carè et al. 2025).

Myth 6 – Naturopathic services are safe because naturopaths and herbalists are regulated in the same way as other health professionals

Many consumers believe complementary medicines are safe and do not interfere with conventional treatment (Foley et al. 2019). However, extensive studies of adverse events associated with the use of naturopathic medicines contradict this view (Myers & Cheras 2004; Lloyd, Steel & Wardle 2021: 71-8).

Naturopaths and herbalists also report that patients often express surprise when they learn that these professions are not registered and therefore are not subject to the same quality controls and regulations as other regulated health professions (Carlton, Carè et al. 2025). This is consistent with the findings from a consumer survey of T&CM practices which found that respondents believed such practices, including naturopathy, should be regulated like pharmaceutical drugs, where a consultation with a qualified practitioner is required before medicines are purchased (Evans et al. 2008).

Naturopaths and herbalists are not regulated in the same way as other health professions that prescribe orally administered therapies. One of the consequences is they are denied access to some important tools of their trade that are restricted under the *Standard for Uniform Scheduling of Medicines and Poisons* (SUSMP) (The Poisons Standard). It is a perverse outcome of our regulatory system that medical practitioners, who have no training in the safe and competent use of herbal medicines, are legally authorised and able to prescribe scheduled herbal medicines while naturopaths and herbalists who are properly trained in the safe use and contraindications of these herbal medicines are not.

Myth 7 – Registration of naturopaths and herbalists will afford undue recognition and status to practices that are unscientific and unproven

This type of objection was raised (and dismissed as immaterial) during the policy deliberations that preceded the decision of the Victorian Government to introduce statutory registration for the Chinese medicine profession in that state (Department of Human Services 1998: 18).

The two guiding principles agreed by AHMAC in 1995 and reiterated by COAG in 2008 provide clear guidance for policy decision-making – *that the sole purpose of registration is to protect the public interest and that the purpose of registration is not to protect the interests of health occupations* (AHMAC 1995: 1). Under the NRAS, the main guiding principle is that protection of the public and public confidence in the safety of services is paramount.[15]

[15] See recent amendments to the *Health Practitioner Regulation National Law* at https://documents.parliament.qld.gov.au/com/HEC-B5E1/HPRNLOLAB2-5F6C/submissions/00000037.pdf

Of central concern is not whether registration will or will not improve the status of the profession but rather, whether the risks (and costs) of unregulated practice are of such magnitude that statutory registration is warranted.

The regulatory impact analysis (RIA) process reinforces this policy principle – it requires careful problem definition, specification of government objectives, risk assessment, stakeholder mapping and engagement, framing of feasible options and weighing of the costs and benefits of each option (including no change) and on whom these costs and benefits fall (OBPR 2021).

There is nothing in the AHMAC criteria to suggest that the differential impacts of one or other type of occupational regulation, whether real or speculative (such as increasing the legitimacy or status of a profession) is or should be a determinative factor in decision-making. Rather, the key concern appears to be finding the best, most cost-effective way to safeguard members of the public who choose to use a particular type of practitioner or treatment modality.

Myth 8 – The naturopathy and WHM professions will not be 'ready' for registration until it has achieved national consensus on entry-to-practice qualifications and practice standards

The Australian Register of Naturopaths and Herbalists (ARONAH) has developed course accreditation, practice and continuing competency standards but has no effective means to enforce these (ARONAH undated). However, several forces combine to make it virtually impossible for the naturopathy and WHM professions to reach a consensus on and then implement degree level training for entry-to-practise as a naturopath or herbalist.

These forces include: a deregulated education market with multiple private providers; fragmented representative arrangements with multiple professional associations that compete for members, with some prepared to accept qualifications at less than degree level to attract members; and insufficient incentives for education providers to upgrade their courses.

A similar dynamic was evident when the Victorian Government took the decision to introduce statutory registration for the Chinese medicine profession (Department of Human Services 1998: 10, 20):

> *Despite over 20 years of efforts, the TCM profession has been unable to establish a self-regulatory system that has the wide support of the majority of groups within the profession. There is no reason to believe that efforts at self-regulation will be any more successful in the future* (Victorian Government, Department of Human Services 1998: 20).

This issue has a long and complex history.

In 2003 the Expert Committee on Complementary Medicines recommended strengthening of practitioner education and training and independent accreditation of courses (Commonwealth of Australia, Department of Health 2003: 24).

In 2013, government education authorities took the decision to remove naturopathic and WHM diploma and advanced diploma qualifications from the Health Training Package and cease delivery of these programs within the Vocational Education and Training (VET) sector (Australian Government 2013).[16] Teachout of non-degree level programs was expected to be completed by 2018. The policy rationale for this decision was that degree level was the appropriate standard for entry-to-practise in the naturopathy profession, given its scope of practice. However, in a deregulated education market, and with the withdrawal of naturopathy from the Private Health Insurance Rules between 2019 and 2025, there have been few incentives to enforce this policy position.

As a consequence, not only is there no pressure on providers to upgrade their offerings to degree level, there is also evidence that providers are entering or re-entering the market to offer diploma-level and short courses in naturopathy and WHM. Competing for members, some professional associations have responded by continuing to recognise qualifications at less than degree level for membership purposes, qualifications that should have been phased out by 2018. Without the capacity to enforce degree level as the minimum qualification for entry-to-practice, we are now seeing further dilution of education standards (Carlton, Carè et al. 2025).

Statutory registration guarantees uniform and enforceable minimum levels of entry-to-practice training (Baxter 2009: 27; Bensoussan et al. 2004: 26; Grace et al. 2007: 23; McCabe 2008: 174), something that has eluded the naturopathic profession for decades (Breakspear 2013: 170, 171; McCabe 2008: 174; Wardle et al. 2012: 369).

Myth 9 – Most naturopaths and herbalists don't see the benefits of registration and don't want naturopathy or WHM to be a nationally registered health profession

Successive surveys of the profession have found consistent results – that a majority of the naturopathy profession is supportive of statutory registration for the profession. For instance, member and practitioner surveys conducted in Australia over the past ten years indicate that between 61.7% and 85.0% of respondents are in favour of statutory registration, and between 3.3% and 22.6% are not (Barnes 2021; Braun et al. 2013; Steel et al. 2020). This suggests solid support from the profession for statutory registration of naturopaths.

Myth 10 – Naturopathy and homeopathy are just different names for what is essentially the same practice

Homoeopathy is a therapy that has its own history, philosophies, principles of practice and body of knowledge that are distinct from naturopathic practice. While there is some crossover, with some naturopaths also practising homoeopathy, this is not unique to the naturopathic profession. For instance, a 2022 study of health service use in Australia found that 3.9% of Australians use homeopathy, and of those more than half (51.2%) report being

[16] See https://training.gov.au/training/details/hlt07 for notice of naturopathy and WHM advanced diploma qualification deletion from the Health Training Package.

prescribed or recommended a homeopathic remedy by a medical doctor (i.e. general practitioner, specialist doctor or hospital doctor) (Steel et al. 2022).

Myth 11 – Naturopaths and herbalists are operating on a level playing field

There are significant structural, institutional, funding and attitudinal barriers to the full participation of naturopaths and herbalists in the Australian health care system.

A systematic review of the global literature on health practitioner regulation undertaken in 2021-22 points to continuing interest in and use of T&CM by consumers around the world, including in Australia (Carlton, Leslie et al. 2024). However, studies suggest that government policy in many countries is lagging.

Researchers found that T&CM practitioners from established occupations such as naturopathy continue to struggle for institutional recognition of their practice and to engage collaboratively with other primary care practitioners (Carlton, Leslie et al. 2024: 138). Much of the literature highlights the underlying power relations and epistemic tensions between professional groups that adversely impact the position and role of T&CM practitioners in the health system (Carlton, Leslie et al. 2024: 135). Despite approximately 4 million consultations annually, naturopaths are not considered part of the Australian health care workforce and their contribution to health of the Australian community health goes largely unrecognised – for instance there is no mention of naturopaths in Australian Health 2018 (Australian Institute of Health and Welfare 2018).

In some jurisdictions, registration laws are used to restrict T&CM practitioner scopes of practice and prevent access to their tools of trade (herbal medicines) (Carlton, Leslie et al. 2024: 135). However, many jurisdictions, licensing/registration schemes have been enacted and in a few jurisdictions, legislators have enacted provisions to protect registered practitioners from disciplinary action where they practise a therapy that departs from prevailing medical practice.[17]

Researchers point to the benefits of statutory registration for these established T&CM professions, to prevent the untrained and unqualified from entering practice (Lin & Gillick 2011; Carlton, Leslie et al. 2024: 135).

5. KEY FINDINGS FROM THE NATUROPATHS REGULATION RESEARCH PROJECT

Consumer expectations and use of naturopathy and WHM

Chapter 2 of the attached report presents the results of a systematic review of the published empirical research on the characteristics and experiences of consumers who use the services of naturopaths and herbalists in Australia.

[17] See for example, section 25.4 of British Columbia's *Health Professions Act* which states "The college must not act against a registrant or an applicant for registration solely on the basis that the person practises a therapy that departs from prevailing medical practice unless it can be demonstrated that the therapy poses a greater risk to patient health or safety than does prevailing medical practice."

The review synthesises the available research literature published since 2005, to understand the consumer demographics, motivations and reasons for use, the consumer experience of naturopathic and herbal medicine care, and prevalence, that is, the proportion of the population who use the services of naturopaths and herbalists.

Four databases were searched, and 478 records identified, of which 31 were included in the study.

The findings, when combined with earlier findings from the Lin Report (2005) tell a story that has remained largely consistent over the last 30 years:

- A sizeable segment of the Australian population (at least 7%) chooses to use the services of a naturopath or herbalist to maintain their health, prevent illness, and treat acute and chronic health conditions.
- These health consumers tend to be active in seeking health information and are choosing to use the services of a naturopath or herbalist to treat a wide range of chronic illnesses that involve every body system, as well as to maintain wellbeing, and for preventive health.
- Consistent with earlier findings (Lin, Bensoussan et al. 2005: 250), those who use the services of a naturopath or herbalist are more likely to be female and, on average, are more highly educated than the general population.
- Studies show comparatively higher than average use of naturopaths and herbalists by specific groups, such as middle-aged women, pregnant women, recent new mothers and women trying to conceive, women with various chronic conditions such as endometriosis and PMS, and cancer patients and survivors.
- Consumers are consulting naturopaths and herbalists for a range of chronic conditions such as diabetes, cancer, cardiovascular disease, respiratory illness, female reproductive conditions, and mental illness, as well as musculoskeletal conditions, gastrointestinal issues, back pain, menstrual or menopause symptoms, and for pregnancy-related care.
- Consumers are consulting with a naturopath or herbalist for long-term conditions, as preventative health care, and to enhance the effectiveness of other medical treatments and medications.
- The satisfaction of consumers with the services they receive from their naturopath or herbalist is consistently very high. Consumers report perceiving their naturopath or herbalist as supportive and compassionate, the health care type as safe, and offering a sense of control over their health.
- Consumers commonly use naturopathy or WHM concurrently with biomedicine (including pharmaceutical drugs) and they often do not inform their GPs or their naturopaths or herbalists about this concurrent use.

The researchers conclude:

- Navigating between two systems of medicine (naturopathy and biomedicine) carries heightened risks for consumers, particularly if they feel they cannot (or choose not to)

inform the practitioners involved in their care about their use of particular services and medicines.

- Given the potential interactions between herbal medicines and pharmaceutical drugs, there are ongoing concerns about the reported lack of communication between biomedicine practitioners (notably GPs and medical specialists) and naturopaths or herbalists.
- Given that consumers are continuing to choose naturopathy and WHM, it is incumbent on governments to give greater attention to this segment of the workforce that has been largely ignored by governments for two decades and develop specific policies that address issues concerning the safety and quality of these practitioners and the services they provide.

Risks associated with the practice of naturopathy and WHM

Chapter 3 documents and analyses evidence of the risks and harms associated with the practice of naturopathy and WHM in Australia. The chapter:

- presents an overview of the main risks associated with the practice of naturopaths and herbalists
- provides a bibliometric analysis of the scientific literature on adverse events associated with the consumption of nutritional and herbal medicines
- summarises the results of landmark studies of risks and compares the risk profile of naturopaths and herbalists with those of the registered health professions
- presents and analyses data gathered from health complaints entities (HCEs) and professional associations, highlighting the gaps and deficiencies in this data, and
- documents cases from the media, and court and tribunal reports on complaints about naturopaths and herbalists (or those purporting to be a naturopath or herbalist), and how these have been dealt with.

Key findings include:

- Naturopaths and herbalists have a broad scope of practice – they practise in the area of primary care, treating patients with a wide range of illnesses and conditions, often of a chronic and serious nature.
- The scope of practice of naturopaths and herbalists includes a comparatively large number of high-risk activities, when compared with most of the health professions regulated under the NRAS.
- Risks arise from the treatment modalities or therapies used (prescribing and supply of naturopathic medicines and nutritional supplements), the exercise of clinical judgement, the scope of practice and the context of practice.
- There has been an exponential rise in the reporting of adverse events associated with the use of herbal medicines and nutritional supplements, with no evidence of progress by regulators in over 20 years to document and publish data on the scale and nature of the problem, to enable preventive action to be taken.

- The annual number of complaints about naturopaths, herbalists and other natural therapists dealt with by HCEs and professional associations has risen substantially over the past 20 years, with complaints about professional conduct accounting for almost half of all complaints.
- While the risk of harm to patients can be mitigated by proper training of practitioners, there continues to be no mechanism to enforce minimum education standards for entry to practice as a naturopath or herbalist.
- Consistent with previous findings, persons who misrepresent themselves to the public as qualified to practise naturopathy, using the titles 'naturopath' or 'herbalist' without qualifications, continue to feature prominently in the complaints data.
- Deaths and serious injuries associated with unqualified or under qualified practitioners occur from time to time and professional associations have few avenues available to address these risks because such persons often do not join professional associations. While professional associations have taken steps to warn the public, and in some of the most egregious cases, HCEs have issued prohibition orders to remove these people from practice, these cases are continuing to occur.

The researchers conclude that these findings – the degree of risk and the evidence of the pattern of harms documented here, require the attention of governments and warrant stronger regulation of these professions.

The benefits of naturopathy and WHM

Chapter 4 of the attached report provides an overview of the scientific literature on the health outcomes associated with naturopathic and WHM clinical practice. To undertake a comprehensive review of the scientific literature on the impacts and benefits of naturopathy and naturopathic practice would generate thousands of references and require resources that are beyond the capacity of this study. Instead, two pieces of research were undertaken.

First, a bibliometric analysis of citations in the published literature concerning the 'tools of trade' of naturopaths and herbalists (herbal medicines and nutritional supplements) was undertaken, to illustrate the scope and scale of the scientific literature on naturopathy and WHM.

Second, a critical review was undertaken of five landmark studies that have documented evidence of the effectiveness of naturopathy and WHM, to weigh the evidence presented and draw conclusions about the body of knowledge on the benefits of naturopathy and WHM.

Key findings include:

- The research reported in the Lin Report (2005), the systematic review (Oberg et al. 2015), the scoping review (Myers et al. 2019) and the WNF Naturopathic Medicine Health Technology Assessment (Lloyd, Steel & Wardle 2021) present a consistent picture – that there is a substantial body of evidence that demonstrates the effectiveness of naturopathy and WHM as health practices. This literature encompasses both the tools of trade of naturopathy (herbal medicines and nutritional supplements) and naturopathy as a system of medicine.

- However, a contrary conclusion was reached in the Commonwealth Government's Natural Therapies Review of 2015 and on the basis of its findings, the Federal Government decided to remove private health insurance rebates for patients of naturopaths and herbalists in 2019.
- While the Commonwealth Department of Health subsequently accepted that there were limitations in its 2015 review and commissioned a second review, the decision taken to withdraw private health insurance rebates remained in place between 2019 and 2025. The effect has been to remove an important mechanism for assuring the quality and safety of the naturopathy and WHM workforce, penalise naturopaths and herbalists and prevent many Australians from accessing these therapies using their Private Health Insurance.
- The submitted evidence on WHM and naturopathy is available on the Department of Health's website. Presented are over 670 studies on WHM and over 440 studies on naturopathy. While this evidence is still being evaluated by the National Health and Medical Research Council (NHMRC), it provides a substantial body of literature on the effects of naturopathy and WHM and their key therapies and practices.
- The review was finalised and the report released in March 2025 in which it was recommended that private health insurance rebates be reinstated for naturopathy and WHM.[18]

The researchers conclude that:

- For the populations (or conditions) assessed, naturopathy appears to provide people with some benefit for some of the conditions and outcomes assessed in this evaluation, when compared with people who do not use naturopathy. The evidence assessed in the evaluation provides low certainty.
- For the population/condition and supplement combinations assessed by the review, some nutritional supplements can probably, or may, improve some key health outcomes. The evidence assessed in the overview (evaluation) provided moderate to low certainty.
- There was evidence of moderate certainty that nutritional supplements probably improve some key health outcomes for people with, or at-risk of, four conditions:
    - Probiotics probably improves the number of people with global symptom improvement for people with irritable bowel syndrome (IBS) although probiotics may have little to no effect on global IBS symptoms or response on average,
    - Antioxidants (specifically CoQ10 and alpha-lipoic acid (ALA)) probably reduce global fatigue severity/burden for people with fatigue (including myalgic encephalomyelitis (ME) and chronic fatigue syndrome (CFS)),

[18] See Letter from the Chair of the Natural Therapies Review Expert Advisory Panel.

    - Zinc probably reduces recurrent infections when measured by the number of episodes of infection per child per year in children with otitis media (although when recurrence is measured by the number of children with at least one episode of infection during follow-up, zinc may have little to no effect on recurrent infections in children with otitis media),
    - Antioxidants (specifically CoQ10 and ALA) probably improve fasting blood glucose and glycaemic control in people with obesity at risk of type 2 diabetes.
- There was evidence of low certainty that nutritional supplements may improve some key health outcomes for people with four conditions:
    - Magnesium with a naturopathy co-intervention may improve anxiety-related emotional functioning/mental health burden in people with anxiety,
    - Probiotics may improve stool consistency and health-related quality of life, and slightly improve abdominal pain and stool frequency in people with IBS,
    - Magnesium may reduce headache frequency and the number of days with migraine for people with headache and migraine,
    - Omega-3 fatty acids may slightly improve systolic blood pressure for people with hypertension.
- Taken together, the studies described in Chapter 4 provide a substantial body of scientific literature on which it is reasonable to conclude that naturopathy and WHM are effective systems of health care, with demonstrated benefits for a wide range of conditions and across all major body systems.

The naturopaths and herbalists workforce

Chapter 5 presents the results of a systematic review of the empirical evidence published since 2005 concerning the characteristics of the naturopathy and WHM workforce in Australia. This includes the demographic features of the workforce, the nature of naturopathic practice, the profile of patients who use naturopathic services, and the professional and interprofessional practice issues reported by naturopaths and herbalists.

Key findings include:

- Naturopaths and herbalists in Australia have a broad scope of practice, providing primary care to diverse populations with diverse health needs. They treat patients with a variety of health conditions, prescribe orally administered medicines such as herbal medicines and nutritional supplements. In some rural areas, the evidence suggests naturopaths represent up to one third of primary care practitioners.
- The majority of naturopaths and herbalists are female and aged under 60 years. They work principally in solo private practice where, in comparison with group and multi-disciplinary practices, systems of clinical governance are likely to be weak or non-existent.
- Naturopaths and herbalists engage with their patients in a range of areas important for maintaining health including diet and nutrition, mental health, substance use and, in some instances, vaccination. This important role in primary care means that

provision of any inaccurate or misleading information has the potential to undermine important public health messaging and present significant risks to the community.

- While naturopathy is a multi-modality practice with practitioners employing an eclectic range of therapies and practices, naturopaths frequently prescribe orally administered medicines in their practice, most commonly herbal medicines and nutritional supplements.
- While some practitioners practise as herbalists, solely using WHM, the practice of WHM is core to the practice of naturopathy. Survey data suggests that over one third of naturopaths hold further qualifications in WHM, almost all naturopaths prescribe herbal medicine products, and naturopaths spend a greater proportion of their time practising herbal medicine than any of the other types of therapies.
- Degree level training is considered by a majority of the profession to be the minimum qualification required for safe and competent practice of the naturopathy & WHM professions. While degree programs have been available in Australia for over 20 years, the data suggests that between 2011 and 2020, the proportion of naturopaths with advanced diploma qualifications increased from one-third to almost half of the profession.

The researchers conclude:

- It is imperative that naturopaths and herbalists are properly trained to work as primary care clinicians and are well integrated within the broader primary care and public health systems.
- Given scope and context of practice of naturopaths and herbalists that includes prescribing orally administered medicines as a principal modality, and the range of associated risks, degree level training is considered the minimum level necessary to ensure safe and competent practice.

Education of naturopaths and herbalists for entry to practice

Chapter 6 presents the results of a survey of Australian naturopathy and WHM education providers undertaken in June-July 2021. It provides a profile of education providers and the programs of study available for entry to practice and postgraduate studies in naturopathy and WHM. Key changes in the sector since 2005 are discussed, along with issues confronting the profession with respect to education.

Key findings include:

- There are five known education providers of naturopathic and WHM programs in Australia – two in the university sector and three private providers.
- The programs offered by the two universities and one private provider are accredited under arrangements administered by the responsible Federal Government education authority – the Tertiary Education Quality and Standards Agency (TEQSA). These educational institutions have governance arrangements that include academic councils, boards, and/or committees to oversee the content and conduct of programs. The two remaining private provider programs are not accredited by any government education authority.

- The quality of education varies markedly between degree and diploma level programs, particularly with respect to student contact hours and arrangements for clinical training.
- Providers of degree and diploma programs hold opposing views regarding the minimum educational requirements for entry to practice as a naturopath or herbalist, the type of regulation required for the profession and the future of these professions.
- Four out of five national professional associations that represent naturopaths and herbalists have set bachelor's degree level naturopathic or WHM qualifications as the minimum required for practitioner membership. However, one professional association, the Australian Traditional Medicine Association (ATMS), and more recently, several education providers continue to support reverting to an advanced diploma qualification as the minimum qualification for entry to practice as a naturopath or herbalist.
- In 2005, Lin & colleagues made a series of recommendations to strengthen education of the naturopathy & WHM professions, including that the professions work towards a bachelor's degree as the minimum requirement for entry to practice. In the 20 years since, only one out of the five of the recommendations have been implemented (that is, the establishment of an independent body to set education standards and curriculum requirements for bachelor's degrees for naturopathy and WHM).

The researchers conclude:

- This division within the profession over minimum entry to practice education standards is now a four-decade-old struggle, one that is unlikely to be resolved without government intervention.
- Despite some progress in establishing education standards (via the ARONAH competency and program accreditation standards), there remains no unified national standard for the minimum qualifications required for entry into these professions. This variability leads to inconsistencies in practitioner competence and has flow on effects both for public confidence in the professions and for public safety.
- The continued availability of unaccredited advanced diploma training for entry to practice is of concern and can be attributed to two factors: the lack of a mechanism for enforcing degree level as the minimum qualification for entry to practice and the fragmented nature of representative arrangements that enable and reinforce multiple entry level qualification standards.
- Establishing and enforcing a national standard for education of naturopaths and herbalists would ensure that all practitioners meet a minimum level of competence, thereby improving the quality of care provided to the public and reducing the risks of harm outlined in Chapter 3.

Professional representative arrangements for naturopaths and herbalists

Chapter 7 presents the results of a survey of organisations whose members practice naturopathy or WHM in Australia, undertaken in June-July 2021. Survey data was supplemented by searches of publicly available information posted on the websites of

professional associations, including for those associations that did not respond to the invitation to participate in the survey. Using both data sources, this chapter presents key features of the professional bodies that represent naturopaths and herbalists, including their membership profiles, codes, and guidelines issued, standards, policies and procedures, and views about regulation and other issues of importance to the professions.

Six organisations met the survey inclusion criteria and were invited to participate. Of these, three organisations provided survey data: Complementary Medicine Association (CMA), Naturopaths and Herbalists Association of Australia (NHAA), and the Australian Register of Naturopaths and Herbalists (ARONAH).

Key findings include:

- There has been some consolidation of the representative arrangements for the naturopathy and WHM professions – of the 17 professional associations reported by Lin & colleagues in 2005, only five of these associations are still in operation twenty years later.
- The roles and functions of these representative organisations are typical of professional associations generally – the setting of education and practice standards for members, credentialling of practitioners, assessment and accreditation of programs of study, dealing with complaints about members, protecting and advocating on behalf of the professions, and protecting the public (through self-regulation).
- As reported in 2005, the absence of effective government regulation has allowed education and practice standards to evolve in an ad hoc manner, overseen by multiple associations with various positions regarding regulation.
- An important initiative has been the establishment of a voluntary register (ARONAH) that operates at arms-length from professional associations and whose primary purpose is to protect the public rather than to represent the interests of the naturopathy and WHM professions. However, ARONAH's role in setting standards in the public interest is not well understood or communicated. The lack of government incentives for naturopaths and herbalists to join the ARONAH register limits its effectiveness and recognition among practitioners and the public.
- The continued fragmentation of representative arrangements, the number of associations, and the disagreements on entry to practice qualifications, education, and occupational regulation are compromising the ability of these organisations to discharge core functions on behalf of the professions.
- Governance practices among associations show wide variation. Only one organisation consistently published its annual reports and strategic plans, documents that are critical for transparency and accountability. The lack of published governance documents from most associations contributes to a perception of opacity and reduces the professions' credibility. Improving governance practices and enhancing transparency would build trust and ensure that associations are accountable to their members and to the public.

- Because members and resources are spread across multiple associations, the capacity of every association to deliver a full range of benefits to members and engage in advocacy efforts on behalf of the professions is compromised.
- Complaints are an important source of data for quality improvement. However, there is little transparency in the complaints management processes of most organisations, and little evidence that members of the public are being encouraged or assisted to lodge complaints or that disciplinary processes are well managed.
- Most websites are light on content that would suggest strong and active policy/guidance and advocacy functions. Some associations lack clear and accessible information for their members and the public on policy issues and health guidelines, resulting in missed opportunities for professional advocacy and public education. Effective advocacy is essential for influencing policy and improving public health outcomes. A more coordinated and proactive approach to advocacy would ensure that the profession's voice is heard in important health policy debates and that members are well-informed about relevant issues.

The researchers conclude:

- The naturopathy and WHM professions are characterised by significant fragmentation, with numerous associations operating independently and in competition with each other. Such fragmentation leads to diluted resources, inconsistent standards, and a lack of a unified voice for the professions. This undermines the cohesion and collective strength of the professions that are necessary for effective self-regulation and public trust. The lack of a singular, cohesive professional body hinders the ability to advocate effectively for the professions and creates confusion among practitioners and the public.
- It is difficult for self-regulation to be effective, transparent, and accountable while the regulators are not independent of the professional associations and educators (Commonwealth of Australia, Department of Health 2000). While the establishment of ARONAH has gone some way to providing a self-regulatory framework that is independent of the professional representative functions, it is hampered by lack of resourcing due to its small membership base and lack of government incentives to encourage naturopaths and herbalists to join.
- It is imperative that associations strengthen their management of complaints and discipline, particularly to develop stronger links with health complaints commissioners in each state and territory, provide more consumer-friendly information on the code of conduct and prohibition order powers that apply in six jurisdictions and provide a consistent data set on complaints management, to enable better monitoring of risks and harms associated with naturopathy and WHM practice.
- As in 2005, the solution remains consolidation – fewer, larger, better-resourced associations would benefit these professions and better protect the public.

Institutional recognition of and support for naturopathy and WHM practice

Chapter 8 documents and analyses the broader institutional arrangements within which naturopaths and herbalists operate. The focus is to identify the extent to which the

institutions of government and civil society recognise and/or engage with naturopaths and herbalists and influence or shape their practice.

Presented are the findings of enquiries made of a variety of institutions both government and non-government, including public and private health fund providers, professional indemnity insurers, regulators, health services, research institutions, and professional associations.

Key findings include:

- No specific references were found to the eligibility for reimbursement of services provided by naturopaths and herbalists in any third-party compensation schemes, either public (Medicare, Pharmaceutical Benefits Scheme, Veterans Affairs, National Disability Insurance Scheme, Workers Compensation, Traffic Accident) or private (private health insurers). The only exception was the workers compensation scheme in Victoria.
- Most mainstream institutions that represent practitioners, hospitals, health services, and professional associations do not have formal positions or policies with respect to engaging with naturopaths or herbalists, or even recognising that consumers are using these health services in conjunction with biomedicine. If there are stated positions, these relate to complementary medicine in general rather than specifically to naturopaths and herbalists.
- In most of the materials found, a commonly expressed view is that complementary medicine practices and professions either are not evidence-based or the scientific evidence is deficient.
- Some developments are evident in the area of research capability – with the establishment of several dedicated research institutes (at Southern Cross University, University of Technology Sydney and Western Sydney University). However, in general, the profession lost important institutional status and benefits with the loss of private health insurance rebates between 2019 and 2025 and government accreditation of programs of study for entry to practice as a naturopath or herbalist.

The researchers conclude:

- In the last 20 years, some unregistered allied health professions have achieved substantial institutional recognition and benefits in the absence of statutory registration under NRAS; for example, exercise physiologists, dietitians and speech pathologists are all eligible providers under various Medicare programs. However, such professions do not face the same attitudinal hurdles that naturopaths and herbalists face by virtue of categorisation as ‘complementary medicine’ professions.
- The widespread but inaccurate view that naturopathic and WHM practice are not ‘scientific’ or ‘evidence based’ appears to present a significant barrier for mainstream institutions to accept, recognise, or engage with naturopaths and herbalists as they deliver primary and preventive health care to the Australian population.
- While these professions appear to have made some progress in research capability, the naturopathy and WHM professions have lost institutional status and benefits with the removal of private health insurance rebates between 2019 and 2025 and the loss

of government accreditation of education programs for entry to practice as a naturopath or herbalist.

- It appears the registered complementary medicine professions have been protected from these changes and that it appears easier to achieve recognition and benefits, or at least to protect such benefits when a profession is regulated under the NRAS. While there are some other unregistered allied health professions that have achieved institutional recognition and benefits without statutory registration under NRAS (for example, exercise physiologists), such professions do not face the attitudinal barriers that naturopaths and herbalists face by virtue of their categorisation as 'T&CM' professions.

Regulation of the naturopathy and WHM professions

Chapter 9 documents and analyses the framework of laws that apply to and shape the practice of naturopaths and herbalists in Australia, including the laws that regulate the use of herbs and nutritional medicines.

The main types of occupational regulation are described, and their key features are compared. The extent to which these types of occupational regulation apply to the naturopathy and WHM professions in Australia is discussed. International developments in occupational regulation of naturopaths are summarised, with particular reference to those trends and developments relevant to occupational regulation of the Australian naturopathic and WHM professions. Considering the risks of naturopathy and WHM practice and the institutional context of practice, some gaps in regulation are identified.

Key findings include:

- Many governments have recognised the need to support patient choice by strengthening regulation of naturopaths, and many jurisdictions have introduced statutory registration for the profession – see the WNF Health Technology Assessment (Lloyd, Steel & Wardle 2021). Once a leader in regulation of complementary therapies, Australia is now lagging.
- It is 20 years since the Lin Report identified the need for governments to put in place effective patient protection measures, to better protect the substantial portion of the population who use the services of a naturopath or herbalist. Since then, government policy changes, particularly at the federal level (in accreditation of education and private health insurance rules), have undermined and compromised the professions' efforts to self-regulate, to the detriment of health consumers.
- While the occupational regulation arrangements, which rely principally on self-regulation and negative licensing, go some way to protecting the public, these quality assurance mechanisms are inadequate, given the pattern of harms documented in this report (see Chapter 3).
- For instance, the COVID-19 pandemic has drawn attention to cases where untrained or poorly trained naturopaths have acted in ways that undermine public health messaging about infection control and vaccination. There is a need for governments to engage with naturopathy professional bodies to reinforce good practice standards

and develop public health messaging, to ensure accurate information is provided to patients.

The researchers conclude:

- Patients have the right to choose naturopathic care and in doing so, should not be exposed to unnecessary risks because governments have removed the co-regulatory mechanisms that were working to promote quality of care and keep them safe.
- Failure to include naturopaths and herbalists and their representative bodies in mainstream service provider networks and government consultations, as occurred during the COVID-19 pandemic and is continuing to occur, is not tenable or in the public interest.
- Failure to develop explicit policies concerning this workforce is contrary to WHO policy on traditional and complementary medicine (WHO 2025a; WHO 2025b). As a matter of priority, state, territory and federal governments should:
    - re-visit the policy changes that have undermined self-regulation of naturopaths and herbalists, and
    - re-examine the case for statutory registration.

6. REGULATORY ASSESSMENT

Chapter 10 of the attached report concludes with an assessment of the naturopathy and WHM professions against the criteria for assessing professions for inclusion in the NRAS that are set out in the AHMAC Guidance of 2018.

CRITERION 1 – Is it appropriate for Health Ministers to exercise responsibility for regulating the occupation in question, or does the occupation fall more appropriately within the domain of another Ministry?

Naturopathy and WHM are health professions:

- the services provided by naturopaths and herbalists fall within the statutory definition of a 'health service' contained in health complaints legislation in each state and territory
- the tools of trade of naturopaths and herbalists (herbal medicines) are regulated by the Therapeutic Goods Administration under the Australian Government Department of Health and Ageing
- consumer complaints about naturopaths and herbalists fall within the jurisdiction of health complaints commissioners in each state and territory

Responsibility for policy decisions concerning occupational regulation of the professions of naturopathy and WHM properly sits within the health portfolios of state, territory, and/or federal Health Ministers:

- Naturopaths and herbalists deliver health care services to the Australian public. Consumers seek the services of naturopaths and herbalists as primary contact practitioners, for health advice, both for therapeutic purposes and for the maintenance of health and wellbeing.
- Consumer use of naturopathic and herbalist services in parallel with biomedicine medicine is well-established in all age groups. This dual usage can continue over a prolonged time because many users are treated for chronic illnesses or are using naturopathy/WHM products to deal with the effects of other medical treatments for serious health conditions.
- Naturopathic and herbal medicines and other products are governed by a suite of laws that sit within the portfolios of state, territory, and federal Health Ministers. These include therapeutic goods and medicines laws, health complaints laws, and infection control standards under public health legislation.
- Although the advertising and sale of naturopathic and herbal medicines and products are covered under fair trading and trade practices legislation, this is the same for the products and services provided by other regulated health practitioners.

There are no other ministerial portfolios at either state/territory or federal level that have responsibility for regulation of naturopaths and herbalists.

Conclusion regarding Criterion 1:

It is **appropriate for Health Ministers to exercise responsibility** for determining the regulatory arrangements for naturopaths and herbalists and regulating naturopathic/WHM. Naturopathy and WHM are health professions that sit within the health portfolio. These professions do not more appropriately sit within the portfolio of another Ministry.

CRITERION 2 – Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?

Types of risk associated with the practice of naturopathy and WHM

Naturopaths and herbalists are primary care practitioners who work autonomously, principally in solo or group private practices (Steel et al. 2020). The practise of naturopathy and WHM is broad in scope and presents a range of risks of varying significance.

The literature provides extensive references on the risks associated with naturopathic and WHM practice and various approaches to classifying risk of harm to public health and safety (Lloyd, Steel & Wardle 2021; Weir 2016; Lin, Bensoussan et al. 2005; Wardle & Adams 2014).

Table 4 presents a schema for classifying the risks identified in the practice of naturopathy and WHM, modified from the Lin Report (2005).

Risks of harm relate to:

- the treatment modalities used by practitioners of naturopathy and WHM
- their scope of practice, and
- their context of practice

Risks associated with the treatment modalities are further categorised as:

- risks that arise from the consumption of nutritional and herbal medicines
- risks associated with the exercise of clinical judgement by the naturopath or herbalist

These categories overlap to the extent that it is common for reported cases to raise multiple practice issues that fall into more than one category. The literature provides extensive references on these risks (Lloyd, Steel & Wardle 2021; Weir 2016; Lin, Bensoussan et al. 2005).

Table 5 expands this categorisation, providing further detail of the risks and referencing related studies and case reports.

Table 4: Schema for classifying risks associated with the practice of naturopathy & WHM

CATEGORY OF RISK	SUB-CATEGORY	EXAMPLES
Clinical judgement of the practitioner	Acts of commission	• Removal of therapy • Incorrect prescribing
	Acts of omission	• Missed or misdiagnosis • Failure to refer on appropriately • Failure to explain precautions • Failure to advise of known potential adverse effects of a treatment
Unethical and/or criminal conduct		• Pretending to be a qualified practitioner • Sexual assault, sexual misconduct, inappropriate relationship with a patient • Advice to cease or delay conventional treatment • Creating an unreasonable expectation of beneficial treatment outcomes • Undermining public health messaging • Overservicing • Financial exploitation of a patient
Consumption of herbal and nutritional medicines	Predictable toxicity – Type A reactions	• Direct overdosage • Interactions between herbal medicines • Interactions with pharmaceutical medicines
	Unpredictable reactions – Type B reactions	• Allergy/anaphylaxis • Idiosyncratic reactions
	Failure of good handling and manufacturing	• Misidentification • Lack of standardisation • Contamination • Substitution

Source: Modified from Lin, Bensoussan et al., 2005.

Table 5: Risks to public health and safety associated with the practice of naturopathy and WHM

RISKS ARISING FROM CONSUMPTION OF HERBAL AND NUTRITIONAL MEDICINES	
TYPE OF RISK	**DESCRIPTION**
Adverse reactions / interactions	Poor prescribing of treatments for the patient's condition. Failure to observe contraindications and consider known interactions between herbal medicines and pharmaceutical medicines. Failure to correctly investigate concurrent medication use of patients, consider the potential for interactions with medications or other naturopathic treatments e.g. use of *Glycyrrhizin* species in patients with hypertension. Lack of awareness/ attention to potential contraindications and appropriate dosage. Failure to adequately monitor patient use of treatments for reactions (Wardle 2008b; Wardle & Adams 2014). Effects range from minor to severe. Mild adverse effects include allergic reactions, pain, burning sensation, constipation, dermatitis, diarrhoea, dizziness, drowsiness, fatigue, gastrointestinal upset, headache, sleep disorders, nausea, and vomiting. More severe effects include blurred vision, confusion, dysphagia, severe nausea, EEG changes, loss of consciousness, acute lung injury, renal failure, coagulation abnormalities, hepatitis, stroke, acute myocardial infarction, haemorrhage, circulatory failure, congestive heart failure, perforation of the gastrointestinal tract, seizures and epilepsy, and death (Posadzki et al., 2013).
Incorrect prescribing, incorrect treatment duration, or unnecessary testing	Prescribing insufficient doses/products or greater than necessary doses/products, inappropriate duration of treatment, or the unnecessary utilisation of diagnostic tests (Wardle & Adams 2014). Failure to adhere to prescribing guidelines for appropriate dosing for children, teenagers, and smaller / larger adults. Inadequate monitoring of liver/kidney function with prolonged use of some herbs. Inefficacy of treatment, overdosing or toxicity of treatment, inadequacy of treatment, testing with no/little patient benefit, financial harm. Statutory practice guidelines for testing, and scalable dosage prescriptions.
RISKS ASSOCIATED WITH THE CLINICAL JUDGEMENT OR UNETHICAL CONDUCT OF THE PRACTITIONER	

TYPE OF RISK	DESCRIPTION
Missed or misdiagnosis	Failure to appropriately diagnose patient condition requiring referral to other health practitioner (Wardle 2008). Failure to detect significant underlying pathology, thereby increasing morbidity by allowing a disease process to progress. Poor case taking, inadequate knowledge of pathology or acknowledgement of limitations of practice, leading to inappropriate treatment rather than referring to another practitioner. May result in death, deterioration or relapse of conditions that may have been cured or achieved a better prognosis with earlier intervention.
False diagnosis	Diagnosing patients with non-existent pathologies (Wardle & Adams 2014). Taking advantage of information asymmetries to 'diagnose' and 'treat' fictitious or non-existent pathologies. Exposes patients to unnecessary treatment, stress and expense.
Advice to cease or delay conventional treatments	Informing patients to forego conventional treatment when commencing naturopathic treatment (Wardle 2014: 357). Prescribing a herbal formula for conditions e.g. hypertension and advising the patient to cease taking medically prescribed pharmaceuticals. Immediate withdrawal of pharmaceutical medications can be dangerous and can lead to rebound hypertension. Recommendation to avoid chemotherapy or other cancer treatments.
Delayed diagnosis	Failure to diagnose serious medical conditions or to recognise limitations of own practice skills and knowledge, and when to refer to other health practitioner (Wardle 2008b; Wardle & Adams 2014). Condition incorrectly diagnosed and practitioner assumes treatment will be effective. May result in death, deterioration or relapse of conditions that may have been cured or achieved a better prognosis with earlier intervention.
Failure to refer on in a timely manner	Failure to know when to refer to other health practitioners, e.g. atypical myocardial infarction or cancer not detected or referred to medical practitioner.

	May result in death, deterioration or relapse of conditions that may have been cured or achieved a better prognosis with earlier intervention.
Monopolisation of patient	Practitioners abusing their position of authority to monopolise patient care for financial gain. Informing patients that all their health needs can be satisfied by the practitioner and discouraging them from seeing their GP or other relevant health professional. May result in financial exploitation, delayed diagnosis or failure to effectively treat serious conditions.
False consultations (by unqualified person purporting to be a naturopath)	Consumer mistakenly believes they received advice from a qualified naturopath (Wardle 2008b). Consumer attends a private practice, a multidisciplinary clinic, pharmacy, or health food store seeking advice from an untrained or inadequately trained person. Consumers may be inappropriately advised to commence or cease treatment, take products that may interact with medication due to not taking an adequate history of the patient, may be prescribed products that are dangerous, or lack quality control in their manufacture, or be prescribed products that are contraindicated in pregnancy Serious herb-drug interactions may occur including concurrent use of anti-depressant medications and commonly used herbal products, potentially leading to serotonin syndrome leading to severe reactions and even death. Patients have become gravely ill or died from ceasing lifesaving medications, such as insulin or ceasing lifesaving medical therapies, such as kidney dialysis as advised by unqualified practitioners.
Undermining public health messaging	Failure of practitioner to follow public health guidelines in their assessment and treatment of patients. Giving patients contrary advice to that provided by health officials. Discouraging patients from vaccinating themselves, their children and families.
Creating an unreasonable expectation of beneficial treatment	Persisting with the use of naturopathic treatments for serious injuries or conditions despite lack of improvement and for which immediate conventional treatment is required (Mackinnon, 2008).

Overservicing	Prescribing treatments for financial gain rather than patient need. Lack of separation between treatment prescription and product sale, as exists in conventional GP consultations, incentivises unscrupulous practitioners to overservice patients (Wardle, 2014).
Lack of informed consent	Failure of practitioner to adequately inform patients of the potential risks of or precautions associated with treatment (Lin, Bensoussan et al., 2005: 33-34) (Wardle & Adams 2014). Failure of practitioner to fully inform patients of the risks of naturopathic prescriptions during chemotherapy to deal with adverse effects of conventional treatment. Inefficacy of conventional treatment where there may have been a reasonable expectation of remission.
Holding out as qualified practitioner	Use of the title doctor without appropriate qualifications (Wardle & Adams 2014) Professing to be a naturopath without adequate training. Inappropriate use of the title of doctor lends false legitimacy. Patient believes they are consulting with a qualified practitioner when they are not. Patient is of the mistaken belief that the practitioner is more qualified than they actually are and entrusts their health to someone who is inadequately trained for the task potentially leading to adverse health outcomes.
Sexual assault, sexual misconduct, inappropriate relationship with patient	Sexual misconduct was the most common category of misconduct established against unregistered health practitioners. (Wardle, 2014: 361). This includes inappropriate consensual relationships with patients as well as inappropriate, nonconsensual sexual contact or harassment of a patient. Inappropriate questioning, touching or relationships with patients of a sexual nature with children or adults. Poor understanding of professional boundaries can lead to emotional, physical and fiscal harm through exploitation and manipulating power dynamics between clinician and patient.
Financial exploitation of patient	Consumers taken advantage of financially by unscrupulous practitioners (Wardle 2008b; Wardle & Adams 2014). Consumer is sold an inferior product/s with dubious efficacy, safety, or reliability. Consumer is overcharged for product/s and/or consultation or sold products/ services for financial gain rather than patient need.

	Financial harm, particularly in diagnoses such as cancer where patients may cling to false hopes of cure.
FACTORS ASSOCIATED WITH THE CONTEXT OF PRACTICE THAT EXACERBATE RISK	
FACTOR	**DESCRIPTION**
Solo and self-employed practice	A provider may be a sole practitioner, with limited peer engagement or oversight with potentially no connection to a professional association through which their practice knowledge and skills may be maintained and assured (NSW HCCC 2019: 33). Practitioner works alone with no or few opportunities to discuss patient cases with peers, discuss difficult to treat cases or consider other modes of treatment or referral (Foronda et al., 2016; Lamb et al., 2011; O'Daniel & Rosenstein 2008). Lack of clinical oversight or other scrutiny increases the likelihood that poor practice or unethical conduct continues undetected, including: ineffective patient treatment, over / underservicing, financial or other exploitation, boundary violations.

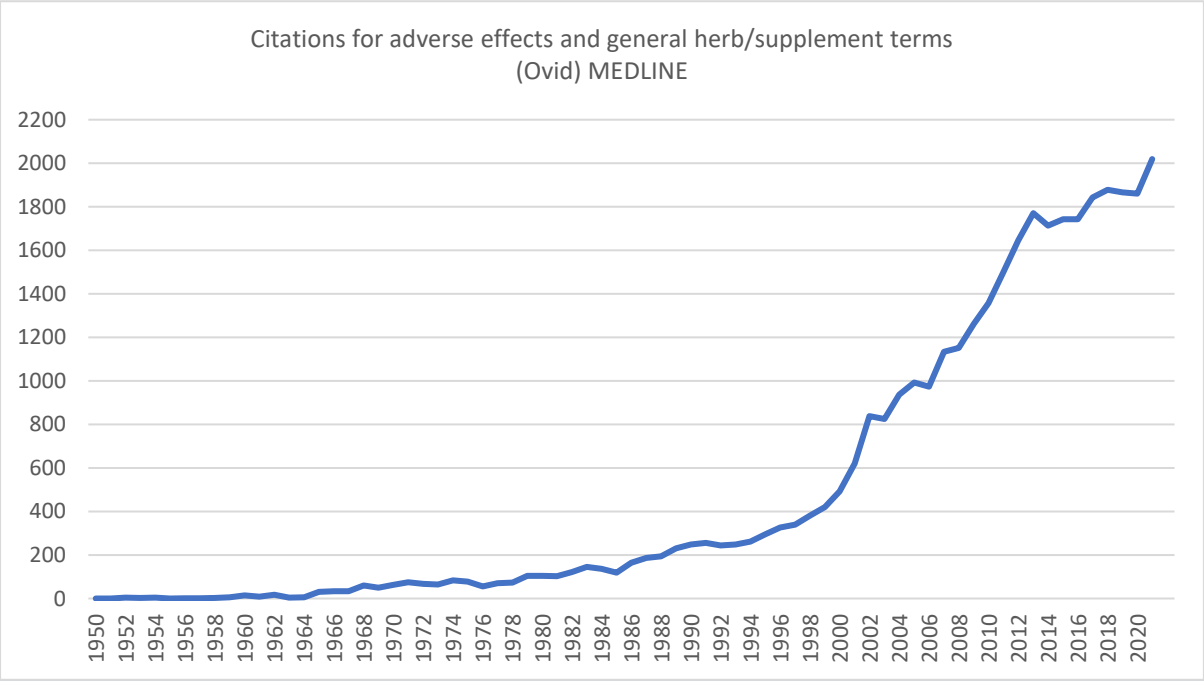
Risks associated with the treatment modalities of naturopaths and herbalists

Any pharmacologically active agent that has the capacity to alter human physiological function can also have adverse effects (Lin, Bensoussan et al. 2005: 37). Like pharmaceuticals, herbal medicines can trigger two types of reactions:

- predictable (Type A) reactions: extensions of the pharmacological effects, generally dose dependent, and usually less severe; and
- idiosyncratic (Type B) reactions: not predicted by pharmacology, occur infrequently, are not related to dose, and can cause significant morbidity or death.

Within the broader research community there has been increasing focus on the adverse effects associated with herbal and nutritional products. The chart below shows the exponential growth in published research from a single database (Ovid MEDLINE) on adverse effects, using general herb and supplement terms (see Figure 5).

Figure 5: Results of bibliometric analysis of adverse effects & 'herb'/'supplement' terms



Source: Carlton, Carè et al. 2025: 175.

Unpredictable and idiosyncratic reactions to treatments can and do occur. These adverse events are particularly relevant to naturopaths and herbalists who prescribe and dispense orally administered medicines. They include unpredictable allergic and idiosyncratic reactions to herbs and nutritional supplements (Bensoussan & Myers 1996: 56). They may also involve the failure of good handling and manufacture of CM medicines (Bensoussan & Myers 1996: 56) of which the practitioner may or may not be aware. Cases of misidentification of herbal medicines, lack of standardisation, contamination with heavy metals/toxins, substitution of other herbs or adulteration with Western pharmaceuticals have been documented (Bensoussan & Myers 1996: 56; Foroughi et al. 2017; Opuni et al. 2023; Zhang et al. 2012).

Some herbs and supplements are known to cause toxic reactions and while severely toxic substances are restricted by current drugs and poisons laws, several potentially toxic substances continue to be available to naturopaths/WHM practitioners for use in prescriptions (Asif 2012; Brown 2017; Brown 2018; Enioutina et al. 2017; Posadzki et al. 2013).

Herbal medicines also have the potential to interact with pharmaceutical drugs (Gurley et al. 2012), and numerous cases of such herb-drug interactions have been reported (Choudhury et al. 2023; Izzo & Ernst 2009; Myers & Cheras 2004).

The cases identified in the literature are likely to be just a fraction of what is occurring in practice because:

- there appears to be significant under-reporting to government agencies of adverse events associated with nutritional and herbal medicines, due in part to the lack of awareness of the appropriate avenues for such reporting (Bensoussan et al. 2004; Choudhury et al. 2023; Yan et al. 2022)
- some practitioners are likely to be fearful that reporting adverse events may result in further withdrawal of access to herbal medicines, and
- the Adverse Drug Reactions database administered by the Therapeutic Goods Administration (TGA) is limited in its usefulness with respect to complementary medicines in that the search function does not include terms such as 'naturopathic medicine' or even 'herbal medicine' (see www.daen. tga.gov.au/medicines-search/)

Risk of harm associated with the treatment modalities used by naturopaths and herbalists may either be mitigated or exacerbated by the level of competence of the practitioner or may be outside of practitioner control. Mitigation of risk is a core component of degree level education for naturopaths and herbalists. For example, in one naturopathy degree program, over 75 resources were identified that are used to educate students on adverse effects and interactions of herbal medicines with pharmaceuticals (see Chapter 6, section 6.7 and Appendix 6.2 of the attached report).

Risks associated with the scope of practice of naturopaths and herbalists

Naturopaths and herbalists are primary care practitioners who provide diagnostic and treatment services under a paradigm that differs from that of Western biomedicine.

Like Chinese medicine practitioners, naturopaths and herbalists have a very broad scope of practice – they see patients from every demographic and treat patients with a wide range of health conditions, including those with potentially life-threatening illnesses (Foley et al. 2020; McIntyre et al. 2019; Steel at al. 2020; Steel 2022). They do this without the need for a referral from a medical practitioner and with no government oversight.

Every naturopath and herbalist has a professional obligation to recognise the limits of their practice and to refer on to other practitioners, including medical practitioners, when the needs of the patient dictate. This is an important element of the ethical and clinical training of naturopaths and herbalists. Harm can occur when a naturopath or herbalist fails in the exercise of clinical judgement, either through acts of commission or omission. The risks relate to incorrect, inadequate, or delayed diagnosis, or failure to make timely referrals to practitioners who are better placed to treat the patient. The risks increase when the

naturopath or herbalist has received insufficient clinical and ethical training to recognise the limits of their practice and make appropriate referrals.

The Lin Report presented data from a survey of GPs which suggested that while GPs expressed concerns about specific herbal products and interactions, they were also concerned about the scope of practice of naturopaths as well as the specific risks of the therapies used (Lin, Bensoussan et al. 2005: 226, 227). Since that survey, there is an increasing body of evidence of serious patient harm and deaths linked to naturopaths and herbalists who have failed in their professional duty to make appropriate and timely referrals (see section 3.7 of the attached report).

Risks associated with the practice context of naturopaths and herbalists

There are several contextual factors that in combination exacerbate the risks associated with naturopathic and WHM practice, compared with other primary care health professions both registered and non-registered. They are:

- the absence of effective controls over entry to practice as a naturopath or herbalist
- the difficulties for patients in identifying who is properly qualified as a naturopath or herbalist and in good standing in their profession
- the challenges faced by patients in navigating two systems of medicine, particularly for those who use naturopathy or WHM in conjunction with Western biomedicine
- the general absence of institution-based quality controls such as those exercised by employers, public sector work settings, and third-party payment systems (health insurers)

First, with the lack of effective controls over entry to practice as a naturopath or herbalist (see Chapters 6 and 10), any person can set up practice without qualifications or probity/character checking. There are no enforced minimum entry level credentials, that is, no minimum standard of education that is required for clinical practise as a naturopath or herbalist and no checking to ensure the person is of good character prior to their commencing practice. This heightens the risk to service users because:

- as outlined above, naturopaths and herbalists have a very broad scope of practice – they treat patients from all age groups who have a wide range of acute and chronic health conditions, using treatment modalities that carry inherent risks
- naturopaths and herbalists do not have access to the range of diagnostic tools that are available to practitioners of Western biomedicine
- untrained or undertrained persons are less likely to recognise the limits of their skills and knowledge and know when to refer on to other practitioners
- misdiagnosis and inadequate treatment are more likely to occur where:
    - clinical training hours are inadequate
    - there is inadequate exposure during training to a range of patients and health conditions
    - there is lack of access to training and guidelines on the clinical management of patients who use naturopathic medicines in conjunction with pharmaceutical drugs

Recent cases show the harms that have occurred from unqualified persons who flout professional values and norms by establishing themselves in practice without industry-recognised qualifications and who present themselves as qualified to practise naturopathy or WHM (see section 3.7 of this report). The data shows a pattern of harm, extending over several decades, arising from those who take advantage of the good reputation of the naturopathy and WHM professions, taking the opportunity to 'make a quick buck'.

This evidence suggests that those who enter practice without recognised training or qualifications are more likely to disregard other ethical norms and standards of professional practice. For instance, some have used the opportunities presented by their practise as a (self proclaimed) naturopath to breach the trust of their patients by committing sexual assault.

Media coverage of these cases often refers to these unqualified persons as 'naturopaths' – because this is the professional title they have assumed for themselves. However, most of these practitioners who come to the attention of regulators due to unethical or illegal conduct are NOT qualified naturopaths – they may have done a short course or may have no qualifications at all. Some have been deregistered from an NRAS regulated health profession and have rebadged their practice to avoid the sanctions of the regulator. They have traded on the reputation of and trust in the naturopathic profession to exploit vulnerable patients.

Second, compounding these problems, there is no single trusted source of information for prospective patients about who is qualified as a naturopath or herbalist and in good standing in the profession. Instead, there are multiple professional associations that compete for members, all claiming to represent 'qualified' naturopaths and herbalists but each setting different qualification standards for membership and providing differing levels of service to members and to the public (see Chapter 7). This adds to the confusion for prospective patients.

These multiple professional bodies with their varying standards add to the information asymmetry faced by consumers who are likely to struggle to know who is properly qualified as a naturopath or herbalist and who is not.

Third, since most naturopaths and herbalists work autonomously, that is, in independent private practice rather than as an employee or in a public or funded sector agency, the quality controls that usually apply in these latter settings (such as employment contracts, clinical governance systems, supervision, risk audit, performance appraisal, continuing professional development (CPD) etc) are absent.

Also, with the removal in 2019 of naturopathic and WHM services from eligibility for rebates under the Australian Government's Private Health Insurance Rules,[19] there have been no institutional quality control measures applied by third-party payers (insurers) either (see Appendix 3.2 of the attached report). Even though eligibility of naturopathy and WHM for private health insurance rebates was reinstated in April 2025,[20] third-party payers have been slow to give effect to this decision that provides for quality controls mechanisms for naturopathy and WHM practitioners. This means there are no public or private health insurers

[19] See Private Health Insurance Rules.

[20] See 'Select natural therapies return to private health insurance'.

to assess the qualifications of practitioners, set practice expectations, scrutinise claims data and alert regulators to professional practice or clinical governance failures such as incompetent practice, overservicing, or fraud (see Chapter 8 of the attached report).

Fourth, for those who use both naturopathic medicines and pharmaceutical drugs, there are heightened risks associated with herb/drug interactions. These risks are exacerbated by the inability of the profession to enforce minimum qualification and practice standards for the clinical management of patients who use naturopathic medicines in conjunction with pharmaceutical drugs, and the general lack of communication among the various providers. As more people with chronic health conditions choose naturopathic or WHM treatment, the potential for herb/ drug interactions increases. There is evidence that many patients do not tell their treating medical practitioners of their use of naturopathic medicines (see Chapter 2 of the attached report).

For instance, the Lin Report found:

- the majority of patients self-refer following recommendation from another person
- treatment is sought for a wide range of physical and psychological problems, and management is multifaceted (including lifestyle advice, nutritional supplements, herbal medicines and exercise)
- those seeking naturopathic care frequently do so for chronic conditions, which means they are likely to be frequent and routine users
- approximately half the profiled patients had previously consulted a medical practitioner (general or specialist) for their complaints before visiting a naturopath, but communication between practitioners occurred in only a minority of cases
- among the profiled patients receiving naturopathic treatment, over one third were also taking pharmaceutical drugs
- focus group participants reported that they did not advise their doctor of their use of naturopathic medicines because they feared the doctor might reject the therapy or because they felt they should be in charge of their health
- poor communication between medical and complementary medicine practitioners can have dangerous consequences in terms of drug interactions and delayed diagnosis (Lin, Bensoussan et al. 2005: 294-95)

More recent data suggests these risks remain (Doolan 2025) and are compounded by the variability in education and training of naturopaths and herbalists (see Chapter 6 of the attached report). Those who enter practice with inadequate or no qualifications or clinical training are less likely to have the capacity or motivation to keep up to date with the exponential growth in naturopathic and WHM research, they are less likely to be engaged with their peers in scholarly collaboration, or to adopt evidence based naturopathic practice. They are also less likely to collaborate with practitioners from other professions in shared care of patients.

Comparing the risk profiles of naturopathy/WHM with the regulated health professions

The attached report identifies various approaches and tools for measuring risk, including some developed specifically to inform decisions about occupational regulation of the health

professions (Professional Standards Authority 2015; AHMAC 2013; COAG Health Council 2015).

One risk assessment tool used in several Australian inter-governmental reports (AHMAC 2013; COAG Health Council 2015) lists 13 'high-risk activities' (HRAs) and identifies whether or not these high-risk activities form part of the usual scope of practice of each profession that is rated. The high-risk activities listed span both scope of practice (including the treatment modalities) and the context of practice.

Appendix 3.3 of the attached report provides details of the HRAs assessed as relevant to the naturopathic scope of practice. They are:

- Putting an instrument, hand or finger into a body cavity (HRA 1)
- Procedures below the dermis, mucous membrane, in or below the surface of the cornea (HRA 4)
- Prescribing a scheduled drug, supplying a scheduled drug (includes compounding), supervising that part of a pharmacy that dispenses drugs (HRA 5)
- Administering a substance by injection (HRA 6)
- Supplying substances for ingestion (HRA 7)
- Managing labour or delivering a baby (HRA 8)
- Primary care practitioners who see patients with or without a referral from a registered practitioner (HRA 11)
- Treatment commonly occurs without others present (HRA 12)
- Patients commonly required to disrobe (HRA 13)

Table 6 applies this risk assessment tool to compare the risk profile of the naturopathy profession with those of the 16 health professions that are regulated under the NRAS.

Of the 13 HRAs listed, the scope of practice of naturopathy profession typically includes at least nine (9) of these activities. This is high, compared with most NRAS-regulated health professions, which range from three HRAs (optometrists and psychologists) to 13 HRAs (medical practitioners). Only five out of 16 of the NRAS-regulated health professions have a higher number of HRAs as part of their usual scope of practice than naturopaths. They are: medical practice (13 HRAs), nursing and midwifery (11 HRAs), paramedicine (10 HRAs) and Chinese medicine (10 HRAs).

While prescribing a scheduled medicine is listed as part of the usual scope of naturopathic practice, there is currently no mechanism under Australian state or territory drugs and poisons laws to authorise practitioners of naturopathy/WHM to prescribe herbal medicines that have been included in The Poisons Schedule (either as a whole herb or because of a substance the herb contains).

Appendix 3.4 of the attached report provides a list of herbs that some (but not all) naturopaths and WHM practitioners are trained to prescribe but have been restricted under Australian scheduling arrangements and may only be prescribed by registered medical practitioners (Lin, Bensoussan et al. 2005: 109). These herbs are listed in the British and US

herbal pharmacopoeias and are typically used by naturopaths and herbalists in countries where naturopathy and WHM is widely practised. Others have been added to the Poisons Standard since 2005.[21]

[21] See the Poisons List (the SUSMP) at https://www.tga.gov.au/how-we-regulate/ingredients-and-scheduling-medicines-and-chemicals/poisons-standard-and-scheduling-medicines-and-chemicals/poisons-standard-susmp

TABLE 6: Assessment of the NRAS professions and the naturopathy profession against 13 high risk activities or procedures

RISK FACTORS	REGULATED											UNREGULATED					
	ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH	CHINESE MEDICINE	CHIROPRACTORS	DENTAL PRACTITIONERS	MEDICAL PRACTITIONERS	MEDICAL RADIATION	NURSES AND MIDWIVES	OPTOMETRISTS	OCCUPATIONAL THERAPISTS	OSTEOPATHS	PARAMEDICS	PHARMACISTS [v]	PHYSIOTHERAPISTS	PODIATRISTS	PSYCHOLOGISTS	NATUROPATH & HERBALIST
1. Putting an instrument, hand or finger into a body cavity [i]	X	X		X	X		X				X		X			X
2. Manipulation of the spine [ii]		X	X		X					X			X			
3. Application of a hazardous form of energy [iii] radiation				X	X	X	X		X				X			
4. Procedures below dermis, mucous membrane, in or below surface of cornea or teeth	X	X		X	X	X	X				X			X		X
5. Prescribing a scheduled drug (incl. compounding), supervising that part of a pharmacy that dispenses scheduled drugs	X	X		X	X		X	X			X	X		X		X
6. Administering a scheduled drug or substance by injection	X	X		X	X	X	X				X			X		
7. Supplying substances for ingestion	X	X			X		X				X	X				X
8. Managing labour or delivering a baby		X			X		X				X					X
9. Undertaking psychological interventions to treat serious disorders or with potential for harm					X		X				X				X	
10. Setting or casting a fracture of a bone or reducing dislocation of a joint					X											
11. Primary care practitioners who see patients with or without a referral from a registered practitioner	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
12. Treatment commonly occurs without others present [iv]	X	X	X		X	X	X	X	X	X	X		X	X	X	X
13. Patients commonly required to disrobe	X	X	X		X	X	X		X	X	X		X			X
TOTAL risk factors per profession	**8**	**10**	**4**	**6**	**13**	**6**	**11**	**3**	**4**	**4**	**10**	**3**	**6**	**5**	**3**	**8**

Notes

i. Beyond the external ear canal, beyond the point in the nasal passages where they normally narrow, beyond the larynx, beyond the opening of the urethra, beyond the labia majora, beyond the anal verge, or into an artificial opening in the body.

ii. Moving the joints of the cervical spine beyond the individual's usual physiological range of motion using a high velocity, low amplitude thrust.

iii. Electricity for aversive conditioning, cardiac pacemaker therapy, cardioversion, defibrillation, electrocoagulation, electroconvulsive shock therapy, electromyography, fulguration, nerve conduction studies or transcutaneous cardiac pacing, low frequency electromagnetic waves/fields for magnetic resonance imaging and high frequency soundwaves for diagnostic ultrasound or lithotripsy.

iv. Includes practitioners who practise solo or treat with no others present, such as medical specialists and practitioners who may be solely responsible for clinical care overnight or in a remote community.

v. Paramedics included as per indicative assessment made in Final report: Options for regulation of paramedics (2016).

Source: Modified from AHMAC 2015: 110-1.

How these risks have been realised in practice

The risks described above are not just theoretical. Table 7 presents a selection of high-profile cases where naturopaths (or those claiming to be naturopaths) have been prosecuted for offences ranging from sexual assault, to making dubious treatment claims and misrepresenting their qualifications, to advising their patients to cease Western biomedicine treatments. Many of these individuals have had no or insufficient training and would not be eligible to practise as a naturopath or WHM and to use those professional titles if there were a legal mechanism to enforce minimum entry level qualification and probity standards.

Many of the most egregious cases of incompetence or unethical conduct are associated with unqualified practitioners who have assumed the title 'naturopath'. There is also evidence of recidivism by practitioners who have been deregistered (from another profession) or issued with a prohibition order (PO) by a state or territory health complaints entity (HCE) (see cases of Bodnar, Brophy, Jarvis, O'Neill, Pile and Zaphir in Table 7).

These cases have been drawn from various sources including disciplinary proceedings or decisions from health complaints entities and tribunals, coronial inquests, consumer affairs and fair-trading regulatory actions, civil and criminal proceedings, and some media reports. However, determining the prevalence of serious misconduct by naturopaths and WHM practitioners (or those falsely claiming to be a naturopath) is complex. There is insufficient data available to estimate with any confidence the underlying rate of misconduct, the rate at which misconduct is reported to regulators and tribunals, or the outcomes, that is, how regulators and tribunals act on such reports (Elkin 2011: 455)

Complaints data

Complaints can be used as a proxy marker for risk, an indicator of potential public health and safety concerns, in the absence of other forms of reporting or surveillance of either adverse events or professional conduct (Lin & Gillick 2011: A, C).

Complaints provide important data about patient risk, harm, and dissatisfaction and have the potential to provide guidance for regulatory and educational intervention (Ryan, Too & Bismark 2018: 2). However, complaints are an imperfect indicator of quality of care in that most instances of poor performance, impairment, or unethical conduct do not result in a formal complaint (Ryan, Too & Bismark 2018: 7). One New Zealand study concluded that 'when complaints are set against the underlying rate of injury, it was apparent that they represent only the tip of an iceberg of adverse events' (Bismark et al. 2006: 22).

The attached report presents data on complaints from state and territory health complaints entities (HCEs), professional associations and the regulator, ARONAH (see section 3.9).

Table 7: Misconduct by individuals identifying as naturopaths or using naturopathic modalities (WHM, nutrition)

NAME	NATURE OF CONDUCT	MEDIA COVERAGE
Mauricio Bascunan Cabrera AND Rodrigo Bascunan Cabrera	Mauricio Cabrera, a **self-proclaimed naturopath** from Perth was convicted of sexually assaulting nineteen women between 2010 and 2017. Rodrigo Cabrera, a **self-proclaimed naturopath** from Perth was convicted of sexually assaulting six women after giving them false diagnoses	Registration of naturopaths is urgently needed to protect the public Perth naturopath Mauricio Bascunan Cabrera handed six-year jail term for abusing 18 patients Naturopath Mauricio Bascunan Cabrera guilty of indecently assaulting 18 female patients Perth naturopath Rodrigo Bascunan Cabrera jailed for abusing women after bogus diagnoses
Marilyn Bodnar	Marilyn Bodnar, a **self-proclaimed naturopath** from NSW was acquitted of manslaughter of a 42-year-old woman who died after Bodnar had placed her on a 63-day water-only fast in 1986. In 2018 Bodnar entered a plea of guilty and was convicted for failing to provide for a child causing danger or death. This was due to her advising a breastfeeding mother to undertake a raw food-only diet to treat her infant's eczema. When the child was admitted to hospital he was in a critical condition, within days of death and suffered significant developmental delay. Although permanently prohibited from providing any health services, Bodnar was convicted in 2022 for breaching this lifetime ban.	Public Statement and Statement of Decision in relation to Ms Marilyn Bodnar Naturopath jailed for at least seven months for role in starving infant Naturopath jailed after baby nearly starved to death Convicted naturopath Marilyn Bodnar issued permanent prohibition order by NSW HCCC Naturopath involved in baby's near death in court for giving advice
Robert Jarvis	Robert Jarvis, a **de-registered chiropractor practising as a naturopath** was issued with a PO by the NSW HCCC for three years for asking inappropriate questions regarding a female client's sexuality, touching the patient's breasts and failing to have appropriate professional indemnity in place. Jarvis breached this PO and was issued with a	Meditation instructor banned over opportunistic physical contact Mr Robert Jarvis – permanently prohibited from providing any health services

	permanent prohibition order (PPO) after he inappropriately touched and spoke to a young woman in a meditation class.	
Sean Kirsten	A PO was issued by the NSW HCCC against Sean Kirsten, a **self-proclaimed nutritionist** for two years for claiming to be an expert in nutrition and treating people with complex medical and mental health conditions with a $2000 12-week program. He advised one client to stop taking antidepressant medication she had been taking for three years without consulting her treating doctor. He held himself out as willing or able to cure cancer.	HCCC Public Statement in relation to Sean Kirsten Fake dietitian and nutritionist Sean Kirsten sanctioned by HCCC
Aleksander Strande	The NSW HCCC issued a PPO against Aleksander Strande, a **naturopath** who had wilfully misrepresented and overstated the level of his qualifications and made claims about the efficacy of treatments which could not be substantiated. He lacked knowledge to determine whether the products he prescribed may have adverse reactions with their prescribed medications. He failed to provide information to clients regarding the herbal medicines and pressured his clients to continue treatment with him despite complaints of adverse side effects. He was not willing to seriously reflect on his practice and has no insight into the limitations of his training and qualifications and his competence to treat serious illnesses.	Shonky naturopaths claimed to cure cancer: banned for life, still advertising Mr Aleksander Strande – breaches Code of Conduct – permanent prohibition order Public Statement and Statement of Decision in relation to Mr Aleksander Strande
Barbara O'Neill	The NSW HCCC issued a PPO against Barbara O'Neill, a **self-proclaimed naturopath** for making dubious and dangerous health claims regarding infant nutrition, causes and treatment of cancer, antibiotics and vaccinations that are not evidence-based or supported by mainstream medicine. Despite the PPO banning O'Neill from providing any health education services, she has a large social media following, around 1.3 million followers on Facebook, showcasing her health education services, where she is now referred to as Dr Barbara O'Neill, despite holding few, if any health qualifications.	Public Statement and Statement of Decision in relation to Mrs Barbara O'Neill Dr Barbara O'Neill Facebook profile
Wayne Leibelt	The South Australian Health Complaints Commissioner issued Wayne Leibelt, a **naturopath** with a PO indefinitely prohibiting him from providing health education or information related to COVID vaccinations or advice in relation to COVID vaccinations. The order followed an article he wrote that was published in an Adelaide newspaper which contained claims that were false and misleading. He was not trained or qualified to	Naturopath comes under investigation for advice on COVID-10 vaccinations Public Statement: Prohibition Order – Mr Wayne Leibelt

	provide information about COVID 19 vaccines and had based his claims on non-peer reviewed opinion and speculation.	Naturopath's indefinite Covid ban over opinion piece in local newspaper
Ian Pile	The NSW HCCC issued a PO against Ian Pile, a **Western herbalist** for advising a client with metastatic bowel cancer and a colostomy bag that by taking his prescribed herbs her cancer would be 'cured in a couple of weeks.' Pile provided the client with herbs with emetic properties that caused her to vomit soon after taking them. He used the herb Bloodroot in a capsule when it is restricted to topical use in Australia. He gave liver detoxifying herbs to a client with liver metastases and failed to monitor or request tests of liver enzymes. He failed to confer with the patient's orthodox treating practitioner. He failed to demonstrate a sound understanding of any adverse interactions. He held himself out as qualified, able, or willing to cure cancer and failed to maintain accurate and contemporaneous clinical records. He also failed to ensure that appropriate indemnity insurance arrangements were in place. After the PO was issued in NSW, Pile relocated to SA and was issued with another indefinite PO for offering health services in the Mt Gambier area and distributing bittersweet almond capsules (containing a dangerous chemical – prussic acid that can cause cyanide poisoning) and asserting its efficacy in fighting cancer.	Public Statement and Statement of Decision in the matter of Ian Pile Herbalist declared risk to public after claiming his remedies would cure cancer Indefinite Prohibition Order against Mr Ian Pile
George Zaphir	An interim prohibition order (IPO) was issued by the Qld Health Ombudsman (HO) against George Zaphir, a **deregistered chiropractor practising as a natural therapist**, for leading patients to believe that he could cure cancer with black salve and Vitamin C injections. Zaphir failed to appropriately refer on patients to other health practitioners when their condition did not improve. He plead guilty to 56 counts of breaching the prohibition order and was convicted and fined $30,000 in 2019.	George Zaphir (former chiropractor) prohibition order Disgraced chiropractor who claimed to 'cure cancer' fined $30k
Diedre Brophy	The Qld Health Ombudsman issued an IPO against Deidre Brophy, a **natural therapist**, prohibiting her from providing any health services including thermal imaging, diagnosing illness, and the manufacture, advice, or supply of black salve, or any naturopathy service. Brophy contested 5 counts of contravention of the order and was found guilty on 3 counts and ordered to pay a fine of $5,000.	Deidre Brophy (health care worker) prohibition order Tablelands woman who invented and sold 'cancer treatment' online dealt with by court

Jeffrey Dummett aka Jeremiah Hunter	Jeffrey Dummett, a **self-proclaimed naturopath** from NSW was acquitted of manslaughter of a patient – a 39-year-old man with chronic kidney disease, who died after undergoing a 10-day detoxification program with Dummett. The man had ceased prescribed kidney dialysis four times a day and other medication to undergo the program. A postmortem examination found the man had died from a heart attack and had an undiagnosed heart condition.	Naturopath's qualifications unverifiable, inquest told Naturopath found not guilty of patient's death Naturopath not guilty of manslaughter
Michael Morris Wilson	Michael Wilson, a Melbourne **naturopath** was convicted by a jury of the rape and sexual assault of 13 women and 2 children over an 18-year period. He was sentenced to 16 years imprisonment with 12 years to be served.	Naturopath jailed for sexual assaults on patients Sex assault naturopath jailed
Reginald Fenn	Reginald Fenn, a NSW **naturopath** was convicted of the manslaughter of an 18-day-old baby boy with a critical aortic stenosis which could only be treated by surgery. The infant died of heart failure before an operation was carried out. Fenn advised that his herbal drops had cured the baby and, on this advice, the parents cancelled his operation.	Australian naturopath convicted of manslaughter: quack device implicated Naturopath guilty of manslaughter
Melbourne naturopath	The Director of Haematology & Oncology at the Royal Children's Hospital, Melbourne advised he had been contacted by many doctors after he revealed in The Age that a boy with a 60% chance of cancer survival died following his parents' decision to stop chemotherapy. An unnamed Melbourne **naturopath** had advised the parents that an unconventional treatment might offer a cure. But the boy died six months later, three days after his parents returned him to hospital requesting chemotherapy be restarted. The hospital Director advised he was surprised by the number of similar anecdotes from other physicians at the Royal Children's and Royal Melbourne hospitals. The baby, a boy under the age of one, was epileptic and under the care of the Royal Children's Hospital Neurology Department. The hospital's Director of Neurology advised that the family did not want to give the baby conventional medicine because they were also seeing a natural therapist. The infant was having tens of seizures a day while off medication.	Call for control on alternative medicine

Source: Modified from Doolan (2024)

It is difficult to draw firm conclusions about the complaints profile of naturopaths and herbalists given the data limitations:

- data was available only from NSW and Victoria
- in Victoria complaints about naturopaths and herbalists were not separately reported from 'natural therapists'
- there is very little information published by the Victorian HCC about the prohibition orders issued, and
- it is not clear what proportion of the complaints dealt with by professional associations and ARONAH were also received by HCEs

Despite these limitations, several points can be made.

First, the reporting of adverse events associated with the practice of naturopathy and WHM needs to be strengthened. In 2005, Lin & colleagues found:

- numerous adverse reactions to herbal and nutritional medicine in the literature, presenting the results by herb, by nutrient, and by body system, as well as interactions of herbal substances with pharmaceuticals and failure of good handling and manufacturing processes
- the types of events reported by practitioners to be significant, including severe gastrointestinal symptoms, palpitations, and hepatotoxicity
- workforce survey data calculating that practitioners experience one serious adverse event every 11 months of full-time practice, and 2.3 adverse events for every 1,000 consultations (excluding mild gastrointestinal effects) (Lin, Bensoussan et al. 2005: 54)
- overall, one third of practitioners reported that they notify adverse events to a variety of agencies, although it is of concern that these reports were largely provided back to the manufacturer or supplier of the product, rather than to the Australian Government Department of Health's Adverse Drug Reactions Advisory Committee (ADRAC)

Since then, the bibliometric analysis shows an exponential increase in research effort and interest directed at documenting the adverse effects of herbal and nutritional medicines. This effort has not been matched by governments, with less reporting of data about naturopaths and herbalists by complaints bodies and little transparency about the performance of regulators in this area.

Some of the risks can be mitigated by better educated practitioners who are trained to understand the indications, contraindications, and interactions associated with the use of herbal and nutritional medicines.

Successive government reports have called for reforms to the way information on adverse effects of herbal medicines are recorded and published (Bensoussan & Myers 1996; Commonwealth Government, Department of Health 2003; Lin, Bensoussan et al. 2005)

> *…the utility of many adverse reaction reports involving complementary medicines on the TGA's ADRS database appears to be limited because a lack of recorded product information does not allow an unequivocal determination of the identity of the*

product. Moreover, the ADRS database does not support searching for individual ingredients in multi-ingredient products (such as most herbal and naturopathic medicines (2005: 54).

The Lin Report made a suite of recommendations to address the risks identified, including that:

- education institutions provide better training of student naturopaths on how to prevent and deal with adverse events, to initiate appropriate referral practices, to report adverse events, and to recognise the limitations of practice
- professional associations in conjunction with relevant government agencies promote a centralised location for reporting and recording of adverse events related to nutritional and herbal medicine practice
- the TGA ADRS database be substantially modified to increase its usefulness for assessing adverse events associated with complementary medicine
- national funding bodies such as the National Health and Medical Research Council allocate funding for research to quantify adverse events in nutritional and herbal medicine and the interactions with Western pharmaceuticals (2005: 55-56)

However, no recent ADRAC data was found concerning reporting of adverse effects of naturopathic medicines and nothing to indicate any of the recommendations listed above have been implemented.

Second, the data suggests that the annual rate of complaints against naturopaths and herbalists has increased substantially.

Comparing the dataset presented in the Lin Report with the data collected in this study, the number of complaints per year to HCEs about naturopaths has increased approximately four-fold, faster than the general rate of increase in complaints numbers reported by NSW and Victorian HCEs during the same period. Reasons for this are not known but may be due to increased awareness of consumers about avenues of complaint.

In 2005, Lin & colleagues found:

- 35 complaints about alternative health providers were reported to the NSW HCCC over a five-year period (1998-99 – 2002-03), an average of seven complaints per year
- 88 complaints about alternative therapists in general were made to the Victorian Health Services Commissioner25 over a seven-year period (1996-97 – 2002-03), an average of 13 complaints per year (2005: 35)

It is estimated that the annual number of complaints about naturopaths, herbalists, and other natural therapists has increased by 129% over the past 20 years, more than double the number of complaints reported to the HCCC in the most recent five years, compared to the complaints rate reported by Lin & colleagues in 2005. The rate of complaints in Victoria is estimated to have increased by 85% over the past 20 years.

Third, the estimated national figure of 72 complaints per annum is most likely an underestimate given research findings on complaints management systems generally (Lin, Bensoussan et al. 2005: 55; Ryan, Too & Bismark 2018; Bismark et al. 2006). The evidence also

suggests that the complaints rate would likely be higher if statutory registration were in place, as occurred following the introduction of registration of Chinese medicine practitioners in Victoria. Such increases have been attributed to greater awareness of registration and the role and powers of the regulator (Lin & Gillick 2011: C).

Fourth, the treatment methods used by naturopaths and herbalists, combined with their scope and settings of practice suggest a risk profile that is higher than two thirds of the 16 NRAS-registered health professions. There is concern that the risk profile for naturopathy is increasing due to factors such as:

- the loss of government incentives, for naturopaths and herbalists to participate in voluntary certification (loss of private health insurance rebates between 2019 and 2025 for naturopathic treatments; removal of naturopathic education programs from the Health Training Package)
- concurrent use of pharmaceutical medicines along with herbal medicines and nutritional supplements (Morgan et al. 2012)
- the development of manufacturing techniques that alter the potency of products (Lin, Bensoussan et at. 2005: 55, 292)
- the use of naturopathic and herbal medicines to a wider range of illnesses (2005: 292)
- the accessibility of products from overseas suppliers with unknown manufacturing standards and product authentication processes (Lin, Bensoussan et al. 2005: 46-7, 292)

Of particular concern, case reports along with complaints data from the NSW and Victorian HCEs over a 20-year period show a small but recurring rate of cases of serious misconduct, a pattern of harm that includes deaths and serious injuries. While the numbers are small, the consequences are catastrophic for the patients involved and their families. This pattern suggests that despite the introduction of further regulatory mechanisms, these risks have not been mitigated.

Summary

Naturopaths and herbalists increasingly practise in the area of 'general medicine' as their reach across the community continues to grow. Naturopathy has been described as the 'general practice' of natural therapies (WHO 2010: 1) in that naturopaths and herbalists deal with a wide range of illnesses and conditions, often of a chronic and serious nature.

The scope of practice of naturopaths and herbalists includes a comparatively large number of high-risk activities, compared with most of the health professions regulated under the NRAS. Risks arise from the treatment modalities used by naturopaths and herbalists (prescribing and supply of naturopathic medicines and nutritional supplements), the exercise of clinical judgement by the practitioner, the scope of practice, and the context of practice.

Two sources of risk are of particular concern.

First, there is evidence of a pattern of harm associated with the unrestricted entry to practice by unqualified or under-qualified persons who misrepresent themselves to the public as qualified to practice naturopathy. The annual number of complaints against naturopaths, herbalists, and other natural therapists has increased substantially over the past 20 years.

Issues of professional conduct account for almost half of all complaints, while issues related to treatment and communication/ information account for another 44% of patient complaints. Deaths and serious injuries have occurred. Professional associations that represent naturopaths and herbalists have few avenues available to address these risks. While professional associations have taken action to warn the public, and in the most egregious cases some HCEs have issued prohibition orders to remove these people from practice, the cases continue to occur.

Second, there has been an exponential rise in the reporting of adverse events associated with the use of herbal medicines and nutritional supplements, with no evidence of progress by regulators in over 20 years to document and publish data on the scale and nature of the problem. Herbal medicines have predictable and unpredictable effects, as well as potentially interacting with pharmaceutical drugs. Adverse events due to acts of commission and omission by naturopaths or herbalists potentially have serious consequences, most recently evident during the COVID-19 pandemic. The risk of harm to patients may be mitigated by proper training of practitioners but there is no mechanism to enforce minimum education standards for entry to practice as a naturopath.

Reporting of adverse events by naturopaths and herbalists needs to be strengthened through appropriate centralisation of data, using the established processes of the Australian reporting procedures for adverse drug reactions. The professions need to work with the Adverse Drug Reactions Unit (ADRU) of the TGA to increase awareness of the reporting mechanisms among their members.

It is imperative that naturopaths and herbalists are properly trained to work as primary care clinicians and are well integrated within the broader primary care and public health systems. Given the scope and settings of practice of naturopaths and herbalists that includes prescribing orally administered medicines as a principal modality, and the range of associated risks, degree level training is considered the minimum level necessary to ensure safe and competent practice.

Conclusion regarding Criterion 2:

The treatment modalities, scope of practice, and practice context of naturopaths and herbalists all contribute to a risk profile that is unacceptably high and on par with or greater than many of the health professions that are subject to statutory registration. These risks are not just theoretical – the data shows there is a pattern of harm, with repeated cases over three decades.

CRITERION 3 – Do existing regulatory or other mechanisms fail to address health and safety issues?

Naturopaths and herbalists are subject to a range of laws and regulations at federal, state and local government levels (see Chapter 9 of the attached report). Taken together, these laws present a complex and confusing array of mechanisms for assuring the quality of naturopathic services and protecting public health and safety. While responsibilities are shared across a range of regulators, there are significant gaps and deficiencies. Unlike the NRAS for the registered health professions, there is no single regulator that has sufficient powers to effectively mitigate the risks. Enhanced profession-led regulation, as proposed in the NRAS Complexity Review Final Report (Dawson 2025: 7, 42, 44), will provide no greater public protection for consumers of naturopathic and WHM services than existing arrangements.

The failures of existing arrangements are in four areas:

- failure of self-regulation
- failure of co-regulation
- limitations of negative licensing (code of conduct and prohibition order powers)
- lack of practitioner access to some naturopathic and herbal medicine tools of trade

Failure of self-regulation

Self-regulation describes the various certification schemes operated by member based professional associations. Such schemes (also referred to as 'voluntary certification') generally comprise the following elements:

- a professional association with a constitution and/or bylaws that set out the rules of the association
- a board of directors constituted with persons elected by members of the association
- published membership requirements that include:
    - a recognized minimum qualification for practising membership
    - agreement to comply with a Code of Conduct and standards of practice set by the association
- a process for assessing and approving qualifying education programs for membership eligibility purposes
- operation of a publicly accessible web-based searchable register enabling the public to locate qualified practising members who are in good standing with the association
- policies and processes for receiving and investigating complaints about members and dealing with any misconduct
- by-laws that enable removal of membership from those who breach the Code of Conduct.

Effective certification schemes are operating for many unregistered allied health professions – see for example Speech Pathology Australia[22] (SPA, undated), the Dietitians Australia[23] and

[22] See Speech Pathology Australia Certification Program.
[23] See Applying to become an Accredited Practising Dietitian.

the Australian Association of Social Workers[24]. However, the politics at play mean the naturopathy and WHM professions have been unable to achieve the same unified institutional representation that is needed to support effective self-regulation, to the detriment of patients.

Given the risk profiles of naturopathy and WHM professions (see Criterion 2), relying on self-regulation to protect the public from harm has proved to be inadequate (Carlton, Carè et al. 2025 Chapters 3 and 10).

The WHO has periodically called for Member States to regulate T&CM practitioners and practice. The WHO Global TM Strategy titled WHO *Global Report on traditional, complementary and integrative medicine 2024* identified a range of challenges facing Member States in regulating the T&CM workforce (WHO 2025a: 61). The most recent WHO report on traditional medicine, *WHO Global traditional medicine strategy 2025–2034,* encourages Member States to strengthen quality assurance, safety, proper use and effectiveness of T&CM by appropriately regulating products, practices and practitioners (WHO 2025b: 11-13).

The 2021 WNF Health Technology Assessment investigated occupational regulation regimes across 108 countries (Lloyd, Steel & Wardle 2021). Researchers concluded that reliance on voluntary certification is problematic when the practices of a health profession present potentially serious risks to public health and safety:

- Where there are no statutory powers to restrict entry to a profession, those with minimal or no qualifications can set up practice and use the titles of the profession without meeting acceptable minimum standards of training and practice. This has led to widely varying standards of practice and levels of qualifications, substantial fragmentation of these professions, and no widely recognised and accepted peak bodies (2021: 50).
- Most professional associations rely on volunteers drawn from the profession who may lack access to the necessary skills, resources, and capacity to handle the complexity associated with effective regulation (2021: 50).
- There are conflicts of interest in the operation of voluntary certification which can compromise public protection, for example where the professional association is responsible for representing its members' interests and at the same time accrediting programs that are tied to membership and dealing with complaints about members.
- Schemes that operate at arms-length from professional associations (such as the model adopted in Australia by ARONAH) are often constrained by poor resourcing and policy capacity and as with all voluntary certification, the standards apply only to those practitioners who choose to opt in (2021: 50).

Reliance on professional associations to effectively manage complaints about members is problematic. Successive studies of complaint management systems show:

[24] See AASW Accredited Mental Health Social Worker.

- Unlike complaints and disciplinary systems operated by statutory bodies, there is little transparency or accountability and little published information about the procedures followed or the outcomes achieved (Carlton, Carè et al. 2025 Chapter 6).
- In many cases, those managing the disciplinary processes lack experience in matters of procedural fairness (Lin, Bensoussan et al. 2005: 297).
- Most complaints management systems have limited or no avenues of appeal and, most importantly, lack teeth – naturopaths or herbalists who are the subject of investigation have been known to let their membership lapse to avoid disciplinary action.

Many of the more egregious cases described in Table 7 appear as isolated individual failures. However, they reflect a pattern of harms linked to a broader institutional failure that has been confronting the naturopathic and WHM professions for decades.

In response, the profession has made efforts to 'get its house in order' – Textbox 4 lists some of these initiatives. Over 30 years, some of the better resourced professional associations have endeavoured to develop a uniform and effective model of self-regulation, however these efforts have been largely unsuccessful (Dean et al. 2002; Lin, Bensoussan et al. 2005: 296; Carlton, Carè et al. 2025). Each initiative has come from the profession, with little or no support from government.

Without strong and consistent institutional support from professional associations, education institutions, employer bodies, insurers, and governments, voluntary certification schemes generally lack sufficient incentives for practitioners to participate, and efforts to deal with non-compliance are generally ineffective (Lloyd, Steel & Wardle 2021: 50). Efforts have been hampered by the fragmented representative arrangements, the ongoing disagreement amongst professional associations about the entry level qualifications required for safe and competent practice, and lack of government leadership and support.

Textbox 4: Profession-led self-regulation initiatives – 1991-2023

1991 – the Federation of Natural and Traditional Therapists (FNTT) is established as an umbrella body comprising multiple professional associations.

2003 – the NHAA proposes the establishment of a single national Complementary Medicine Registration Board to advise each state and territory government and implement harmonised legislation across Australia for naturopaths and Western herbalists (Dean et al. 2002).

2003 – the Complementary Medicine Practitioner Associations Council (CMPAC) is established by ANTA and ATMS in response to an ATO requirement for practitioner membership of a national "register" to qualify for GST exemption for naturopathic consultations.

2010 – the Australian Register of Naturopaths and Herbalists (ARONAH) is established as an independent voluntary regulatory body to ensure minimum standards for naturopathy and WHM in Australia that mirrors government requirements for the regulation of health practitioners.

2019 – the Australian Naturopathic Council (ANC) is established as a joint council of naturopathic organisations that are members of the WNF and have a shared vision for the advancement of naturopathy in Australia. The ANC is a united body that represents Australian naturopathic practitioners in relation to lobbying, statutory registration, and policy formation and interpretation.

2022 – the Australian Naturopathic Council (ANC) publishes a paper for consultation, in the form of a draft submission to Australian governments, proposing statutory registration for the naturopathy profession and inviting naturopathy and WHM professional associations to join deliberations.

While there has been a significant reduction in the number of professional associations that represent naturopaths since 2005, this consolidation has failed to achieve the unified voice on professional standards, education, and practice that is needed for effective profession-led self-regulation (Carlton, Carè et al. Chapter 7). See Textbox 5 on the ARONAH experience of voluntary certification.

Textbox 5: The Australian Register of Naturopaths and Herbalists – efforts to establish a self-regulatory scheme and voluntary register for naturopaths & herbalists

- In July 2013, the Australian Register of Naturopaths and Herbalists was officially opened for registration.
- Since then, practitioners have been encouraged to join the voluntary register through articles published in practitioner journals and social media.
- ARONAH has struggled to build a solid registrant base over the last 10 years and while there have been new registrants each year, just as many do not re-register.
- Reasons given by practitioners not re-registering include:
  - Unwilling to increase insurance cover to levels required for registration
  - Change in views regarding registration since COVID-19 pandemic
  - No perceived benefit from registration
  - Not happy with ARONAH – Non-payment
  - Financial reasons
  - Retired from practice or no longer practising

Source: ARONAH correspondence 2022

If it were simply a matter of the profession redoubling its efforts, then it would be reasonable for governments to expect more from the profession. However, it is wrong to assume that these failures result from of lack of capability or effort on the part of the profession. Instead, they reflect broader institutional failures associated with the power dynamics at play within and beyond the profession – a lack of authoritative guidance, support, and recognition from governments and other institutions such as insurers and employers.

Similar challenges were faced by the Chinese medicine profession in the 1990s in its efforts to self-regulate. The profession faced a substantial and increasing risk profile, fragmented professional representation, inability to achieve broad consensus within the profession on

minimum standards of training for entry to practice (despite successive efforts), and lack of broader institutional reinforcement of self-regulation (Victorian Government, Department of Human Services 1998). In that case the Victorian Government recognised the need to intervene in the public interest and legislated to establish the first registration scheme for the Chinese medicine profession in Australia (Carlton 2017: 186-202).

Failure of co-regulation

Governments play an important role in reinforcing and supporting professional association led practitioner certification schemes, principally by providing incentives that encourage practitioners to participate in and comply with certification requirements.

For instance, by tying access to recognised provider status under various government health insurance schemes (Medicare, Veterans Health, traffic accident, and workers compensation) with participation in a professional association led certification scheme, governments have established powerful incentives for allied health practitioners to join such certification schemes and comply with the standards set.

Other examples of co-regulation include:

- the Australian Government's Private Health Insurance Rules[25] which determine what types of health services are eligible for patient rebates paid by private health insurers
- the Australian Government Department of Home Affairs (Immigration and Citizenship) recognition of some allied health professional associations as assessing authorities for the purpose of assessing the qualifications of applicants for skilled migration[26].

However, unlike in the UK[27] where a health sector wide co-regulatory scheme has been established to quality assure the unregulated health professions, Australian governments have missed several important opportunities to use the levers of co-regulation to require or reinforce unified national qualification and practice standards for the naturopathy and WHM professions.

Australian governments provide few incentives for naturopaths and herbalists to submit to voluntary certification with a peak professional association. To complicate matters, governments recognise the standards of multiple associations, thereby undermining any efforts to achieve uniform national standards. Since publication of the Lin Report, governments have missed several opportunities to implement a common minimum qualification standard for entry to practice. In fact, standards have deteriorated with the Federal Government's withdrawal of two important mechanisms previously relied upon by

[25] See Australian Government Private Health Insurance Rules.

[26] The Dept of Home Affairs website indicates that the Australian Association of Social Workers, Dietitians Australia and Speech Pathology Australia are the professional associations authorised to assess overseas practitioners for skilled migration purposes. See https://immi.homeaffairs.gov.au/visas/working-in-australia/skills-assessment/assessing-authorities.

[27] The United Kingdom Government operates a co-regulatory scheme in the form of its Voluntary Registers Program.

professional associations to set and reinforce minimum qualification and practice standards for naturopaths and herbalists:

- the removal in 2019 of eligibility of naturopaths and herbalists for provider rebate status with private health funds – see Textbox 6, and
- the withdrawal in 2016 of the VET sector accreditations of naturopathic and WHM qualifications and training providers – see Textbox 7.

Textbox 6: Changes to the Commonwealth Private Health Insurance Rules affecting the naturopathic profession

In 2018, the Commonwealth Government decided to change the *Private Health Insurance Rules* to prevent private health insurers from providing rebates for consultations provided by naturopaths and herbalists. From 1 April 2019, 16 natural therapies were excluded from private health insurance cover, including the profession of naturopathy, a decision that was reversed in April 2025 following a review of the decision.

The decision by the Australian Government meant that private health funds could not offer cover for any services provided by a naturopath of WHM practitioner. The decision was made following a 2015 review of the Australian Government Rebate on Private Health Insurance. The effect of this decision was to remove the most significant incentive that encouraged those entering practise as a naturopath to put the effort in to obtain an acceptable education qualification. It also removed the incentive for practitioners to join a professional association, thereby reducing the effectiveness of the voluntary certification schemes operated by these associations and the degree of accountability and oversight exercised by the associations for maintaining professional standards, such as enforcing mandatory continuing professional development and professional indemnity insurance.

On 7 April 2019, a further review was announced by the Federal Minister for Health (the 2019-20 Review). Following this review a recommendation was made to reinstate rebate eligibility for naturopathy and WHM. This was accepted in April 2025. However, third-party payers have been slow to give effect to this decision that provides for quality control mechanisms for practitioners. This means there have been no public or private health insurers to assess the qualifications of practitioners, set practice expectations, scrutinise claims data and alert regulators to professional practice or clinical governance failures such as incompetent practice, overservicing, or fraud. Private health insurers are expected to reinstate rebate eligibility for naturopathy and WHM in 2026.

Textbox 7: Changes to remove naturopathic qualifications from the Health Training Package

July 2014 Update: Advanced Diplomas of Homeopathy, Naturopathy, Nutritional Medicine and Western Herbal Medicine to be aligned at Bachelor degree level.

All Complementary & Alternative Health (CAH) qualifications in the Health Training Package (HLT07) are currently under review. As part of the review, content is being updated and improved, both to better meet industry needs and to comply with the new national Standards for Training Packages. An Industry Reference Group (IRG) comprising

representatives from all CAH modalities oversees this work, and there is also a smaller Subject Matter Expert Group (SMEG) for each modality.

In March 2014, Subject Matter Expert Groups recommended that the Advanced Diplomas of Homeopathy, Naturopathy, Nutritional Medicine and Western Herbal Medicine should be aligned at Bachelor degree level, and therefore be removed from the Training Package. The Complementary & Alternative Health Industry Reference Group agreed to accept these recommendations in May 2014. It also confirmed and agreed to the historical and future process surrounding this re-alignment of qualifications. See the two process diagrams below. The current timeframe for removal of the qualifications from the Training Package is December 2015, and students enrolled before that time will not be affected by the change. CS&HISC is not involved in professional association recognition of qualifications, and those associations would manage any transition arrangements.

Source:
https://anpa.asn.au/files/CSHISC_COMMUNICATION_CAH_ADVANCED_DIPLOMAS_July_2014.pdf

Similarly, the Lin Report was critical of earlier decisions by the ATO – for recognising, for GST purposes, multiple sets of standards for multiple professional associations. Recognition of multiple professional associations means that a practitioner found to have breached the standards of one association can join another association that has national standards and maintain their GST-free status as a 'recognised professional' (2005: 257). The effect of these changes has been to undermine efforts by naturopathy professional associations to set and enforce minimum qualification and practice standards – see Textbox 8 (GST Tax arrangements).

Textbox 8: Changes with introduction of the Goods and Services Tax (GST) law

Under the Commonwealth's GST legislation, *A New Tax System (Goods and Services Tax) Act 1999 (Cth)* (the GST Act), a person may obtain GST-free status for the provision of naturopathy and herbal medicine services.

Under section 38.10(1) of the GST Act, the supply of a health service is GST-free if:

- the service is of a kind specified in the Table in that section
- the supplier is a 'recognised professional' in relation to the supply of that service, and
- the supply would be generally accepted, in the profession associated with supplying services of that kind, as being necessary for the appropriate treatment of the recipient of the service.

Naturopathy and herbal medicine are specified as health services in the table in section 38.10(1). Under section 38.10(4), the supply of goods (such as herbal medicines) is also GST-free if it is made to a person by the naturopath in the course of supplying the GST-free service and it is supplied, used or consumed at the premises at which the service is supplied.

Because no Australian state or territory currently requires naturopaths or herbalists to be registered (or approved or have permission) to provide their professional services, a naturopath who wishes to be classed as a 'recognised professional' for the purpose of providing GST-free services must be a member of a professional association that has 'uniform national registration requirements' for naturopaths and herbalists.

The website of the Australian Taxation Office (ATO) states that a professional association that has uniform national registration requirements is not defined in the GST Act and that if a particular association wants confirmation of its status, a specific ruling may be sought from the ATO. A number of national associations with naturopath members have done this.[28]

The limitations of negative licensing (the code of conduct and prohibition order powers)

There is evidence that increasing numbers of consumers are lodging complaints with state and territory health complaints commissioners and in some jurisdictions, Commissioners have taken action against so-called 'naturopaths', including by issuing prohibition orders (Doolan 2025).

A negative licensing or 'code regulation' scheme is now in operation in six Australian states (Australian Capital Territory, New South Wales, Queensland, South Australia, Victoria and Western Australia), but at the time of writing it is yet to be implemented in Tasmania or the Northern Territory.

The six schemes operate in broadly the same way (see Textbox 9.3 in the attached report). In 2020 amendments to the NSW scheme extended the powers of the NSW Health Care Complaints Commission to cover health organisations, as well as individual practitioners,[29] and in September 2022, the NSW Public Health Regulation 2022 was amended to introduce a Code of Conduct for health organisations.[30]

While the NSW changes are a welcome development, there are some deficiencies in the operation of these schemes which, when considered in light of the risk profiles of the naturopathy and WHM professions, raise concerns about the adequacy of the protections afforded consumers and the effectiveness of this mechanism in the absence of other controls over professional practice.

First, the threshold for regulatory action by a complaints commissioner is generally 'serious risk to public health or safety' or commission of a serious criminal offence, that is, an offence punishable by imprisonment. This is a very high threshold for regulatory action. As a consequence, only the most egregious cases result in regulatory action and a prohibition

[28] Four professional associations – ANTA, ATMS, CMA and NHAA – indicate on their websites that members are eligible to provide GST-free services.

[29] See Health Legislation (Miscellaneous Amendments) Act 2020 (NSW).

[30] See NSW Code of Conduct for health organisations.

order (Lloyd, Steel & Wardle 2021: 51). Presumably if a complaint is not suitable for conciliation, it is closed without further action.

Second, these code of conduct and prohibition order powers have been implemented in only six out of eight states and territories. In the remaining jurisdictions, there is no statutory code and no powers to issue prohibition orders even in the most egregious cases.

Third, given the harms that have been reported, complaints mechanisms appear to be underutilised, in some cases lacking in transparency and are not standardised across jurisdictions. The level of information available to the public concerning prohibition orders issued under the six schemes is highly variable. For example, in Victoria, virtually no information is published on the website of the Health Complaints Commissioner when a prohibition order or interim prohibition order is published. It is questionable how members of the public are protected from practitioners who are unfit to practise if the most basic information about the nature of the misconduct that led to the prohibition order remains confidential.

A recent study of the operation of these negative licensing schemes (Doolan 2025) has found inconsistencies and gaps in the way the state and territory HCE schemes operate:

- There is no standardisation in the reporting of complaints data across the jurisdictions, so it is difficult to compare the schemes against the most basic of performance indicators such as number of complaints received per year by occupational group, nature of complaints, outcomes, number of prohibition orders issued etc. For example, while NSW provides an annual breakdown of complaints against types of unregistered health practitioners, Queensland and Victoria do not.
- In NSW, prohibition orders may be removed once they have expired, whereas in Queensland ('Qld') prohibition orders may be removed if the Health Ombudsman ('HO') or the Queensland Civil and Administrative Tribunal ('QCAT') revokes the prohibition order. This means the numbers of prohibition orders reported in the NSW Health Care Complaints Commission ('HCCC') and Qld Office of the HO (OHO) Annual Reports do not accord with those available on their websites.
- Unlike the NRAS:
  – there is no link or permanent record of disciplinary decisions provided to the public for unregistered health practitioners, and
  – there is no national register of prohibition orders available for the public to easily search to check unregistered practitioner qualifications or details.
- Information available on the type of practitioner issued with prohibition orders is variable, with a lack of adequate description on the Queensland and Victorian websites.
- Many of the prohibition orders provide no detail or reasons why a prohibition order was made.

Fourth, the use of the prohibition order powers is largely reactive, with regulatory action triggered usually once harm has already occurred (Lloyd, Steel & Wardle 2021: 51). Such schemes do not provide the infrastructure to enable proactive and non-punitive quality assurance measures to be applied. Minimum levels of practitioner training and probity checks are not enforceable, nor are education programs to assist practitioners to identify and

prevent inappropriate practice behaviours – measures that would be expected to prevent recidivism and reduce the risk of breaches by other practitioners (Lloyd, Steel & Wardle 2021: 51).

One Health Complaints Commissioner has reported on some of the deficiencies:

> *In the absence of the ability to identify all classes of unregistered practitioners or to know how many are in each class, communicating clearly to consumers and providers about who is regulated and who is not is difficult. Planning and effective regulation is also a significant challenge… defined and consistent treatment standards or protocols are often not in place… evidence gathering throughout investigations may be more difficult and resource intensive* (NSW HCCC 2019: 33).

Also, the proportion of complaints that result in a prohibition order removing the practitioner from practice appears to be higher for unregistered practitioners under code regulation in NSW compared with removals (cancellation or suspension of registration) for practitioners under the NRAS (Doolan 2025). The NSW HCCC has stated that investigations of unregistered practitioners '*tend to raise serious concerns of public health and safety and generate intensive and complex investigations*' (NSW HCCC 2020: 55).

These findings suggests that while the prohibition order powers may be serving an important public protection function, stronger regulation with a preventive focus may be warranted.

Lack of practitioner access to naturopathic and herbal medicine tools of the trade

The current system of restricting access to toxic herbs via the *Standard for Uniform Scheduling of Medicines and Poisons* (SUSMP) means competent naturopaths are denied access to some important herbs used in naturopathic treatment. The effect of these scheduling arrangements places a range of herbal medicine products out of reach of those practitioners who are trained to use them.

It is a perverse outcome of the scheduling arrangements that only registered medical practitioners (for schedule 4 medicines) and pharmacists (for schedule 2 and 3 medicines) are authorised to prescribe these herbal medicines, but without the necessary training to do so safely and competently.

Conclusion regarding Criterion 3:

The **risk profiles of the naturopathy and WHM professions are substantial,** compared with those professions already regulated under the NRAS and there is a pattern of harm to consumers that is not being adequately addressed under current regulatory arrangements.

The existing mix of self-regulatory, co-regulatory, negative licensing, and other mechanisms are failing to adequately address the risks of harm associated with unregulated naturopathic and WHM practice.

Without enforceable controls over entry to practice in the profession, there are no effective mechanisms to enforce minimum practice standards and no effective methods of preventing unqualified individuals from continuing to practice. People with no

qualifications whatsoever, those who been expelled from a professional association for misconduct, and those deregistered from other regulated professions, cannot be prevented from entering practise as a naturopath or herbalist.

The institutional failures outlined here reflect the broader power relations embedded within the Australian healthcare system that maintain the marginalised position of the naturopathy and WHM professions. Attitudinal barriers mean that naturopaths and herbalists are excluded from many mainstream healthcare settings and benefits, making it difficult to influence government policy decisions that affect their interests.

The end result is that patients are more exposed and vulnerable to fly-by-night opportunists who lack proper naturopathic or WHM qualifications and are disposed to flout professional norms and exploit the trust and vulnerabilities of their patients for personal gain.

Existing regulatory mechanisms are failing to deal with this fundamental problem.

CRITERION 4 – Is regulation possible to implement for the occupation in question?

Naturopathy and WHM are well-defined and widely practised health professions in Australia. This is evidenced by the following:

The Australian and New Zealand Classification of Occupations (ANZCO) designates naturopathy and WHM as occupational Skill level 1, Bachelor's degree or higher.[31] This is equivalent to other health occupations such as dentists, general practitioners, nurses, optometrists and pharmacists.

The naturopathy and WHM professions have a well-established body of knowledge:

- The World Health Organization (WHO) has issued benchmarks for training in naturopathy to ensure practice meets minimum levels of adequate knowledge, skills, and awareness of indications and contraindications (WHO 2010: viii). The WHO Western Pacific Region has issued guidance on how Member States may strengthen occupational regulation of the health workforce, including the T&CM professions (WHO WPR 2016; 2019).
- The World Naturopathic Federation (WNF) has issued a *Naturopathic Educational Program Guide* to promote accreditation of naturopathic educational programs and the highest educational standards for the naturopathic profession globally (WNF 2022).
- Education programs for naturopaths and herbalists for entry to practice have been offered at tertiary level in Australia for over five decades.
- Naturopathy/WHM curricula have been developed at bachelor's degree level and offered by several universities.

[31] See https://www.abs.gov.au/ausstats/abs@.nsf/Product+Lookup/61E502FFBABDD327CA2575DF002DA5B2?opendocument.

- Standards for accreditation of education programs in both naturopathy and WHM have been published by ARONAH[32] and in 2022, ARONAH issued updated *Competency Standards for Naturopathic Practitioners* and *Competency Standards for Western herbalists*, following an extended consultation with the profession and key stakeholders.[33]

It is, therefore, possible to define these professions and their respective bodies of knowledge sufficiently for the purposes of regulation.

Conclusion regarding Criterion 4:

Regulation is possible to implement for the **naturopathy and WHM** professions – they are **well-defined and well-established health professions in Australia**. They have an established body of knowledge, modalities, principles and philosophies, and established education and practice standards.

CRITERION 5 – Is regulation practical to implement for the occupation in question?

Practitioners of naturopathy are recognised and regulated in many other jurisdictions, including the USA and Canada. The WNF report documents numerous examples of occupational licensing regimes, particularly in the USA and Canada.

There is a clear precedent for regulation of T&CM professions in Australia. Chinese medicine has been successfully regulated under a protection of title model, first in Victoria from 2000 and then nationally since 2012. The Lin Report documented some of the practical challenges faced by the Chinese Medicine Registration Board of Victoria when establishing the registration scheme, including with respect to the following:

- setting the registration fee – given the actual number of practitioners and the number likely to be granted registration were unknown
- conducting the 'grandparenting' process – particularly assessing the competence of existing practitioners who had low level qualifications but who had undertaken multiple additional short courses and whose clinical training was limited
- setting appropriate standards for education – by defining learning outcomes (rather than specifying curricula design) and by allowing institutions time to upgrade their courses
- educating the profession, private health funds and the public about the role of the regulator and distinguishing this from the role of professional associations
- aligning standards for practice with other registration boards (Lin, Bensoussan et al. 2005: 300).

[32] See ARONAH website https://www.aronah.org/course-accreditation/.

[33] See ARONAH.

While similar practical issues are likely with registration of naturopaths and herbalists, the problems are not insurmountable and the number of potential registrants would be expected to be considerably higher than for Chinese medicine (Lin, Bensoussan et al. 2005: 300).

These examples demonstrate the practicality of implementing occupational regulation for the naturopathy profession.

There are established precedents for statutory registration of naturopaths and herbalists – these professions are recognised and regulated by statute in many jurisdictions, including the USA and Canada (Lloyd, Steel & Wardle 2021). There are also precedents for registration of T&CM professions in Australia (osteopathy, chiropractic and Chinese medicine) including where the use of orally administered therapies (herbal medicines) is a component of the scope of practice.

Chinese medicine has been successfully regulated under a protection of title model, first in Victoria from 2000 and then nationally under the NRAS since 2012. While similar practical issues would be expected to arise with registration of naturopaths and herbalists, these are not insurmountable, and the number of potential registrants would be expected to be considerably higher than for the Chinese medicine profession, providing the economies of scale necessary to keep registration fees relatively low.

Four out of five professional representative bodies support statutory registration for the naturopathy and WHM professions and surveys of practitioners have consistently shown that a majority are supportive of registration and are willing and able to finance and support a self-funded National Board.

Conclusion regarding Criterion 5:

Regulation is practical to implement for the naturopathy and WHM professions. Introduction of statutory registration is not without some practical challenges. However, experiences in other jurisdictions and with inclusion of the Chinese medicine profession within the NRAS show that these **challenges are solvable**. These precedents can be drawn upon in implementing appropriate arrangements for the naturopathy and WHM professions.

CRITERION 6 – Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

A Regulation Impact Statement (RIS) would be expected to assess several options for occupational regulation of naturopaths and herbalists, including:

- professional association run registers with member certification – the status quo (no change)
- supporting self-regulation through co-regulatory partnerships with government – for example, via a quality assured voluntary registers scheme
- strengthening negative licensing – state and territory codes of conduct with powers to issue enforceable prohibition orders
- statutory registration – under the NRAS.

Table 8 compares key features of each type of occupational regulation.

Preferred option – statutory registration of the naturopathy profession under the NRAS

Some naturopathy practices pose a significant risk of harm, and these risks are compounded by the primary healthcare settings and the broad scope of practice of naturopaths. Existing regulatory mechanisms are inadequate for safeguarding and protecting consumers. There are definable modalities, an established scope of practice, and body of knowledge for which it is possible to implement regulation. There are some practical challenges, but implementation lessons can be drawn from the experience of introducing statutory registration for the Chinese medicine profession in 2012 and more recently the paramedicine profession in 2018. The benefits of protecting public health and safety through statutory registration are considered to outweigh the potential adverse effects.

In accordance with the AHMAC Guidance (2018), it is concluded that a *prima facie* case is made for statutory registration of the professions of naturopathy and WHM. Governments are urged to allocate the resources required to undertake an RIA process to assess the case for statutory registration of the naturopathy and WHM professions.

Table 8: Occupational regulation types – key features and capabilities

Key feature/capability	Type of occupational regulation			
	Voluntary Certification	**Co-regulation**	**Negative licensing**	**Occupational licensing/ statutory registration**
Statutory basis	No	Maybe	Yes	Yes
Enforceable minimum qualifications for entry to practice	No	No	No	Yes
Probity checking of persons prior to entry to practice	No	No	No	Yes
Accreditation of qualifying programs for entry to practice	Yes	Maybe	No	Yes
Enforceable minimum standards of practice	No	No	Yes	Yes
Mandatory continuing professional development (CPD)	Yes (for members)	Maybe	No	Yes
Obligation to report professional misconduct by fellow practitioners	No	No	Yes	Yes
Powers to monitor practitioner compliance with practice standards	No	No	No	Yes
Powers to impose conditions or limitations on a practitioner's practice	No	No	Yes	Yes
Power to issue practice guidelines/codes	Yes	No	No	Yes

Complaints and disciplinary powers	Yes (for members only)	Maybe	Yes	Yes
Powers to remove unfit practitioners from practice	No	No	Yes	Yes
Offences and penalties for unauthorised use of professional titles	No	No	No	Yes
A publicly accessible register of qualified practitioners	Maybe	Maybe	No	Yes
A publicly accessible register of disqualified or barred practitioners	No	No	Yes	Yes
Publication of disciplinary decisions	No	No	Yes	Yes
Protection from civil liability for board members discharging regulatory functions	No	No	Yes	Yes

Source: Carlton, Leslie et al. 2024: 41.

Anticipated costs of registration

Registration fees vary with the size of the profession – smaller professions have higher fees because there are fewer economies of scale.

Assuming a registrant base of approximately 15,000 naturopaths, it is estimated that the fee for general registration would be in the order of $300-$350 per annum per registrant, although this figure would be expected to reduce after the first few years, once sufficient financial reserves of the new National Board had been built up.

This figure has been arrived at based on the following assumptions:

- naturopathy and WHM would be regulated under a single National Board, with divisions of the register and protected titles for each profession;
- the combined number of registrants would be roughly equivalent to a medium sized profession, much larger than the registered professions of chiropractic, osteopathy, and Chinese medicine but smaller than medical radiation and paramedics;
- the fee charged for general registration in 2022 for other similar sized professions:[34]

[34] For general registration fees for 2022-23 for each regulated health profession, see here. For registrant numbers see the Ahpra/National Boards Annual Report for 2020-21.

Profession	Registrant base (2020-21)	General registration fee (2022)
Medical radiation practice	21,844	$203
Paramedicine	21,492	$240
Chiropractic	5,968	$530
Chinese medicine	4,863	$579 (one division)

Source: Ahpra/National Boards Annual Report 2020/21 and Ahpra website

While there are some complexities with regulating the naturopathy and WHM professions due principally to the use of orally administered medicines, it is expected these professions would be less costly to regulate than the Chinese medicine profession or chiropractic. This is because of the greater economies of scale (naturopathy is approximately three times the size of these two professions), most naturopaths and herbalists are trained in Australia, and grandparenting would likely be less complex because of the decades long history of accreditation of education programs, and there would unlikely be the language translation costs that are faced by the Chinese Medicine Board.

Anticipated benefits of statutory registration

Statutory registration is warranted given the scopes of practice of naturopaths and herbalists, the risks associated with their practice, and the range of harms to the public that arise from uncontrolled entry to these professions. There are risks associated with the use of orally administered medicines which are exacerbated if practitioners are not properly trained about indications, contraindications, and the interactions between naturopathic/herbal medicines and pharmaceutical drugs.

Existing regulatory arrangements are insufficient to protect the public from unqualified or under-qualified practitioners. A pattern of harm has been established over at least three decades, harm that has proven unresponsive to existing regulatory mechanisms.

The code of conduct and prohibition order powers of health complaints commissioners in six states (negative licensing) provide insufficient public protection because commissioners are generally alerted only after a patient has suffered harm. These powers do not prevent unethical persons from setting up practice where they see an opportunity to make money by exploiting vulnerable patients. The cases presented in this study show a pattern of harm that is likely to continue without stronger controls over entry to the profession.

Statutory registration would provide more robust and effective complaints and disciplinary processes. Under statutory registration, the regulation and representative functions of professional associations would be separated, thereby reducing the possibility of conflicts of interest. Professional associations would be able to focus their resources on support of their members and professional development. The public would have greater trust and confidence that the profession is properly regulated and accountable.

Conclusion regarding Criterion 6:

This submission and the attached research report provide prima facie evidence of the need for statutory registration for the naturopathy and WHM professions and that the substantial benefits of regulation are expected to outweigh the costs. This assessment demonstrates that existing mechanisms for protecting the public are inadequate and that statutory registration is the only option that will provide sufficient protection from harm for patients, given the risk profile of these professions and the pattern of harms identified.

ATTACHMENT 1: ORGANISATIONS PARTICIPATING IN THE SUBMISSION

This submission has been developed collaboratively by the National Registration Working Group, established in December 2025 to advance the case for statutory registration of naturopaths and herbalists under the National Registration and Accreditation Scheme (NRAS).

The Working Group comprises:

PROFESSIONAL ASSOCIATIONS

- Australian Natural Therapists Association (ANTA)

  Established in 1955, ANTA is one of Australia's longest-established professional associations representing natural therapy practitioners. ANTA has 13 accredited modality branches and has advocated for statutory registration since at least 2016, when it lodged a formal submission to the Health Workforce Principal Committee of AHMAC.

- Complementary Medicine Association (CMA)

  Established in 1985, CMA represents practitioners across multiple ingestive modalities including naturopathy, Western herbal medicine, homeopathy, nutrition, Chinese herbal medicine, and Ayurveda.

- Naturopaths & Herbalists Association of Australia (NHAA)

  Established in 1920, NHAA is Australia's oldest professional association representing naturopaths and Western herbalists. NHAA is a founding member of the Australian Naturopathic Council and a long-standing advocate for statutory registration.

REGULATOR (NON-STATUTORY)

- Australian Register of Naturopaths and Herbalists (ARONAH)

  Established in 2009, ARONAH operates as a voluntary register of naturopaths and herbalists and is a founding member of the Australian Naturopathic Council. ARONAH commissioned the research report that underpins this submission.

EDUCATION PROVIDERS

- Endeavour College of Natural Health (ECNH)
- Southern Cross University (SCU), National Centre for Naturopathic Medicine

- Torrens University Australia (TUA)

All participating organisations support the objective of statutory registration for naturopaths and herbalists to protect public safety, elevate professional standards, and ensure appropriate integration of naturopaths and herbalists into Australia's healthcare system.

ATTACHMENT 2: KEY EVENTS AND ACTIONS IN THE HISTORY OF AUSTRALIAN REGULATORY POLICY ON REGULATION OF THE NATUROPATHIC PROFESSION

Date	Event
1985	Northern Territory introduces registration of the naturopathic profession with enactment of the *Allied Health Professions Registration Act 1985* (NT).
1992	Northern Territory repeals the *Allied Health Professions Registration Act* and abolishes registration of the naturopathic profession.
July 1998	Report of Victorian Ministerial Advisory Committee on Traditional Chinese Medicine recommends 'That further work be done to establish whether there is a need for statutory registration of practitioners of Western herbal medicine and that this include examination of mechanisms to allow prescribing and dispensing of scheduled Western herbal medicines by suitably qualified practitioners' (Victorian Government Department of Human Services 1998: 50).
December 1998	Report of the Committee on the Health Care Complaints Commission 'recommends that the Minister for Health examine the feasibility of establishing umbrella legislation to cover unregistered health care practitioners which establishes a generic form of registration, generic complaint and disciplinary mechanisms, a uniform code of ethical conduct, entry criteria agreed amongst the relevant professions…' (NSW Parliament Legislative Assembly, Committee on the Health Care Complaints Commission 1998: 60).
September 2003	Report of Commonwealth Expert Committee on Complementary Medicines in the Health System released – recommends Health Ministers review the findings of the current New South Wales and Victorian reviews concerning regulation of complementary healthcare practitioners and move quickly to implement statutory regulation where appropriate.' (Commonwealth of Australia, Department of Health 2003: 129).
November 2005	Research Report commissioned by Victorian Government Department of Human Services finds statutory regulation of naturopaths and Western herbal medicine practitioners is warranted (Lin, Bensoussan et al. 2005).
November 2005	Report of the Committee on the Health Care Complaints Commission released – Chairman's Foreword 'Only formal registration ensures uniformity of professional standards and effective disciplinary processes. Healthcare complaint handling and registration go hand in hand. This is true for all complementary medicine providers who are currently unregistered… In light of recent concerns that have been highlighted during the course of this inquiry about other areas of unregistered complementary medicine, the Committee intends to revisit its previous report *Unregistered Health Practitioners*…' (NSW Parliament, Committee on the HCCC November 2005: xi, xii).

December 2005	Report of Productivity Commission *Australia's Health Workforce* recommends establishment of a National Registration and Accreditation scheme for the health professions (Productivity Commission 2005: 127).
September 2006	Report of the Health Care Complaints Committee 'recommends the progress of Victoria in relation to the regulation of practitioners of naturopathy and Western herbal medicine be monitored, with the view to further exploring the possible registration of these practitioners in NSW.' (NSW Parliament, Committee on the Health Care Complaints Commission 2006: 82).
March 2008	Intergovernmental Agreement signed by the Council of Australian Governments, setting out the criteria that are to be applied to assess submissions for expansion of the NRAS to include additional health professions (COAG 2008, 22).
June 2009	Inquiry Into Bogus, Unregistered and Deregistered Practitioners (SA) recommends negative licensing in SA, but identified counsellors and naturopaths which required greater regulatory oversight (30th Report of the Social Development Committee, June 2009).
July 2010	NRAS commences with national registration for 10 health professions, including chiropractic and osteopathy.
July 2012	Registration commences under the NRAS for four additional professions, one of which is the Chinese medicine profession which includes Chinese herbal medicine practitioners.
April 2013	*Final Report on Options for the Regulation of Unregistered Health Practitioners* released, concludes 'a single National Code of Conduct with enforcement powers for breach of the Code is considered likely to deliver the greatest net public benefit to the community.' (AHMAC 2013: 7).
April 2015	COAG Health Council 'agreed to the terms of the first National Code of Conduct for health care workers … and to a policy framework to underpin nationally consistent implementation of the Code…' (COAG Health Council *Communique* 17 April 2015, 1).
November 2015	COAG Health Council agrees to amend the National Law to include the profession of paramedicine in the NRAS (COAG Health Council 2015)
September 2016	Australian Natural Therapists Association (ANTA) lodges a submission to the Health Workforce Principal Committee of AHMAC seeking statutory registration for the naturopathy, Western herbal medicine and nutritional medicine professions (Weir 2016).
September 2018	AHMAC publishes guidance on the regulatory assessment criteria and process for adding new professions to the NRAS (AHMAC 2018).
October 2020	The ANC commissions research and preparation of a submission to build upon and update the 2005 Lin Report (ANC 2020).
November 2020	The ANC releases a draft AHMAC submission for public consultation with the naturopathy profession (ANC 2020).

December 2025	The National Registration Working Group is formally established, comprising members of the Australian Naturopathic Council and an additional invited professional association, ANTA, to collaboratively develop and lodge this submission to government for the registration of naturopaths and herbalists.

ATTACHMENT 3: DEFINITIONS AND THE SCOPE OF NATUROPATHIC PRACTICE

Naturopathy is a distinct system of medicine practiced around the world with strong historical and cultural roots in Europe. Naturopathic practice has always been therapeutically diverse in its approach to healing and incorporates various therapeutic modalities and practices applied based on the naturopathic philosophical and traditional framework (Lloyd, Steel & Wardle 2021: ix).

A naturopath is defined not necessarily by what they use to bring about wellness, but the principles they follow (ANC 2026).

Naturopathy is defined by two core philosophies and seven principles, guided by distinct naturopathic theories.

The core philosophies of naturopathy are vitalism (the innate intelligence of living organisms) and holism (the body as a complex adaptive system that exists as a unified whole).

These philosophies are underpinned by seven naturopathic principles that guide practice:

I. First, Do No Harm (*primum non nocere*)

II. Healing Power of Nature (vis medicatrix naturae)

III. Treat the Cause (*tolle causam*)

IV. Treat the Whole Person (*tolle totum*)

V. Doctor as Teacher (*docere*)

VI. Health Promotion and Disease Prevention

VII. Wellness and Wellbeing.

Naturopathic practice embodies theoretical and conceptual frameworks that inform practitioner clinical reasoning and decision making. These concepts include:

- The Naturopathic Therapeutic Order - a systematic approach to treatment that moves from minimally invasive to more forceful treatments as necessary
- The Theory of Complex Systems reflected in naturopathic practice - that the body is a complex and self-sustaining dynamic and evolving system functioning within an environment of multiple nested systems which are interconnected.

Naturopathic clinical assessment is person-centred with the goal of determining the factors contributing to a patient's state of health and their symptoms and conditions. It involves investigation into lifestyle, social, environmental, external and genetic factors. Practitioners employ a range of assessment tools including a thorough case history, standard conventional physical examinations and laboratory testing along with traditional naturopathic assessment techniques such as nail, tongue and pulse diagnosis. The three main goals of a naturopathic assessment and diagnosis are to:

(1) determine the factors contributing to a patient's state of health, their symptoms and/or diseases, and identify the underlying causes of the disease state

(2) collect the proper information to inform a naturopathic diagnosis to accurately categorize the symptoms, condition and/or disease-state using biomedical terminology and diagnostic criteria along with traditional naturopathic diagnostic concepts
(3) assess the patient's vitality and state of wellbeing to guide treatment and healing ability. (Lloyd, Steel & Wardle 2021: 1-2)

ATTACHMENT 4: SELECTED SCHEDULED (RESTRICTED) HERBS THAT NATUROPATHS AND HERBALISTS IN AUSTRALIA ARE UNABLE TO USE DUE TO MEDICINES SCHEDULING ARRANGEMENTS

Aconitum spp (Aconite, Monkshood, Wolfsbane)
Acorus calamus (Sweet flag or Sweet sedge)
Aristolochia spp (Chinese fairy vine)
Atropa belladonna (Deadly nightshade)
Borago officinalis (Borage)
Colchicum autumnale (Autumn crocus or Meadow saffron)
Convallaria spp (Lily of the valley)
Datura spp (Jimsonweed or Thornapple)
Digitalis (Foxglove)
Ephedra spp (Ma huang)
Gelsemium spp (Yellow jasmine)
Hyoscyamus niger (Henbane)
Piper methysticum (Kava)
Lobelia inflata (Indian tobacco)
Mandragora officinalis (Mandrake)
Melilotus officinalis (Sweet clover)
Pulmonaria spp (includes Lungwort)
Rauwolfia spp (Indian snake root)
Sanguinaria canadensis (Bloodroot)
Senecio spp
Symphytum spp (Comfrey)
Tanacetum vulgare (Tansy)
Tussilago farfara (Coltsfoot)

Source: Lin, Bensoussan et al., 2005: 109.

REFERENCES

AASW: See Australian Association of Social Workers

Adams J. Sibbritt D.W. Easthope G. & Young A.F. (2003). The profile of women who consult alternative health practitioners in Australia. *Medical Journal of Australia*, 179(6):297-300. https://doi.org/10.5694/j.1326-5377.2003.tb05551.x. PMID: 12964912.

Adams, J. Sibbritt, D. & Young, A. (2005), Naturopathy/herbalism consultations by mid-aged Australian women who have cancer. *European Journal of Cancer Care*, 14: 443-447. https://doi.org/10.1111/j.1365-2354.2005.00610.x

Adams J. Sibbritt D. & Young A.F. (2007). Consultations with a naturopath or herbalist: the prevalence of use and profile of users amongst mid-aged women in Australia. *Public Health,* 121(12):954-7. https://doi.org/10.1016/j.puhe.2007.03.007

AHMAC: See Australian Health Ministers' Advisory Council.

ANC: See Australian Naturopathic Council.

ANTA: See Australian Natural Therapists Association.

ARONAH: See Australian Register of Naturopaths and Herbalists.

Asif M. (2012). A brief study of toxic effects of some medicinal herbs on kidney. *Advanced Biomedical Research*. 1(44). https://doi.org/10.4103/2277-9175.100144

Australian Bureau of Statistics. (2008). *Australian social trends, 2008: complementary therapies*. Canberra. https://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/605130A47359FC89CA25748E00129DC0/$File/41020_2008_9.pdf

Australian Government. (2013). Training package details. HLT07 – Health Training Package (Release 5.1). Released 14 September 2013. https://training.gov.au/training/details/hlt07

Australian Government, Department of Prime Minister and Cabinet. Office of Best Practice Regulation. (2021). *Regulatory impact analysis guide for Ministers' meetings and national standard setting bodies.* https://obpr.pmc.gov.au/resources/guidance-impact-analysis/regulatory-impact-analysis-guide-ministers-meetings-and-national

Australian Health Ministers' Advisory Council. (2013). *Options for the regulation of unregistered health practitioners. Final report, April 2013*. https://obpr.pmc.gov.au/sites/default/files/posts/2013/08/unregistered-health-practitioners-final-report-decision-RIS.pdf

Australian Health Ministers' Advisory Council. (2015). *Options for the regulation of paramedics. Final report, September 2015*. https://www.ahpra.gov.au/documents/default.aspx?record=WD22/31806&dbid=AP&chksum=xOJ6DDQ%2bS06BshRlGW4BjQ%3d%3d

Australian Health Ministers' Advisory Council. (2018). AHMAC *Information on regulatory assessment criteria and process for adding new professions to the National Registration and Accreditation Scheme for the health professions*. https://agedcare.royalcommission.gov.au/system/files/2020-10/AHP.0002.0001.0001.pdf

Australian Institute of Health and Welfare (2018) *Australia's Health 2018.* Australian Institute of Health and Welfare. https://www.aihw.gov.au/reports/australias-health/australias-health-2020-data-insights/formats (Accessed: 9 March 2022).

Australian Natural Therapists Association. (2016). *Submission to: Chair, Health Workforce Principal Committee. Registration of naturopathy, Western herbal medicine and nutritional medicine.* Report by M. Weir. September 2016. https://www.australiannaturaltherapistsassociation.com.au/wp-content/uploads/2021/06/ANTA_Submission_to_Chair_HWPC.pdf

Australian Naturopathic Council. (2020). E-bulletin 1 (October 2020). *Naturopaths Regulation Research Project.* https://www.naturopathiccouncil.org.au/e-bulletin-1-october-2020/

Australian Naturopathic Council. (2021). *2021-22 Pre-budget submission.* https://www.naturopathiccouncil.org.au/2021/01/29/pre-budget-submission-january-2021/

Australian Naturopathic Council. (2026). *What is naturopathy?* https://www.naturopathiccouncil.org.au/what-is-naturopathy/

Australian Register of Naturopaths and Herbalists. (undated). ARONAH documents. http://www.aronah.org/aronah-documents/. Course accreditation. http://www.aronah.org/course-accreditation/.

Barnes, L. (2021). ATMS Members' survey 2021: Informing the next Strategic Plan. *Journal of the Australian Traditional Medicine Society*, 27(2), 68-76.

Baxter, J. (2009). Commentary: Regulation of the profession. Australian Journal of Medical Herbalism, 21(2), 25-30.

Bensoussan, A. Myers, S. P. Wu, S. & O'Connor, K. (2004). Naturopathic and western herbal medicine practice in Australia—a workforce survey. *Complementary Therapies in Medicine,* 12(1), 17-27. https://doi.org/10.1016/j.ctim.2004.01.001

Bismark, M.M., Brennan, T.A., Paterson, R.J., Davis, P.B., & Studdert, D.M. (2006). Relationship between complaints and quality of care in New Zealand: A descriptive analysis of complainants and on-complainants following adverse events. *Quality and Safety in Health Care*, 15(1), 17-22. www.dx.doi.org/10.1136/qshc.2005.015743

Breakspear, I. (2013). Training the next generation: Advanced diplomas or degrees? *Australian Journal of Herbal Medicine,* 25(4), 168–171. https://doi.org/10.3316/informit.821120332955572

Braun, L. Spitzer, O. Tiralongo, E. Wilkinson, J. Bailey, M. Poole, S. & Dooley, M. (2013). Naturopaths and Western herbalists' attitudes to evidence, regulation, information sources and knowledge about popular complementary medicines. *Complementary Therapies in Medicine,* 21(1), 58-64.

Brown, A.C. (2017) Kidney toxicity related to herbs and dietary supplements: Online table of case reports. Part 3 of 5 series, *Food and Chemical Toxicology*, Volume 107, Part A, pp. 502-519. https://doi.org/10.1016/j.fct.2016.07.024

Brown, A.C. (2018). Heart Toxicity related to herbs and dietary supplements: online table of case reports. Part 4 of 5. *Journal of Dietary Supplements*, 15:4, 516-555. https://doi.org/10.1080/19390211.2017.1356418

Carlton, A-L. (2017). *The forces shaping regulation of the health professions in Australia: from 'club government' to inclusive regulatory institutions.* [Doctoral dissertation, La Trobe University]. http://hdl.handle.net/1959.9/563920

Carlton, A-L. Carè, J. Steel, A. Myers, S.P. & Gerontakos, S. (2025). *A review of the risks, the benefits and the regulatory requirements for the profession of naturopathy. A study funded by member organisations of the Australian Naturopathic Council and members of the naturopathy profession*.

Carlton, A.-L., Leslie, K., Bourgeault, I.L., Balasubramanian, M., Mirshahi, R., Short, S., Carè, J., & Lin, V. (2024). *Health practitioner regulation systems: A large-scale rapid review of the design, operation and strengthening of health practitioner regulation systems*. Working Paper Series, January 2024. Canadian Health Workforce Network. https://www.hhr-rhs.ca/images/PDFs/HPRS_Report_Jan.2024.pdf

Casey, M.G. Adams, J. & Sibbritt, D. (2008). An examination of the clinical practices and perceptions of professional herbalists providing patient care concurrently with conventional medical practice in Australia. *Complementary Therapies in Medicine*, 16(4), 228-232.

Choudhury, A., Singh, P.A., Bajwa, N., Dash, S., & Bisht, P. (2023). Pharmacovigilance of herbal medicines: Concerns and future prospects. *Journal of Ethnopharmacology*, (309), 116383 https://doi.org/10.1016/j.jep.2023.116383

CMA: See Complementary Medicine Association.

Council of Australian Governments Health Council. (2015). A National Code of Conduct for health workers. Final Report. 17 April 2015. Accessed 9 August 2024 at: https://www.aims.org.au/documents/item/542

Cohen, M. M. Penman, S. Pirotta, M. & da Costa, C. (2005). The integration of complementary therapies in Australian general practice: results of a national survey. *Journal of Alternative and Complementary Medicine*, 11(6), 995-1004. https://doi.org/10.1089/acm.2005.11.995

Committee on the Health Care Complaints Commission, Parliament of NSW. (1998). *Unregistered Health Practitioners: The Adequacy and Appropriateness of Current Mechanisms for Resolving Complaints. Report, December 1998*.

Committee on the Health Care Complaints Commission, NSW Parliament. (2005). *Report into Traditional Chinese Medicine* (Report, 2005).

Commonwealth of Australia, Department of Health. (2003). *Report of the Expert Committee on Complementary Medicines in the Australian Health System.* Report to the Parliamentary Secretary to the Minister for Health and Ageing. September 2003. Canberra: Commonwealth of Australia. https://www.tga.gov.au/sites/default/files/committees-eccmhs-report-031031.pdf

Complementary Medicine Association. (2021). Glossary of Therapies & Terms: Modalities, Ingestive. https://cma.asn.au/about-

cma/glossary/#:~:text=An%20ingestive%20modality%2C%20also%20referred,nutritional%20supplements%20such%20as%20vitamins.

Council of Australian Governments. (2008). *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions. March 2008.*

Dawson, S. (2025). Transforming health professions regulation in Australia. Independent Review Final Report. Regulating for results – review of complexity in the National Registration and Accreditation Scheme. July 2025. https://www.health.gov.au/our-work/independent-review-of-complexity-in-the-national-registration-and-accreditation-scheme

Dean, S., Fitts, D., Trickey, R., Carlton, A-L., & Martin, K. (2002). Promoting our future. A proposal for the establishment of an Australian Council of Complementary Medicine. A discussion paper. July 2002. National Herbalists Association of Australia and Federation of Natural and Traditional Therapists.

Doolan, A. (2025). Regulating Australian complementary medicine practitioners to protect the public: Analyses and recommendations. [PhD thesis, Bond University, Australia].

Elkin, K.J., Spittal, M.J., Elkin, D.J., & Studdert, D.M. (2011). Doctors disciplined for professional misconduct in Australia and New Zealand, 2000-2009. *Medical Journal Australia*, 194(9), 452-456. https://doi.org/10.5694/j.1326-5377.2011.tb03058.x

Enioutina, E.Y., Salis, E.R., Job, K.M., Gubarev, M.I., Krepkova, L.V., & Sherwin, C.M. (2017). Herbal Medicines: challenges in the modern world. Part 5. status and current directions of complementary and alternative herbal medicine worldwide [xxcv]. Expert Review of Clinical Pharmacology, 10(3), 327-338. https://doi.org/10.1080/17512433.2017.1268917

Evans, A. Duncan, B. McHugh, P. Shaw, J. & Wilson, C. (2008). Inpatient's use, understanding, and attitudes towards traditional, complementary and alternative therapies at a provincial New Zealand hospital. *New Zealand Medical Journal*, 121(1278), 21-34. https://pubmed.ncbi.nlm.nih.gov/18670472/.

Foley H, Steel A, Cramer H, Wardle J, Adams J. (2019). Disclosure of complementary medicine use to medical providers: a systematic review and meta-analysis. *Scientific Reports*, 9(1):1573. doi: 10.1038/s41598-018-38279-8

Foley, H. Steel, A. & Adams, J. (2020a). Consultation with complementary medicine practitioners by individuals with chronic conditions: characteristics and reasons for consultation in Australian clinical settings. *Health & Social Care in the Community*. https://doi.org/10.1111/hsc.13072

Foley, H. Steel, A. & Adams, J. (2020b). Perceptions of person-centred care amongst individuals with chronic conditions who consult complementary medicine practitioners. *Complementary Therapies in Medicine*, 52(102518). https://doi.org/10.1016/j.ctim.2020.102518

Gafner, S. *et al.* (2004) 'Evaluation of the Efficiency of Three Different Solvent Systems to Extract Triterpene Saponins from Roots of *Panax quinquefolius* Using High-Performance Liquid Chromatography', *Journal of Agricultural and Food Chemistry*, 52(6), pp. 1546–1550. https://doi.org/10.1021/jf0307503.

Grace, S. Velmupad, S. & Beirman, R. (2007). Primary contact practitioner training: A comparison of chiropractic and naturopathic curricula in Australia. *Chiropractic Journal of Australia*, 37(1), 19-24.

Gurley B.J. Fifer E.K. & Gardner Z. (2012). Pharmacokinetic herb-drug interactions (Part 2): drug interactions involving popular botanical dietary supplements and their clinical relevance. *Planta Medica*, 78(13), 1490-514. https://doi.org/10.1055/s-0031-1298331

Health Ministers' Meeting (2025). Communiqué: Council of Australian Governments meeting, 12 September 2025. Perth. https://www.health.gov.au/resources/publications/health-ministers-meeting-hmm-communique-12-september-2025?language=en

Izzo, A.A. Ernst, E. Interactions Between Herbal Medicines and Prescribed Drugs. Drugs 69, 1777–1798 (2009). https://doi.org/10.2165/11317010-000000000-00000

Jacka, J. (1998). *Natural therapies: the politics and the passion*. Ringwood Natural Therapies Pty Ltd.

Leach, M. (2013). Profile of the complementary and alternative medicine workforce across Australia, New Zealand, Canada, United States and United Kingdom. *Complementary Therapies in Medicine*, 21(4), 364-378. https://doi.org/10.1016/j.ctim.2013.04.004

Lin, V. Bensoussan, A. Myers, S. McCabe, P. Cohen, M. Hill, S. & Howse, G. (2005). *The practice and regulatory requirements of naturopathy and western herbal medicine.* https://www2.health.vic.gov.au/health-workforce/health-workforce-regulation/completed-regulatory-reform-projects/review-of-regulatory-requirements-for-naturopathy-and-western-herbal-medicine-professions-2003

Lin, V. Canaway, R. Carlton, A-L. Ijaz, N. Patel, G. Sawadogo, N. Rong, H. & Sheikh, K. (2025). *Workforce, regulation and capacity needed for integration of traditional medicine*. Bull World Health Organ 2025;103:| doi: http://dx.doi.org/10.2471/BLT.25.293560

Lloyd, I. Steel, A. & Wardle, J. (eds.). (2021). *Naturopathy: Practice, Effectiveness, Economics and Safety.* World Naturopathic Federation. https://worldnaturopathicfederation.org/project/health-technology-assessment-naturopathy/

MacLennan, A.H. Wilson, D.H. & Taylor, A.W. (2002). The escalating cost and prevalence of alternative medicine. *Preventive Medicine*, 35(2), 166-173. https://doi.org/10.1006/pmed.2002.1057

MacLennan, A.H. Myers, S.P. & Taylor, A.W. (2006). The continuing use of complementary and alternative medicine in South Australia: costs and beliefs in 2004. *Medical Journal of Australia*, 184(1), 27-31. https://doi.org/10.5694/j.1326-5377.2006.tb00092.x

Mahat A, Cometto G, Dhillon I, & Campbell J. (2024). *Health practitioner regulation: Design, reform and implementation guidance.* Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO. https://www.who.int/publications/i/item/9789240095014

McCabe, P. (2008). Education in naturopathy and western herbal medicine in Australia: Results of a survey of education providers. *Complementary Therapies in Clinical Practice*, 14(3), 168-175. https://doi.org/10.1016/j.ctcp.2008.02.002

McIntyre, E. Adams, J. Foley, H. Harnett, J. Leach, M. J. Reid, R. Schloss, J. & Steel, A. (2019). Consultations with naturopaths and Western herbalists: Prevalence of use and characteristics of users in Australia. *Journal of Alternative and Complementary Medicine*, 25(2), 181-188. https://doi.org/10.1089/acm.2018.0309

Morgan, T.K. et al. (2012) 'A national census of medicines use: a 24-hour snapshot of Australians aged 50 years and older', Medical Journal of Australia, 196(1), 50–53.

Myers, S.P. & Vigar, V. (2019). The State of the Evidence for Whole-System, Multi-Modality Naturopathic Medicine: A Systematic Scoping Review. The Journal of Alternative and Complementary Medicine 25, 141–168. https://doi.org/10.1089/acm.2018.0340

Myers, S.P. and Cheras, P.A. (2004) 'The other side of the coin: safety of complementary and alternative medicine', Medical Journal of Australia, 181(4), 222–225.

Naturopaths and Herbalists Association of Australia. (2006). *Submission to the Victorian Department of Human Services regarding the La Trobe University Report on The practice and regulatory requirements of naturopathy and Western herbal medicine*. https://nhaa.org.au/wp-content/uploads/La-Trobe-Report-submission-Oct06.pdf

Naturopaths for Registration. (2008). *Safer care: national registration of naturopaths and Western herbalists. Submission to the Australian Health Ministers' Advisory Council*. https://www.aph.gov.au/~/media/wopapub/senate/committee/clac_ctte/completed_inquiries/2008_10/registration_accreditation_scheme/submissions/sub96a_pdf.ashx

NHAA: see Naturopaths and Herbalists Association of Australia.

Niemeyer, K., Bell, I.R., & Koithan, M. (2013). Traditional Knowledge of Western Herbal Medicine and Complex Systems Science. *Journal of Herbal Medicine*. 2013 Sep;3(3):112-119. https://doi.org/10.1016/j.hermed.2013.03.001

NSW Health Care Complaints Commission. (2019). HCCC Annual Report 2018-19.

NSW Health Care Complaints Commission. (2020). HCCC Annual Report 2019-20.

NSW Parliament. (2005). *Committee on the Health Care Complaints Commission: Report into traditional Chinese medicine.* Report No. 10/53 – November 2005. https://www.parliament.nsw.gov.au/ladocs/inquiries/1980/reportversion2.pdf

NSW Parliament Health Care Complaints Committee, NSW Parliament. (2006). *Review of the 1998 Report into 'Unregistered Health Practitioners: The Adequacy and Appropriateness of Current Mechanisms for Resolving Complaints'*. Report, September 2006.

NT: See Northern Territory of Australia.

Northern Territory of Australia. (1985). *Health Practitioners and Allied Professionals Registration Act*. https://legislation.nt.gov.au/en/Bills/Health-Practitioners-and-Allied-Professionals-Registration-Bill-1985-S-114?format=assented

OBPR: See Australian Government, Department of Prime Minister and Cabinet, Office of Best Practice Regulation.

Parekh, J. Jadeja, D. and Chanda, S. (2005) 'Efficacy of aqueous and methanol extracts of some medicinal plants for potential antibacterial activity', Turkish Journal of Biology, 29(4), pp. 203–210.

Productivity Commission. (2005). *Australia's Health Workforce.* Research Report, December 2005.

Posadzki P. Watson L.K. & Ernst E. (2013). Adverse effects of herbal medicines: an overview of systematic reviews. *Clinical Medicine*, 13(1):7-12. https://doi.org/10.7861/clinmedicine.13-1-7

Professional Standards Authority. (2015). *Right touch regulation.* Revised. London, October 2015. https://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation

Ryan, A., Too, L.S., & Bismark, M.M. (2018). Complaints about chiropractors, osteopaths and physiotherapists: A retrospective cohort study of health, performance, and conduct concerns. *Chiropractic and Manual Therapies*, 26(12), 1-9. https://doi.org/10.1186/s12998-018-0180-4

Social Development Committee, Parliament of South Australia. (2009). *Inquiry into Bogus, Unregistered and Deregistered Health Practitioners. 30th Report of the Social Development Committee*, June 2009.

SPA: See Speech Pathology Australia.

Speech Pathology Australia. (undated). *Skills and Competency Assessments*. https://www.speechpathologyaustralia.org.au/SPAweb/Join_us/Qualification_Assessments/SPAweb/Join_Us/Overseas_Qualificationss/Skills_Assessment.aspx?hkey=8a8411d5-9e32-4d73-8c57-82ad68905cab

Steel A. Harnett J. McIntyre E. Adams J. (2022). Complementary medicine use, health and disclosure in the Australian Population. Ethics approved by University of Technology Sydney [ETH21-6461]. Unpublished data.

Steel, A. Schloss, J. Leach, M. & Adams, J. (2020). The naturopathic profession in Australia: a secondary analysis of the Practitioner Research and Collaboration Initiative (PRACI). *Complementary Therapies in Clinical Practice,* 40, 101220. https://doi.org/10.1016/j.ctcp.2020.101220

Steel, A. Sibbritt, D. Schloss, J. Wardle, J. Leach, M. Diezel, H. & Adams J. (2017). An Overview of the Practitioner Research and Collaboration Initiative (PRACI): a practice-based research network for complementary medicine. *BMC Complementary and Alternative Medicine*, 17, 87. https://doi.org/10.1186/s12906-017-1609-3

Steel, A. Leach, M. Brosnan, C. Ward, V. & Lloyd, I. (2021). Naturopaths' mobilisation of knowledge and information in clinical practice: an international cross-sectional survey. *BMC Complementary Medicine and Therapies*, 21, 205. https://doi.org/10.1186/s12906-021-03383-2

The Poisons Standard (Standard for Uniform Scheduling of Medicines and Poisons) https://www.tga.gov.au/how-we-regulate/ingredients-and-scheduling-medicines-and-chemicals/poisons-standard-and-scheduling-medicines-and-chemicals#:~:text=Page-

,The%20Poisons%20Standard%20(the%20SUSMP),controls%20on%20medicines%20and%20chemicals.

Victorian Government, Department of Human Services. (1998). Ministerial Advisory Committee on Traditional Chinese Medicine. *Traditional Chinese medicine: Report on options for regulation of practitioners.* Melbourne.

Wardle, J. (2008). *Regulation of complementary medicines: a brief report on the regulation and potential role of complementary medicines in Australia*.

Wardle, J. (2014). Holding unregistered health practitioners to account: An analysis of current regulatory and legislative approaches. *Journal of Law and Medicine*, 22(2), 350-375.

Wardle, J. Adams, J. Lui, C.-W. & Steel, A. E. (2013). Current challenges and future directions for naturopathic medicine in Australia: a qualitative examination of perceptions and experiences from grassroots practice. *BMC Complementary and Alternative Medicine*, 13(15). https://doi.org/http://dx.doi.org/10.1186/1472-6882-13-15

Wardle, J. & Adams, J. (2014). Indirect and non-health risks associated with complementary and alternative medicine use: An integrative review. *European Journal of Integrative Medicine*, 6(4), 409-422. https://doi.org/10.1016/j.eujim.2014.01.001

Wardle, J. Adams, J. Lui, C.-W. & Steel, A. E. (2013). Current challenges and future directions for naturopathic medicine in Australia: a qualitative examination of perceptions and experiences from grassroots practice. *BMC Complementary and Alternative Medicine*, 13(15). https://doi.org/http://dx.doi.org/10.1186/1472-6882-13-15

Wardle, J. Adams, J. Magalhães, R. & Sibbritt, D. (2011). Distribution of complementary and alternative medicine (CAM) providers in rural New South Wales, Australia: a step towards explaining high CAM use in rural health? *The Australian Journal of Rural Health*, 19(4), 197-204. https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1440-1584.2011.01200.x

Wardle, J.L. Sibbritt, D.W. & Adams, J. (2014) The interface with naturopathy in rural primary health care: a survey of referral practices of general practitioners in rural and regional New South Wales, Australia. *BMC Complementary and Alternative Medicine*, 14, 238). https://doi.org/10.1186/1472-6882-14-238

Wardle, J. Steel, A. & Adams, J. (2012). A review of tensions and risks in naturopathic education and training in Australia: a need for regulation. *Journal of Alternative and Complementary Medicine*, 18(4), 363-370. https://doi.org/10.1089/acm.2011.0480

Western Pacific in cooperation with the Australian Health Practitioner Regulation Agency (AHPRA). https://iris.who.int/items/76c623b4-7121-42bd-869b-bc7669036bc8.

WHO: See World Health Organization

WHO WPR: See World Health Organization, Western Pacific Region

WNF: See World Naturopathic Federation.

World Naturopathic Federation. (2022). *WNF Naturopathic Educational Program Guide, September 2022.* https://worldnaturopathicfederation.org/wnf-publications-reports/

World Health Organization. (2010). *Benchmarks for training in traditional / complementary and alternative medicine: benchmarks for training in naturopathy*. World Health Organization, Geneva. https://apps.who.int/iris/handle/10665/44355

World Health Organization. (2013). *Traditional Medicine Strategy 2014-2023.* World Health Organization, Geneva. https://www.who.int/publications/i/item/9789241506096

World Health Organization, Western Pacific Region. (2016). *Strengthening health workforce* regulation. Policy brief developed by the World Health Organization Regional Office for

World Health Organisation (2019*). WHO global report on traditional and complementary medicine 2019*. World Health Organization, Geneva. https://www.who.int/publications/i/item/978924151536

World Health Organization. (2024). Health practitioner regulation: design, reform and implementation guidance. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO. https://www.who.int/publications/i/item/9789240095014

World Health Organization. (2025a). WHO global report on traditional, complementary and integrative medicine 2024. Geneva: World Health Organization; 2025. Licence: CC BY-NC-SA 3.0 IGO. https://www.who.int/publications/b/78436

World Health Organization. (2025b). Global traditional medicine strategy 2025–2034. Geneva: World Health Organization; (Health Systems Performance Assessment (HSPA) toolkit for universal health coverage). Licence: CC BY-NC-SA 3.0 IGO. https://www.who.int/publications/i/item/9789240113176

Xue, C.C., Zhang, A.L., Lin, V., Da Costa, C., & Story, D.F. (2007). Complementary and alternative medicine use in Australia: a national population-based survey. *Journal of Alternative and Complementary Medicine*, 13(6), 643-650. https://doi.org/10.1089/acm.2006.6355

Yan et al., 2022.

Zdanowski, R. et al. (2014) 'Experimental immunology. The influence of aqueous and hydro-alcoholic extracts of roots and rhizomes of Rhodiola kirilowii on the course of pregnancy in mice', *Central European Journal of Immunology*, 4, pp. 471–475. https://doi.org/10.5114/ceji.2014.47731.