Benchmarking Summary Report:

Supporting the Naturopathic Course Accreditation Standards

ARONAH has undertaken a comprehensive benchmarking review to establish evidence-based, robust, and safe educational standards for Australian and New Zealand naturopathic programs. This summary outlines the rigorous processes, international data, and cross-professional comparisons the ARONAH board evaluated.

This document serves as a transparent record for practitioners, educators, and the public, demonstrating how the Naturopathic Course Accreditation Standards align with contemporary higher education benchmarks and public safety requirements in Australia, New Zealand, and overseas.

Executive Summary of the Benchmarking Process

To ensure the standards withstand scrutiny from national regulators like the Tertiary Education Quality and Standards Agency (TEQSA), and the New Zealand Qualifications Authority (NZQA), we conducted a structured benchmarking process across three critical areas:

1. Clinical Program and Practicum Hours
2. Online Learning and Class Size Caps
3. Telehealth Requirements

Our methodology involved mapping current practices against two primary reference points:

- Domestic Health Professions: Evaluating Australian-regulated disciplines under the National Registration and Accreditation Scheme (NRAS/AHPRA), including Nursing (ANMAC), Medicine (AMC), Traditional Chinese Medicine (CMBA), and the non-registered profession of Dietetics (Dietitians Australia). As well as nursing, medicine, chiropractic, and Traditional Chinese Medicine in New Zealand.
- Internationally Regulated Naturopathy: Analysing jurisdictions where naturopathic practitioners operate under formal government regulation, specifically the United States and Canada (under the Council on Naturopathic Medical Education - CNME) and Switzerland (under the State Secretariat for Education, Research and Innovation - SERI / OdA AM).

1: Clinical Program and Practicum Hours

Our investigation examined how many hours a student should spend in a clinic before safely graduating, alongside the optimal number of students to a supervisor during live consultations.

Key Findings

- The Clinical Hour Threshold: In Australia, Registered Nurses require a minimum of 800 hours, Traditional Chinese Medicine requires 900 hours, and Chiropractors require 1,000 hours. In New Zealand, Nurses require a minimum of 1,100 hours, Chinese Medicine requires 500 hours, and Chiropractors require 1,000 hours. Internationally, regulated naturopathic doctors in North America must complete 1,200 clinical hours, while Swiss practitioners complete a combined 1,400 hours of practicum and mentored clinical work.
- The Safety Supervision Ratio: Data shows that when a student transitions to hands-on patient treatment, the supervisor-to-student ratio must reduce. In active Australian Chinese Medicine clinics (where acupuncture and raw herbs are prescribed), the operational standard is a strict 1:5 or 1:6 maximum. In the US and Canada, the CNME enforces a firm 1:6 cap for primary care clinical training. Switzerland utilizes a 1:6 to 1:8 maximum cap.

The Standard We Arrived At

The updated standards recognize that high clinical hours are important for public safety. While the clinical hours have been kept at current levels in this update, these should be increased in future reviews of the education accreditation standards to align with naturopathic standards internationally. While ARONAH's historical guidelines allowed up to a 1:8 clinic ratio, the benchmarking data heavily supports shifting closer to the 1:6 international clinical model especially when more intensive supervision is required (eg telehealth). This reduced ratio ensures a supervisor has adequate time to physically check every patient, verify diagnostic findings (such as physical assessments), and sign off on safe, individualized treatment plans.

2: Online Learning and Class Size Caps

We analysed how much of a modern health degree can safely be delivered online, and where institutions must draw a firm line requiring face-to-face instruction.

Key Findings

- Content-Driven Boundaries (No Arbitrary Percentages): None of the Australian health regulators (ANMAC, AMC, CMBA) or New Zealand Chinese Medicine, medicine, or nursing colleges have a blunt percentage cap (e.g., "30% max online") across a whole degree. Instead, they regulate by content type. Core medical theories, history, philosophy, and business frameworks can be taught fully online. However, physical, hands-on skills (such as physical assessments, diagnostic palpation, or manual therapies) must be 100% face-to-face on campus.
- The Small-Group Law for Live Sessions: For online learning to be effective, large cohorts must be broken down. Across all health disciplines, the moment a class shifts from a pre-recorded broadcast to an interactive, live online tutorial or case-study seminar, standard best practice drops the class size to a maximum of 25 to 30 students.

The Standard We Arrived At

ARONAH has adopted a content-driven delivery framework rather than a rigid percentage limit. Our standards protect clinical skills blocks, and physical diagnostics as strictly face-to-face, low-ratio campus experiences. Conversely, we embrace digital flexibility for foundational theory. To satisfy TEQSA and NZQA quality audits, our standards require providers to cap live synchronous webinars at under 30 students to ensure authentic interaction and student feedback.

3: Telehealth Requirements

With digital health care becoming a permanent fixture in modern medicine, we evaluated how major health professions regulate remote consultations and how students should be trained in this delivery method.

Key Findings

- Supervision Restrictions: Virtual environments introduce a communication lag for educators tracking multiple consultation rooms simultaneously. Because of this risk, international naturopathic benchmarks (CNME) actively tighten the clinic ratio from 1:6 down to a maximum of 1:4 for telehealth clinics.
- Equivalence of Care and Scope: Both Ahpra and the Medical Council of New Zealand mandate that telehealth delivery must never compromise clinical decision-making or drop below the standard of care expected during an in-person consultation.
- Sociocultural and Inclusive Care: Contemporary telehealth benchmarking highlights that remote care involves more than just software logistics. Modern frameworks require practitioners to address digital poverty (patients lacking adequate internet or data).

The Standard We Arrived At

ARONAH has integrated explicit telehealth standards ensuring that online naturopathic clinics maintain strict, safe parameters. Our standards require students to be trained in compliant, secure platforms, and enforce lower supervisor-to-student ratios specifically for live digital consults to match the CNME's public safety precedents. Furthermore, we have embedded community co-design and cultural safety into our telehealth learning outcomes, training future graduates to listen to patient narratives and adapt flexibly to diverse cultural and technological needs.