



# NATUROPATHIC COURSE ACCREDITATION STANDARDS

---

2021



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Individuals and organisations who provided feedback included:

### Peak Body and Professional Representatives

- Dr Iva Lloyd ND & Ms Tina Hausser, *World Naturopathic Federation – Education Committee*
- Dr Benita Perch ND, *World Naturopathic Federation – Western Pacific Regional Group*
- Mr David Casteleijn (President), Ms Diana Bowman & Ms Fi McCormick, *Naturopaths and Herbalists Association of Australia*
- Ms Marta Browne, *Australian Naturopathic Practitioners of Australia*
- Ms Kristy Hollis (President), Ms Rosemary Jacobs, *Complementary Medicine Association*
- Ms Emma Burchell, *Complementary Medicines Australia*
- Dr Joanna Harnett ND PhD, *Board Member, Australasian Integrative Medicine Association*
- Ms Liz McNamara (President), Ms Jill Dunn, *Naturopaths and Medical Herbalists of New Zealand*

### Education Providers

- Associate Professor Matthew Leach, Deputy Director Education, *National Centre for Naturopathic Medicine, Southern Cross University*
- Ms Catherine Smith, Program Director, *Naturopathy & Western Herbal Medicine, Torrens University*
- Ms Elizabeth MacGregor, Head of Department, *Naturopathy, Endeavour College of Natural Health*

### Government and Community Representatives

- Dr Anne-Louise Carlton, *WHO Expert Consultant on Health Registration and Training*
- Ms Tricia Greenway, *Consumer Board Member, Australasian Integrative Medicine Association*
- Mr Ben Harris, Director Policy and Research, *Private Healthcare Australia*
- Dr Karen Treloar, Director, Engagement Group, *Tertiary Education Quality and Standards Agency*
- Mr Danny Vadasz, Chief Executive Officer, *Health Issues Centre*

### ARONAH Representatives

- Jackie Arbuckle, Chairperson
- Dr Amie Steel ND PhD, Deputy Chairperson

### Provided general feedback (not Standard specific):

- Federal Department of Health, Workforce Reform Branch
- Federal Department of Education
- Therapeutic Goods Administration

### Declined to provide feedback:

- RACGP Integrative Medicine Specific Interests Network
- Australian Traditional Medicine Society

### Did not respond to the invitation to provide feedback:

- Australian Natural Therapists Association
- Consumer Health Forum

# 1. Preamble

The Australian Register of Naturopaths and Herbalists (ARONAH) Naturopathic Accreditation Standards are designed to ensure the quality of the naturopathic profession and its work on behalf of public interest and safety. ARONAH affirms that the public should be confident that higher education providers of naturopathic programs produce graduates who are competent to practice safely and effectively, within ARONAH's Competency Standards for Naturopathic Practitioners<sup>1</sup> and the Code of Ethics.

Education providers are required to ensure that naturopathic graduates possess the requisite common and transferable skills, knowledge, behaviours and attitudes (articulated in the Competency Standards for Naturopathic Practitioners) upon which to build the competencies needed to practice. Program accreditation evaluates whether the provider, on the basis of the evidence provided, is likely to meet this goal. This is predicated on the following fundamental principles:

- i. That the education providers are authorised to issue the relevant qualification and are evaluated to assure continued quality learning outcomes for graduates of their program of study, and
- ii. That there exists a set of agreed and contemporary competency standards for the profession, against which the capability of intending graduates of entry to practice programs can be assessed.

Program accreditation is distinct from the regulatory assessment made by the Tertiary Education Quality and Standards Authority (TEQSA), or its jurisdictional equivalent, for the registration of an education provider and the accreditation of their courses of study. While ARONAH defers to TEQSA for the monitoring of education providers against the HESF standards, professional program accreditation through ARONAH is concerned with evaluation and monitoring of the quality, governance, and program design and implementation of Australasian education providers of naturopathic programs, and seeks to ensure that program content, student assessment and student experiences are aligned with naturopathic principles, philosophy and practice.

The professional accreditation process administered by ARONAH is an efficient and effective proxy for externally assessing each graduate against the required Competency Standards for Naturopathic Practitioners. Professional program accreditation must ensure that professional standards are protected without inhibiting diversity and innovation or constraining continuous quality improvement. As with the Competency Standards for Naturopathic Practitioners, the Naturopathic Accreditation Standards are reviewed to ensure relevance and incorporation of pertinent changes in health and education legislation, policy, delivery and ethos.

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

### **1.1 REVIEW OF THE NATUROPATHIC ACCREDITATION STANDARDS**

In 2015, the ARONAH benchmarked and developed the first accreditation standards to guide naturopathic programs in Australia. These standards were developed by the ARONAH Board following invited stakeholder feedback and were benchmarked against primary care professions in Australia and naturopathic education standards internationally. The standards reflected Board consensus on the content, characteristics and resources of a naturopathic medicine program as necessary for:

- i. Graduating safe and effective practitioners capable of working within the broader context of the Australian healthcare systems, and
- ii. Achieving its educational mission and objectives.

In addition to recognising the need to circumstantially review the published standards as needed, the Board committed to a comprehensive review of the approved Naturopathic Education Accreditation Standards (2015) in five years. Fulfilling that commitment, in August 2020 ARONAH engaged an independent consultant to lead and conduct a complete review of the accreditation standards to ensure the incorporation of emerging trends in naturopathic practice, and the Australian higher education and healthcare landscape.

The review was conducted across three separate stages, with stakeholders offered the opportunity to provide feedback via survey, written submission, online teleconference, telephone, or face-to-face. The revised and updated Naturopathic Accreditation Standards reflect an evaluation of the aforementioned emerging trends and were informed, in part, by work conducted in conjunction with the World Naturopathic Federation to ensure that Naturopathic practice in Australia (and the ARONAH member regions) aligns with and the global efforts of the profession. Stakeholder feedback was incorporated at each stage of the consultation process.

### **1.2 CONSULTATION STAGE ONE**

The first consultation (September – December 2020) involved stakeholder groups providing feedback on the contemporary requirements of naturopathic education in Australia. Key stakeholders across peak body and professional representatives, naturopathic educational leaders, naturopathic professional leaders, government and consumer representative groups were identified and contacted. Stakeholder groups were invited to provide feedback via survey, written submission, or verbally.

The review was publicised on the ARONAH website and through social media platforms and direct community feedback was also invited.

*Feedback indicated the need for review and clarification of required clinical work-integrated hours and definitions; quality of clinical training; cultural safety; ethics; research, translational and evidence-based practice; reflective practice; assessment quality; student support; health consumer advocacy and student/consumer partnership; staffing qualifications, experience and the need for ongoing training; online learning; and, telehealth.*

### 1.3 CONSULTATION STAGE TWO

The second consultation (January 2021) consisted of a face-to-face stakeholder forum where the group was presented with a summary of collated feedback from Stage One, and a proposed draft of the revised Naturopathic Accreditation Standards and respective Guidance Notes. Matters arising out of the Stage One consultation process requiring further consideration were also presented during the stakeholder forum.

Stakeholders attending the forum were asked to consider the following:

- **Draft standards and criteria** – Provide feedback on the need for additional information, amalgamation or deletions and to identify pertinent omissions.

*Feedback indicated the need to include a glossary of terms, clarification of language proficiency requirements for clinical health science degrees, expansion of reference to Aboriginal and Torres Strait Islander peoples to include all populations indigenous to the western pacific region, inclusion of cultural and linguistically diverse people, and the inclusion of a specified clinic supervisor to student ratio. There were no recommendations for amalgamations or deletions and no pertinent omissions were identified.*

- **Clinical education** – Agree a definition for what experiences constitute clinical education and clinical hours, agree on professionally relevant nomenclature, decide on the acceptable number of clinical hours required to develop practitioner competency and promote public safety, and decide on the parameters for external clinical placements.

*Stakeholders agreed on a definition for clinical education and clinical hours, relevant nomenclature, the appropriate number of clinical hours and the parameters for external clinical placements (including its relevant definition).*

- **Digital technology and technology-enhanced virtual learning** – If proposed standards captured recommendations for the incorporation of digital technologies in educational design and delivery, and best-practice online learning, and agreed definition and criteria for online/ technology-enhanced virtual learning.



*Stakeholders agreed that the terminology for online learning should be consistent with the World Naturopathic Federation terminology and decided that online learning would be referred to as “technology-enhanced virtual learning”. Stakeholders came to a consensus on the appropriate maximum program hours (as a percentage) that can be completed via technology-enhanced virtual learning, in alignment with World Naturopathic Federation guidelines. Feedback indicated that the proposed standards captured the recommendations for the use of technology in naturopathic education and best practice technology-enhanced virtual learning.*

- **Inclusion of telehealth in clinical education** – If proposed guidance should be adopted in the standards, appropriate provisions for the inclusion of telehealth consultations in student practitioner consultations, safety, design, assessment and implementation concerns.

*Feedback indicated that the incorporation of telehealth in naturopathic clinical education was appropriate and necessary to ensure that students are adequately prepared to enter contemporary naturopathic practice upon program completion. Guidance for student practitioner consultations, safety, design, assessment and implementation was agreed following a discussion of concerns and considerations.*

- **Health informatics and health data collection** – If the standards support emerging issues around the incorporation of naturopathy in health data collection systems and how best to include these issues in naturopathic education.

*Feedback indicated that the standards reflect the required incorporation of health informatics and health data collection in naturopathic curriculum.*

- **Other issues** – additional issues raised.

*Feedback indicated the importance of ensuring that research continues to be an integral part of a naturopathic program of study, and the need to continue ensuring that students graduate with the requisite knowledge and competence to be safe and effective practitioners and collaborators in the broader healthcare delivery system.*

#### 1.4 CONSULTATION STAGE THREE

The third and final consultation (February 2021) involved circulation of the revised draft Naturopathic Accreditation Standards, reflecting feedback from the stakeholder forum (Stage Two) for final review and comment. Stakeholders were asked to review the draft standards and provide feedback on recommended amendments to the final standards, identification of accreditation standards not yet considered that should be included, and identification of pertinent critical omissions to the draft standards. Feedback was provided to ARONAH by written submissions.

*Feedback indicated the need to quantify language proficiency requirements and provide clarification around on-campus clinical education, telehealth clinical hours, and naturopathic education gained outside of the country and the process and requirements for application submission. The need to define ‘Naturopathic philosophy’ was indicated and there was varying feedback regarding the requirement for naturopathic students to register with ARONAH, with professional representatives supporting its inclusion. Feedback indicated a need to further clarify suitably qualified clinical practicum supervisors and academic teachers. No pertinent critical omissions were identified, and professional representatives affirmed that the standards reflected appropriate technology-enhanced virtual learning and telehealth requirements and the minimum number of required clinical hours of the profession.*

## **1.5 RATIFICATION AND APPROVAL**

The Chair and Deputy Chair of ARONAH’s Board reviewed the Naturopathic Accreditation Standards before presenting them to the Board to ratify and approve. These standards were approved by the ARONAH Board on 19<sup>th</sup> March 2021.

## **1.6 OVERVIEW OF NATUROPATHIC ACCREDITATION STANDARDS (2021)**

The current Naturopathic Accreditation Standards consist of five (5) discrete standards. They are:

1. Safe Practice
2. Governance and Quality Assurance
3. Program Design, Implementation and Resourcing
4. Student Experience
5. Student Assessment

## **1.7 USING THE NATUROPATHIC ACCREDITATION STANDARDS**

The Naturopathic Accreditation Standards are designed principally for use by higher education providers seeking accreditation of an entry-to-practice naturopathy program of study. ARONAH assessment teams evaluate programs in accordance with these standards and make recommendations to the ARONAH Board for decision.

While the standards are principally for use by higher education providers, they are also useful for anyone interested and involved in the education of naturopathic practitioners. Higher education providers seeking accreditation are required to complete an application pack (available at [www.aronah.org](http://www.aronah.org)). The pack includes the Naturopathic Accreditation Standards and relevant guidance on addressing them. The guidance is regularly reviewed and updated to assist education providers prepare their submissions.

## **1.8 GUIDANCE FOR EVIDENCE AND MONITORING**

These standards articulate accreditation requirements for education providers delivering programs intended to qualify graduates for registration for the practice of naturopathy. It



provides guidance on the required documentation to be submitted to evidence adherence to the standards. The application submission should be structured to address each standard sequentially.

It is the responsibility of the education provider applying for accreditation or re-accreditation to demonstrate that each standard is met and to supply supporting material in their application as deemed necessary to evidence compliance. However, should the assessment team determine that the documentation provided is inadequate, a revised submission may be requested, and accreditation withheld until suitable documentation is presented. Education providers must clearly identify the source of supporting evidence when presenting evidence for review and monitoring.

Conditional accreditation may be granted in the event that an institution is assessed by the Board to not meet accreditation requirements. Education providers offered conditional accreditation will be required to submit a detailed plan outlining the process by which they will address the identified areas of concern. The duration, conditions and requirements of conditional accreditation will be determined by the Board on a case-by-case basis.

It is expected that evidentiary documentation will be submitted electronically. This includes all electronic copies and URLs (where available) of all primary evidence outlined in the Naturopathic Accreditation Standards as required for accreditation applications, and any on-going quality assurance evidence required for interim report monitoring purposes. Specific details on submission processes will be provided on the accreditation application or in documentation for interim monitoring requests.

## **1.9 REVIEW OF NATUROPATHIC ACCREDITATION STANDARDS**

The Naturopathic Accreditation Standards will be reviewed as necessary. A comprehensive, independent review of the Naturopathic Accreditation Standards will occur in 2025, and every five (5) years thereafter. The purpose of an ongoing review is to ensure that the accreditation standards continue to foster high quality naturopathic education, reflect the evolving needs of the profession and the broader Australasian healthcare system, and comply with TEQSA requirements or its jurisdictional equivalent.

**Date of effect: 6<sup>th</sup> October 2021** (On this date these accreditation standards replace the Naturopathic Education Accreditation Standards published in 2015).

## **FEEDBACK AND FURTHER INFORMATION**

ARONAH invites education providers, accreditation assessors and other users of the Naturopathic Accreditation Standards to provide feedback on this document.

Please email your feedback to ARONAH at [info@aronah.org](mailto:info@aronah.org)

For further information please contact:

Board Chair  
Australian Register of Naturopaths and Herbalists  
PO Box 519  
Paddington  
QLD 4064

Website: [www.aronah.org](http://www.aronah.org)

## 2. NATUROPATHIC ACCREDITATION STANDARDS, CRITERIA, EVIDENCE AND GUIDANCE NOTES

### 2.1 STANDARD 1: SAFE PRACTICE

Standard statement: Public safety through safe and competent practice is central to program design, implementation and evaluation.

Criteria	Documentary evidence to include in accreditation application/interim reports
<b>1.1</b> The program is guided by the principle of public safety.	<ul style="list-style-type: none"> <li>Unit/subject outlines that evidence public safety and protection in the curriculum</li> <li>Deidentified examples of three student assessments across different units/subjects that show safe practice is taught and assessed in the pre-clinical and clinical settings</li> <li>Examples of quality improvement measures that identify, assess, correct and report public safety concerns in routine program monitoring.</li> </ul>
<b>1.2</b> The education provider requires students to comply with the professional Code of Conduct and Code of Ethics consistent with the Australian Register of Naturopaths and Herbalists expectations of safe, ethical and professional conduct.	<ul style="list-style-type: none"> <li>Unit/subject outlines that evidence that the professional Code of Conduct and Code of Ethics is being taught throughout the curriculum</li> <li>Examples of three de-identified student assessments that evidence implementation and reinforcement of the Code of Conduct and the Code of Ethics in theoretical, practical, pre-clinical and clinical subjects within the program.</li> </ul>
<b>1.3</b> The education provider maintains internal processes to reduce public risk by ensuring policy compliance by staff and students.	<ul style="list-style-type: none"> <li>Copy of safety and/or risk policies</li> <li>Examples of implementation of formal processes and that reduce public risk in clinical settings</li> <li>Evidence of policy training</li> <li>Evidence of Risk Management Plan.</li> </ul>
<b>1.4</b> The program's admission requirements are clear, fair, equitable, ethical and transparent. Before issuing an offer of enrolment, education providers must inform applicants of the requirement to: <ol style="list-style-type: none"> <li>demonstrate English language proficiency consistent with tertiary education in health science clinical degrees (IELTS 6.0 overall, with no band &lt;5.5) and communication skills to successfully undertake academic and supervised clinical practicum requirements</li> <li>meet the program's inherent course requirements</li> <li>meet and maintain ability to safely practice at all times, including maintenance of state or federal</li> </ol>	<ul style="list-style-type: none"> <li>Copy of Admissions policy</li> <li>Copy of English language proficiency requirements in policy and examples of denied admission where policy requirements were not met</li> <li>Copy of Naturopathic Inherent Course Requirements</li> <li>Examples of internal processes that demonstrate assessment and monitoring of regulations required for working with vulnerable populations consistent with State/Territory legislative requirements where applicable</li> <li>Three de-identified examples of implementation and monitoring of formal processes to ensure that students are safe to practice throughout the duration of the program. Includes confidential disclosure of issues by students, completion of police checks and working with children checks where applicable.</li> <li>Explanation of implementation of formal processes to monitor ARONAH registration.</li> </ul>

<p>regulatory requirements for working with vulnerable populations</p> <p>d. register with ARONAH prior to undertaking the first clinical skills practicum and maintain registration upon successful completion of the program.</p>	
<p><b>1.5</b> The education provider ensures that staff teaching supervised clinical practicums:</p> <p>a. are qualified naturopaths or content specialists with relevant post-graduate qualifications</p> <p>b. have a minimum of five (5) years' clinical experience</p> <p>c. have a minimum of two (2) years' experience in academic or clinical education</p> <p>d. receive training to adequately and safely supervise and assess naturopathic students</p> <p>e. maintain unconditional registration with ARONAH.</p>	<ul style="list-style-type: none"> <li>• Examples of formal monitoring processes to ensure that staff possess the minimum qualifications and experience</li> <li>• Copy of staffing table for all staff teaching supervised clinical practicums</li> <li>• Evidence of ongoing staff training provisions.</li> </ul>
<p><b>1.6</b> The education provider maintains evidence-based and transparent policies, including workplace health and safety, cyber security, sexual assault and harassment, bullying, quality assurance, disability and discrimination.</p>	<ul style="list-style-type: none"> <li>• Copy of most recent policies outlined in criterion 1.6</li> <li>• Examples of staff and student policy training and implementation</li> <li>• Evidence of policy transparency.</li> </ul>
<p><b>1.7</b> Clinic environments used for supervised clinical practicums and work-integrated clinical placements must:</p> <p>a. meet state and national safety requirements</p> <p>b. maintain relevant accreditation</p> <p>c. support interprofessional collaboration</p> <p>d. provide emotional and cultural safety</p> <p>e. support ethical and evidence-based naturopathic practice grounded in naturopathic philosophy</p> <p>f. enable practice patient-centred care.</p>	<ul style="list-style-type: none"> <li>• Demonstrate implementation of internal processes that show teaching clinics or work integrated clinical placement environments maintain relevant safety, accreditation and licences.</li> <li>• Evidence that shows the education provider regularly monitors the currency of work integrated clinical placement environment/practice accreditation and licensing</li> <li>• Copy of Memorandum of Understanding (MOU) with each work-integrated clinical placement environment/practice that evidences support for interprofessional collaboration and patient-centred care</li> <li>• Examples of implementation of internal mechanisms to promote emotional and cultural safety in all learning environments Examples of implementation of internal mechanisms that promote naturopathic practice underpinned by philosophy, tradition and evidence (per criterion 1.7.e).</li> </ul>
<p><b>1.8</b> The educational provider or program must ensure that students meet pre-clinical skills and scaffolded clinical pre-requisite skills to be eligible for progression into each supervised clinical practicum and/or work-integrated clinical placement unit in the course structure.</p>	<ul style="list-style-type: none"> <li>• Examples of at least three de-identified student assessments across a range of performance that evidences assessment of learning outcomes, including examples from students who have not met pass requirements</li> <li>• Documents evidencing pre-requisite and scaffolded pre-clinical unit/subject learning outcomes to be met prior to progressing through pre-clinical, supervised clinical practicum and work integrated clinical placements in the program.</li> </ul>

## STANDARD 1: GUIDANCE NOTES

This standard focuses on safe practice as the primary mechanism through which public safety is protected. It addresses public safety, ethics and professional conduct, admission, workplace health and safety, clinical education and supervision and the attainment of requisite pre-clinical and clinical skills.

### Public safety

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

In the interest of protecting public safety, all naturopathic students enrolled in an approved program of study with clinical training in naturopathy are required to register with ARONAH prior to undertaking their first clinical skills practicum unit/subject. This enables the Board to monitor safe and ethical practice in accordance with the *Code of Ethics* and the professional *Code of Conduct*.

### Ethics and conduct

The education provider is expected to ensure graduates achieve the common and transferable skills, knowledge, behaviours and attributes associated with safe and effective naturopathic practice. The requirements for achieving this are articulated in the *Competency Standards for Naturopathic Practitioners*, *Code of Ethics* and the professional *Code of Conduct*.

### Program admission

It is the expectation that the education provider ensures fair, ethical and equitable admission practices and that they do not admit students to the program if they are aware that the student does not yet possess the capability to be academically successful. Education providers are expected to ensure that processes are in place to support the student's transition to higher education and academic success.

Education providers delivering post-graduate programs of study must meet all Naturopathic Accreditation Standards and relevant criteria in addition to all criteria outlined in the ARONAH Naturopathic Accreditation Standards: Guidelines for Post-graduate Programs of

Study (see ARONAH website [www.aronah.org](http://www.aronah.org)). Where education providers deliver advanced standing post-graduate programs in advanced naturopathic practice, program curriculum is expected to be embedded in practice, and expand on clinical expertise relevant to advanced reflective practice.

### Attainment of pre-clinical and clinical skills

Clinical skills are developed over time and with experience. Prior to progressing through the program, students must evidence attainment of the requisite pre-clinical and clinical skills. It is expected that the education provider will design a program that permits the scaffolded development of skills to promote clinical skills development and minimise public risk.

## 2.2 STANDARD 2: GOVERNANCE AND QUALITY ASSURANCE

Standard statement: Governance and quality assurance processes foster a sustainable, high-quality education experience for students, enabling them to achieve competency as a naturopathic practitioner.

Criteria	Documentary evidence to include in accreditation application/interim reports
<b>2.1</b> The education provider must be registered with the Tertiary Education Quality Standards Agency (TEQSA) as an Australian university or other higher education provider, or equivalent in other jurisdictions.	<ul style="list-style-type: none"> <li>TEQSA notice of decision on registration, including designation of self-accrediting authority (if applicable).</li> </ul>
<b>2.2</b> The program must be accredited by TEQSA, or equivalent in other jurisdictions, for non-self-accrediting higher education providers or be granted relevant university governance board/committee approval for self-accrediting providers, or equivalent.	<p>For non-self-accrediting higher education providers:</p> <ul style="list-style-type: none"> <li>TEQSA's report on program accreditation, including disclosure of conditions and response to concerns (if applicable)</li> </ul> <p>For self-accrediting providers:</p> <ul style="list-style-type: none"> <li>Copy of governance program approval, including disclosure of conditions and response to concerns (if applicable).</li> </ul>
<b>2.3</b> The program is delivered at an Australian Qualifications Framework (AQF) Level 7 for the award of bachelor's degree, or above.	<ul style="list-style-type: none"> <li>Evidence of AQF level approval by TEQSA for non-self-accrediting providers or relevant board approval for self-accrediting providers, or jurisdictional equivalent.</li> </ul>
<b>2.4</b> The education provider and academic staff conducting the program must have an academic governance structure which ensures oversight of the program and promotes high-quality teaching and learning, scholarship, research and ongoing evaluation.	<ul style="list-style-type: none"> <li>Copy of approved Governance Framework</li> <li>Terms of reference for relevant department committees and advisory groups</li> <li>Evidence of Governance arrangement between the university or higher education provider and the department that ensures responsiveness to accreditation requirements for ongoing compliance with Naturopathic Accreditation Standards.</li> </ul>
<b>2.5</b> The head of program must be a qualified naturopath with appropriate post-graduate qualifications and naturopathic clinical experience.	<ul style="list-style-type: none"> <li>Staff profile for head of program that evidences:               <ul style="list-style-type: none"> <li>Level of academic appointment and fraction</li> <li>Role, title, name, qualifications and experience relevant to their responsibilities</li> <li>Reporting relationships</li> </ul> </li> <li>Evidence of post-graduate qualifications relevant to the role</li> <li>Evidence that staff responsible for the leadership/management of the program has delegated responsibility and control of program development, monitoring, revision of the program.</li> </ul>
<b>2.6</b> The education provider conducting the program must: <ol style="list-style-type: none"> <li>maintain a program advisory committee with the responsibility to develop, monitor, review, evaluate and make informed quality improvements</li> <li>ensure that the program advisory committee includes external stakeholder input into the design, implementation, quality and evaluation of program from health</li> </ol>	<ul style="list-style-type: none"> <li>Terms of Reference for program advisory committee responsible for providing feedback on design, implementation, quality and program evaluation</li> <li>List of external stakeholder members</li> <li>Examples of formal external input into the program and evidence of actions taken to incorporate or respond to input for quality improvement</li> <li>Copy of Annual Course Report</li> <li>Copy of meeting calendar</li> <li>Evidence that program provider has reported on program alignment to education standards to the course/program advisory committee</li> </ul>



<p>consumer representatives, students, alumni, representatives of the profession, representatives from other health professions, and other relevant stakeholders, including indigenous and culturally and linguistically diverse populations</p> <p>c. incorporate relevant feedback from sources such as external stakeholders, students, peer review and external program review into program design, implementation and quality improvement.</p>	<ul style="list-style-type: none"> <li>De-identified examples of formal student feedback incorporated into the program and evidence of actions taken to respond to input for quality improvement</li> <li>Evidence of client retention rates for clinical work-integrated learning subjects delivered at the education provider's institution.</li> </ul>
<b>2.7</b> Formal processes exist to regularly evaluate and revise the program content to ensure incorporation of contemporary and emerging issues surrounding adult learning, educational technology, naturopathic practice, healthcare research and health and policy reform.	<ul style="list-style-type: none"> <li>Examples of changes made to content in response to contemporary and emerging issues related to adult learning, educational technology, naturopathic practice, health research and policy reform.</li> </ul>
<b>2.8</b> The program must regularly evaluate the suitability and performance of academic and clinic supervisors and monitor supervision in the program.	<ul style="list-style-type: none"> <li>Examples of recruitment processes, and regular performance review and monitoring of academic and supervisory staff performance and patient retention rates</li> <li>Explanation of staffing interventions initiated on the basis of student feedback.</li> </ul>
<b>2.9</b> The education provider must enable and support professional and academic development of academic and clinical staff to advance knowledge and effectiveness in teaching and learning and student assessment.	<ul style="list-style-type: none"> <li>Evidence of academic and clinical staff training and development in educational theory, teaching and learning and contemporary assessment principles.</li> </ul>
<b>2.10</b> Students and staff must be adequately indemnified for relevant activities undertaken as part of program requirements.	<ul style="list-style-type: none"> <li>Letter from Chief Financial Officer confirming indemnity.</li> </ul>
<b>2.11</b> All work-integrated clinical placements must be appropriately designed and scaffolded and all learning environments that deliver clinical experience must be monitored and reviewed regularly prior to and during student placement.	<ul style="list-style-type: none"> <li>Evidence of formal work-integrated learning policies and processes in place</li> <li>Evidence of three de-identified review reports.</li> </ul>
<b>2.12</b> Where the program structure allows for multiple entry pathways for which students receive block credit or advanced standing (other than on an individual basis) the program provider must ensure that the pathway meets the Competency Standards for Naturopathic Practitioners for the relevant Course Accreditation Standards.	<ul style="list-style-type: none"> <li>Policies relating to credit transfer or the recognition of prior learning that are consistent with AQF national principles and the graduate's ability to meet the Competency Standards for Naturopathic Practitioners.</li> </ul>
<b>2.13</b> Staff recruitment must be culturally and gender inclusive to reflect population diversity and must take affirmative action to encourage participation from indigenous, gender diverse, and culturally and linguistically diverse populations.	<ul style="list-style-type: none"> <li>Evidence of recruiting strategies that promote inclusion and diversity</li> <li>Copy of a developed Reconciliation Action Plan.</li> </ul>
<b>2.14</b> Students and staff must learn, work and develop in a physically, emotionally and culturally safe and equitable environment.	<ul style="list-style-type: none"> <li>Evidence of processes to ensure physical, emotional and cultural safety in the learning environment</li> <li>De-identified feedback from staff and students regarding their sense of physical, emotional, and cultural safety</li> </ul>

	<ul style="list-style-type: none"><li>• Copy of Grievance policy for employees, Non-Discrimination and Equal Opportunity policies</li><li>• Copy of Grievance policy for students.</li></ul>
<b>2.15</b> The education provider must adequately assess and manage risk.	<ul style="list-style-type: none"><li>• Copy of risk management policies and associated risk management plans.</li></ul>

## STANDARD 2: GUIDANCE NOTES

This standard focuses on the governance and quality assurance of the naturopathic program. ARONAH acknowledges regulatory role of TEQSA, and equivalent agencies in other jurisdictions, in registering the education provider, accrediting its courses of study and conducting annual provider assessments, which include academic and organisational governance assessments. This standard addresses the administrative and academic governance and quality control mechanisms that support the program's quality and protect students undertaking the program with their provider of choice.

The program is expected to be:

- a. provided by a university or higher education provider that is registered and accredited by TEQSA, or jurisdictional equivalent
- b. delivered at a minimum of a baccalaureate level over 4 years full time study load or its equivalent

### Governance structure

The education provider is expected to have a robust academic and organisational governance structure which ensures academic, programmatic and operational oversight, promotes quality teaching and learning, scholarship, research and ongoing program evaluation to ensure a sustainable, high-quality education experience for students, enabling them to meet the Competency Standards for Naturopathic Practitioners.

### External stakeholder engagement

ARONAH expects that education providers regularly engage in formal and informal external stakeholder engagement. External stakeholders should be actively included in program governance activities for the purposes of program monitoring, continuous quality improvement and input on the design and implementation of the program. Education providers are expected to annually (every 12 months at a minimum) engage external feedback from individuals and groups who may be impacted by the naturopathic program, such as industry groups, associations and peak bodies, students and consumers of naturopathic health care. It is also expected that stakeholder groups represent social, cultural, linguistic and gender diversity.

### Quality Assurance

The education provider is expected to assess and address the risk to the program, its outcomes and students and is required to maintain a primary focus on continuous

quality improvement of the teaching and learning experience for students and the competence of graduates.

The naturopathic department should have delegated responsibility and academic autonomy to design, develop, implement, monitor, review and evaluate and the program and is accountable for assuring continuous quality improvement. It is expected that feedback gained through quality review cycles be incorporated into the program to improve the experience of theory and practice learning for students.

### Work-Integrated Clinical Placement

The supervised clinical practicum should be undertaken at an appropriately resourced student teaching clinic (see Glossary) under the sole responsibility of the education provider. In addition to the minimum required supervised clinical practicum hours, students may undertake work-integrated clinical placements in their final semester/unit of study to support clinical learning and develop clinical experience in diverse populations and settings. Such work-integrated clinical placements must be supervised by a qualified naturopath who meets all professional expectations outlined in the Naturopathic Accreditation Standards.

Work-integrated clinical placements can occur throughout the education program if the university can demonstrate adequate infrastructure to support clinical placement coordination, supervision and monitoring of students and external site locations.

All education providers offering work integrated clinical placements must meet all TEQSA requirements for Work-Integrated Learning,<sup>2</sup> or jurisdictional equivalent, including the monitoring of quality assurance, ensuring formalised agreements are in place, ensuring the student experience and learning outcomes are monitored against defined, expected outcomes and that outcomes are consistent (see criterion 1.7), managing risk and critical incidents, and ensuring student wellbeing, safety and access to continuous student support.<sup>3</sup> Education providers are also required to ensure that all work-integrated clinical placements are managed by a Clinical Placement Coordinator (see Glossary).

## 2.3 STANDARD 3: PROGRAM DESIGN, IMPLEMENTATION AND RESOURCING

Standard statement: The program design, implementation and resourcing enable students to achieve the Competency Standards for Naturopathic Practitioners.

Criteria	Documentary evidence to include in accreditation application/interim reports
<b>3.1</b> The program curriculum, design and implementation are informed by educational research and naturopathic philosophy and principles.	<ul style="list-style-type: none"> <li>• Statement outlining how educational research is applied in the design and implementation of the program</li> <li>• Statement of the program's conceptual and philosophical framework</li> <li>• Evidence of the implementation of educational research and naturopathic philosophy and principles in the program's curriculum.</li> </ul>
<b>3.2</b> Teaching and learning reflects contemporary Australian and international evidence-based best practice that incorporates educational research and technologies to enhance curriculum delivery.	<ul style="list-style-type: none"> <li>• Examples of changes to teaching and learning strategies based on best-practice and educational research</li> <li>• Examples of technology enhanced learning approaches.</li> </ul>
<b>3.3</b> Teaching and learning strategies that: <ol style="list-style-type: none"> <li>a. scaffold theoretical, practical and clinical learning concepts throughout the program</li> <li>b. incorporates authentic simulated experiences to prepare students for clinical learning and future clinical practice</li> <li>c. encourages the application of critical-thinking and problem-solving skills</li> <li>d. engenders deep rather than surface learning</li> <li>e. encourages students to become self-directed, life-long learners</li> <li>f. develops the capacity to learn from and use emerging research and clinical experience throughout the students' careers</li> <li>g. promotes emotional intelligence, professional attitudes and behaviours, communication, collaboration, cultural competence, cultural safety, ethical practice, reflective practice and leadership skills.</li> </ol>	<ul style="list-style-type: none"> <li>• Copy of current Teaching and Learning plan</li> <li>• Evidence of Teaching and Learning plan implementation, including simulated clinical learning experiences and development of life-long learning</li> <li>• Statement that outlines the relationship between units/subjects between teaching periods and over the years of the program</li> <li>• Copy of unit/subject outlines and assessment guides that show where reflective practice, leadership, and collaboration are taught and assessed</li> <li>• Copy of unit/subject outlines that show the integration of evidence-based practice, critical thinking and problem-solving skills</li> <li>• Statement outlining the implementation of cultural competence and cultural safety in the design of the program</li> <li>• Explanation of how students are encouraged to become self-directed, life-long learners.</li> </ul>
<b>3.4</b> The program's content ensures achievement of Competency Standards for Naturopathic Practitioners and understanding of naturopathic practice.	<ul style="list-style-type: none"> <li>• Mapping document evidencing alignment between unit/subject rationale, learning outcomes and assessment to Competency Standards for Naturopathic Practitioners</li> <li>• Evidence of student success rates 5 years' after graduation.</li> </ul>
<b>3.5</b> The program's content focuses on naturopathic practice, comprising core evidence-based naturopathic-specific professional knowledge and skills applied across the human lifespan.	<ul style="list-style-type: none"> <li>• Unit/subject outlines and learning outcomes that address specific content areas.</li> </ul>

<p><b>3.6</b> The program's unit/subject learning outcomes reflect contemporary and evidence-based approaches to ensure professional naturopathic practice.</p>	<p>Comprehensive curriculum document outlining:</p> <ol style="list-style-type: none"> <li>Program structure and delivery modes</li> <li>Unit/Subject outlines for all subjects taught in the program.</li> </ol>
<p><b>3.7</b> The program's content and unit/subject learning outcomes enable the development of research skills that include searching and reviewing research, traditional naturopathic knowledge and other forms of knowing for translation into practice.</p>	<ul style="list-style-type: none"> <li>Annual report of institutional scholarly activity. The documentation should indicate any involvement with, or impact on, students enrolled in the naturopathic program</li> <li>Current, documented research projects including details of principal researchers and explanatory title for each project being pursued by academic staff and students in the naturopathic program</li> <li>Evidence of research funding awarded over the last 3 years to staff in the naturopathic academic faculty</li> <li>Evidence of peer-reviewed publications produced in the last 6 years by the naturopathic academic staff</li> <li>Position descriptions and recruitment policies for academic staff outlining the requirement for scholarly activity</li> <li>Evidence that learning outcomes within the program/s include key elements associated with critical analysis of scientific research and its evaluation.</li> </ul>
<p><b>3.8</b> The program's content and unit/subject learning outcomes ensure:</p> <ol style="list-style-type: none"> <li>principles of interprofessional education and exposure to multi-professional health care environments and diverse models of care</li> <li>integration of the National Safety and Quality Health Standards (NSQHS), or jurisdictional equivalent</li> <li>collaborative and reflective practice</li> <li>patient-centred health consumer education and advocacy for health promotion and self-care<sup>4</sup> to promote consumer health, shared-decision making, wellbeing and safety</li> <li>integrated knowledge of community, regional, national and global health priorities including chronic illnesses and health across the life course</li> <li>integrated knowledge of health informatics, health literacy, health research, health policy, health and reform.</li> </ol>	<ul style="list-style-type: none"> <li>Unit/subject outlines and assessment specifications that evidence integration of interprofessional education and health care environments</li> <li>Unit/subject outlines and assessment specifications that evidence NSQHS Standards are taught in the program</li> <li>Program materials that show where health consumer perspectives (criterion 3.8.d) are addressed in the program</li> <li>Program materials that show the integration of community, national, and global health priorities across the life course</li> <li>Unit/subject outlines that evidence integration of health informatics, including charting as a legal record and clinical information sharing systems</li> <li>Program materials that show where collaborative and reflective practice, health literacy, health policy and health reform are addressed in the program.</li> </ul>
<p><b>3.9</b> Where any component of the program is gained outside of the country:</p> <ol style="list-style-type: none"> <li>no more than 20% of the total program offered by the institution can be completed outside of the country</li> <li>equivalence of theory, or supervised clinical practicum, or work-integrated learning must be demonstrated to include unit/subject objectives, learning outcomes and assessments.</li> </ol>	<ul style="list-style-type: none"> <li>Copy of policy on Recognition of Prior Learning</li> <li>Statement clarifying the approach and model of RPL used to determine credit recognition<sup>5</sup> for:             <ol style="list-style-type: none"> <li>any component of the program gained outside of the country, and/or</li> <li>details of the offshore study component if applicable, including student support (for a &amp; b).</li> </ol> </li> </ul>

<p><b>3.10</b> The program develops caring and ethical primary care providers with a well-developed sense of personal wellness and understanding of the strengths and limitations of naturopathic practice.</p>	<ul style="list-style-type: none"> <li>• Statement outlining student life programs that meet the criterion</li> <li>• Unit/subject outlines that evidences integration of ethics in the program.</li> </ul>
<p><b>3.11</b> The supervised clinical practicum (see Glossary) component of the program includes:</p> <ol style="list-style-type: none"> <li>a minimum of 500 hours of supervised naturopathic clinical learning completed by all students, aligned with the content and sequencing of the curriculum, where 60% of required hours are completed as the primary clinician</li> <li>exposure to a variety of health conditions with sufficient client interaction to ensure the development of skills in client care and management</li> <li>supervised clinical experience as soon as practicably possible within the program to facilitate early engagement with professional naturopathic practice context</li> <li>student to supervisor ratio of no more than 8:1.</li> </ol>	<ul style="list-style-type: none"> <li>• Unit/subject outlines that evidence scaffolded clinical hours (see Glossary) between teaching periods and across the years of the program to meet required supervised clinical hours</li> <li>• Statement outlining how clinic hours are met and the process for ensuring that students have a sufficient number and diversity of patients to meet learning outcomes</li> <li>• Three de-identified student clinical logs demonstrating clinical hours as the primary provider and client conditions for each teaching period in the program structure</li> <li>• Three de-identified copies of clinic student feedback specific to the criteria (3.11.a &amp; b)</li> <li>• Program materials that evidence program structure</li> <li>• Copy of Clinic Supervisor policy evidencing supervisor ratios.</li> </ul>
<p><b>3.12</b> The education provider ensures extended clinical practicum towards the end of the program to consolidate learning and skills acquisition and competence and facilitate transition to independent practice, including a cumulative objective structured clinical examination (OSCE)</p> <ol style="list-style-type: none"> <li>a capstone clinical unit/subject may include a supervised work-integrated clinical placement delivered external to but in partnership with the educational provider. This must not exceed 25% of the capstone unit/subject</li> <li>telehealth consultations must be incorporated into a supervised clinical practicum telehealth unit/subject. Telehealth consultations must not exceed 25% of total clinical practice hours within the course.</li> </ol>	<ul style="list-style-type: none"> <li>• Unit/subject outlines that show OSCE as a cumulative method of examination towards the end of the program</li> <li>• Examples of implementation of formal processes that evidence clinics used for work-integrated clinical placements maintain relevant accreditation and licenses</li> <li>• Register of formal contracts (MOUs) and/or other written agreements between education provider's and work-integrated clinical placement sites demonstrating retained responsibility for the student (by the education provider)</li> <li>• Examples of implementation of formal monitoring processes to assure student safety</li> <li>• Unit/subject outline for telehealth unit and pre-clinical skills subjects that teach telehealth competency</li> <li>• Copy of telehealth policy and ethical guidelines for telehealth</li> <li>• Statement outlining how the education provider meets Guidance Notes requirements for telehealth, inclusive of student preparation, client management and referrals, supervisory role and functions, and identification of where telehealth consultations are incorporated into total clinical practice hours.</li> </ul>
<p><b>3.13</b> The education provider must appoint qualified academic and clinical staff at the appropriate level to adequately supervise and teach students</p> <ol style="list-style-type: none"> <li>staff supervising supervised clinical practicums must meet requirements outlined in the Naturopathic Accreditation Standards (criterion 1.5)</li> <li>academic and clinical staff teaching into the program must hold one qualification</li> </ol>	<ul style="list-style-type: none"> <li>• Current workforce plan evidencing academic and operational staffing requirements are met</li> <li>• Staffing table for all staff responsible for implementing the program, evidencing: <ul style="list-style-type: none"> <li>○ level of academic appointment and role</li> <li>○ the fraction and type of appointment</li> <li>○ their qualifications and years of experience</li> <li>○ current ARONAH registration for clinical supervisors</li> <li>○ engagement in professional development.</li> </ul> </li> </ul>



<p>higher than the program of study being taught</p> <p>c. academic and clinical staff must be qualified naturopaths where the subject matter relates to naturopathic practice, unless there is demonstrable benefit to student learning through interdisciplinary teaching.</p>	
<p><b>3.14</b> The program's human and physical resources are adequate to equip and sustain students and staff to support continuous quality improvement and the achievement of the Competency Standards for Naturopathic Practitioners and in all teaching and learning environments, including simulated and clinical practice.</p>	<ul style="list-style-type: none"> <li>• Statutory declaration signed by the Chief Executive Officer, Managing Director or Vice Chancellor (or delegate) confirming ongoing support for the quality and resourcing of the program</li> <li>• Document identifying facilities and equipment used for theoretical, practical and clinical teaching and learning to enable students to achieve the Competency Standards for Naturopathic Practitioners and learning outcomes.</li> </ul>

### STANDARD 3: GUIDANCE NOTES

This standard focuses on how education providers produce competent graduates through the design, implementation and resourcing of the naturopathic program. The principles guiding naturopathic practice should be reflected in all program components:

- a. The healing power of nature
- b. First do no harm
- c. Identify and treat the cause
- d. Physician/doctor as teacher
- e. Treat the whole person
- f. Disease prevention and health promotion

#### Program design and implementation

The education provider is expected to design and implement a naturopathic program that enables students to achieve the Competency Standards for Naturopathic Practitioners. It is expected that learning outcomes, assessments and naturopathic understanding is scaffolded throughout the program and adequately mapped to the Competency Standards for Naturopathic Practitioners.

Where content is delivered via technology-enhanced virtual learning (see definition in Glossary), the education provider is expected to ensure equity and equivalency of learning. No more than 25 students can be enrolled into online/virtual units/subjects per facilitator. Any unit delivered via technology-enhanced virtual learning must include a synchronous component of no less than 30% and must incorporate the frequent use of breakout groups of no more than 3-5 students. Practical skills, pre-clinical skills and supervised clinical practicum (see Glossary) should be delivered and assessed in-person or through blended learning. The education provider is expected to provide adequate learning support to students learning in technology-enhanced virtual learning environments to ensure the Competency Standards for Naturopathic Practitioners and learning outcomes are met. In line with World Naturopathic Federation recommendations,<sup>6</sup> no more than 40% of non-clinical practicum subjects within the naturopathic program can be delivered via technology-enhanced virtual learning.

Content which requires students to develop practical skills (see Glossary) must contain a synchronous, in-person learning component, and may be delivered in a traditional semester/trimester teaching period or through blended/hybrid intensives. Furthermore, students must have material engagements with ingestive medicines (e.g. herbal medicine) through facilitated in-person learning (see Glossary) that includes a broad and rich sensory experience of the medicines prior to

progressing into the supervised clinical practicum component of the program.

A student can only graduate if they have completed no more than 40% of the program's non-clinical contact hours through technology-enhanced virtual learning.

#### Program Content

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

- a. naturopathic history, principles, philosophies (see Glossary) and theories<sup>8</sup>
- b. the basic sciences of biology, chemistry and physics to the extent necessary to lay foundations for proper understanding at an advanced level of the human and clinical sciences taught later in the course
- c. life sciences including anatomy, genetics, biophysics (selected), histology, embryology, physiology, biochemistry, microbiology, the endocannabinoid system and psychology (including human development across the lifespan and transitions)
- d. pathology, pharmacology, pharmacognosy, and general medicine, especially those aspects of general medicine most important to naturopathic diagnosis and management (including interactions between conventional and naturopathic treatments, and an understanding of medical interventions)
- e. environmental and public health (including epidemiology, clinical ecology, immunology and infectious diseases)
- f. diagnostic skills including physical, psychological, clinical, laboratory, diagnostic imaging, and differential diagnoses
- g. therapeutic subject matter including herbal medicine, conventional pharmaceutical drugs, clinical nutrition, applied nutrition, physical medicine, exercise therapy, hydrotherapy, counselling, nature cure
- h. clinical subject matter including body systems and their interactions, cardiology, psychology, dermatology, endocrinology, ear/nose and throat, gastroenterology, urology, proctology, gynaecology, neurology, orthopaedics, pulmonology, natural childbirth/obstetrics, women's health, reproductive health,

- paediatrics, geriatrics, rheumatology, oncology and hematology
- i. naturopathic science and the skills of naturopathic assessment (including physical examination, such as nail, tongue, eye and pulse analysis, and laboratory findings), differential diagnosis, prognosis and treatment including the assessment and management of complex conditions, treating the cause of disease and treating the whole person, the contribution of human behaviour, attitudes and lifestyle to illness and their amelioration potential
- j. patient lifestyle counselling in preventive approaches, including health education/promotion, disease prevention and mind-body medicine and lifestyle prescription
- k. the clinical skills of diagnosis, oral and written communication and counselling and the development of clinical judgment in deciding appropriate treatment and/or referral
- l. clinical risk management
- m. patient recordkeeping, financial recordkeeping, ethics, jurisprudence (including knowledge of Australian Consumer law), marketing and naturopathic practice management
- n. research skills including the ability to document the outcomes of naturopathic care.

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

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

Naturopathic programs are expected to include a discrete subject which specifically addresses naturopathic philosophy and traditional knowledge, and which develops knowledge of core naturopathic principles engendering a critical and balanced understanding of the interface between new and traditional knowledge within contemporary naturopathic practice. The program should then provide progressive opportunities for naturopathic philosophies, principles and theories to be critically applied in theoretical and practical learning activities integrated into subsequent subjects.

### Research and Scholarship

It is expected that the program be taught in the institutional context of sustained scholarship, which

informs teaching and learning in naturopathy and ensures that students understand the process of research and the importance of evidence to inform theory and practice and are able to critique and evaluate new and established ideas and concepts.

The program is expected to foster evidence-based practice literacy, embedding skills to approach, appraise, apply, translate, implement and de-implement practice.

### Teaching and Learning

Teaching and learning strategies should develop caring and competent primary care providers and should be underpinned by evidence-based educational research. Teaching and Learning approaches should encourage the application of critical-thinking and problem-solving skills and develop life-long learners. All strategies should be directed towards meeting learning outcomes and preparing students to achieve the Competency Standards for Naturopathic Practitioners.

The use of best-practice innovative teaching and learning strategies should be student-centred, and designed to promote participation, develop critical thinking, communication and problem solving. This may include simulation labs to support the safe and effective development of clinical and counselling skills.

### Resourcing

The education provider is expected to ensure sufficiency of resources (to include staffing, facilities, equipment, learning resources and other teaching resources) to carry out the program's mission and educational objectives in the short, medium and long term. Students should have access to a well-maintained library on campus, with holdings of books, journals, electronic materials, and other media and a full dispensary to support learning outcomes.

Education providers are expected to provide a staffing profile which evidences staff teaching into the program or supervising students meet the Naturopathic Accreditation Standards.

### Supervised Clinical Practicum

It is expected that students are provided with the opportunity to interact with other health professionals to support their understanding of multi-professional health care environments, facilitate interprofessional learning for collaborative practice and develop an understanding of referral networks and a team approach to care. Further, students should have exposure to all life

stages and body systems in their supervised clinical practicum.

Students must undertake 700 hours of clinical education, of which 500 hours must be clinical hours (see Glossary for definition and distinction). The education provider is expected to ensure that students have a sufficient number of patients to ensure that the clinical hours are met.

### **Telehealth**

It is expected that the supervised clinical practicum will consist primarily of a supervised in-person consultation with a patient who is physically co-located with the student and supervisor. In addition, telehealth consultations may contribute to the clinical learning experience to augment learning and should not be used as a replacement for traditional care.<sup>7</sup> Further, the client should be given the choice of in-person consultation.

Students must demonstrate developed in-person clinical skills as well as pre-clinical skills in telehealth prior to being enrolled in a telehealth clinical experience. They must also be provided with an opportunity to practice using technologies prior to being enrolled in supervised clinical practicum. Pre-clinical skills curriculum should instruct students on ethical and privacy use considerations and the limitations of telehealth as a therapeutic platform. Curriculum should also ensure the development of skills in remote physical assessment, identify when clients cannot be treated via telehealth - and processes for referral, and ensure appropriate technologies, security and health data recording. The education provider is expected to develop evidence-based telehealth practice, policies, practice standards and ethical guidelines. All students enrolled in the naturopathic program are required to complete the equivalent of one (1) supervised clinical practicum unit/subject in telehealth. This may consist of one (1) discrete unit/subject, or as telehealth clinical experiences integrated throughout the clinical education component of the program and cannot exceed 25% of the total clinical hours (see criterion 3.12).

Students enrolled in the telehealth supervised clinical practicum unit/subject should be supervised at all times by an experienced naturopath (see criterion 1.5 & 3.13) with developed skills and training in telehealth. Clients are only eligible for a telehealth consultation following their initial in-person consultation and cannot be followed up via telehealth if clinical conditions are serious or acute. Additionally, patients are ineligible for telehealth consultations when a physical exam is required or for new diagnoses or ongoing management. The client can be assessed by a local health care provider for their initial consultation.

Paediatric (under 16 years of age) and patients located outside of the country are not eligible for telehealth consultations.

No greater than 25% of the supervised clinical practicum can delivered via telehealth and clinical groups are to be capped at no more than four students to one supervisor.

The education provider is expected to ensure that proper technology and security provisions are made available to safely facilitate clinical assessment and diagnosis and to ensure patient confidentiality. This includes, but is not limited to, videoconferencing, a health data security portal, and videorecording for moderation.

## 2.4 STANDARD 4: STUDENT EXPERIENCE

Standard statement: The education provider's approach to recruiting, enrolling, supporting and assessing students is underpinned by the values of transparency, authenticity, equal opportunity and appreciation of social and cultural diversity.

Criteria	Documentary evidence to include in accreditation application/interim reports
<b>4.1</b> Program information provided to students is accurate, clear, relevant and is published and accessible.	<ul style="list-style-type: none"> <li>• Copy of information provided to students prior to and upon enrolment, including relevant links to website</li> <li>• Program information brochure</li> <li>• Examples of prospective and enrolled student notification of tuition fees, associated costs, and refund procedure.</li> </ul>
<b>4.2</b> The education provider encourages and promotes diversity of academic, work and student life experiences and ensures equity of resources, opportunity and experiences.	<ul style="list-style-type: none"> <li>• Examples of social and cultural diversity assurance.</li> </ul>
<b>4.3</b> The education provider monitors and promotes cultural safety at all times.	<ul style="list-style-type: none"> <li>• Explanation of how cultural safety is promoted and monitored.</li> </ul>
<b>4.4</b> Students are informed about, and have access to, appropriate academic, counselling, health care and personal support services.	<ul style="list-style-type: none"> <li>• Examples of implemented support services to meet student needs</li> <li>• Evidence of learning/academic support services, including evidence of how students access academic advisors, including tutorial support.</li> </ul>
<b>4.5</b> The education provider has formal mechanisms to identify and support students to meet the learning needs and professional conduct requirements of the program.	<ul style="list-style-type: none"> <li>• Explanation of student at risk procedure</li> <li>• Explanation of student support processes</li> <li>• Copy of student Misconduct policy and procedure and incorporation of the professional Code of Conduct in curriculum</li> <li>• Examples of implementation of student support services to meet the learning needs of the program.</li> </ul>
<b>4.6</b> Students are represented in academic governance, program management, content delivery and program evaluation to inform quality improvement.	<ul style="list-style-type: none"> <li>• Program advisory committee Terms of Reference</li> <li>• Evidence that student input has been incorporated into the program design or implementation.</li> </ul>
<b>4.7</b> Students are informed about, and have access to formal feedback mechanisms, grievance and appeals processes.	<ul style="list-style-type: none"> <li>• Example of feedback, grievance and appeals policies, procedures and mechanisms.</li> </ul>
<b>4.8</b> The education provider ensures opportunities for students to partner with health consumers to promote community health.	<ul style="list-style-type: none"> <li>• Examples of unit/subject outlines or learning outcomes that evidence student-community engagement</li> <li>• At least three unidentified student assessments which demonstrate achievement of health consumer partnership/community health promotion.</li> </ul>
<b>4.9</b> Students are provided with opportunities to participate in or contribute to naturopathic or other related research.	<ul style="list-style-type: none"> <li>• Examples of unit/subject outlines that demonstrate student participation in research</li> <li>• Statement of education provider's commitment to providing students with research opportunities</li> <li>• Examples of formal research agreements and student research activities.</li> </ul>

## STANDARD 4: GUIDANCE NOTES

This standard addresses the overall student experience, from recruitment to post-graduation. The education provider's approach to the student experience should be ethical and transparent and should encourage diversity. It is expected that the whole student-life experience is central to the education provider's operational decision-making and that all learning environments promote physical, emotional and cultural safety.

### **Equal opportunity**

Providers should encourage social and cultural diversity and employ non-discriminatory within their program recruitment. ARONAH acknowledges that the unique challenges of direct enrolment require adequate human and financial support to ethically enable student success. Education providers are expected to provide academic, learning and pastoral support to promote student well-being and ensure students have an equal opportunity to complete the program, irrespective of mode of delivery or program location.

### **Student support**

Education providers are required to demonstrate the provision of adequate student support services. Such services include admissions counselling, program orientation, financial aid and counselling, mental health and wellbeing, counselling, learning support (including tutorial support), academic skills development, career development services and clinical remediation.

### **Student centrality**

Naturopathic programs should be modelled on its core philosophy which takes a person-centred approach. The student experience should be central to program and provider decisions. It is expected that program providers actively engage students as important, and autonomous stakeholders. Students should be informed about all program requirements and feedback mechanisms.



## 2.5 STANDARD 5: STUDENT ASSESSMENT

Standard statement: The program's curriculum incorporates a variety of approaches to assessment that suit the nature of the learning experience and comprehensively measure achievement against the current Competency Standards for Naturopathic Practitioners.

Criteria	Documentary evidence to include in accreditation application/interim reports
<b>5.1</b> The program's unit/subject learning outcomes and assessment tasks are mapped to the Competency Standards for Naturopathic Practitioners.	<ul style="list-style-type: none"> <li>Assessment matrix demonstrating alignment of all assessment tasks to each unit/subject learning outcome and the Competency Standards for Naturopathic Practitioners</li> <li>Details of assessment tasks for each unit/subject in the program</li> <li>Examples of four different clinical practicum assessment tools and specifications evidencing diversity in student assessment and showing assessment of Competency Standards for Naturopathic Practitioners</li> <li>Three de-identified student assessments for each program delivery site/campus across the range of student performance evidencing assessment of naturopathic modalities.</li> </ul>
<b>5.2</b> The program's learning outcomes and assessments are aligned and scaffolded according to level of study and clearly stated progression rules.	<ul style="list-style-type: none"> <li>Explanation of program progression rules</li> <li>Assessment matrix demonstrating scaffolding of assessments between teaching periods and program years for all theory, practical, and clinical units/subjects.</li> </ul>
<b>5.3</b> The program employs theoretical, practical and clinical assessments to evaluate competence in the essential knowledge, skills, behaviours and attributes required for professional naturopathic practice, assuring academic integrity. Program assessments: <ol style="list-style-type: none"> <li>are authentic, relevant and meaningful</li> <li>use validated learning assessment tools</li> <li>include a variety of assessment methods.</li> </ol>	<ul style="list-style-type: none"> <li>Details of the assessment strategy for all years of the program, identifying validated learning assessment tools and methods</li> <li>Explanation of assessment strategy to meet criterion 5.3</li> <li>Examples of how student outcomes data is reviewed and implemented to improve assessment</li> <li>Examples of assessment benchmarking</li> <li>Explanation of ongoing academic staff training and development in student evaluation.</li> </ul>
<b>5.4</b> Formal moderation processes exist at the level of the unit/subject to assure competence and equity.	<ul style="list-style-type: none"> <li>Copy of Moderation policy</li> <li>Three de-identified moderated assessments for each program delivery site/campus across all delivery modes including outcomes and actions</li> <li>Copy of moderation tracking tool and evidence of implementation across all units/subjects of study.</li> </ul>
<b>5.5</b> The program's assessments include formative and summative assessments to enhance learning.	<ul style="list-style-type: none"> <li>Unit/subject outlines that show implementation of formative and summative assessments.</li> </ul>
<b>5.6</b> Consistency of assessment methods across all delivery modes, including technology-enhanced virtual learning, and across all learning environments.	<ul style="list-style-type: none"> <li>Comprehensive assessment design documents that evidence consistency and equivalency of assessment methodology across delivery modes.</li> </ul>
<b>5.7</b> The education provider holds ultimate accountability for assessing students in relation to their supervised clinical practicum and work-integrated clinical placements.	<ul style="list-style-type: none"> <li>Copy of work-integrated clinical placement policy</li> <li>Examples of implementation of formal processes to ensure that learning outcomes are defined for students and work-integrated clinical placement supervisors</li> </ul>

	<ul style="list-style-type: none"><li>• Examples of implementation of formal processes to ensure that learning outcomes are assessed in all work-integrated clinical practicum experiences</li><li>• Examples of guidance provided to clinical practicum supervisors and work-integrated clinical placement supervisors on unit/subject rationale, learning outcomes, assessment tasks, grading, and moderation requirements.</li></ul>
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## STANDARD 5: GUIDANCE NOTES

This standard addresses the use of student assessment as a tool to measure knowledge attainment and practice competency. It focuses on alignment to Competency Standards for Naturopathic Practitioners and learning outcomes and logical program sequencing and scaffolding of knowledge and skills.

### Assessment approaches

The program is expected to incorporate a variety of valid and reliable assessment methods/tools to evaluate competence in the essential knowledge, skills and behaviours required for professional naturopathic practice. This should include both formative and summative assessments, and written assessments to develop health promotion and communication skills and ensure English language proficiency. Students should also be assessed on the appropriate and ethical use of digital technology in health promotion and practice.

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

### Assessors

Education providers are required to ensure that academic and clinical staff responsible for writing and evaluating assessments possess adequate knowledge and skills in current assessment principles. All assessors are required to be adequately qualified for the unit/subject they are assessing (see criterion 1.5) and should receive ongoing institutional training and development in student evaluation. Advanced qualifications in education are recommended for permanent academic and clinical staff responsible for designing and implementing the naturopathic program.

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

## Glossary of Terms

**Accreditation:** Quality evaluation of an educational program that is judged against professional accreditation standards to ensure that education leads to professional registration with the self-regulatory body.

**Asynchronous delivery:** A technology-enhanced method of virtual learning that is delivered through static content or pre-recordings and that does not include a live component of teaching and/or tutoring.

**Australian Register of Naturopaths and Herbalists:** An independent regulatory body to ensure minimum education and practice standards for naturopathy and Western herbal medicine in Australia.

**Australian Qualifications Framework (AQF):** A national policy for regulated qualifications in Australian education and training.<sup>9</sup>

**Australian Qualifications Framework (AQF) Qualification:** A qualification earned through completion of a nationally regulated (accredited) program of study certifying satisfactory achievement of AQF aligned learning outcomes.<sup>10</sup>

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

**Clinical education:** The components of the program of study through which students learn, develop and apply clinical knowledge and skills, and professional praxis, such as translational research, reflective practice and clinical leadership.

**Clinical experience:** Learning that occurs in a clinical setting with a patient.

**Clinical Placement Coordinator:** An experienced clinician employed by the education provider who is responsible for coordinating work integrated clinical placements and providing direct and indirect support to naturopathy students.

**Clinical practice hours:** The time spent in supervised clinical practicum providing care to a patient including within-consultation conferrals with a clinical supervisor about the patient's case. This excludes time spent in out-of-consultation care planning or conferrals, or dispensary and administrative tasks.

**Cultural safety:** The act of creating an environment that is safe for all cultures, including indigenous cultures where there is no assault, challenge or denial of their identity or knowledge.<sup>11</sup>

**Evidence-based practice:** An approach to providing care that integrates the best available research evidence with clinical expertise and patient values.<sup>12</sup>

**In-person learning:** Interactive learning that occurs when the learner and teacher are co-located in the same physical space. This may also be known as "face-to-face" learning and does not include any component of technology-enhanced virtual learning or blended learning.

**Naturopathic Accreditation Standards:** A standard used to assess whether a naturopathic program and the education provider delivering the program graduates safe and effective practitioners.

**Naturopathic Philosophy:** The foundational basis of the naturopathic profession that includes the philosophies of “vitalism” and “holism” as core to Naturopathic practice globally.<sup>13</sup>

**Offshore study:** Any component of a naturopathic program of study delivered through a model of transnational education for students located in another country.<sup>14</sup> This can include campus-based education or technology-enhanced virtual learning delivered by the education provider on-site or through a partnership arrangement.

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

**Practical skills:** Discrete and observable hands-on skills relevant to the educational preparation necessary to perform naturopathic patient care. These include, but are not limited to, herbal botany and manufacturing, clinical skills, physical/clinical examination, interpersonal skills, hydrotherapy, and myotherapy techniques.

**Practice:** Any role in which the practitioner uses their skills and knowledge as a naturopathic practitioner. Practice is not restricted to the provision of direct clinical care and may include working in management, education, research, administration, advisory, regulatory or policy roles.<sup>15</sup>

**Pre-clinical skills:** Integrated curriculum, with competency-based assessments, that prepares second-year naturopathic medicine students to enter the clinical setting.

**Primary clinician:** A student clinician that has the lead role and principal responsibility in case-taking, clinical assessment and diagnosis, and care planning for a patient.

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

**Recency of practice:** Demonstration that practitioners have undertaken sufficient practice to maintain professional naturopathic competence.<sup>16</sup>

**Recognition of prior learning:** The process for recognising learning that has its source in experience and/or previous formal, non-formal and informal learning contexts, including knowledge and skills gained within higher education contexts and life and work experiences.<sup>17</sup>

**Scaffolded learning:** Pedagogical design that progressively moves learners towards knowledge apprehension and skills acquisitions by building upon the successful completion of prior related learning.

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

**Supervised clinical practicum:** The component of the degree through which students build clinical experience through patient care overseen by a qualified naturopath.

**Synchronous delivery:** A technology-enhanced method of virtual learning that is delivered via internet conferencing platforms with live teaching and tutoring. May also be known as “live classrooms” or “live-streamed learning.”

**Technology-Enhanced learning:** The use of technologies to support learning whether the learning is local (face-to-face or in-person) or remote (virtual). It can be used in both synchronous and asynchronous delivery and in same or different geographical locations. Technology-enhanced learning provides an opportunity for hybrid courses.<sup>18</sup>

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

**Telehealth:** The remote/virtual supervised monitoring of patients, patient education and consultation, facilitated by telecommunication hardware and software and used to supplement care for patients who are not physically able to present to an on-campus student teaching clinic (such as patients who live in rural or remote communities and patients with disabilities) for the purposes of supervised clinical practicum consultations.

**Tertiary Education Quality and Standards Agency:** National tertiary education quality assurance and regulatory agency.

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

**Work-integrated clinical placement:** Any partnership arrangement between an education provider and an external entity, where students undertake learning in a work environment outside of their higher education provider as part of their supervised clinical education, and where the education provider always retains full responsibility for the student.<sup>19</sup>



## References

1. Australian Register of Naturopaths and Herbalists. Competency Standards for Naturopathic Practitioners. Available from [http://www.aronah.org/wp-content/uploads/ARONAH\\_Competency-standards\\_Naturopaths.pdf](http://www.aronah.org/wp-content/uploads/ARONAH_Competency-standards_Naturopaths.pdf)
2. Tertiary Education Quality Standards Agency (2015). Higher Education Standards Framework (Threshold Standards) 2015. Available from [www.teqsa.gov.au](http://www.teqsa.gov.au)
3. Tertiary Education Quality Standards Agency (2017). Guidance Note: Work Integrated Learning. Available from <https://www.teqsa.gov.au/latest-news/publications/guidance-note-work-integrated-learning>
4. Mitchell Institute (2018). State of Self Care in Australia. Available from [vu.edu.au/mitchell-institute/health-policy/state-of-self-care-in-australia](http://vu.edu.au/mitchell-institute/health-policy/state-of-self-care-in-australia)
5. The Quality Assurance Agency for Higher Education (2014). Recognition of Prior Learning. Available from [https://www.qaa.ac.uk/docs/qaas/enhancement-and-development/recognition-of-prior-learning---framework-for-scottish-he.pdf?sfvrsn=ae7cf581\\_10](https://www.qaa.ac.uk/docs/qaas/enhancement-and-development/recognition-of-prior-learning---framework-for-scottish-he.pdf?sfvrsn=ae7cf581_10)
6. World Naturopathic Federation (2021). Technology Enhanced-Learning. Available from <https://www.worldnaturopathicfederation.org>
7. Ali, N., Hodson Carlton, K., Ali, O. S. (2015). Telehealth Education in Nursing Curricula. Nurse Educator, Vol. 45, No.5, pp 266-269
8. World Naturopathic Federation (2017). WNF White Paper: Naturopathic Philosophies, Principles & Theories. Available from [http://worldnaturopathicfederation.org/wpcontent/uploads/2015/12/WNF\\_White\\_Paper\\_June-2017.pdf](http://worldnaturopathicfederation.org/wpcontent/uploads/2015/12/WNF_White_Paper_June-2017.pdf)
9. Australian Qualifications Framework (2013). Available from <https://www.aqf.edu.org>
10. Australian Qualifications Framework (2013). Available from <https://www.aqf.edu.org>
11. Victoria State Government (2020). Aboriginal and Torres Strait Islander Cultural Safety. Available from [www2.health.vic.gov.au/about/health-strategies/aboriginal-torres-strait-islander-cultural-safety](http://www2.health.vic.gov.au/about/health-strategies/aboriginal-torres-strait-islander-cultural-safety)
12. Sackett D et al. 2000, 'Evidence-Based Medicine: How to Practice and Teach' EBM, 2nd edition. Churchill Livingstone, Edinburgh, p1
13. World Naturopathic Federation (2017). WNF White Paper: Naturopathic Philosophies, Principles and Theories. Available from [http://worldnaturopathicfederation.org/wp-content/uploads/2019/11/WNF\\_White\\_Paper\\_June-2017.pdf](http://worldnaturopathicfederation.org/wp-content/uploads/2019/11/WNF_White_Paper_June-2017.pdf)
14. Melbourne Centre for the Study of Higher Education (n.d.). Australia's higher education delivery offshore and online – trends, barriers and opportunities. Available from <https://internationaleducation.gov.au/international-network/australia/InternationalStrategy/EGIPProjects/Documents/Attachment%20K%20-%20TNE%20Report.pdf>
15. Chinese Medicine Board of Australia (2021). Practice. Available from [www.chinesemedicineboard.gov.au](http://www.chinesemedicineboard.gov.au)
16. Chinese Medicine Board of Australia (2021). Recency of Practice. Available from [www.chinesemedicineboard.gov.au](http://www.chinesemedicineboard.gov.au)
17. The Quality Assurance Agency for Higher Education (2014). Recognition of Prior Learning. Available from [https://www.qaa.ac.uk/docs/qaas/enhancement-and-development/recognition-of-prior-learning---framework-for-scottish-he.pdf?sfvrsn=ae7cf581\\_10](https://www.qaa.ac.uk/docs/qaas/enhancement-and-development/recognition-of-prior-learning---framework-for-scottish-he.pdf?sfvrsn=ae7cf581_10)
18. World Naturopathic Federation (2021). Technology Enhanced-Learning. Available from <https://www.worldnaturopathicfederation.org>
19. Tertiary Education Quality Standards Agency (2017). Guidance Note: Work Integrated Learning. <https://www.teqsa.gov.au/latest-news/publications/guidance-note-work-integrated-learning>