

Response to the ARONAH/ANC Submission Seeking Statutory Registration of Naturopathy and Western Herbal Medicine under NRAS

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Purpose

This paper outlines ATMS's position in response to the [recent submission](#) by the Australian Register of Naturopaths and Herbalists (ARONAH), the Australian Naturopathic Council (ANC), and collaborating organisations seeking statutory registration of naturopathy and Western herbal medicine under the National Registration and Accreditation Scheme (NRAS). The submission heavily relies on the [Carlton Report](#), *Assuring Safe and Integrated Health Care*, and has now moved into an active advocacy phase.

The purpose of this paper is to:

1. confirm ATMS's policy position
2. provide a well-reasoned assessment against the Australian Health Ministers' Advisory Council (AHMAC) criteria
3. articulate why ATMS currently does **not** support statutory registration
4. reaffirm confidence in professional self-regulation and association-led standards
5. assist communication with members, stakeholders, and policymakers.

Executive Summary

ATMS does **not** support the statutory registration of naturopathy and Western herbal medicine under NRAS (AHPRA) at this time.

ATMS's position is based on a clear public-interest test: statutory registration is justified only where there is a demonstrated significant risk of harm to the public, where existing mechanisms are failing, and where the benefits of national registration clearly outweigh the financial, operational, and professional burdens of regulation. This is the essence of the AHMAC framework discussed in Board deliberations.

ATMS's view is that the current case has not reached that threshold.

Although the ARONAH/ANC submission argues that statutory registration is feasible and justified, and the Carlton Report concludes that some naturopathy practices pose significant risk, those conclusions are drawn from a body of evidence that is advocacy-commissioned, methodologically mixed, and not sufficient on its own to establish a compelling public-interest case for NRAS (AHPRA) inclusion.

ATMS acknowledges that naturopathy and Western herbal medicine are important parts of Australia's broader natural health landscape and that consumers continue to seek these services. However, consumer use alone does not establish significant risk, clinical effectiveness, or the necessity for statutory registration. The Carlton Report highlights widespread use and high consumer satisfaction, but those findings do not answer the core regulatory question required under AHMAC: whether the profession's activities pose a significant risk of harm that cannot be managed through existing mechanisms.

ATMS further notes that self-regulation is already operating in meaningful ways through professional association membership requirements, codes of conduct, complaints handling, continuing professional development, education review, health fund engagement, and professional indemnity requirements. The Carlton Report itself acknowledges that professional associations perform these core self-regulatory functions, even though it also notes that they are somewhat fragmented.

ATMS believes that the better path is to strengthen and modernise professional self-regulation, improve public understanding of how the Australian health system works, and continue to lift standards through association-led governance, education, and accountability frameworks rather than imposing a disproportionate statutory model.

Background

On 10 March 2026, ARONAH announced that it had lodged a formal submission to State, Territory, and Federal Governments seeking statutory registration for naturopaths and Western herbal medicine practitioners under NRAS (AHPRA). The submission was developed with members of the Australian Naturopathic Council and supporting organisations and is underpinned by the Carlton Report.

ATMS's own Board paper already notes that ATMS has historically not supported statutory registration of natural medicine professions and has instead favoured self-regulation and professional association frameworks. It also records concern that statutory regulation may increase costs, reduce flexibility within modalities, and impose burdens disproportionate to risk.

The Board discussion transcript also reflects that ATMS intended to update its position statement, place a response on the website, and communicate clearly with members about the issue.

ATMS Position

ATMS does not support statutory registration of naturopathy and Western herbal medicine under NRAS (AHPRA) at this time because:

1. there is not sufficient evidence of significant risk to the public to justify statutory registration
2. existing self-regulatory and broader health-system mechanisms are operating effectively and can be further strengthened
3. the case presented is advocacy-led and does not demonstrate the independent level of evidence required for a major regulatory intervention
4. the likely regulatory burden may be disproportionate to the demonstrated risk
5. professional associations, including ATMS, are already playing an important role in protecting the public and promoting quality practice.

ATMS therefore supports continued improvement in standards, education, accountability, and public protection through robust self-regulation and targeted policy reform, rather than full statutory registration.

Assessment Against the AHMAC Public Interest Test

5.1 Criterion 1: Is this a health occupation that falls within the health portfolio?

ATMS accepts that naturopathy and Western herbal medicine are health-related occupations and that any regulatory policy discussion properly sits within the health portfolio. The Carlton Report makes this point clearly.

However, satisfying Criterion 1 does **not** establish a case for registration. It only confirms that Health Ministers are the relevant decision-makers. The substantive question remains whether the other criteria are satisfied.

5.2 Criterion 2: Do the activities pose a significant risk of harm to the public?

This is the central issue.

The Carlton Report argues that naturopaths and herbalists have a broad scope of practice, use ingestive therapies, and therefore present risks that warrant stronger regulation. It references the literature, complaint data, adverse event reporting, and examples involving unqualified practitioners.

ATMS's position is that this evidence does **not** yet establish the kind of clear, quantified, profession-wide, significant risk threshold that should trigger NRAS (AHPRA) registration.

There are several reasons for this:

First, the methods relied on include bibliometric reviews, grey literature, complaint data, surveys, and thematic synthesis. These are useful background tools, but they do not, on their own, produce reliable incidence rates, comparative risk measures, or causal evidence showing that statutory registration is necessary to reduce public harm.

Second, much of the concern outlined in the report relates to unqualified or underqualified practitioners, title misuse, and individuals outside association structures. This is a serious issue, but it does not necessarily mean that the existing profession, as represented by responsible association members, poses a significant unmanaged risk. In fact, it highlights the value of strong professional associations that set standards and distinguish qualified practitioners from others.

Third, the existence of complaints or adverse events does not automatically justify statutory registration. Every health-related field has some level of complaint and risk. The threshold is not whether risk exists at all, but whether it is sufficiently significant, systemic, and unmanageable through existing mechanisms to warrant full national registration.

ATMS therefore does not accept that Criterion 2 has been convincingly met on the current evidence base.

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

ATMS does not accept that existing mechanisms have failed.

Professional associations already perform core public-protection functions. The Carlton Report itself acknowledges that associations set education and practice standards, credential practitioners, accredit programs, handle complaints about members, issue standards and policies, and protect the public through self-regulation.

ATMS also notes that the broader Australian health system already contains multiple layers of oversight and accountability around practice, including:

- consumer law
- advertising law

- therapeutic goods administration
- health complaints entities in each state and territory
- public liability and professional indemnity frameworks
- health fund credentialling requirements
- education quality frameworks for accredited providers
- professional association membership standards and codes.

The Carlton Report suggests that self-regulation is fragmented and limited, especially for non-members, but limitation is not the same as failure. The appropriate response to limitations may be better co-regulation, stronger association standards, improved visibility of complaints, and clearer public guidance, rather than immediate escalation to NRAS (AHPRA) registration.

ATMS maintains that self-regulation is effective, and where gaps exist, they should be addressed appropriately.

5.4 Criterion 4 and 5: Is regulation possible and practical to implement?

It may well be possible and practical to implement statutory registration in a technical sense. The Carlton Report argues that it is feasible and points to precedents such as Chinese medicine and paramedicine.

ATMS does not dispute that a statutory model could be constructed.

However, “possible” and “practical” are not the same as “necessary.” A regulatory scheme can be technically achievable and still be the wrong policy solution if the public-interest threshold has not been met.

5.5 Criterion 6: Do the benefits clearly outweigh the negative impact?

ATMS does not believe this has been demonstrated.

The Carlton Report itself states that there are alternatives to statutory registration, including professional association certification, co-regulation, or strengthened negative licensing.

That is important. It shows that statutory registration is not the only regulatory option available.

ATMS considers that the likely negative impacts of statutory registration may include:

- increased costs for practitioners
- increased compliance burden

- possible exclusion of existing practitioners
- reduced flexibility across modalities
- workforce disruption
- further fragmentation or uncertainty during transition
- disproportionate regulation relative to demonstrated risk.

On the current evidence, ATMS is not satisfied that the public benefits of NRAS (AHPRA) registration have been shown to clearly outweigh those impacts.

Concerns About the Evidence Base Supporting the Submission

6.1 The study is advocacy-commissioned

The Carlton Report was commissioned by the Australian Naturopathic Council and funded by the Australian Naturopathic Council (ANC), which includes the Australian Register of Naturopaths and Herbalists (ARONAH), member organisations and individual members of the profession, with additional support acknowledged from Marcus Blackmore and profession-linked bodies.

That does not render the report invalid, but it does mean it is not a neutral starting point. It is a policy document developed in a context where the desired policy outcome was already explicit: informing a submission seeking NRAS (AHPRA) inclusion.

6.2 Consumer use is not proof of safety, effectiveness, or need for registration

The report emphasises that a significant portion of Australians use naturopathy and Western herbal medicine and report high satisfaction.

ATMS acknowledges this demand. However, consumer use does not establish that statutory registration is necessary. Popularity does not equate to a risk profile requiring NRAS (AHPRA), nor does satisfaction establish comparative safety or regulatory necessity.

6.3 Public health potential is asserted more than demonstrated

The report describes naturopaths and herbalists as a largely untapped public health resource and suggests greater integration potential.

ATMS considers this an aspirational proposition rather than a demonstrated policy conclusion. More robust evidence would be required to demonstrate measurable benefits in population health outcomes, system efficiency, access, or cost-effectiveness before using that claim as a foundation for statutory registration.

6.4 Methodological limits matter

The Carlton Report's methods consist of literature reviews, grey literature, website searches, surveys, complaint summaries, and thematic analysis.

These methods are appropriate for exploratory review, but they are not equivalent to robust regulatory risk assessment capable of proving the magnitude, frequency, and preventability of harm at the level required for statutory intervention.

Why ATMS Supports Self-Regulation

ATMS supports self-regulation because it already delivers practical public safeguards while preserving professional diversity, accessibility, and responsiveness.

Self-regulation through strong associations enables:

- membership standards
- codes of ethics and conduct
- continuing professional development (CPD/CPE) requirements
- education review and credentialing expectations
- complaints handling for members
- public guidance around safe practitioner selection
- engagement with insurers, health funds, and policymakers.

The Carlton Report acknowledges that these are standard functions of professional bodies.

ATMS's view is that the answer is not to dismiss self-regulation, but to further strengthen it.

Helping Members Understand How the Australian Health System Works

This issue also presents an important education opportunity for ATMS members.

Many members may understandably assume that registration automatically signifies recognition or legitimacy. However, in Australia, statutory registration exists for a specific purpose: protection of the public where there is a significant risk of harm and where lesser regulatory tools are insufficient. As reflected in Board discussion, registration is not designed simply to protect professional interests or titles.

ATMS should therefore help members understand that:

- NRAS is a public safety framework, not a badge of status
- not all legitimate health occupations are statutorily registered
- professions can operate responsibly and professionally without NRAS inclusion
- strong association membership remains highly valuable
- professional credibility also comes from standards, ethics, education, evidence-informed practice, and public trust.
- AHPRA is the administering body of NRAS

This member education piece is critical. It enables ATMS to oppose statutory registration while still affirming the professionalism and value of its members.

Recognition of Members

ATMS wants members to hear this clearly:

Our members are doing a great job.

ATMS members work within a professional framework that values and upholds ethics, ongoing development, responsible practice, and public accountability. ATMS does not view the absence of NRAS (AHPRA) registration as evidence of inferior practice. Instead, ATMS recognises that its members make meaningful contributions to consumer choice, wellbeing, and natural health support within an already complex health system.

This is precisely why ATMS believes the profession should not be mischaracterised as requiring statutory intervention in the absence of compelling evidence of significant public risk.

A Better Policy Path Than Statutory Registration

ATMS supports a more proportionate policy pathway, including:

1. strengthening association-led standards and public-facing registers
2. improving consistency in complaint handling and reporting
3. supporting clearer public guidance on choosing qualified practitioners
4. encouraging stronger education quality assurance across the sector
5. improving understanding of referral boundaries, scope, and integrative practice
6. engaging governments on co-regulatory or recognition models that do not default to NRAS (AHPRA)
7. continuing to advocate for fair treatment of qualified practitioners within insurers and the broader health-system settings.

Notably, the Carlton Report itself acknowledges that other regulatory options exist, including co-regulation and strengthened negative licensing.

ATMS believes these alternatives deserve closer consideration before proceeding toward statutory registration.

Conclusion

ATMS supports strong standards, safe practice, and consumer protection. We recognise the important role naturopaths and Western herbal medicine practitioners play in the Australian natural health landscape, and we remain proud of the quality and professionalism demonstrated by our members. However, at this time ATMS does not support statutory registration under NRAS (AHPRA) because the case for such a significant regulatory intervention has not been sufficiently established. We believe the better path is to continue strengthening high-quality self-regulation, public accountability, and member education in a way that protects consumers while supporting a responsive and sustainable profession.

To ensure a member-informed response, ATMS will host a **national member engagement webinar at 12:00 pm AEDT on Monday, 30 March**. This session will provide an opportunity for members to hear directly from ATMS and contribute to the next phase of our response. Register [HERE](#)



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