ATMS
Australian Traditional-Medicine Society

Submission to the Australian Register of Naturopaths and Herbalists

Consultation: Naturopathic Course Accreditation Standards 2026

Date: 28 October 2026

Re: ATMS response to the 2026 education standards

Dear Board Chair,

Executive summary

ATMS welcomes the opportunity to respond to ARONAH's education standards consultation closing on 30 October 2026. We support rigorous education, independently assessed clinical competence and effective protection of patients and students. We recommend amendments before the standards are confirmed for implementation. [1; 2]

Our principal concern is whether the provider eligibility rules exclude education pathways without a transparent assessment of their capacity to achieve equivalent professional outcomes. We also seek clearer clinical placement rules, consistent supervision requirements, fair association recognition and an implementation process that considers students, providers and workforce access.

ATMS acknowledges the standards' provisions for higher education providers other than universities, blended learning, telehealth, supervisor equivalence and student membership through professional associations. Our recommendations build on those provisions while addressing remaining barriers and ambiguities.

We request that ARONAH reconsider the eligibility framework, publish the evidence supporting prescriptive requirements, resolve inconsistencies between criteria and guidance, and release a reasoned response to consultation with a clear transition timetable.

This education submission does not endorse statutory registration. ATMS favours strengthened self-regulation and proportionate public protection.

1 Provider eligibility and equivalent pathways

Criteria 2.1–2.3 require an appropriately registered higher education provider, course approval and a bachelor's degree at AQF or NZQCF Level 7 or above. These provisions permit eligible non-university higher education providers. ATMS seeks an assessment pathway for providers and programs outside that framework. [1, p. 14]

Government higher education quality assurance provides important protections. ARONAH should explain how its institutional and qualification requirements secure graduate capabilities and public-protection outcomes, and how equivalent assurance could be demonstrated through other pathways.

ARONAH should explain why alternative professional accreditation pathways cannot provide comparable assurance and assess the feasibility of an independently evaluated equivalence pathway. The pathway should meet applicable education requirements and clearly identify the qualification and professional recognition conferred.

Requested amendment

Review criteria 2.1–2.3 and consult on a separate professional equivalence pathway for providers outside the higher education framework. Applicants should demonstrate curriculum depth, scientific and clinical knowledge, supervised practice, reliable assessment, competent staff, governance, financial sustainability, student protection and external quality assurance. Identified gaps should require remediation or prevent approval.

Publish eligibility decisions, reasons, fees, monitoring requirements and an independent review process. Apply the same scrutiny to all applicants, including providers recognised by ATMS. If ARONAH retains the existing eligibility restriction, publish its educational rationale and assessment of feasible alternatives and access implications.

Competence and patient safety

Assessment should test safe clinical reasoning, recognition of red flags, timely referral, scope boundaries, medicine interactions, contraindications, consent, record keeping and adverse-event reporting. Program quality should be demonstrated through reliable assessment and graduate outcomes. The standards' emphasis on evidence appraisal and identifying practices that should be modified or discontinued is welcome. [1, pp. 28, 32–34]

2 Clinical education and supervised placements

Criterion 3.11 requires at least 500 hours of supervised clinical learning, with 60% completed as leading student clinician. The guidance requires 700 hours of clinical education, including 500 clinical hours. ATMS supports substantial supervised experience and direct verification of competence, with sufficient patient contact and case diversity. [1, pp. 21, 29]

The WNF's 2024 guide describes approximately 500 supervised clinical hours within its 2,500-hour practitioner program and recognises teaching, community and practitioner clinics. It also includes supervision, professional standing and predominantly face-to-face practice requirements. [5, pp. 3–7]

Requested clarification of hours

Provide a single counting framework distinguishing clinical education, supervised patient contact, observation, simulation, case discussion, preparation and administration. Specify which activities count towards the 500 hours and the 60% leading-clinician requirement, how shared consultations are recorded, and how duplication is prevented. Link minimum exposure to independently verified competence and provide a remediation pathway where hours are completed but competence remains insufficient.

The benchmarking summary compares hours and ratios across professions and jurisdictions. ATMS requests the underlying sources, definitions and explanation of relevance to the scope and risks of Australian and New Zealand naturopathic practice. Comparative requirements can inform judgement, but do not by themselves establish the optimal threshold or justify a future increase. [4, pp. 1–2]

Requested clarification of external placements

Page 18 describes external placements as additional to minimum supervised practicum hours, while permitting placements throughout a program. Criterion 3.12 allows an external partnership in a capstone clinical unit, and the glossary places responsibility for external placements with the education provider. These provisions need an explicit rule about whether approved external clinical activity can count towards the core hours. [1, pp. 18, 22, 38]

ATMS recommends allowing appropriately approved community, regional and practitioner clinics to contribute to core clinical hours where they meet equivalent requirements. The education provider should retain responsibility for site approval, supervisor competence, insurance, patient consent, assessment, incident management and ongoing monitoring through written agreements. Accreditation should assess the quality of each learning environment and its safeguards.

3 Supervision and learning delivery

Supervisor competence and association recognition

Criteria 1.5 and 3.13 permit relevant experience and mapped equivalence as alternatives to the specified academic qualification. ATMS supports a documented, consistently applied equivalence process, together with clinical experience, training in supervision and assessment, appropriate indemnity and continuing professional development. Publish the assessment matrix, acceptable evidence and review arrangements. [1, pp. 10, 12, 23]

The definition of a recognised professional association requires adoption of a degree minimum for the profession. This risks excluding an otherwise competent supervisor because their association supports additional education pathways. Recognition should assess enforceable professional conduct, entry verification, continuing competence, complaints handling and accountability. Agreement with a particular education policy should not itself determine eligibility. [1, pp. 10, 23]

Resolve inconsistent ratios

Criterion 3.11 specifies no more than eight students per supervisor, but its evidence column and guidance contemplate justified alternatives. Practical skills guidance refers to approximately 30 students, while the table gives 24, and a lower limit for higher-risk activities. These differences may produce inconsistent accreditation decisions. [1, pp. 21, 24–25]

ARONAH should publish one authoritative schedule identifying mandatory ceilings, indicative benchmarks and the approval process for exceptions. Ratios should reflect simultaneous patient consultations, student experience, clinical complexity, observation requirements and the supervisor’s capacity to intervene. Exceptions should require documented equivalent safety and learning outcomes.

Blended learning and telehealth

ATMS welcomes delivery based on learning activity rather than a fixed online percentage. Preserve flexibility for theory and case-based learning while requiring observed, in-person assessment where practical competence demands it. Clarify the approval requirements for regional teaching sites and blended delivery, with consistent student support and assessment across locations. [1, pp. 24–26]

Telehealth is expressly permitted and is subject to preparatory skills, supervision and patient-safety requirements. We support secure systems, informed consent, assessment of suitability, referral and escalation, and demonstrated in-person competence. Clarify how the four-to-one telehealth ratio

operates in mixed clinics and how telehealth hours are recorded within the core practicum. Explain how students meet the equivalent-unit requirement through integrated experiences. [1, pp. 22, 25–26, 29]

The benchmarking summary describes an online class cap more categorically than the standards' approximately 30-student guidance and justified alternatives. Align the supporting summary with the operative standard so providers can identify what is required. [1, p. 24; 4, pp. 2–3]

4 Student protection and equitable access

Student membership

The standards permit student membership of ARONAH and/or a recognised professional association. The guidance states that ARONAH and most associations offer free student membership. [1, pp. 12, 22]

ATMS requests clear recognition criteria and an accessible list of qualifying associations. State the function of student membership, any costs, information-sharing arrangements and complaint responsibilities. Membership should complement provider responsibility for supervision, insurance and student conduct. Consider equivalent safeguards where a student cannot access an approved membership pathway, and avoid duplicate requirements that provide no additional protection.

Workforce and financial impacts

ARONAH should assess the effects of eligibility, staffing, placement and delivery requirements on student access and viable education provision. Measure enrolments, completions, available placements, supervision capacity, geographic distribution and graduate destinations.

Compare total student costs across pathways, including tuition, financing, travel, accommodation, placement time and foregone earnings. Assess effects on mature-age students, people with caring responsibilities, rural and regional students, and culturally and linguistically diverse communities.

Cultural safety and assessment integrity

ATMS supports cultural safety, inclusive student support and supervised exposure to diverse communities. Aboriginal and Torres Strait Islander and Māori advisers should guide the respective cultural requirements, with transparent reporting of how advice changes the standards. Community placements should be developed through respectful partnerships that support community priorities and culturally safe learning. [1, pp. 7, 11, 21, 28–29]

Retain rigorous assessment and external moderation across delivery modes. The provisions on AI use, confidentiality and verifying students' own clinical reasoning are welcome. Practical guidance should help providers authenticate competence through observed practice, oral questioning and case-based assessment, alongside clear rules on permitted digital assistance. [1, pp. 32–34]

Transition arrangements

Publish a realistic implementation timetable following consultation. Explain treatment of existing accredited courses, enrolled students, staff equivalence and placements already arranged. Require clear student information, teach-out arrangements where needed, and a proportionate process for addressing gaps. Avoid retrospective changes that leave students uncertain about the recognition of their course.

5 Consultation and requested action

The standards record approval and effect on 12 July 2026, subject to cultural review, while the consultation page describes a final draft open for feedback until 30 October. Please identify the operative version, which provisions remain open to change, the status of cultural review and when consultation amendments will take effect. [1, p. 7; 2]

The education standards and feedback mapping name ATMS and attribute earlier education feedback to the Society. Such input should not be represented as agreement with the complete standards. Please distinguish written feedback, meeting attendance and endorsement, and provide ATMS with an opportunity to verify the descriptions of its education consultation involvement. [1, pp. 5, 8; 3, pp. 1–3]

For clarity, in the separate statutory registration process ATMS attended two preliminary meetings and withdrew because it did not support progressing the proposal. ATMS did not develop or endorse the government submission.

We welcome publication of the feedback mapping and benchmarking summary. Please provide a response matrix for this consultation identifying each substantive concern, the evidence considered, changes made and reasons where changes are not adopted. Publish assessment and review arrangements, including management of interests involving associations, providers and accreditation decision-makers. Equivalent transparency should apply to ATMS and all other contributors.

ATMS requests that ARONAH

1. Review provider eligibility and consult on a rigorous, independently assessed professional equivalence pathway.

2. Clarify clinical hour definitions and permit approved external placements to count towards core requirements where equivalent safeguards are demonstrated.

3. Retain supervisor equivalence and revise association recognition to focus on professional accountability and competence.

4. Reconcile supervision ratios and delivery guidance, and explain the evidence and process for justified alternatives.

5. Clarify student membership, publish an access and implementation assessment, and protect current students through transparent transition arrangements.

6. Confirm the status of the standards and cultural review, accurately record participation, and publish a reasoned response before confirming implementation.

ATMS seeks a credible accreditation framework that combines demanding professional outcomes with fair access to assessment. We ask ARONAH to acknowledge this submission and respond to the requested amendments and clarifications.

Yours sincerely,

Annie Gibbins
Chief Executive Officer
Australian Traditional-Medicine Society Ltd
ceo@atms.com.au

References

Page references are to printed document pagination. Online materials accessed 28 October 2026.

1. ARONAH (2026). Naturopathic Course Accreditation Standards. 39 pages. Consultation document supplied to ATMS; approval and date of effect recorded as 12 July 2026. Available through the education standards section of https://www.aronah.org/consultations/

2. ARONAH (undated). Consultations. Review of the Education Standards for Naturopathy. Closing date stated as 30 October 2026. https://www.aronah.org/consultations/

3. ARONAH (2026). The 2021 to 2026 Course Accreditation Standards Mapping Document. 4 pages. https://www.aronah.org/wp-content/uploads/2026/09/2026-Naturopathic-Course-Accreditation-Standards-Feedback-Mapping-Document.pdf

4. ARONAH (2026). Benchmarking Summary Report: Supporting the Naturopathic Course Accreditation Standards. 3 pages. https://www.aronah.org/wp-content/uploads/2026/09/Benchmarking-Summary-Report.pdf

5. World Naturopathic Federation (November 2024). WNF Guide for Supervised Clinical Practice, pp. 3–7. https://worldnaturopathicfederation.org/wp-content/uploads/2025/06/WNF-Guide-for-Supervised-Clinical-Practice.pdf