

Submission to



Australian Health Ministers' Advisory Council

**National Registration and Accreditation Scheme
for the Health Professions**

**Safer Care
National Registration of Naturopaths
and Western Herbalists**

**By Naturopaths for Registration
October, 2008.**

Naturopaths for Registration (Appendix 1)
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Thanks to all the Naturopaths for Registration who have discussed, contributed and supported this submission.

Criterion 1:

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

Yes. It is appropriate and imperative that Health Ministers exercise responsibility for regulating Naturopaths and Western herbalists because:

In Australia, Naturopaths and Western herbalists

- are healthcare practitioners ¹
- are primary contact healthcare professionals ¹
- conduct around 8.7 million consultations per year ²
- constitute the largest complementary health therapist workforce ³
- manage patients with chronic conditions identified as national health priority areas ³
- effectively promote health and wellbeing through multiple preventative health care strategies ³
- are subject to Commonwealth and State Health Acts ¹ (Appendix 2)

Health Ministers currently exercise responsibility for other complementary healthcare professionals including chiropractors, osteopaths, Traditional Chinese Medicine practitioners, Chinese herbalists and acupuncturists. It is consistent with public health and safety objectives to include regulation of the largest group of complementary healthcare practitioners, Naturopaths and Western herbalists.

References:

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3. Australian Bureau of Statistics. Australian Social Trends: Complementary Therapies. Canberra: Australian Bureau of Statistics, 2008.

Criterion 2.

Do the activities of the occupation or industry pose a significant risk of harm to the health and safety of the public?

Yes. The activities of Naturopaths and Western herbalists may pose significant risk of harm to the health and safety of the public. The practice of naturopathy and western herbal medicine may be relatively safe in comparison to conventional medicine, but they are not free of risk. Identified risk factors broadly fall within two categories, risks associated with clinical judgment of the practitioner and risks associated with complementary medicines. The risks are not insignificant and have resulted in fatalities^{1,2}.

1. Risks associated with clinical judgment of the practitioner

- **Removal from appropriate medical therapy** ³
- **Failure to refer** ³
- **Misdiagnosis** ³
- **Incorrect prescribing**
 - prescribing preparations not suitable for the consumer's condition ³
 - failing to consider contraindications ³
 - prescribing medication in inappropriate dosages ³
 - prescribing medication for an inappropriate length of time ³
 - failing to consider and avoid known interactions with pharmaceuticals ³
- **Failure to explain precautions** ³

Errors in clinical judgement occur when practitioners **fail to recognise the limitations of their practice or lack adequate training**. Errors in clinical judgement can result in loss of potential benefit of therapy, as well as the possibility of increased morbidity and mortality. Multiple errors in clinical judgement increase the likelihood of, and may compound the severity of, adverse outcomes. The risk of these activities could be managed by introducing national education standards for Naturopaths and Western herbalists.

2. Risk associated with complementary medicines

- **Predictable toxicity**

Many herbal and nutritional products are toxic at high doses. For example Vitamin B6 is neuro-toxic at high doses⁴, high doses of magnesium can result in hypermagnesmia. Some medicinal plants are inherently toxic^{5,6}

- **Adverse reactions**

3% of total adverse reactions reported in Australia are due to complementary medicines⁷.

Adverse reactions include allergic reactions and idiosyncratic reactions³. Ordinarily these cases are rare and not able to be predicted.

GP's estimate they see one complementary medicine (CM) adverse event per week³.

Naturopathic practitioners report that patients experience one adverse event every eleven months⁸.

Total number of reported suspected adverse drug reactions for herbal medicines to date is 4803⁹.

The number of adverse drug reactions where herbal medicines were the sole suspected medication is 3612⁹.

Total number of suspected adverse drug reactions deaths with outcome of death is 70 (which may be attributable to concomitant pharmaceutical use)⁹.

- **Interaction with pharmaceuticals**

Many herbs and supplements have **significant pharmacological activity** and therefore have potential to interact with pharmaceuticals. Interactions have the potential to be negligible, negative (See Appendix 3) or beneficial.

34% of patients who had recently seen a naturopath were taking concomitant pharmaceutical medication³.

50% of CM users used conventional medications on the same day as their CM treatments⁵.

The public and health professionals with no or limited training in CM are often unaware of the serious nature of herb/supplement/drug interactions. Listed complementary medicines, such as St Johns Wort, Ginkgo and Korean ginseng are widely available to the public, as are registered Over-the-counter (OTC) registered medicines such as panadol, antacids and antihistamines, because they have been established by the medicine regulator, the TGA, as reasonably low risk. However any of these medicines, if used in combination with each other or with prescription medicines without professional advice may lead to adverse drug interactions. While the regulation of Naturopaths and Western herbalists cannot completely mitigate these possibilities, it may minimize these occurrences by ensuring a minimum standard of education for registered practitioners who can

critically appraise medicines of all types, prescribe safely, and give appropriate recommendations and precautions.

References:

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2. Williams N. Naturopaths warned over bad medicine. *Daily Telegraph*. Sydney, 2004.
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6. Wardle J. Regulation of complementary medicines A brief report on the regulation and potential role of complementary medicines in Australia. Brisbane: Naturopathy Foundation, 2008.
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Criterion 3:

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

Currently Naturopaths and Western herbalists are self regulated professions. There is a multiplicity of professional associations. One hundred and fifteen professional associations have been identified as representing Naturopaths and Western herbalists ¹.

Existing regulatory mechanisms fail to address public health and safety issues.

- **There is no barrier to practice**, legal or otherwise, to stop untrained, poorly trained, unethical or criminal persons from setting up and providing naturopathic and herbal medicine services. This includes other health practitioners who have limited or no training in naturopathic and herbal medicines.
- **There is no uniform minimum education standard for entry to practice.**

31% of herbal and naturopathic practitioners do not hold naturopathic qualifications. Approximately one third of these (11% overall) have qualifications in other healthcare disciplines ¹.

Educational qualifications range from certificates to diplomas, to advanced diplomas and bachelor degrees, resulting in practitioners of varying competency and quality ².

The length of undergraduate training or first qualification for naturopaths and WHM practitioners ranges from six months to six years ¹. Course contact hours range from 1240 – 4018 hours, clinical contact hours range from 100 - 800 hours and Biomedical and Social sciences hours range from 300 - 900 hours ³. This is an unsustainable variation in educational awards, contact hours, clinical education, course lengths and course content ³.

A study of Australian General Practitioner's training in CM showed less than one fifth of GP's had any training in CM and most of this was either self-taught or by attending an introductory workshop ⁴. Training in CM for pharmacists is predominantly self taught or from manufacturers ⁵. 20.4% of pharmacists have no CAM training, informal or otherwise ⁵.

Given the level of risk involved in the work of naturopaths and western herbalists, a Bachelor degree has been proposed as an appropriate minimum education level for entry to practice^{2,3,6}. Equitable grandparenting provisions would need to be available to practitioners. The Chinese Medicine Registration Board offers a fair and inclusive template for achieving this⁷.

- **The identification of well qualified and poorly qualified practitioners is difficult to determine** both for the public and referring health practitioners. Not only does this place the public at risk but a highly trained workforce has been left on the fringes of healthcare provision and placed on the same level as those with little or no training at all².
- **There is no protection of title.** Anyone can call themselves a Naturopath or Western herbalist. Currently there are examples of persons calling themselves ‘Naturopaths’; and ‘Naturopathic physicians’ (a specific title granted in the US after four years post graduate training in naturopathy as well as medical training), despite not holding these qualifications.
- **There is no uniform, national Code of Conduct for practitioners.** Evidence of the failure of the existing self regulatory mechanisms is the NSW Health Department’s introduction of an Unregistered Health Practitioner’s Code of Conduct. This new legislation has been recently imposed in an attempt to address failings of the current regulatory system, specifically to empower the Health Care Complaints Commission to ban or place restrictions on persons whose practice has found to have breached the code and the person presents substantial risk to the public⁸. A recent case of a rapist naturopath who continued to abuse patients while under investigation is a graphic example of the failure of the current regulatory system⁹. **However, the Code does not stipulate minimum educational standards and is only available in NSW.** Some Professional Association’s Codes of Conduct are continuously breached with member practitioners offering online naturopathic and herbal consultations. Although aware of this breach, professional associations have not acted to resolve this situation.
- **There is no uniform or consistent complaints mechanism for the public.** The public can lodge a complaint with an association, with the Health Care Complaints Commission or with Fair Trading but these channels vary in quality and ease of access⁶.

- **Existing complaints processes in relation to false, misleading or deceptive advertising, including claims to cure cancer and other terminal illnesses, can be lengthy and provide little if any ongoing protection for consumers⁸.**
- **Membership of a professional association is voluntary.** Membership is a requirement for recognition by health care insurers and the Australian Taxation Office for GST exemption, however, practitioners can choose to practice outside these schemes. These associations do not share consistent standards for education, nor do many of them require demonstrated ongoing education from **independent** sources. "Seminars" that are company and product driven are considered evidence of continuing education, despite the sometimes questionable and biased research presented in some of these forums.
- **Current complaints handling by professional associations is potentially flawed** due to a lack of public transparency, limited avenues of appeal, a lack of power to prevent a practitioner from joining another professional body, and association members and office bearers whom may lack experience in matters of fairness and natural justice⁶. There is also a potential conflict of interest in that professional associations exist to support the interests of their membership.
- **There is no uniform mechanism or process for the reporting of adverse reactions.**

There is significant under-reporting of adverse events⁶ both from the public and practitioners.

Only 33.4% of naturopaths regularly reported adverse events when they occurred¹.

Only 27.1% of naturopaths were aware of the Australian procedures for reporting adverse reactions¹.

The confusing and fragmented nature of current self-regulatory structures has meant that reporting of adverse events occurs via a multitude of mechanisms with manufacturers or suppliers being the predominant receivers of this information².
- **Adverse events have been inappropriately handled**

Alarmist and reactionary response to adverse events has occurred regarding complementary medicines. Pan Pharmaceuticals was subjected to the largest drug recall in history, resulting in the withdrawal of 1600 product types, despite there being only one medicine type in question. The TGA is currently subject to a class action regarding the inappropriate handling of this case.

Many adverse reports are confounded by use of other medication and by the range of ingredients in the herbal formulation being used ².

Potentially valuable therapeutic tools may be unnecessarily restricted. This may also pose a risk to public health and safety, namely through denial of effective treatment ².

- **The ‘don’t ask, don’t tell’ ¹⁰ culture regarding CM, which is particularly evident in hospital and general practices, is placing the public at unnecessary risk.**

More than half of CM users do not disclose this use to their medical practitioner ¹¹.

In one study undertaken in two Victorian hospitals, 46% of preoperative patients took complementary medicines in the two weeks prior to surgery. 54% reported they would continue to use CM in hospital. 63.5% of these had not discussed CM use in the preoperative fortnight with health professionals and while in hospital 58% did not discuss use of CMs with hospital staff chiefly because they were not asked ¹⁰.

An earlier study in a Sydney hospital found that more than a third of CM users continued to take CM during their hospital stay and half of these medicines were not noted on their charts. Of these, 11 patients and twenty CMs were noted in which there was a strong risk of interaction with their current medical treatment ¹¹.

- **Conversely, inappropriate withdrawal of some CM’s with beneficial interaction can result in adverse effects.**

For example, patients stabilized on warfarin and St Johns wort or digoxin and St Johns wort will experience potentially serious adverse effects if the herb is withdrawn as drug levels will rise in response to cessation ¹². An Australian clinical trial of ubidecarenone (CoQ10) given two weeks preoperatively in cardiac surgery resulted in improved heart function ¹³. Fish oils administered before cardiothoracic surgery reduces the incidence of atrial fibrillation, which is the main post-operative complication ¹⁴.

- **Therapeutic goods obtained off the shelf in supermarkets, in health food stores and pharmacy from unqualified or poorly trained staff and over the internet place the public at risk.**

Registered Naturopaths and Western herbalists can assist in negotiating these potential economic and health minefields for sick and vulnerable Australians.

- **Registered practitioners (doctor's, dentists, pharmacists and veterinarians) without any training in herbal medicines can prescribe scheduled herbal medicines while highly qualified practitioners of herbal medicine cannot**¹⁵.

The current regulatory environment of complementary medicines may place the public at risk by prohibiting qualified practitioners from accessing scheduled herbs that could be highly indicated for particular conditions. Instead health care workers such as doctors, that do not have the relevant training, have access to these medicines.

In Victoria provision was made under the *Chinese Medicine Registration Act 2000* to establish a separate schedule (Schedule 1) to include therapeutic but potentially toxic herbs that should only be prescribed or dispensed by appropriately trained and registered practitioners¹⁶.

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2. Wardle J. Regulation of complementary medicines A brief report on the regulation and potential role of complementary medicines in Australia. Brisbane: Naturopathy Foundation, 2008.
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16. Chinese Medicine Registration Board. Submission to the Health Workforce Principal Committee Practitioner Workforce Subcommittee. Melbourne: Chinese Medicine Registration Board, 2008.

Criterion 4:

Is regulation possible to implement for the occupation or industry in question?

Regulation is possible to implement for Naturopaths and Western herbalists because:

- **Locally and globally, statutory regulation has been implemented or is pending for Naturopaths, Western herbalists and Traditional Chinese Medicine Practitioners for reasons of public health and safety.**

In Australia, despite significant language, paradigm and cultural barriers, Traditional Chinese Medicine (TCM) has been regulated in Victoria by the *Chinese Medicine Registration Act* 2000 which will possibly be extended to a national level. In the interests of public health and safety, it is possible to regulate Western herbalists and naturopathic practitioners based on the model used to regulate Chinese herbalists and TCM practitioners.

Statutory regulation of Naturopaths has been implemented in Canada ¹ and the USA ².

Statutory regulation of Western herbalists has been implemented in New Zealand ³.

Statutory regulation of Western herbalists is pending in the UK ⁴.

- **National regulation has been implemented for the nine health professions including doctors, nurses and midwives, pharmacists, optometrists, physiotherapists, chiropractors, osteopaths, psychologists, podiatrists and dentists. There is no reason why this cannot be implemented for Naturopaths and Western herbalists.**
 - **Naturopathy and Western herbal medicine are well defined occupations.**
 - **An existing body of knowledge informs standards of practice ⁵.**
 - **Functional competencies are currently taught and tested in both public and private education sectors, albeit to differing levels and breadth of competency.**
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There is broad professional agreement on core competencies and curriculum requirements through the adoption of the National Health Training Package (the minimum requirements set by the Vocational Education and Training sector) which has the support of professional associations. Naturopathy and WHM curricula have also been developed to bachelor's degree level by a number of Australian universities (Southern Cross University, University of Western Sydney), and private education providers. It is therefore possible to clearly define the professions for the purposes of regulation ⁵.

The body of knowledge that is the basis for standards of practice have three aspects of core training:

1. Naturopathic and/or herbal medicine principles and philosophy
2. Biomedical sciences
3. Modalities of treatment: nutrition, herbal medicine, and either massage or homeopathy ⁵.

Although naturopaths and Western herbalists do not currently require core and/or government accredited qualifications to practice, in the interest of public health and safety the introduction of statutory registration would result in mandatory training and standardised education and qualifications.

References:

1. Canadian Federal Government. Health Professions Act Naturopathic Physicians Regulation. British Columbia: Queens Printer, 2006.
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3. New Zealand Association of Medical Herbalists. Questions and Answers regarding Health Practitioners Competency Act 28 August 2007. Auckland: NZAMH, 2007.
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5. Lin V, Bensoussan A, Myers S, McCabe P, Cohen M, Hill S, *et al*. The practice and regulatory requirements of naturopathy and western herbal medicine. Melbourne: Department of Human Services, 2005.

Criterion 5:

Is regulation practical to implement for the occupation in question?

Statutory regulation is practical to implement for Naturopaths and Western Herbalists because:

- **Statutory regulation has been practically implemented** for TCM practitioners in Australia ¹, for Naturopaths in Canada and the USA, and for herbalists in New Zealand, providing good evidence that regulation is practical to implement.
- **Practical requirements inherent for regulation include** setting fees, developing an equitable grandparenting provision, setting minimum levels of education, and educating the profession, private health funds and the public about the role of the registration board ².
- **Current voluntary self-regulation of naturopaths through professional associations does not work in the interest of public health and safety, as there are a number of associations, with varying standards and agendas.**
- **Statutory regulation with reservation of title only, was considered by the Latrobe research group to be the most practical option for regulation for Naturopaths and Western herbalists after extensive investigation ².**
- **Sufficient numbers of Naturopaths and Western Herbalists support registration and are willing to contribute to the costs of statutory regulation.**

Surveys of practitioners show overwhelming support for statutory registration, ranging from 72% to unanimous support ³. Only one professional association, the Australian Traditional Medicine Society (ATMS), does not support statutory registration, despite 72% of their membership supporting it ⁴. This situation may be due to the differing agendas of the board and their membership.

- **Cost of recovery for regulation is more financially viable with potentially lower registration fees than TCM** as the naturopathic and Western herbalist work force is around two and a half times larger than the TCM workforce.

References:

1. Chinese Medicine Registration Board. Chinese Medicine Registration Board. Melbourne: 2000.
2. Lin V, Bensoussan A, Myers S, McCabe P, Cohen M, Hill S, *et al.* The practice and regulatory requirements of naturopathy and western herbal medicine. Melbourne: Department of Human Services, 2005.
3. Wardle J. Regulation of complementary medicines A brief report on the regulation and potential role of complementary medicines in Australia. Brisbane: Naturopathy Foundation, 2008.
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Criterion 6:

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

- **Benefits to the public clearly outweigh potential negative impact of regulation.**

**Table 1.
Benefits and negative impacts of regulation**

Benefits	Negative Impacts
<p>Better protection of the public against unethical, unqualified, poorly trained or criminal practitioners including immediate suspension of practitioners who pose substantial risk to public health and safety.</p> <p>Improved and consistent standards of education, including better quality assurance processes and greater fostering of research¹. (Attempts to determine appropriate minimum educational standards are unlikely to succeed without the support of a regulatory system that can mandate those minimum requirements²)</p> <p>Quick and easy identification of registered practitioners for the public and referring health professionals by way of public register</p> <p>Improved quality and safety in healthcare as a result of better communication, documentation and referral among qualified practitioners¹</p> <p>Better information and education of the public regarding naturopathy, western herbalism, herbal and nutritional products.</p> <p>Uniform, National Code of Conduct resulting in quality assurance and safety standards in line with other allied health practitioners.</p>	<p>Potential loss (or diminution) of livelihood for some practitioners who are refused registration¹</p> <p>Increased costs for practitioners who may have to upgrade their qualifications to achieve registration¹</p> <p>Potential loss of GST-free status for practitioners who are refused registration¹</p> <p>Potential increase in fees for practitioners (registration plus membership of professional associations), which might be passed on to consumers¹</p> <p>Increased cost for some educational institutions to upgrade their courses which may be passed on to students¹</p> <p>Loss of market share for those educational institutions unable to upgrade to meet higher standards¹</p>

Benefits	Negative Impacts
<p>Better regulation for advertising of health services</p> <p>Clear and equitable mechanism for reporting adverse reactions</p> <p>Better management of adverse reaction issues</p> <p>Compulsory professional indemnity insurance to protect patients from financial harm when injuries occur¹</p> <p>Decreased administrative burden for funds and insurers¹</p> <p>Greater focus by professional associations on continuing professional development and providing other benefits to members¹</p> <p>Access for registered practitioners to currently restricted herbal medicines</p> <p>Increased and improved assistance for the public to negotiate the potential minefields of self-prescribing</p> <p>Increased uptake of naturopathic and herbal medicines, including dietary and lifestyle advice, can lead to increased levels of public health^{3,4,6} increased productivity⁵ and direct savings in public healthcare spending^{4,6}</p> <p>Further mainstreaming of complementary healthcare practices into the health system¹ providing innovative and new partnerships for better healthcare outcomes</p> <p>A well regulated naturopathic and western herbalism workforce could present an untapped resource of skilled professionals who could contribute to the health care crisis experienced in rural and urban Australia, particularly the poor availability of primary health care⁶</p> <p>Increased community confidence in the professions and enhanced status of practitioners¹</p>	

References:

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- 2 McCabe P. Education in naturopathy and western herbal medicine in Australia: Results of a survey of education providers *Complementary Therapies in Clinical Practice* (2008) 14, 168–175.
3. Australian Bureau of Statistics. Australian Social Trends: Complementary Therapies. Canberra: Australian Bureau of Statistics, 2008.]
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6. Wardle J. Regulation of complementary medicines A brief report on the regulation and potential role of complementary medicines in Australia. Brisbane: Naturopathy Foundation, 2008.

Appendix 1

Naturopaths for Registration is a rapidly growing collective of more than 150 naturopaths and western herbalists, mostly university qualified. Originating from a network of practitioners who met regularly as a professional peer group, the primary focus and intention of the collective over the last two years has evolved to become a drive for national registration of naturopaths and western herbalists.

Naturopaths for Registration is a single issue, political lobby group, independent of any political party, professional association or training provider.

Naturopaths for Registration support the position that national registration of naturopaths and western herbalists is in the best interest of public health and safety, consistent with the conclusion of the 2005 La Trobe report conducted by Lin *et.al.*¹. Naturopaths for Registration is committed to achieving recognition of Naturopaths and Western herbalists as skilled and valued health professionals, offering effective treatments and strategies in naturopathic, herbal and nutritional medicines, with a positive and proactive role to play in the health and wellbeing of the Australian people.

Reference

1. Lin V, Bensoussan A, Myers S, McCabe P, Cohen M, Hill S, *et al.* The practice and regulatory requirements of naturopathy and western herbal medicine. Melbourne: Department of Human Services, 2005.

Appendix 2 : Laws governing Naturopathic and Western Herbalist products and practice in Australian jurisdictions¹ (Lin *et.al* 2005)

	C'LTH.	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Laws governing business practice and protection of consumers	<i>A New Tax System (Goods and Services) Act 1999</i>								
	<i>Quarantine Act 1908</i>								
	<i>Trade Practices Act 1974</i>	<i>Fair Trading Act 1992</i>	<i>Fair Trading Act 1987</i>	<i>Consumer Affairs and Trading Act 1990</i>	<i>Fair Trading Act 1989</i>	<i>Fair Trading Act 1987</i>	<i>Fair Trading Act 1990</i>	<i>Fair Trading Act 1999</i>	<i>Fair Trading Act 1987</i>
		<i>Community and Health Services Complaints Act 1993</i>	<i>Health Care Complaints Act 1993</i>	<i>Health and Community Services Complaints Act 1998</i>	<i>Health Rights Commission Act 1991</i>	<i>Health and Community Services Complaints Act 2004</i>	<i>Health Care Complaints Act 1995</i>	<i>Health Services (Conciliation and Review) Act 1987</i>	<i>Health Services (Conciliation and Review) Act 1995</i>
Public health protection law		<i>Public Health Act 1997</i>	<i>Public Health Act 1991 including Unregistered Practitioners Code of Conduct 2008</i>	<i>Medical Services Act 1982</i>	<i>Health Act 1937</i>	<i>Public and Environmental Health Act 1987</i>	<i>Public Health Act 1997</i>	<i>Health Act 1958</i>	<i>Health Act 1911</i>
Health information and privacy laws	<i>Privacy Act 1988</i>	<i>Health Records (Privacy and Access) Act 1997</i>	<i>Health Records and Information Privacy Act 2002</i>					<i>Health Records Act 2003</i>	
Laws governing products	<i>Therapeutic Goods Act 1989</i>	<i>Poisons and Drugs Act 1978</i>	<i>Poisons and Therapeutic Goods Act 1966</i>	<i>Therapeutic Goods and Cosmetics Act 1986</i>		<i>Drugs Act 1908</i>	<i>Therapeutic Goods Act 2001</i>	<i>Therapeutic Goods Act 1989</i>	<i>Poisons Act 1964</i>
			<i>Drug Misuse and Trafficking Act 1985*</i>	<i>Poisons and Dangerous Drugs Act 1983</i>	<i>Drug Misuse Act 1986</i>	<i>Controlled Substances Act 1984</i>	<i>Poisons Act 1971</i>	<i>Drugs, Poisons and Controlled Substances Act 1981</i>	<i>Misuse of Drugs Act 1981</i>

Appendix 3

Examples of some Complementary Medicines (CM) sold in Australia and their interaction with pharmaceutical medication ^{1,2}

CM's	Known Pharmaceutical interactions
St John's Wort	Lowers blood concentrations of cyclosporine, amitriptyline, digoxin, indinavir, warfarin, phenocoumon, midazolam, simvastatin, nefazodone, methadone, sertraline, paroxetine and theophylline. May cause intermenstrual bleeding and contraceptive failure when used with oral contraceptives May induce serotonin syndrome when used with loperamide or selective serotonin reuptake inhibitors
Liquorice	Liquorice at high doses may cause electrolyte disturbances, especially hypokalemia, with increased risk with loop and thiazide diuretics.
Korean Ginseng	Lowers blood concentrations of alcohol and warfarin May cause bleeding when used with warfarin
Iron	Iron may decrease absorption and efficacy of bisphosphonates, tetracycline or quinolone antibiotics, thyroid hormone, methyldopa, carbidopa, levodopa or penicillamine unless doses are separated by at least 2 hours.
Garlic	Lowers blood concentrations of warfarin, saquinavir and ritonavir
Calcium	Calcium may decrease the absorption and efficacy of biphosphonates, tetracycline or quinolone antibiotics, thyroid hormones unless doses are separated by at least 2 hours. Calcium may decrease the hypotensive effects of verapamil.

References:

1. Wardle J. Regulation of complementary medicines A brief report on the regulation and potential role of complementary medicines in Australia. Brisbane: Naturopathy Foundation, 2008.
2. Blackmores. Complementary Medicine Interaction Chart. Blackmores. www.blackmores.com.au