

## **THE PROMOTION OF FALSE OR MISLEADING HEALTH-RELATED INFORMATION OR PRACTICES**

**Organisation:** National Herbalists Association of Australia  
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# **NHAA SUBMISSION TO PARLIAMENTARY INQUIRY**

## **The Promotion of False or Misleading Health-Related Information or Practices**

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## **Preamble**

The NHAA is a peak professional association representing appropriately qualified Western herbalists and naturopaths using herbal medicines as their primary treatment modality. It is the oldest professional association of complementary therapists, founded in 1920 with a current full membership of approximately 850 (our total membership is around 1200 including student and companion members). This represents approximately one third of practicing Herbalists and Naturopaths in Australia. The NHAA is the only national professional association specifically concerned with the practice and education of Western herbal medicine (WHM) in Australia. Members are required to adhere to the Association's Constitution and the Code of Ethics (including standards of practice). Details of the Constitution and Code of Ethics and Standards of Practice of the Association are detailed in Appendix 1.

The primary aims of the NHAA are to:

- Promote, protect and encourage the study, practice and knowledge of medical herbalism.
- Disseminate such knowledge by talks, seminars and publications.
- Encourage the highest ideals of professional and ethical standards.
- Promote herbal medicine within the community as a safe and effective treatment option.

The vision held by the NHAA for the professional practice of herbal medicine is summarised in the following statements.

- Practitioners and the practice of herbal and naturopathic medicine are fully integrated into the primary healthcare system in Australia.
- The NHAA is recognised as the peak body for herbal and naturopathic medicine.
- Herbal and naturopathic medicine is accessible to all.
- The integrity of the profession of Western herbal medicine and naturopathy is maintained.
- The standards and quality of education of the profession continue to be promoted.
- Career opportunities and research pathways for herbalists and naturopaths are created.
- The integration of traditional medicine and evolving science is continued.

The NHAA is governed by a voluntary Board of Directors. Full members of the Association elect the Board of Directors, with each board member serving a two-year term after which they may stand for re-election.

Full members of the NHAA have completed training in Western Herbal and Nutritional medicine sufficient to meet the educational standards as determined by the Examiners of the Board. These standards are set in consultation with tertiary educational institutions (standards in line with but exceeding the requirements of the NSW Health Training Package), and all members must adhere to a comprehensive Code of Ethics and Continuing Professional Education (CPE) program.

Membership consists of practitioners of Western herbal medicine who choose to use herbal medicine as their major modality of practice including Naturopaths, GPs, Pharmacists and Registered Nurses.

The NHAA publishes the quarterly *Australian Journal of Herbal Medicine*, a subscription peer reviewed journal covering all aspects of Western herbal medicine, and holds annual seminars on herbal medicine throughout Australia. An *International Conference on Herbal Medicine* has been held every 2-3 years since 1992.

Since its inception, the NHAA and its members have been at the forefront of herbal medicine and have been influential in areas ranging from education and practice standards, to government regulation and industry standards. The NHAA has a strong commitment to achieving high educational standards in herbal medicine practice and supports the regulation of the profession.

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## **Executive Summary**

- The NHAA broadly support the goals demonstrated by the terms of reference of the Inquiry into the Promotion of False or Misleading Health-Related Information or Practices, of ensuring public safety.
- We agree that wilful or malicious publications or advice that misleads the public as to benefits or harm of health-related interventions by trained and untrained health professionals should be identified and suitably penalised, with the caveat that personal and cultural beliefs be respected as the basic human right of self-determination.
- Preventative health strategies that have resulted from ‘gold standard’ peer reviewed evidence should be upheld as best practice, but within the context that some preventative health strategies have poor or confused evidence at best for their use, for example, breast-screening mammography (Gøtzsche & Jørgensen 2013).
- The publication and / or dissemination of misleading information related to medical treatments and cures should be discouraged, but this should in no way stymie legitimate debate about the appropriateness and safety of medical treatments, as best available evidence is constantly evolving, and there have been many instances of conventional medicines having been shown to do harm.
- The NHAA are concerned about the statement within the terms of reference “The promotion of health-related activities and/or provision of treatment that departs from accepted medical practice which may be harmful to individual or public health”. The statement references too many poorly defined terms and assumptions needing clearer definition, and to be more inclusive of personal belief systems and cultural practice.
- The NHAA support the HCCC unregulated health professions code of conduct, but believe better safeguards through the statutory registration of Western herbalists and naturopaths as recommended by The La Trobe Report (Lin 2005) remains the optimal solution for public protection from unqualified persons conducting and promoting health related activities.
- The current effectiveness of the HCCC in enforcing and reporting actions against those in breach of the Code of practice cannot be determined by our organisation beyond what is reported by the website and to AHMAC.

## **Discussion**

### **General Comments**

There are a multitude of websites, blogs and publications that supply advice on healthy eating, diets, food as medicine, herbs and supplements, exercise regimes, and pseudo-medical devices for self care of acute and chronic ailments. There is even advice for prescriptions drugs for various conditions, much of it written by persons with little or no training. These information platforms are too numerous to regulate with any efficiency, which in all likelihood means the only manner in which action might be taken is if a complaint is made by a consumer, likely due to some real or perceived harm. This is basically the status quo. Some examination of why there is so much health related information available might be useful. People are perhaps feeding a growing health literacy that is developing in the community at

large. The constant bombardment via various media platforms of health messages related to lifestyle mediated diseases, and research reports of beneficial interventions, no doubt contribute to this. So it is perhaps unsurprising that a trend for self care has developed. One might also question if this is in part due to some failing of the public health system in terms of GP availability, surgical waiting lists, and poor management of some more intransigent chronic illnesses. This is not all bad, one hopes that growing health literacy within the population might lead to a trend in better overall health. It has, however led to the explosion of health information as outlined above, and any attempt to provide regulation on that information needs to be finely balanced with possible benefits and the scope of what such regulation might entail.

The terms of reference under discussion are dependent on the definitions of who might be a recognised health practitioner and what organisations are recognised health service providers. As the first relates to our members we will focus on attributes that relate to recognised health practitioners.

Recognised health providers;

- Are educated within formally recognised training/ education institutions that hold government accreditation
  - VET sector
  - Higher Education Sector
- They can demonstrate attributes of professional standing
  - Belong to professional associations
  - Maintain currency through continuing professional development
  - May have paths to post-graduate education
  - Have mandatory training requirements
  - Are recognised and covered by insurance policies related to practice
- Undertake research in their field to support evidence-based practice

Any departure from the above definition would require stringent debate.

## **Response to Terms of Reference**

### **The publication and/or dissemination of false or misleading health-related information that may cause general community mistrust of, or anxiety toward, accepted medical practice**

While the NHAA agrees with the intent of this statement, we also believe that to regulate the promulgation of such information is likely to be impossible with the internet now the greatest source of health information from both legitimate and less legitimate sources. Any such regulation is also likely to catch some unsuspected culprits, such as those perceived as legitimate health organisations. For example, in the wake of findings from post-marketing research (e.g. Cox II inhibitors, antidepressants and Class I anti-arrhythmics) there has recently been much debate over the bias of research reporting funded by large drug companies (McGauran et al. 2010) and a call for public access to the full unedited research

data. Such reports are likely to reduce public confidence in accepted medical practice, and might even be classified as misleading health related information.

It also seems likely that any proposed regulation may also impact on free speech entitlements of Australians with the onus on the regulatory body to prove harm has been done as a result of any written or spoken word (DIBP 2013). This could prove very expensive in the long term.

The NHAA believe a better response might be to continue to educate the Australian public as to where to find, and how to identify quality health information. This has the added benefit of increasing the public's health literacy overall and is likely to be less costly.

### **The publication and/or dissemination of information that encourages individuals or the public to unsafely refuse preventative health measures, medical treatments, or cures**

The above arguments apply to this statement also, but additionally cultural and religious beliefs need to be considered. Health and dietary practices may be promoted by both religious and ethnic groups which are contrary to Australian health practices, with any regulation of such, further marginalising immigrant populations within the community (e.g. Circumcision).

The NHAA also believe the statement is too broad, and could theoretically cover dietary information published including food advertising. For example, it is accepted that certain foods contribute to health problems, and health prevention is related to dietary choices. This could place certain food companies in breach of any regulation by advertising e.g. fatty foods or sugar dense foods.

It also needs to be considered that best practice in prevention and treatment has constantly moving goal posts with periods of change based confusion. For example, breast screening via mammography currently has several Cochrane systematic reviews implying that benefits of screening may not outbalance the risks (Gøtzsche & Jørgensen 2013), while practice in Australia is still to recommend breast screening in certain age groups. Similarly benefits of PSA screening for prostatic cancer are poor, but men are still being advised "to get a little prick" to prevent prostate cancer.

The NHAA also believe that the challenge and debate of research around current health practice is a part of evidence-based medicine and would hope that any proposed regulation or monitoring activity would recognise this premise, and identify legitimate questioning versus malicious misinformation or misleading argument.

### **The promotion of health-related activities and/or provision of treatment that departs from accepted medical practice which may be harmful to individual or public health**

The NHAA is concerned about the lack of a clearer definition of what constitutes "accepted medical practice" and its application to this statement. There are many herbal medicines and

dietary supplements that have good evidence of efficacy but would not be considered “accepted medical practice”. For example, *Hypericum perforatum* for mild-moderate depression, *Cratageus spp.* for heart failure, and glucosamine sulphate for osteoarthritis (Braun and Cohen 2010), just to name a few. Therefore herbalists and naturopaths who prescribe evidence-based medicine may be seen to be in breach of any regulation associated with the above statement. A clearer definition of what constitutes being ‘harmful to an individual’ also needs clarification, as idiosyncratic reactions and mild side effects such as nausea, cannot be ruled out as a possibility of using herbs and dietary supplements, despite being rare. This would be true of any medicine, including over the counter medicines such as mild analgesics and antihistamines. A clearer definition might be to replace ‘treatment that departs from accepted medical practice’ with ‘treatment that lacks evidence of efficacy’.

### **The adequacy of the powers of the Health Care Complaints Commission to investigate such organisations or individuals**

The NHAA believe the powers of the HCCC to investigate possible organisations or individuals is limited by the sheer scope of content/ individuals/ organisations to be monitored and poorly defined professional titles and oversight of unregulated professions such as herbalists and naturopaths. The NHAA have long sought statutory regulation of herbalists and naturopaths to address some of these issues. The La Trobe report (Lin et al 2005) advised that herbalists and naturopaths met the 6 AHMAC criteria for registration, and also concluded protection of title would be in the public interest by separating those providing advice in the field of complementary and alternative medicine without the requisite training and experience, from those who do hold appropriate qualifications. The full assessment of this recommendation was provided in the NHAA response to NSW unregulated practitioner’s code of conduct report (2008), and can be found in appendix 3. Consideration of our professions for registration was delayed by the formation of the national registration body AHPRA, but in the meantime concerned parties have developed the Australian Register of Naturopaths and Herbalists (ARONAH), modelled on AHPRA. We hope that these professions will be considered in the 3<sup>rd</sup> tier of the process outlined by AHPRA, considering currently unregistered professions. This in turn, will reduce HCCC workload in the oversight of unregulated health professions and provide clearer guidance of those qualified to offer health advice and interventions.

### **The capacity, appropriateness, and effectiveness of the Health Care Complaints Commission to take enforcement action against such organisations or individuals**

The current effectiveness of the HCCC in enforcing and reporting actions against those in breach of the code of practice cannot be determined by our organisation beyond what is reported by the website and to AHMAC. As mentioned throughout this response, we believe the scope of what is being proposed is beyond the HCCC, or indeed any regulatory body. However the task could be made easier by regulating suitable professionals and making clearer to the public, individuals and organisations suitable to provide health related advice and interventions.

## References

Baxter, J. (2008) Response to NSW unregulated practitioner code of conduct. NHAA

Lin V et al. 2005. The Practice and Regulatory Requirements of Naturopathy and Western Herbal Medicine. School of Public Health, La Trobe University, Bundoora. Available at [www.health.vic.gov.au/workforce/pracreg/naturopathy](http://www.health.vic.gov.au/workforce/pracreg/naturopathy)

Natalie McGauran\*, Beate Wieseler, Julia Kreis, Yvonne-Beatrice Schöler, Heike Kölsch and Thomas Kaiser (2010) Reporting bias in medical research - a narrative review. *Trials Journal*. <http://www.trialsjournal.com/content/11/1/37> (accessed 9/12/13)

<http://www.immi.gov.au/living-in-australia/choose-australia/about-australia/five-freedoms.htm>

## List of Attachments

1. Constitution & Code of Ethics / Standards of Practice of NHAA
2. NHAA Response: NSW Unregulated Practitioners Code of Conduct



Corporations Act 2001  
A Company limited by guarantee and not having a share capital

# **CONSTITUTION**

## **OF THE**

### **NATIONAL HERBALISTS ASSOCIATION OF AUSTRALIA**

Incorporated 21 August 1920

1. The name of the Association is "National Herbalists Association of Australia" (hereinafter called "the Association")

In these regulations:

“the Act” means the Corporations Act 2001;

“the Association” means the association incorporated under the name of National Herbalists Association of Australia;

“Directors” means the governing body of the Association;

“the Seal” means the common seal of the Association;

“Secretary” means any person appointed to perform the duties of a secretary of the Association;

“State” means any State or Territory;

“Herbal medicine”, “Western herbal medicine”, “herbalism”, “medical herbalism” and “phytotherapy” can all be used to describe the practice of a full practitioner member of the Association.

“Herbalist”, “Western herbalist”, “medical herbalist”, “Western medical herbalist” and “phytotherapist” can all be used to describe the title of a full practitioner member of the Association.

“Aboriginal and Torres Strait Islander herbal medicine” and “ATSI herbal medicine” can be used to describe the practice of a full ATSI member of the Association.

“Aboriginal and Torres Strait Islander herbal practitioner” and “ATSI herbal practitioner” can be used to describe the title of a full ATSI member of the Association.

Expressions referring to writing shall unless the contrary intention appears be construed as including references to printing lithography photography and other modes of representing or reproduced words in a visible form;

The use of the male gender shall include the female or neutral gender if the context permits and words in the singular shall include words in the plural if the context permits;

Words or expressions contained in this Constitution shall be interpreted in accordance with the provisions of the Australian Securities and Investment Commission and of the Code as in force at the date at which this Constitution becomes binding on the Association.

## **OBJECTS**

2. The objects for which the Association is established are:
  - a) To promote, protect and encourage the study and practice and knowledge of the plant kingdom with regard to medicine and public health (including industry and agriculture) and to disseminate such knowledge by talks, seminars, publications etc.
  - b) To encourage and promote the highest standards of education from the teaching institutions.
  - c) To encourage the highest ideals of professional and ethical standards in members.

Solely for the purpose of carrying out the aforesaid objects and not otherwise:

- d) To purchase, take on lease or in exchange, hire and otherwise acquire any lands, building, easement or property, real and personal, and any right or privileges which may be requisite for the purposes of, or capable of being conveniently used in connection with, any of the objects of the Association.

- e) To enter into any arrangements with any Government or authority supreme municipal local or otherwise that may seem conducive to the Association's objects or any of them and to obtain from any such Government or authority any rights privileges and concessions which the Association may think it desirable to obtain and to carry out exercise and comply with any such arrangements rights privileges and concessions.
- f) To sell improve manage develop exchange lease dispose of turn to account or otherwise deal with all or any part of the property and rights of the Association.
- g) To draw make accept endorse discount execute and issue cheques promissory notes bills of exchange bills of lading warrants debentures and other negotiable or transferable instruments.
- h) To take any gift of property whether subject to any special trust or not for any one or more of the objects of the Association but subject always to the proviso in paragraph d) of this clause 2.
- i) To print and publish any written matter that the Association may think desirable for the promotion of its objects.
- j) To make donations for patriotic or charitable or research purposes as deemed to be in accordance with the objects of the Association.
- k) To take such steps by personal or written or media appeals public meetings or otherwise as may from time to time be deemed expedient for the purpose of procuring contributions to the funds of the company in the shape of donations annual subscriptions or otherwise.
- l) To invest and deal with any of the monies of the Association not immediately required for the purposes thereof upon such securities and in such manner as may be deemed fit and from time to time to vary and realise such investments provided that all such monies shall be invested only in such forms of investments as are permitted by law for the investments of trust funds.
- m) To borrow or raise or secure the payment of money or otherwise raise finance in general in such manner as the Association shall think fit and without limiting the generality of the foregoing in any manner whatsoever by the issue of debentures or debenture stock perpetual or otherwise charged upon all or any of the Association's property and rights (both present and future) and to purchase redeem or pay off any such securities.
- n) The powers set forth in sub-section 67 (1) of the Corporations Act 2001 shall not apply to the Association except insofar as they are included in this clause 2.

3. The income and property of the Association whencesoever derived shall be applied solely towards the promotion of the objects of the company as set forth in this Constitution and no portion thereof shall be paid or transferred, directly or indirectly by way of dividend, bonus or otherwise, to the members of the Association.

Provided that nothing herein contained shall prevent the payment in good faith of remuneration to any officers or servants of the Association or to any member of the Association in return for any services actually rendered to the Association or for goods supplied in the ordinary and usual way of business nor prevent the payment of interest at a rate not exceeding the rate for the time being fixed for the purpose of this paragraph by this Constitution on money borrowed from any members of the Association or reasonable and proper rent for premises demised or let by any member to the Association but so that no member of the Board of Directors or Governing Body of the Association shall be appointed to any salaried office of the Association or any office of the Association paid by fees no remuneration or other benefit in money or money's worth shall be paid or given by the Association to any member of such committee or governing body except repayment of out-of pocket expenses and interest at the rate aforesaid on money lent or reasonable and proper rent for premises demised or let to the Association.

4. No addition alteration or amendment shall be made to or in this Constitution for the time being in force unless the same shall have been previously submitted to and approved by the Australian Securities and Investments Commission.
5. The third, fourth and ninth paragraphs of this Constitution contain conditions upon which a license is granted by the Commission to the Association in pursuance of the provisions of section 66 of the Corporations Act 2001. For the purpose of preventing any evasion of the provisions of the said paragraphs the Commission may from time to time on the application of any member of the Association and on giving notice to the Association of its intention so to do and after affording the Association an opportunity of being heard in opposition thereto, within such time as may be specified in such notice, impose further conditions which shall be duly observed by the Association.
6. The liability of the members is limited.
7. Every member of the Association undertakes to contribute to the assets of the Association in the event of the same being wound up during the time he or she is a member or within one year afterwards for payment of just debts and liabilities of the Association contracted before the time at which he or she ceases to be a member, and the costs, charges, and expenses of winding up the same, and for adjustment of rights of contributories among themselves, such amount as may be required, not to exceed two dollars (\$2.00).
8. If upon the winding up or dissolution of the company there remains after the satisfaction of all its debts and liabilities and property whatsoever the same shall not be paid to or distributed among the members of the Association but shall be given or transferred to some other institution or institutions or association or associations having objects similar to the objects of the Association and whose Constitution shall prohibit the distribution of its or their income and property among its or their members to an extent at least as great as

is imposed on the Association under or by virtue of clause 3 hereof such institution or institutions or association or associations to be determined by members of the Association at or before the time of the dissolution and in default thereof by application to the Supreme Court of New South Wales for determination.

9. True accounts shall be kept of the sums of money received and expended by the Association and the matter in respect of which such receipt and expenditure takes place and of the property credits and liabilities of the Association and subject to any reasonable restrictions as to the time and manner of inspecting the same that may be imposed in accordance with this Constitution for the time being in force shall be open to the inspection of the members. Once at least in every year the accounts of the Association shall be examined by one or more properly qualified auditor or auditors who shall report to the members in accordance with the provisions of the Corporations Act 2001.
10. The Association is established for the purposes set out in this Constitution.

## **MEMBERSHIP**

11. The members of the Association shall be:
  - a) The persons who subscribed to this Constitution.
  - b) Such other persons as the Directors may admit to membership in accordance with this Constitution.
  - c) Classes of membership to be as follows:
    - honorary life
    - fellow
    - full
    - research
    - Aboriginal and Torres Strait Islander (ATSI)
    - veterinary
    - student
    - companion
    - corporate
12. Applications for membership shall be made in writing on the prescribed membership application forms and considered by the Directors or by their appointed representative who shall determine admission or rejection of the applicant. The prescribed membership fee is to be included with the application. The Directors or the appointed representative shall not be required to give any reason for the rejection of the applicant.
13. Student member status may be granted to applicants who are pursuing a course of study in herbal medicine or naturopathy and who are persons of sound mind and of a high moral and ethical character.
14. Full member status may be granted to applicants who have successfully completed herbal or naturopathic studies to the minimum standard of

competency for Western herbal medicine practice as set by the Board of Directors or who in the opinion of the Board of Directors have met the requirements for full membership as determined by the Board of Directors from time to time.

15. Full ATSI member status may be granted to Aboriginal and Torres Strait Islander applicants who have successfully completed formal studies in bush medicine and Western herbal medicine to the minimum requirement of the NHAA ATSI standards as set by the Board of Directors or who in the opinion of the Board of Directors have met the requirements for Full ATSI membership as determined by the Board of Directors from time to time.
16. A full member may be elevated to the status of a fellow of the Association after having been a full member for no less than ten years and has been in bona fide practice as a herbalist or naturopath for no less than ten years and having done meritorious work either in the profession of herbalism or within the Association and who in the opinion of the Board of Directors deserves such consideration.
17. Honorary life membership may be granted to a full member who in the opinion of the Board of Directors deserves this consideration and who has been a full member for no less than fifteen years and has been in bona fide practice as a herbalist or naturopath for no less than fifteen years and has attained the age of sixty years.
18. Companion member status may be granted to applicants who are interested in herbalism and are persons of sound mind and of a high moral and ethical character and who will not act against the interests of the Association and agree to abide by the decisions of the Board of Directors.
19. Corporate member status may be granted to companies, institutions and individuals of a high moral and ethical character who are interested in supporting the Association and who agree to abide by the decisions of the Board of Directors and who will not act against the interests of the Association
20. When an applicant has been accepted or rejected for membership the applicant shall be advised of the acceptance or rejection. The annual subscription fee is refundable should the application be rejected.
21. All annual subscriptions shall become due and payable in advance on the first day of January of each year.
22. If the renewal subscription of a member shall remain unpaid for a period of two calendar months after it becomes due the member after notice of the default may be debarred from privileges of membership and may be removed from the Association's Register provided that the Directors may reinstate the member and determine payment of arrears as the Directors think fit.
23. A tax invoice/receipt shall be sent to the member for the purpose of renewing association membership.
24. All applicants for membership must be persons of sound mind and of high moral and ethical character and who will reflect credit to the Association.

25. If any member shall wilfully refuse or neglect to comply with the provisions of the Constitution of the Association or shall be guilty of any conduct which in the opinion of the Board of Directors is unbecoming of a member or prejudicial to the interest of the Association the Board of Directors shall have power by resolution to censure fine suspend or expel the member from the Association.

Provided that at least one week before the meeting of the Board of Directors at which such a resolution is passed the member shall have had notice of such meeting and of what is alleged against him and of the intended resolution and that he shall at such meeting and before the passing of such resolution have had an opportunity of giving orally or in writing any explanation or defence he may think fit and provided further that any such member may by notice in writing lodged with the Secretary at least twenty-four hours before the time for holding the meeting at which the resolution is to be considered by the Board of Directors, elect to have the question dealt with by the Association in general meeting and in that event an extraordinary general meeting of the Association shall be called for the purpose and if at the meeting such a resolution be passed by a majority of two-thirds of those present and voting (such a vote to be taken by ballot) the member concerned shall be punished accordingly and in the case of a resolution for his expulsion the member shall be expelled.

## **MEMBERS - RESPONSIBILITIES AND PRIVILEGES**

26. Only full members honorary life members and fellows are permitted to vote at meetings and are allowed to use and display the Association's name or initials with the exception of ATSI full members who must include the initials "ATSI" on printed matter but student and companion members are not allowed to vote at meetings and are not permitted to use the Association's name or initials on any printed matter whatsoever and corporate members are permitted to use and display the Association's name in order to acknowledge their corporate status but are not allowed to vote at meetings.
27. Every full member shall be given a certificate of membership currency on admission and annually thereafter on renewal of their membership.
28. Only full members and honorary life members are permitted to use the initials MNHAA next to their name and fellows are permitted to use the initials FNHAA with the exception of ATIS full members who must include the initials "ATSI".

## **GENERAL MEETINGS**

29. An annual general meeting of the Association shall be held in accordance with the provisions of the Corporations Act 2001. All general meetings other than the Annual General Meeting shall be called extraordinary general meetings.
30. Subject to the provisions of the Act twenty days notice at the least specifying the place the day and the hour of meeting and in the case of special business

the general nature of that business shall be given to members of the Association as are entitled to receive such notices from the Association.

31. No business shall be transacted at any general meeting unless a quorum of members is present at the time when the meeting proceeds to business. Save as herein otherwise provided nineteen persons shall be a quorum. For the purpose of this article "member" does not include a member attending as a proxy.
32. If within half an hour from the time appointed for the meeting a quorum is not present the meeting if convened upon the requisition of members shall be dissolved and it shall stand adjourned to the same day in the next week at the same time and place if space permits or to such other day and at such other time and place as the Directors may determine and if at the adjourned meeting a quorum is not present within half an hour from the time appointed for the meeting the members present being not less than ten shall be the quorum.
33. The President shall preside as Chairman at every general meeting of the Association or if there is no President or if the President is not present within twenty minutes after the time appointed for the holding of the meeting or is unwilling to act the Vice-President shall be the Chairman or if the Vice-President is not present or is unwilling to act then the members present shall elect one of their number to be the Chairman of the meeting. The member elected must be a full member or honorary life member or fellow.
34. The Chairman may with the consent of any meeting at which a quorum is present adjourn the meeting from time to time and from place to place but no business shall be transacted at any adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place. When a meeting is adjourned for thirty days or more notice of the adjourned meeting shall be given as in the case of an original meeting without notice of the business to be transacted at an adjourned meeting.
35. At any general meeting a resolution put to the vote of the meeting shall be decided on a show of hands unless a poll is demanded by:
  - a) the Chairman, or
  - b) by at least ten members in person and not by proxy.

Unless a poll is so demanded a declaration by the Chairman that a resolution has on show of hands been carried or carried unanimously or by a particular majority or lost and an entry to that effect in the book containing the minutes of the proceedings of the Association shall be conclusive evidence of the fact without proof of the number or proportion of the votes recorded in favour of or against the resolution. The demand for a poll may be withdrawn.

36. In the case of an equality of votes whether on a show of hands or poll the Chairman of the meeting at which the show of hands takes place or at which the poll is demanded shall be entitled to a second or casting vote.
37. Members entitled to vote may appoint a proxy to attend a meeting in their place but such proxy must be a full member or fellow or honorary life member of the Association. No instrument appointing a proxy shall be effective unless it is received by the Secretary or an appointed delegate no less than 72 hours before

the time for the meeting to be held. In default of this the instrument of the proxy shall not be valid. The instrument appointing the proxy shall be in the following form:

I.....of.....being a full member of the National Herbalists Association of Australia hereby appoint .....of.....as my proxy to vote on my behalf at the meeting of the National Herbalists Association of Australia to be held on the.....day of.....in the year of.....

(Optional) This proxy is to be used in favour of/against (delete) the resolution:

Signed.....

On the.....day of ..... in the year of .....

## DIRECTORS

38. Until otherwise determined by a general meeting of the Company there shall not be less than eight nor more than ten Directors of whom one shall be elected as President, two as Vice-Presidents, one as Treasurer and a minimum of two as Examiners. The others shall be known as Executive Directors.
39. The subscribers to this Constitution shall be the first Directors of the Company.
40. Fifty percent of the Directors shall form a quorum.
41. The election of the Board of Directors shall take place in the following manner:
  - a) Any two full or honorary life members or fellows of the Association shall be at liberty to nominate any full or fellow or honorary life member of the Association to serve as a Director.
  - b) The nomination shall be in writing and signed by the member the proposer and the seconder and shall be lodged with the Secretary no less than thirty days before the annual general meeting at which the election is to take place.
  - c) A list of the candidates names in alphabetical order with the proposer's and seconder's names and state of residence shall be mailed to all eligible voting members at least fifteen days immediately preceding the annual general meeting.
  - d) Balloting lists shall be prepared containing the names of the candidates only in alphabetical order and each eligible voting member present at the annual general meeting shall be entitled to vote for any number of such

candidates not exceeding the number of vacancies and the provisions relating to proxy votes shall be adhered to.

- e) In the case there shall not be sufficient number of candidates nominated the Board of Directors may fill up the remaining vacancy or vacancies.
42. The Board of Directors shall have power at any time and from time to time to appoint any eligible member of the Association to the Board of Directors to fill a casual vacancy. Any member so appointed shall hold office only until the next following annual general meeting.
43. The Board of Directors may by resolution remove any member of the Board of Directors before the expiration of the period of office. The Board of Directors are to give thirty days notice in writing to the affected Director clearly stating the reasons for their resolution and allow an appeal to be made before the Board of Directors.
44. The office of a member of the Board of Directors shall become vacant if the member:
- a) becomes bankrupt or makes any arrangement or composition with his creditors generally;
  - b) becomes prohibited from being a Director by reason of any order made under the Act;
  - c) ceases to be a member of the Board of Directors by operation of section 226 of the Act;
  - d) becomes of unsound mind or a person whose person or estate is liable to be dealt with in any way under the law relating to mental health;
  - e) resigns the office by notice in writing to the Association;
  - f) for more than six months is absent without permission of the Association from meetings of the Association held during that period.
  - g) holds any office of profit under the Association;
  - h) ceases to be a member of the Association.

## **POWERS AND DUTIES OF THE BOARD DIRECTORS**

45. The business of the Association shall be managed by the Board of Directors who may pay all expenses incurred in promoting and registering the Association and may exercise all such powers of the Association as are not by the Act or by this Constitution required to be exercised by the Association in general meeting subject nevertheless to this Constitution to the provisions of the Act and to such regulations being not inconsistent with the aforesaid Constitution or provisions as may be prescribed by the Association in general meeting provided that any rule regulation or by-law of the Association made by

the Directors may be disallowed by the Association in general meeting and provided further that no resolution or regulation made by the Association in general meeting shall invalidate any prior act of the Directors which would have been valid if that resolution or regulation had not been passed or made.

46. The Board of Directors may exercise all the powers of the Association to borrow money.
47. For the purpose of clause 3 of this Constitution the rate of interest payable in respect of money lent by members to the Association shall not exceed the lowest rate paid for the time being by the Commonwealth Bank of Australia in Sydney in respect of term deposits.
48. All cheques promissory notes drafts bills of exchange and other negotiable instruments and all receipts for money paid to the Association shall be signed drawn accepted endorsed or otherwise executed as the case may be by nominated two members of the Board of Directors or in such other manner as the Board of Directors from time to time determines.
49. The Board of Directors shall cause minutes to be made;
  - a) of all appointments of officers;
  - b) of names of members of the Board of Directors present at all meetings of the Association and of the Directors meetings;
  - c) of all proceedings at all meetings of the Association and of the Board of Directors meetings;
  - d) of all appointments of full student companion fellow and honorary life members when endorsed by the Board of Directors.

Such minutes shall be signed by the Chairman of the meetings at which the proceedings were held or by the Chairman of the next succeeding meeting.

## MEETINGS AND PROCEEDINGS OF THE BOARD OF DIRECTORS

50. The Board of Directors may meet together for the dispatch of business adjourn and otherwise regulate its meetings as it thinks fit.
51. Board to meet

The Directors may participate in a Board Meeting by means of any technology allowing all persons participating in the meeting to hear each other at the same time. Any Director participating in such a meeting is for the purposes of this Constitution taken to be personally present at the meeting.

The consent of a Director to the use of technology may be a standing one.

Any consent of a Director to the use of technology may be withdrawn only within a reasonable period prior to a meeting at which the technology is to be used.

52. Subject to this Constitution questions arising at any meeting of the Board of Directors shall be decided by a majority of votes and a determination by a majority of the members of the Board of Directors shall for all purposes be deemed a determination of the Board of Directors. In case of an equality of votes the Chairman of the meeting shall have a second or casting vote.
53. The continuing members of the Board of Directors may act notwithstanding any vacancy in the Board of Directors but if and so long as their number is reduced below the number fixed by or pursuant to this Constitution as the necessary quorum of the Board of Directors the continuing member or members may act for the purpose of increasing the number of members of the Board of Directors to that number or of summoning a general meeting of the Association but for no other purpose.
54. The President or delegate as determined by the President shall preside as Chairman at every meeting of the Board of Directors or if there is no President or if at any meeting he is not present within ten minutes after the time appointed for holding the meeting the Vice-President shall be Chairman or if the Vice-President is not at the meeting then the members may choose one of their number to be Chairman of the meeting.
55. The Board of Directors may delegate any of its powers and or functions (not being duties imposed on the Board of Directors by the Act or the general law) to one or more committees consisting of such members as the Board of Directors thinks fit. Any committee so formed shall conform to any regulation that may be imposed by the Board of Directors and subject thereto shall have the power to co-opt any member of the Association and all members of the committee shall have one vote. All decisions by the committees to receive endorsement by the Board of Directors before being actioned.
56. A committee may meet and adjourn as it thinks proper and questions arising at any meeting shall be determined by a majority of votes of the members present and minutes of the meeting shall be made and circulated to the Board of Directors within thirty days of the meeting of the committee.
57. All acts done by any meeting of the Board of Directors or of a committee or by any person acting as a member of the Board of Directors shall not withstanding that it is afterwards discovered that there was some defect in the appointment of any such member of the Board of Directors or person acting as aforesaid or that the member of the Board of Directors or any of them were disqualified be as valid as if every person had been duly appointed and was qualified to be a member of the Board of Directors.
58. A resolution in writing signed by all members of the Board of Directors in Australia for the time being entitled to receive notice of a meeting of the Board of Directors shall be as valid and effectual as if it had been passed at a meeting of the Board of Directors duly convened and held.

## **SECRETARY**

- 59. The appointment of the Secretary must be subject to the provisions of clause 3 of this Constitution.
- 60. The Secretary shall be the Secretary at all meetings of the Association and at all meetings of the Board of Directors or if at any meeting he is not present within ten minutes after the time appointed for holding the meeting the members may choose one of their number to act as Secretary at the meeting.
- 61. The Secretary shall be appointed by the Board of Directors.

## **SEAL**

- 62. The Board of Directors shall provide for the safe custody of the seal which shall only be used by the authority of the Board of Directors or a person authorised by the Board of Directors and every instrument to which the seal is affixed shall be signed by the President and the Secretary and by other persons as appointed by the Board of Directors.

## **ACCOUNTS**

- 63. The Board of Directors shall cause proper accounting and other records to be kept and shall distribute copies of every profit and loss account and balance sheet accompanied by a copy of the Auditors report thereon as required by the Act provided and this to be distributed to all members by mail.

## **AUDIT**

- 64. A properly qualified Auditor or Auditors shall be appointed and their duties regulated in accordance with the Act.

## **NOTICE**

- 65. Any notice required by law or by or under this Constitution to be given to any member shall be given by sending it by post to the registered address or to the address if any supplied by the Board of Directors for the giving of notices. Where a notice is sent by post service of the notice shall be deemed to be effected by properly addressing prepaying and posting a letter containing the notice and to have been effected in the case of a notice of a meeting on the day after the date of its posting and in any other case at the time at which the letter would be delivered in the ordinary course of the post. A notice of meeting sent by fax or other electronic means is taken to be given on the business day after it is sent.

## **WINDING UP**

- 66. The provisions in this Constitution relating to the winding up or dissolution of the Association shall be observed as if the same were repeated in this Constitution.

## **INDEMNITY**

67. Every member of the Board of Directors Secretary Auditor and other officer for the time being of the Association shall be indemnified out of the assets of the Association against any liability arising out of the execution of the duties of the office which is incurred by him in defending any proceedings whether civil or criminal in which judgment is given in his favour or in which he is acquitted or in connection with any application under the Code in which relief is granted to him by the Court in respect of any negligence default breach of duty or breach of trust.

## **CHAPTER**

68. The Board of Directors may from time to time allow the formation of a chapter in a state or territory for the purposes of management of local affairs and requirements. The chapter so formed shall not in any way make decisions that will not be in accordance with this Constitution or not be in accordance with the regulations and directions and wishes of the Board of Directors. A member of the Board of Directors or other full member of the Association so delegated by the Board of Directors shall preside as Chairman at the meetings of the chapter. A record of the meeting will be minuted and lodged with the Association's Secretary within twenty days after the date of the meeting.

October 2013



## National Herbalists Association of Australia

# Code of Ethics

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## 1. Preamble

- A. The role of the National Medical herbalists Association Australia (NHAA) and its individual members is to promote and disseminate the knowledge and understanding of medical herbalism and to encourage the highest standards of competence and performance by practitioners in the practice of medical herbalism.
- B. The NHAA acknowledges this role and position of responsibility in setting the standard of ethical behaviour expected of medical herbalists. The NHAA Code of Ethics provides a set of fundamental principles that should guide members in their professional conduct, and adherence to the Code is obligatory for practitioners belonging to the NHAA.
- C. Medical herbalists have been guided over the centuries by the principles of the Hippocratic Oath which encourages members of the profession to promote the health and well being of their patients and prohibits medical herbalists from behaving solely in their own interests.
- D. Medical herbalists acknowledge that they have a duty of care to their patients to improve and maintain health. This duty is extended to those patients who entrust themselves to care because of illness; to those who seek advice for the maintenance of health; and to those whose aim is to prevent disease.
- E. All medical herbalists are entrusted with the continuance of the practice of traditional herbalism along with the pursuit of rigorous standards of evaluation of those herbs newly introduced to the Western Materia Medica.

## 2. Definition

A medical herbalist who is recognised by the National Herbalists Association of Australia as a fully qualified practitioner in western herbal medicine is defined as a medical herbalist or naturopath trained in the philosophies, principles and practice of western herbal medicine and medical science, able to assess the condition of a patient and to consequently prescribe and dispense plant medicines (or phytomedicines) in a safe and effective manner. The philosophical approach of a practising herbalist is to seek to treat underlying causes of disease from a holistic perspective, acknowledging and embracing centuries of empirical knowledge and traditional principles of the usage of plant medicine, whilst continuing to evaluate both herbs and human disease in a modern scientific context.

## 3. NHAA Code of Ethics Pledge

All full member applicants must sign the following pledge:

I declare that as a member of the National Medical herbalists Association of Australia I will conduct myself honourably and behave with integrity in the practice of my profession. I will apply my knowledge and skills for the maximum benefit of the patient, observe a conscientious and caring attitude towards all patients, and maintain a high standard of confidentiality. I declare that I will do my utmost to maintain the dignity and reputation of the Association. I will obey the rules and guidelines as set by the Association and will abide by all decisions of the Board of Directors. I will keep appropriate patient records, dispense with care and conform to legal requirements. I will not advertise in such a way as to promote either myself, or the practice of herbal medicine in an unprofessional manner.

## **4. Principles Relating to the Conduct of Medical herbalists**

Medical herbalists are engaged in the treatment of patients in a clinical setting, the teaching and dissemination of herbal practice and principles, and research. In all three of these areas, the medical herbalist should adopt an appropriate code of personal and professional conduct and appropriate behaviour in relation to contractual arrangements, publishing and advertising.

### **4.1 Personal Conduct**

The medical herbalist shall:

- i. Adopt and maintain the highest standards of personal presentation and behaviour.
- ii. Behave in a manner that enhances the integrity and status of the profession and promotes public confidence.
- iii. Remain aware that personal conduct may reflect upon their own professional reputation, that of the profession, and of the Association.

### **4.2 Professional Conduct**

- i. A medical herbalist ensure that their conduct is professional in manner and that they behave with morality and dignity in relation to their patients, the public, and other health care providers.
- ii. It is the responsibility of all medical herbalists to enhance their reputation and that of the profession by practicing herbal medicine to the best of their ability and within the limits of their expertise, and by continually upgrading and expanding their knowledge base.
- iii. A practitioner shall not be entitled to practice herbal medicine or to charge a fee for practice until they have attained their full qualifications unless they are fully supervised by a trained practitioner of herbal medicine.
- iv. A medical herbalist shall not discourage or attempt to prevent a patient from seeing another practitioner when they have made an informed choice to do so.
- v. A medical herbalist shall not criticise, condemn, or otherwise diminish any recommendations made by another practitioner, nor make comments with the purpose of denigrating the personal character of another practitioner.
- vi. It is a requisite of practice that a practitioner remains medically, physically and psychologically fit so as not to bring him or herself or the profession into disrepute.
- vii. A medical herbalist shall at no time adversely affect the standing of the profession by taking part in or promoting any activity or product that will reflect improperly on the practice of herbal medicine or on the profession.
- viii. A practitioner will not permit any unqualified person to treat to a patient within their clinical environment
- ix. It is the duty of a medical herbalist to support the association in its endeavours and activities relating to continuing professional education and advancement of the herbal medicine profession.

#### **4.3 Conduct in Relation to Patients**

- i. The religious, spiritual, political and social views of any individual irrespective of race, colour, creed, sex, sexual orientation, physical or intellectual disability, age, economic or social status shall be respected by a medical herbalist at all times.
- ii. When personal or religious belief impairs a medical herbalist's ability to treat a patient in a professional manner, the practitioner must inform the patient and suggest an alternative practitioner.
- iii. Medical herbalists must behave with courtesy, respect, dignity, discretion, tact and empathy in their associations with patients.
- iv. Medical herbalists recognize that patients have individual needs and respect the rights of patients to make informed choices in relation to their care.
- v. Medical herbalists maintain the highest standard of professional confidentiality and obtain the consent of the patient before discussion of any aspect of the history or treatment with another professional. A medical herbalist shall exercise due professional judgment in providing such information to other health care professionals.
- vi. The medical herbalist shall not knowingly undertake any action or treatment that might adversely affect the health of a patient or fellow human being.
- vii. The practitioner shall be primarily concerned with the health care and safety of the patient and not be influenced by motives of profit.
- viii. Medical herbalists must never claim to 'cure'. The possible therapeutic benefits may be described but recovery must never be guaranteed.
- ix. When consulting with patients who are deemed incapable of self-determination of their own health care needs, for example, minors or intellectually handicapped persons, the medical herbalist shall follow accepted legal practice by involving and informing the parents, next of kin or guardian in administration of care and decisions about treatments.
- x. Practitioners shall not neglect or abandon a patient or discontinue treatment without due notice to the patient or until another practitioner has assumed responsibility.
- xi. Practitioners shall arrange a consultation or second opinion with a colleague or another practitioner whenever the patient so desires, provided the best interests of the patient are served.
- xii. The practitioner shall ensure that other medical herbalists who are asked to assist in the care of the patient are qualified and competent.
- xiii. A practitioner shall not treat a patient or offer herbal advice while under the influence of drugs or alcohol; or while their reasoning and/or decision-making is impaired in any way.
- xiv. Patients should be advised appropriately of the possible risks and benefits of a particular herbal treatment and encouraged to make an informed choice about the treatment.
- xv. Medical herbalists shall carry appropriate levels of professional indemnity insurance.

#### **4.3.1 Treating family members**

- i. Practitioners should encourage family members to have an independent and trusted practitioner to coordinate their care. Practitioners should only discuss the health of their family member with a treating practitioner with the knowledge and consent of the client.
- ii. If after due consideration a practitioner decides it is appropriate to treat a family member, good records must be maintained, the consultation should be formalised and follow up should be arranged. If the family member has a regular practitioner, there should be communication with that practitioner about the treatment given.
- iii. A client is not entitled to claim health fund rebates for a consultation or treatment by a family member.

#### **4.3.2 Treating children**

- i. Legal requirements for treating children are complex and vary from state to state in Australia. You must ensure that as a practitioner or an employer of a practitioner you comply with all relevant state regulations in relation to:
  - when a young person is at law considered competent to make decisions about their own medical care; and
  - whether you are required to hold a certificate or licence to treat children.
  - if a minor for legal purposes is considered competent to make health care decisions, that they are still encouraged to have a responsible adult present where appropriate.

#### **4.4 Contracts**

A practitioner shall not enter into any contracts, multi-level marketing or any other arrangement with a colleague, patient or organization that may diminish a patient's autonomy, result in a conflict of interest, or impair the practitioner's impartiality or professional integrity in any other way.

#### **4.5 Advertising**

- i. A practitioner may advertise in a proper and professional manner in order to inform members of the general public of their location and details of their practice as a medical herbalist.
- ii. Full members of the NHAA are entitled to use the letters 'MNHAA' after their name and to incorporate the NHAA logo in printed matter or in the advertising of their practice provided:
  - a) The material does not contravene any of the points in the Code of Ethics.
  - b) The material does not make false or misleading claims about the association or the practice of medical herbalism.
  - c) The material is not biased toward or critical of a company, person or association.

- iii. Practitioners shall not use advertising material that may bring the profession into disrepute by identifying past or present patients; or use material that is ethically or professionally unsuitable.
- iv. Practitioners shall not use titles or descriptions that give the impression of medical or other qualifications to which they are not entitled.
- v. A practitioner shall not advertise secret or exclusive methods of treatment or claim to be able to achieve unexpected cures.

#### **4.6 Conservation and Ethics**

##### **4.6.1 Conservation, Ethics and the Medical Herbalists**

- i. It is the responsibility of herbal practitioners to have some awareness of the geographic and cultural origins of the main herbs prescribed in his/her practice.
- ii. Medical herbalists should not utilise herbs or herbal products derived from any wild species known to be threatened or endangered in their natural habitat.
- iii. Medical herbalists have a duty to support products whose manufacturers demonstrate commitment to the sustainability of wild medicinal plants.
- iv. Wherever possible medical herbalists should maintain communication with those responsible for supplying medicinal herbs i.e. growers, wildcrafters, indigenous communities and industry representatives.
- v. It is the duty of all medical herbalists to remain cognizant with those herbs that are endangered and threatened and adopt appropriate practices in the harvest and use of these herbs.
- vi. Medical herbalists have a responsibility to train the next generation of medical herbalists not to promote the use of wildcrafted herbs whose survival is threatened or endangered.
- vii. Members have a duty not to prescribe or recommend plant medicines, supplements or foods derived from GE technology.

##### **4.6.2 Conservation, Ethics and the Association**

- i. The Association believes that medical herbalists should be aware of and respect international treaties and national laws relating to medicinal plant conservation, especially the 1993 Convention on Biological Diversity (CBD), the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES), and the United Nations Draft Declaration on Rights of Indigenous Peoples. Information of this nature is kept at the NHAA office.
- ii. The Association aims to work with industry and government authorities to bring an awareness of medicinal plant conservation issues to all concerned.
- iii. The Association aims to keep all members informed of the 'at risk' herb species for the purpose of restricting their use.
- iv. The NHAA is opposed to Genetic Engineering (GE) and believes that the use of genetically engineered medicinal plants does not conform to traditional usage of herbal medicines.

## **5. Standards of Care**

The relationship between a practitioner and patient is such that the patient places trust in the care, skill and integrity of the practitioner. It is the duty of the practitioner and the practitioner's staff to act with due diligence at all times and not abuse this trust in any way.

### **5.1 The Consultation**

- i. The medical herbalist shall at all times endeavour to practice herbal medicine to the best of their ability and to administer a satisfactory standard of care to the patient.
- ii. The practitioner shall ensure that the patient is aware of all fees and costs involved in consultation and prescribed treatments prior to commencement of a consultation.
- iii. Consultations shall be conducted in such a way as to evaluate completely and competently each patient at each consultation.
- iv. Accurate, clear and comprehensive records shall be kept of each consultation. These should include but not be limited to name, address, contact details and occupation of the patient; date of consultation; presenting complaint including duration; past and family history; relevant lifestyle history, details of previous treatments and current medications; known allergic reactions; and findings from pathology tests or other investigations.
- v. Medical herbalists should maintain a sense of professional responsibility for factual statements expressed in reports and other similar documents when these are to be used or signed in a professional capacity.
- vi. The practitioner must provide a client with a printed invoice which includes the name of the practitioner, the address of the clinic and details of the service provided.

#### **5.1.1 Email, internet and telephone consultations**

- i. Any initial consultation must be face to face. Where in exceptional circumstances this is not practical the practitioner:
  - a) must ensure that the patient is assessed by an appropriately qualified practitioner before any course of treatment is recommended;
  - b) has the responsibility to sight any relevant reports generated from a consultation conducted by another appropriately qualified practitioner prior to the email or telephone consultation;
  - c) conduct follow up consultations in absentia provided that the practitioner evaluates the progress of the patient competently;
  - d) conduct a face to face follow up consultation at least every 12 months.
- ii. Fees may be charged for email, internet or telephone consultations however health fund rebates cannot be claimed for these consultations.
- iii. Receipts issued for email, internet or telephone consultations must clearly state that the fee charged is for the email, internet or telephone consultation and that a health fund rebate is not available.

## **5.2 The Premises**

- i. Practitioners shall maintain working conditions suitable for the professional practice of medical herbalism.
- ii. The clinic premises shall be of high standard in order to reflect favourably on herbal medicine and the profession.
- iii. The minimum requirements for a professional clinic shall be a separate clinic space for private consultations, a separate waiting area, and hygienic washroom and toilet facilities in accordance with local government requirements for medical rooms.
- iv. The clinic environs must be well maintained and appropriately clean.
- v. Access to all records, whether written or computerised, shall be restricted to only those personnel who are authorised to view this material.
- vi. Medicines prepared for a patient's use shall be prepared in accordance with the strictest standards of hygiene and shall be labelled in the manner stipulated by the relevant government bodies.

## **6. Complaints Resolution**

### **6.1 Responsibilities Relating to Complaints and Complaints Resolution**

NHAA has developed policies and procedures for its members for the management of complaints. Providing an opportunity to deal with complaints to the satisfaction of patients is an important aspect of improving the standard of the health care services provided.

NHAA encourages medical herbalists to resolve complaints directly with patients wherever possible.

A complaint may be made in writing or may be made by the patient verbally to either the medical herbalist or his or her staff and may be defined as:

- i. A communication from a patient regarding a medical herbalist's services where concerns are raised about the treatment provided by the medical herbalist
- ii. A communication expressing concern about the adequacy or appropriateness of the verbal or actual conduct between the medical herbalist and the patient.

When dealing with a complaint a medical herbalist should observe the following principles:

- iii. It is the right of patients to make a complaint
- iv. Complaints should be accepted politely and with due regard for the patient
- v. The procedures through which a complaint can be made should be accessible and open. The patient should be given the name of the appropriate person in the clinic who will handle the complaint
- vi. The patient shall be given the contact details of the NHAA and the contact details of the Health Care Complaints Commission from the

- appropriate state or territory if the complaint cannot be dealt with satisfactorily in the first instance.
- vii. The facts relating to the complaint should be evaluated
- viii. The principles of natural justice must be observed.
- ix. Patients should be protected against any adverse consequences of exercising their rights to complain and should continue to receive quality care by the practitioner if this is their choice.
- x. Complaints should be treated confidentially.
- xi. Complaints made by patients may result in disciplinary action by the Association or in legal action of some kind.

#### **6.2 Procedures for Complaints Resolution**

When a complaint is received from a patient, the following procedures should be adopted:

- i. Complaints should be received and recorded and an attempt made to resolve the complaint immediately
- ii. Complaints should be dealt with promptly and the patient should be given feedback of the outcome of their complaint.
- iii. Adequate information should be collected and recorded relating to the complaint, the details of which should include the name/s of the individuals involved; the time and date the incident is said to have occurred; whether there was an attempt to resolve the problem immediately and if so, how this was undertaken. Any developments subsequent to the initial incident including dates, times and personnel involved should also be recorded.
- iv. When the complaint cannot be resolved within the clinical setting, the patient should be referred to the NHAA to be resolved in accordance with the 'Protocol for Complaints' procedures as defined by the Board of Directors.
- v. An apology should be tendered and/or appropriate action taken where a complaint has been substantiated.

### **7. The Medical Herbalist and Members of the Association and the Profession**

- i. A practitioner shall at no time take part in or promote any activity, verbal or otherwise, which will reflect improperly or denigrate the standing of herbalism or the Association within the general community or in any professional circles.
- ii. A practitioner shall not use his/her professional connections or affiliation with the Association for personal gain.
- iii. If a practitioner acts as a locum, the practitioner shall not:
  - i. Continue to treat that patient without consent from the original practitioner
  - ii. Attempt to coerce or discourage the patient from returning to their original practitioner
  - iii. Continue to contact patients of the originating practitioner with the intent of inviting them to leave their existing practitioner

- iv. When establishing a new practice or relocating, a practitioner shall observe the courtesy of contacting all existing practitioners/members in the nearby locality.
- v. If a medical herbalist forms the opinion that a fellow practitioner/member is behaving in an unethical manner, they may first discuss this with that practitioner before reporting their concerns to the Association.
- vi. Should a consultation or investigation find a condition in a patient that requires treatment outside the practitioner's area of qualification, expertise or knowledge, that practitioner bears a duty of care to the patient to make a referral for specialised treatment.

## **8. The Medical herbalist and Other Professions**

- i. Practitioners shall at all times show due respect to practitioners of other disciplines.
- ii. A medical herbalist should not criticise, condemn or otherwise denigrate another practitioner or any recommendation made by that practitioner.
- iii. A practitioner should consider it a privilege to treat another practitioner/member or member of an associated profession.
- iv. A practitioner should always obtain a patient's prior consent before releasing information to another practitioner
- v. A practitioner shall not denigrate or otherwise cause disrepute to a member of any other medical or complementary health modality
  - a. for the purpose of self gain
  - b. in front of any layperson, patient or through any public medium
- vi. A member may not give or receive commissions, bonuses, fees or gifts for the referral of patients to any other health care professional
- vii. A practitioner shall not repeat any confidential communications from members of other professions or associations without permission
- viii. Any interdisciplinary dispute should be attended to in a honourable, respectful and professional manner
- ix. Any complaints of conduct of associated professionals must first be discussed with the associated professional, and then reported to their professional association as well as the NHAA.

### **8.1 Referrals to Other Medical herbalists or Other Health Professionals**

- i. It is the practitioner's responsibility to know their own educational and professional limitations and to refer when specialist treatment is required to serve the best interests of the patient.
- ii. Where an opinion is required in a court of law or before the media, a practitioner shall not in any way denigrate another practitioner or the profession or practice of herbal medicine.
- iii. When speaking in public, a practitioner shall clearly indicate which statements are opinions that are in conflict with or contrary to those generally held by the profession or the Association.
- iv. When a practitioner is consulted by a patient through referral or because the practitioner whom the patient usually consults is unable to see them for any reason, the practitioner should treat that person,

and refer the patient back to the referring practitioner, outlining assessments and treatment if requested. The current professional relationship shall not be interfered with unless and until the patient or referring practitioner clearly indicates that the new practitioner is to assume the continued care.

- v. Where a patient is referred to another practitioner for a second opinion, that opinion shall be granted to the referring practitioner without prejudice.
- vi. Practitioners shall arrange consultation with a colleague whenever the patient so desires or requires, provided the best interests of the patient are served. The practitioner bears a responsibility to ensure that the colleague assisting in their patient's health care is suitably qualified and competent.

## **9. The Medical herbalist and the Community**

The medical herbalist will adopt a sense of community by providing information through the media, public speaking and written material to assist the general public in making informed health choices in relation to herbal medicine.

- i. The medical herbalist will not mislead the community with claims of herbal cure alls, magic bullets and wonder herbs.
- ii. A medical herbalist will endeavour at all times to behave in an appropriate manner in a public place, recognising that failure to do so will reflect badly on the Association and on the profession of herbal medicine.

## **10. Education, Teaching and Research in Herbal Medicine**

### **10.1 Education**

The Association provides the Australian public, members, and the Government with professional assurance that the NHAA is a reliable and recognised authority monitoring the quality of entrants into the profession.

The NHAA and all members shall at all times recognise and abide by all State, Federal, educational institution and registration board requirements for standards of education, including upgrading as deemed necessary.

In accepting the role of medical herbalist, a practitioner must be educated and show continuing competence in:

- i. The ability to conduct a comprehensive diagnostic assessment
- ii. An understanding of the individual, the family and the community
- iii. The ability to practise disease prevention and health promotion
- iv. Analysing and defining health problems
- v. Managing health problems [planning and implementation of herbal care, referrals]
- vi. Establishing appropriate conditions for patient or patient care by creating a favourable practice milieu
- vii. Ensuring patient safety and avoiding complications in practice by referring patients to the appropriate professionals for investigations

- such as laboratory, radiological or other specialised physical tests or examinations
- viii. Managing a practice

#### **10.1.1 Continuing Professional Education (CPE)**

- i. A commitment to CPE is mandatory for continuing membership of NHAA
- ii. CPE cards are issued annually with membership renewal.
- iii. The NHAA requires all members to meet CPE criteria and cards are to be submitted to the Association for assessment annually.

#### **10.1.2 First Aid**

- i. It is compulsory for all practicing members to hold a current First Aid and Cardiopulmonary Resuscitation (CPR) certificate
- ii. All practitioners must be able to demonstrate competence in First Aid and CPR skills both functionally and theoretically.

#### **10.2 Teaching**

- i. Membership of the NHAA is encouraged of lecturers who are teaching NHAA accredited courses.
- ii. The aim of teaching is to provide solid foundations in the theory and practice of herbal medicine from which the student acquires an enquiring mind and knows where to seek out the required information.
- iii. NHAA members who are lecturers will not enter into sexual relations with their students or behave in a manner which is unbecoming to the profession or victimise any student who resists such an advance.
- iv. Lecturers must be mindful that students are future members of the profession and therefore must be assessed on their competence as a practitioner. If a student is found lacking or only obtaining partial competence in a particular area, this must be drawn to the attention of the student and remedial efforts put in place.
- v. Members of the NHAA teaching in institutions shall obtain permission from their patients to present a case study in the classroom and preserve and respect the anonymity, privacy and dignity of their patients at all times.
- vi. It is considered mandatory that all those involved in teaching herbal medicine actively pursue continuing professional education seminars and conferences and seek out medical and herbal journals to substantiate their knowledge where appropriate.
- vii. Those teaching in any educational institution shall not use their influence over students to promote or denigrate a particular company, product or individual.

#### **10.3 Research**

- i. The NHAA encourages its members to undertake research/clinical trials to further the knowledge base and practical application of herbal medicine.

- ii. Members undertaking research, and their staff, should keep as paramount the health, dignity, privacy and freedom of choice of the research subjects. An opportunity to debrief at the conclusion of the clinical trial and to receive information as to the risks/benefits of the treatment should be made available to all participants.
- iii. The member must obtain the subject's written consent to enter the investigation/trial after informing the patient of any risks or invasive procedures involved.
- iv. A member must not exert undue pressure on potential subjects by using a position of authority or a current patient/practitioner relationship for the purpose of securing their participation in a particular research project.
- v. Members undertaking private research must submit research proposals to the NHAA Medicinal Plants Ethics Committee or to the appropriate Area Health Service or University Ethics Committee or other approved appropriate body.
- vi. The research will be conducted in an ethical manner with the emphasis on human trials rather than animal studies.
- vii. Any clinical research involving human subjects shall conform to the guidelines of the Declaration of Helsinki.
- viii. While the randomised double-blind placebo controlled clinical trial is seen as the gold standard for the scientific community, the NHAA seeks to extend these parameters to truly reflect the individualized treatment and holistic patient assessment that is at the basis of herbal medicine.
- ix. To this end, the Association supports the notion of evidence-based medicine, believing that traditional prescribing is based on these precepts.
- x. The Association is involved in actively lobbying the appropriate government authorities to earmark research monies for herbal medicine clinical evaluations and trials.

## **11. Appendices**

### **11.1 Oath of Hippocrates**

I swear by Apollo Physician and Asclepius and Hygeia and Panacea and all of the gods and goddesses, making them my witnesses, that I will fulfil according to my ability and judgment this oath and this covenant:

- To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art – if they desire to learn it – without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but to no one else.
- I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.
- I will neither give a deadly drug to anyone if asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and art.
- I will not use a knife, not even on sufferers from stone, but will withdraw in favour of such men as engaged in this work.
- Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.
- What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account be spread abroad, I will keep to myself holding such things shameful to be spoken about.
- If I fulfil this oath and do not violate it, may it be granted to me to enjoy life and art, being honoured with fame among all men for all time to come, if I transgress it and swear falsely, may the opposite of all this be my lot.



**Submission to NSW Health**  
**by**  
**National Herbalist's Association**  
**of Australia**  
**Regarding the**  
**Unregistered Health Practitioner**  
**Code of Conduct**

**National Herbalists Association of Australia (NHAA)**

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## Executive Summary

- This document has been prepared by the National Herbalists Association of Australia (NHAA), which has represented the interests of professional Western Herbalists Medicine (WHM) practitioners and Naturopaths in Australia since 1920.
- The NHAA gives qualified support to the Public Health (General ) Amendment Regulation 2008.
- The NHAA considers that the changes to the Public Health Act (1991) by the Public Health (General ) Amendment Regulation 2008 do not offer consumers the best protection from the unscrupulous misuse of titles of Western Herbal Medicine Practitioner or Naturopath or from inadequately trained or incompetent practitioners.
- The amendment to the act gives the Health Care Complaints Commission powers to deal with individual practitioners who act outside of the best interests of their clients but does nothing to prevent the untrained or incompetent from practising in the first place.
- The NHAA believes the best protection for the public lies within a form of statutory regulation setting minimum education, practice standards, code of conduct and code of ethics for Herbalists and Naturopaths. This is in alignment with the recommendations of the La Trobe University report *The Practice and Regulatory Requirements of Naturopathy and Western Herbal Medicine* authored by Vivian Lin et al.
- Regulation of the professions is the best protection for the public at large.

## **Introduction and Background to the National Herbalists Association of Australia**

The NHAA is the key professional Association representing appropriately qualified Western Herbalists and Naturopaths using herbal medicines as their primary treatment modality. It is the oldest professional association of complementary therapists, founded in 1920, with a current full membership of 936 (our total membership is 1461 including student and companion members). This represents approximately one third of practising Herbalists and Naturopaths in Australia. The NHAA is the only national professional association specifically concerned with the practice and education of Western Herbal Medicine (WHM). Details of the Constitution and the Code of Ethics and Standards of Practice of the Association are detailed in Attachments 1 & 2.

The primary aims of the NHAA include to:

- Promote, protect and encourage the study, practice and knowledge of medical herbalism.
- Disseminate such knowledge by talks, seminars and publications.
- Encourage the highest ideals of professional and ethical standards.
- Promote herbal medicine within the community as a safe and effective treatment option.

The Full Membership of the Association elects the Board of Directors of the NHAA, with each member serving a two-year voluntary (unpaid) term after which they may stand for re-election.

Full members of the NHAA have completed training in Western Herbal Medicine sufficient to meet the educational standards as determined by the Examiners of the Board in consultation with tertiary education institutions (standards based on but exceeding the requirements of the NSW Health Training Package), and must adhere to a comprehensive Code of Ethics and Continuing Professional Education (CPE) program (see attachments 2, 3 & 4).

Since its inception, the NHAA and its members have been at the forefront of herbal medicine and have been influential in areas ranging from education and practice standards, to government regulation and industry standards. The NHAA has a strong commitment to achieving high educational standards in herbal medicine practice and supports regulation of the profession. Attachment 5 is a copy of our Course Accreditation Guidelines.

Membership is mainly practitioners of Western Herbal Medicine including Naturopaths who choose to use herbal medicine as their major modality of practise.

## **Qualified Support To The Public Health (General) Amendment Regulation 2008**

Whilst the NHAA supports the introduction of a code of Conduct for Unregistered Health Practitioners we believe that this affords a minimum of protection for the public from the untrained and unscrupulous.

This amendment to legislation still allows for any person to declare him or herself a practitioner, set up practice whilst holding out to be a practitioner without any check or balance to the person's level of training and/or competence to practice.

There is no protection 'before-the-fact' in this legislation and will only give recourse to the public once an injury or offence has occurred and thereby offers no real protection from fraudulent practitioners.

The NHAA believes the best protection for the public lies within a form of statutory regulation setting minimum education, practice standards, code of conduct and code of ethics for practitioners. This position is in alignment with the recommendations of the La Trobe University report *The Practice and Regulatory Requirements of Naturopathy and Western Herbal Medicine* authored by Vivian Lin et al<sup>1</sup>.

In the report summary item 3.12 recommends, "...an independent regulatory body be established to determine uniform minimum professional and educational standards and to provide effective complaints handling mechanisms and sanctions related to misconduct."

An opportunity now exists for such a national register to be established. Under the Commonwealth Heads of Government agreement to create a national register of health practitioners under the auspices of the Council of Health Ministers by July 2008 and will include all professions currently regulated in all states and territories. After that date the Council of Health Ministers' working party is to consider the national regulation of partly regulated and unregulated professions.

The NHAA strongly urges the NSW Health Minister to put a priority on the regulation of Herbalists and Naturopaths as a means to truly effect public safety and confidence in these professions.

The NHAA considers the regulation of the professions as the best protection for the public at large.

## **Do These Professions Fall Into Health Minister's Responsibilities?**

Further the NHAA believes that regulation of these professions falls under the auspices of a Health Minister's Responsibilities.

Professions that need to be regulated by States and Territories must meet the six criteria set down by the Australian Health Minister's Advisory Council (AHMAC) 'Criteria for Health Occupations'.

These criteria are:

- 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?
- Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?
- Do existing regulatory or other mechanisms fail to address health and safety issues?
- Is regulation possible to implement for the occupation in question?
- Is regulation practical to implement for the occupation in question?
- Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

The NHAA believes the professions do meet these criteria and have provided an assessment against the criteria below.

### **Assessment against the Criteria**

#### **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?**

WHM Practitioners and Naturopaths are primary contact healthcare practitioners with up to 50% of the community consulting these professionals each year. These professions provide healthcare services and medicines over extended periods to assist with chronic diseases and to help clients deal with the effects of medical treatments for serious illnesses. In addition complementary healthcare products prescribed by these professions are regulated as therapeutic products by several acts including the Therapeutic Goods Act. It makes sense that a person prescribing a regulated product, should in turn, also be regulated.

### **1. Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?**

The NHAA and Federation of Natural and Traditional Therapies (FNTT) jointly commissioned a workforce survey<sup>5</sup> (attachment 6) as part of the GST enquiry in 2003.

This workforce study identified a significant number of adverse reactions from the ingestion of herbal medicine prescribed by WHM practitioners and Naturopaths. The number of adverse reactions was similar to that reported for TCM as reported in Towards a Safer Choice<sup>2</sup>.

In addition there is a risk involved in our role as primary care practitioners. There have been two deaths linked to naturopathic practice, which have been investigated by the coroner in recent years<sup>3</sup>. In both these cases the practitioner concerned was not a member of any of the associations and neither were suitably qualified to practice as naturopaths.

More recently there is an allegation of an unqualified practitioner offering treatments for cancer patients. It has been reported in the press that this individual forged documents related to his training to gain membership of one association to add credibility to his claims of cure.<sup>4</sup>

Therefore regulation is warranted based on:

- adverse event associated with herbal and nutritional medicines
- potential toxicity of some herbal medicines
- potential for interactions between herbal medicines and pharmaceutical drugs
- acts in practice that can be injurious to the public
- acts of malpractice and fraud resulting in complaints

### **3. Do existing regulatory or other mechanisms fail to address health and safety issues?**

The current situation is one of non-regulation. Efforts at self-regulation by the various professional associations have failed due to disagreements on standards and regulatory models. The NHAA strongly supports statutory registration, where other associations do not support this position. These associations are suggesting co-regulatory or self-regulatory arrangements. There are serious weaknesses with these alternatives.

Success of co-regulation or self-regulation is contingent upon a single national professional association. This is not the current situation for WHM or Naturopathy and is unlikely to ever be so. There are up to twenty associations that purport to represent the professions. The NHAA believes unity on critical issues of regulation is highly unlikely for WHM and Naturopathy and therefore self-regulation is impossible.

In the case of co-regulation, each of the state and territory governments would be required to regulate each of the twenty associations purporting to represent WHM and Naturopaths. This is an unreasonable expectation of any government and realistically unmanageable.

We believe the reasons for some associations rejecting statutory registration are:

- 1 Conflict of interest – some associations have boards appointed from owners or principals of educational institutes. These boards accredit courses of member institutions. Statutory regulation will separate the setting of standards from associations.
- 2 Fear of becoming irrelevant - members may choose registration over membership of a professional association.

In Towards a Safer Choice<sup>5</sup>, the Australian Traditional Medicine Society (ATMS) argued against statutory registration. However its members, surveyed separately, In A Profile of Naturopathic and Western Herbal Medicine Practitioner in Australia supported statutory registration for TCM practitioners.

Given the large number of professional associations and the divisions between them a self-regulatory or co regulatory model is unworkable therefore a form of statutory regulation is necessary to inform standards of education, practice and safety for the public.

#### Education Standards

Under the current arrangements educational standards for practitioners vary significantly between educational institutions. The NHAA has a procedure for accrediting training courses to allow entry to the NHAA as a full member. In the processing of applications for accreditation we have noticed a vast difference in the length, depth and quality of training provided by various education providers. Courses vary in length from approximately 1500 contact hours to 2250 contact hours and the content and depth of tutoring varies consistent with the number of contact hours. Many of the professional associations accredit courses as a de facto method of maintaining standards yet on the other hand many just accept graduates of any course as being suitable for membership and therefore ready for practice.

Under a statutory registration system education standards will be determined at arms length from professional associations thus setting a common benchmark for all practitioners and ensuring appropriate levels of safety for the public when consulting these professionals. This will also prevent any conflict of interest that arises where associations accredit courses offered by members of the board.

## Materia Medica

Of importance to the profession is protection of and access to the materia medica, the tools of trade, required to practise our profession. Statutory registration could ensure this through a schedule in the SUSDP as being instituted in Victoria, as part of the role of the Chinese Medicine Registration Board.

## Inter-profession Referrals

We also believe statutory registration will build stronger working relationships between Herbalists, naturopaths and other health care professions. Other health care professionals will be able to confidently refer to Herbalists knowing registration standards are consistent with other registered health professionals.

### **4. Is regulation possible to implement for the occupation in question?**

WHM and naturopathy are defined professions, with easily distinguishable modalities, for which it is possible to implement regulation. The Victorian experience of regulating TCM practitioners demonstrates the viability of this approach.

### **5. Is regulation practical to implement for the occupation in question?**

Regulation of these professions is possible although not without some difficulties. The Victorian experience of regulating TCM shows that it is possible to overcome such obstacles and obtain a satisfactory outcome for the public and the professions..

### **6. Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?**

The benefits of regulation are wide with good social outcomes and include:

- Improved and consistent standards of education for practitioners
- Increased community confidence in the professions and enhanced status of practitioners
- Better information and protection for consumers
- Exclusion of unqualified and unethical practitioners
- Greater focus of professional associations on improving professional development and benefits for members
- Incorporation of complementary medicines into the main stream health system
- Improve quality and safety in healthcare as a result of better communication and referrals among practitioners
- Better access to tools of trade for the profession with improved therapeutic outcomes for the public
- Decrease in administrative costs for health funds and insurers
- Compulsory professional indemnity insurance to protect clients
- Access to a fair, equitable and transparent complaints mechanism for the public

The potential negative effects of regulation are limited generally to the professions and include the following:

- Potential increase in fees for practitioners
- Increase in restrictions to entry to the professions
- Loss of livelihood to some practitioners who may be refused registration
- Increase in costs to educational institutes to upgrade course to comply with new standards. These may be passed on to students.
- Loss of GST free status if registration is refused to a practitioner
- Need for some practitioners to upgrade their qualifications incurring extra costs

On balance, the advantages of regulation far outweigh remaining with the status quo as the benefits of public protection and higher standards within the profession outweigh for the benefits to public health in Australia.

### **Further Consultation**

**The NHAA recognises that further consideration of the issues canvassed in this submission will be needed. The matter cannot be closed off without consultation between governments, the professions involved and the consumers of natural health care. We stand ready to discuss with all parties involved how these issues could be resolved.**

### **References:**

1. Lin V et al. 2005. *The Practice and Regulatory Requirements of Naturopathy and Western Herbal Medicine*. School of Public Health, La Trobe University, Bundoora. Available at [www.health.vic.gov.au/workforce/pracreg/naturopathy](http://www.health.vic.gov.au/workforce/pracreg/naturopathy)
2. Bensoussan A., Myers S.P., 1996; *Towards a Safer Choice; The Practice of Traditional Chinese Medicine in Australia*; University of Western Sydney, Macarthur
3. Davies L.; 2005, *An Unnatural Death*; Daily Telegraph, Sydney
4. Sixty Minutes, *Bad Medicine*, broadcast November, 2005
5. Bensoussan A., Myers S.P., 1996; *Towards a Safer Choice; The Practice of Traditional Chinese Medicine in Australia*; University of Western Sydney, Macarthur

### **List of Attachments**

1. Constitution of NHAA
2. Code of Ethics and Standards of Practice of NHAA
3. NHAA Continuing Professional Education Guide
4. NHAA Continuing Professional Education Diary
5. NHAA course accreditation guidelines
6. A Profile of Naturopathic and Western Herbal Medicine Practitioner in Australia
7. Promoting our Future: A Proposal for the Establishment of an Australian Council of Complementary Medicine; a Regulatory Model