

Department of Health and Ageing

**EVIDENCE IN SUPPORT OF
PRIVATE HEALTH INSURANCE REBATES
FOR NATUROPATHY**

JANUARY 2013

The Australian Naturopathic Practitioners Association



Excellence, Leadership and Integrity in Naturopathic Health Care

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Contents

Executive Summary.....	2
Introduction	2
Naturopathy as a Profession.....	4
Evidence for the profession of Naturopathy	6
Search strategy	6
Research findings	6
Limitations of Naturopathy evidence	6
Whole systems research	7
Traditional evidence	8
Risk and Safety	8
Cost effectiveness	10
Prevention as a cost effective model.....	10
The Foundations Project	11
Sub-standard training of health professionals in CAM.....	11
Negative consequences of removing the rebate.....	11
Conclusion.....	12
ANPA Recommendations.....	13
Reference list	14
Appendices.....	16
Appendix 1 - Naturopathy: current perspectives	16
Appendix 2 - Evidence table for Naturopathy	16
Appendix 3 - Evidence table for Herbal Medicine	16
Appendix 4 - Evidence table for Nutrition	16
Appendix 5 - Evidence table for Tactile Therapies.....	16
Appendix 6 - Evidence table for Homoeopathy.....	16
Acknowledgements.....	17

Executive Summary

Naturopathy is a recognised profession both nationally and internationally. Millions of Australians consult naturopaths because they achieve good outcomes for varied health conditions. The public is engaging in proactive decision making in usually paying for these consultations as an out of pocket expense. The government endorses this profession by approving training and education in naturopathy in both the VET as well as the higher education sectors. Naturopaths make a valuable contribution to the health support of millions of Australians. The profession of Naturopathy is a repository for significant levels of knowledge in complementary and alternative medicine (CAM). The public is seeking and finding answers using CAM approaches that offer minimal harm and good outcomes. Providing research that satisfies clinical efficacy, cost-effectiveness, quality and safety evidence to maintain the rebates for the profession of naturopathy and the public is the clear objective of the submission. Australians who choose private health insurance deserve continued support and choice in pro-actively engaging in self funding healthcare. The small rebate paid for naturopathy is a further endorsement by the government who already approves the education of naturopathy providers in Australia. Private health insurers make decisions to rebate for services based on market forces, not NHMRC evidence guidelines. The Australian Naturopathic Practitioner Association (ANPA) puts forward convincing evidence for the continued support by the government of the private health insurance rebate for naturopathy services.

Introduction

The Australian Naturopathic Practitioners Association (ANPA) thanks Prof Baggoley for the opportunity to lodge this submission of evidence supporting the health insurance rebates for the profession of naturopathy. The ANPA was founded in 1975 and is a national association representing naturopaths. All members must have a minimum of an Advanced Diploma of Naturopathy, although many have much higher qualifications. Our members abide by a code of ethics as well as other policies that guide clinical practice. The ANPA represents naturopaths in the following ways:

- Advocacy to government at State and Federal levels.
- Support statutory registration for naturopaths.
- Advocacy to private health insurers.
- Participation in the review of the Health Training Package (VET Sector).
- Foundation member and continued support for the Australian Register of Naturopaths and Herbalists (ARONAH).
- Significant focus on support for students and new graduates as they enter the profession.
- Ongoing educational and professionalization support for naturopaths.
- Collaboration with other health professionals creating bridges of understanding to improve health outcomes for the public.

- Communication with education providers across Australia and overseas offering naturopathy training.
- Regular contributions to the media raising the profile of naturopathy and awareness for the profession amongst other health professionals, the public and the media.

A comprehensive synopsis of the issues currently affecting the profession of naturopathy is included. (see Appendix 1: Naturopathy: current perspectives)

Private Health Insurance rebates for naturopathy services have been available since 1999¹. Presently 10.5 million Australians have private health insurance cover. The 30 per cent rebate from the government applies to both hospital cover and extras. Naturopathy rebates fall into the 'extras' rebate category. The Howard government introduced these insurance incentives to offer the public 'choice' and relieve pressure on the public hospital system¹. Australia, like other developed societies, is challenged with rising health costs. According to Baer support for complementary medicine by both sides of government may be a strategy for curtailing rising health costs and is rarely mentioned in the health economics literature². The benefits that were paid in 2010-11 for natural therapies were approximately 0.8% of the total benefits paid, and this equated to approximately \$27 million in subsidy from the rebate³.

Naturopaths are primary contact health practitioners and offer the Australian public approximately 4.9 million consultations per year⁴. Naturopaths are the largest group of complementary and alternative medicine practitioners in Australia⁵. Determining accurate numbers of naturopaths continues to be a problem because there is no formal register. There could be as many as 10, 000 naturopaths in Australia. This is substantially more than 4000 - the total number of Chinese medicine practitioners registered in 2012⁶. Nearly 10% of Australian women consult naturopaths⁷ and this number rises to 16% in conditions such as cancer⁸. Rebate decisions will impact many health consumers as well as the practitioner naturopaths who offer these services. The public are turning to naturopaths for many reasons: they prefer natural medicine approaches, they have experienced adverse side effects from pharmaceuticals and conventional medical approaches, want to try other options and want a more holistic approach⁹.

This submission covers the following: Executive summary, Introduction, Naturopathy as a profession, Evidence for the profession of Naturopathy, Negative consequences of removing the rebate, Conclusion and Recommendations.

Naturopathy as a Profession

The profession of Naturopathy was founded by Benedict Lust who defined the name in New York in 1896¹⁰. ***Naturopathy is a distinct health profession: both an art and a science and its model of care is underpinned by six foundational principles.*** These principles are kept in mind when a naturopath takes the case, develops a treatment plan, and supports a client's ongoing wellness. These six principles are:

*Utilising and harnessing **the power of nature*** – that the body, mind and spirit has the inherent ability and potential to self correct and achieve homeostasis.

first do no harm – that whatever we suggest or prescribe, whether it be ingestible substances, or a lifestyle or dietary change, we are not causing harm.

find and treat the cause whenever possible – we do not ignore the symptoms, we treat and alleviate them, but are always seeking to identify and treat the underlying driver of the problem and find the underlying cause.

treat the whole patient – identifying early on what the clients' beliefs are about their health care, who their support systems are, what matters to them, what are their priorities, and how we can align care with who this person is beyond only referencing their labelled diagnosis.

education – naturopath as teacher and facilitator fully informs, empowers and guides improved understanding so that the client is more likely to make improved health choices.

prevention – naturopathy is a different paradigm from conventional medicine. This difference is apparent in how we take a case, identify and understand and treat a dis-ease or functional physiological imbalance long before it becomes a diagnosable pathology. This ability is a true strength of what the paradigm of naturopathy has to offer. We are preventative medicine specialists.

Naturopathy is also defined as:

Naturopathy applies traditional, empirical, biomedical and scientific knowledge to optimise health and to prevent and treat disease. The principles of naturopathy are: supporting the body's innate healing power; identifying and treating the causes of illness; treating the whole person; promoting optimum health and preventing disease; and educating and actively engaging patients in the management of their health. Naturopathy is underpinned by holistic considerations of human health - physical, mental, spiritual and environmental. The practice of naturopathy utilises a range of modalities that are congruent with these principles. These commonly include dietary and lifestyle advice, nutritional medicine, herbal medicine, tactile therapies and homeopathy (Southern Cross University, School of Human Health Science, 2009).

Naturopathy is recognised as a traditional medicine by the World Health Organisation

WHO member states cooperate to promote the use of traditional medicine for health care.

The collaboration aims to:

- support and integrate traditional medicine into national health systems in combination with national policy and regulation for products, practices and providers to ensure safety and quality;
- ensure the use of safe, effective and quality products and practices, based on available evidence;
- acknowledge traditional medicine as part of primary health care, to increase access to care and preserve knowledge and resources; and
- ensure patient safety by upgrading the skills and knowledge of traditional medicine providers. Australia is a WHO member state.

<http://www.who.int/mediacentre/factsheets/fs134/en/>

Naturopathic treatments are diverse and may include different modalities.

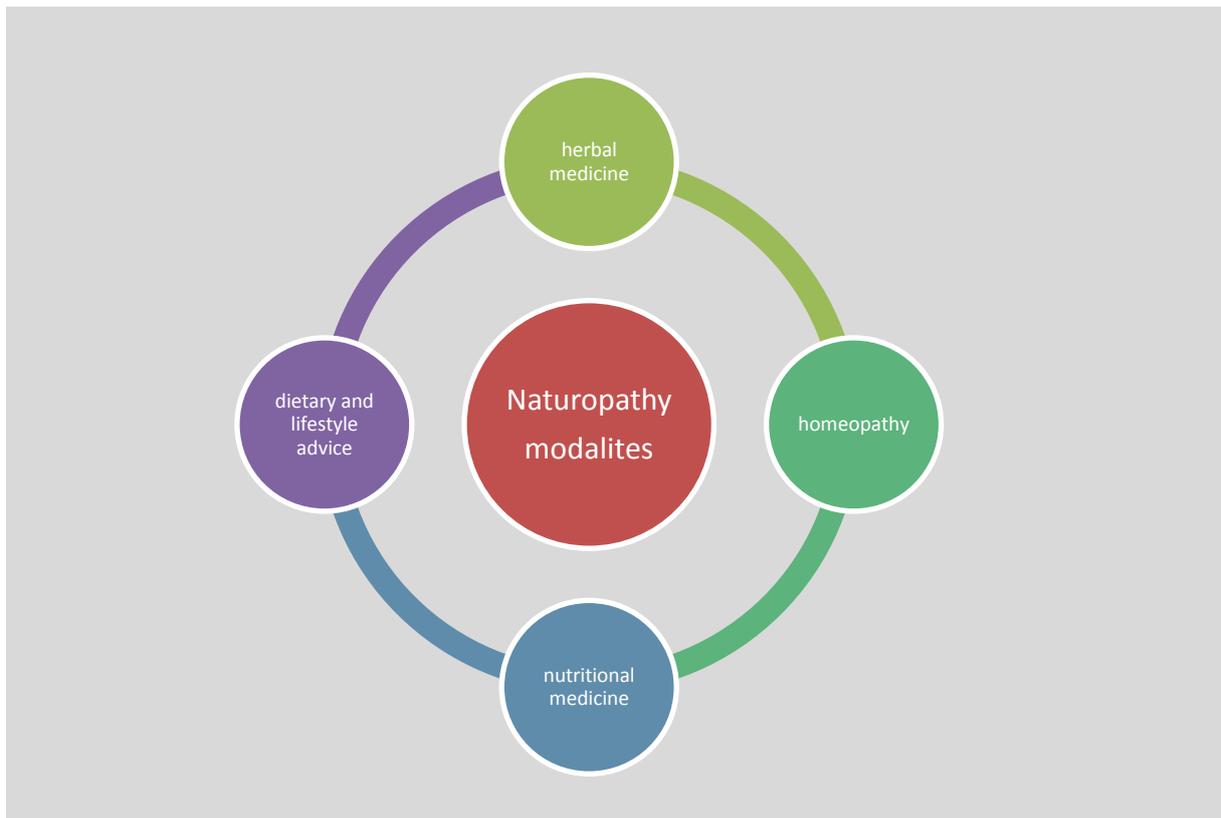


Figure 1. Naturopathy and the diverse modalities used in practice.

Core modalities in naturopathy may include: herbal medicine, nutritional medicine, homeopathy, dietary and life-style advice as well as tactile therapies. Naturopaths may also incorporate additional skills in their treatment protocols. Some naturopaths specialise in certain modalities, others are generalists. Naturopaths diagnose using physical examination and assessment of pathology testing. Naturopaths have medication formulation and prescribing rights under the Therapeutic Goods Act 1989.

Evidence for the profession of Naturopathy

Search strategy

Electronic searches were conducted in the following databases: Pubmed, CINHAL, Medical Complete, Scopus, Informit, Health Source, Web of Science, Cochrane Library, and Google Scholar. Search terms were confined to the main keywords of 'naturopathy' and clinical efficacy, cost effectiveness, safety and quality. Additional research citations are not included (due to time constraints for this submission) from unpublished papers from conferences as well as citations from CAM keyword searches that are broad ranging for the complex and varied modalities used by naturopaths. A recent poster presentation by Calabrese et al. at the International Research Congress on Integrative Medicine and Health (2012) '**Systematic review of clinical studies of whole practice naturopathic medicine**' identified 12 studies that fitted the PRISMA guidelines for systematic reviews. The authors concluded that the review showed evidence of efficacy and cost savings. Available at: <http://www.biomedcentral.com/1472-6882/12/S1/P332>

Research findings

As an emerging profession, evidence according to NHMRC guidelines is presented in Appendix 2. The evidence tables are set out under the following headings: Naturopathy, and then modalities used in naturopathic practice: Herbal Medicine, Nutritional medicine, Tactile therapies and Homeopathy. Each of these sections is then further divided into the specified criteria of clinical efficacy, cost-effectiveness, quality and safety. In the day to day naturopathy clinical practice, **text books** using evidence are commonly used to support treatment decisions as well as other evidence platforms. Authors of some of these significant texts used by naturopaths are Australian. These include: Associate Professor Kerry Bone, Dr Lesley Braun, Leah Hechtman, Dr Jerome Sarris, Dr Jon Wardle to name a few.

The absence of evidence does not imply evidence of absence.

Dr Carl Sagan

Limitations of Naturopathy evidence

Whilst there is limited evidence for the efficacy of CAM products and practices (including naturopathy), there is an equal lack of proof of ineffectiveness¹¹. This lack of research may be due to the limited numbers of practitioners with skills and intellectual capital to conduct the research as well as philosophical differences to the hierarchy of evidence¹². Competition for CAM funding against pharmaceutical companies is a significant limitation¹³. Projects for CAM research are also not seen as a priority¹⁴. There is now recognition that the most relevant research model design to answer the question for naturopaths is **Whole Practice Based Research**. This particular model is not included in current NHMRC guidelines.

Whole systems research

Naturopathic medicine incorporates a wide range of treatments or modalities to provide individualised care. Naturopathy's unique approach to patient care is ideally suited to a whole systems research (WSR) model.

According to Verhoef et al:

This framework is non-hierarchical, cyclical, flexible and adaptive as knowledge creation is continuous, evolutionary and necessitates a continuous interplay between research methods and 'phases' of knowledge. It must hold qualitative and quantitative research methods in equal esteem.¹⁵

The gulf between randomised controlled trials and complex individualised patient care has been raised repeatedly; the exclusion of social and environmental evidence through a strict hierarchy, and the de-emphasis of qualitative evidence that helps explain the needs and values of patients is at the expense of holistic care¹². Whole systems research may provide a better assessment of complementary and alternative therapies than classic Randomised Controlled Trials¹⁶.

The conclusion of the current '*NHMRC additional levels of evidence and grades for recommendations for developers of guidelines*' the NHMRC clearly states that some types of evidence have not been captured in the new grading approach '**specifically the appraisal of qualitative studies and cost-effective analyses**'. The government further states '**that the basis for appraising and synthesizing this type of evidence is undergoing refinement.**'

In 2010 the National Institutes of Health (NIH) in the USA commissioned the Office of Behavioural and Social Sciences Research to develop rigorous resource to evaluate mixed methods research applications. The NIH deemed a priority exists because of the **surge of methodological diversity that is facing public health**: population disparities, age groups, ethnicities, cultures, poor adherence to treatments thought to be effective, behavioural factors, disability, translational needs, interdisciplinary research teams and multi-level approaches to explore complex health problems¹⁷. The ANPA recognises that these moves on the part of the NIH to develop these more comprehensive models for health science research may more fully answer the research question for the profession of naturopathy. The Patient-Reported Outcomes Measurement System (PROMIS™) is an efficient, precise and flexible measurement of efficacy of treatment especially for chronic diseases¹⁸. This measurement tool may offer naturopaths a valid instrument for gathering outcomes data from their patients who often present with complex chronic diseases. Collaboration between public health and naturopathy research models may provide opportunities to improve health outcomes because underlying principles of naturopathy and public health are analogous¹⁹.

Traditional evidence

*Traditional knowledge is not simply 'anecdotal' but a form of empirical knowledge – the collective accumulation of individual observations by generations of practitioners, in some cases over hundreds of years. These observations have been systematically structured by practitioners based on cycles of empirical observation to understand cause and effect. Anecdotes in contrast are fragmented and lack unification or the value of repeated experience*¹⁴. Bensoussan 2004

Naturopathy incorporates this traditional collective evidence as a fundamental basis of every day practice. For example the traditional use of a herbal medicine from a *materia medica* or a *herbal monograph* continues to be an important part of the knowledge basis that informs the practice of a naturopath in the herbal medicine dispensary today.

Risk and Safety

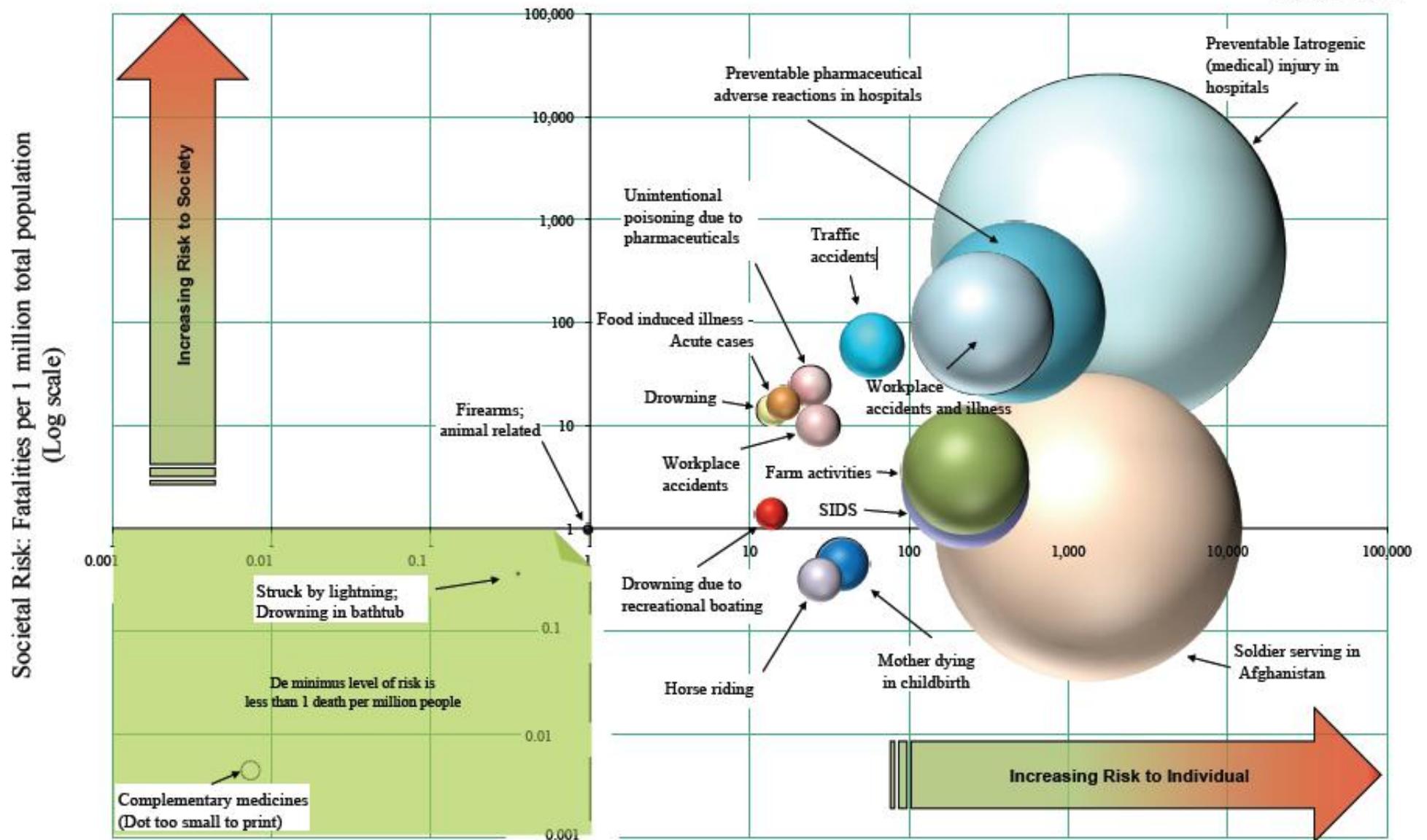
Naturopathy uses complex approaches to treatment. The bubble graph developed by Juderon and Associates (2011) shows clearly that the societal risk of death in Australia from the use of CAM is a dot too small to print. Naturopaths are specialists in the use of many of these complementary medicines. Tax payers are fully subsidising a Medicare system with *enormous risk of death from preventable iatrogenic injury in hospitals and pharmaceutical adverse reactions in hospitals* (see graph below). It is important to note that in spite of very low risk compared to conventional medicine provided in hospitals and via complementary medicines, research has identified that there is some risk to the public. For example herb drug interactions are a consideration today as they may cause adverse reactions if not administered and monitored correctly. Lack of regulation of naturopathic education has resulted in risks to patients via reduced standards²⁰. Naturopaths and Western herbal medicine practitioners will experience one adverse event every 11 months of full-time practice, with 2.3 adverse events for every 1000 consultations (excluding mild gastrointestinal effects)²¹.

Statutory registration for naturopaths has been called for in order to protect the public. This was the preferred model of regulation recommended as a result of the Lin Report tabled in 2005²². Governments have been slow to act on this important recommendation since then. The formation of the Australian Register of Naturopaths (ARONAH) www.aronah.com.au is in the process of creating a register during 2013 for the profession so that they are registration ready. Statutory registration under the Australian Health Practitioners Regulatory Authority (AHPRA) will establish minimal standards for education, offer an independent complaints mechanism for the public and health professionals as well as legally protect the 'title' for the profession of naturopathy.

Societal vs Individual Risk of Death in Australia

Bubble size represents individual risk relative to 1 in million (de minimis) approximating the risk of death on a Boeing 747 flight anywhere in the world.

Note: Log scales



Sources:
Variety of Australian Government and NGO databases and reports.

Individual Risk: Fatalities per million people exposed to risk (Log scale)

© 2011, Juderon Associates,
juderon@gmail.com
Updated 2011 using latest available data

Cost effectiveness

A study conducted by Access Economics for the National Institute of Complementary Medicine (NICM) found that the nation could potentially save millions in healthcare costs without compromising patient outcomes if complementary medicine is more widely used²³. Naturopaths are ideally placed to offer these complementary medicines for depression, heart disease and osteoarthritis as they are significantly trained in the use of these modalities; nutritional medicine - fish oil, herbal medicines St John's Wort and Phytodolor.

'With the increasing rates of chronic disease, an aging population and ballooning health costs, now is the time to redouble our efforts in CM research, and to focus on implementing the evidence through integrative clinical practice.' NICM 2012

A pragmatic RCT has demonstrated the cost effectiveness of naturopathic care to society, employer and participants for chronic low back pain²⁴. The National Advisory Council to the NIH National Centre for Complementary and Alternative Medicine in the USA confirmed a concept paper 'The effectiveness and cost-effectiveness of CAM as practiced in community settings.' This will offer outcomes for patients that include: becoming more functional, gaining higher quality of life, diminishing the use of pharmaceuticals, suffering fewer adverse effects of drugs, needing fewer tests and procedures, limiting needs for more expensive conventional services, lowering cost of treatment, feeling healthier, living with less pain and finding their way to more productive lives²⁵. CFO Magazine (targeting Chief Financial Officers) is urging Fortune 500 companies in the USA to explore cost savings via approaches innovated in the fields of naturopathic medicine, integrative medicine and other whole-person, health creating disciplines²⁶. The findings of the 2010 CHP Group white paper 'Complementary and Alternative Medicine: Integrating Evidence-based and Cost effective ACM into the Health Care System' states that CAM should be playing a major role in the mitigation of health care costs and increased quality of care²⁷. The CHP group further states that health plans in the US are increasingly recognising the benefits of CAM care, however the delivery system has yet to maximise the considerable cost, access and quality advantages offered by CAM. These issues are also relevant for Australia.

Prevention as a cost effective model

Naturopaths are prevention medicine specialists. They understand dis-ease long before there is a diagnosable pathology. Enhancing a primary prevention health model is a significant way to create a healthier society and reduce pressures on the health system. The health system, both the inner and the outer systems, individual and collective, has to transform or it will collapse over time²⁸. Prevention does work. The \$176 million the Australian government invested in tobacco control over three decades has delivered \$8.6 billion in economic returns²⁸.

The Foundations Project

The Foundations Project is in process codifying the unique knowledge base of naturopathic medicine, Associate Professor Pam Snider has co-opted 150 contributing naturopathic writers to publish a rigorous and explicit understanding of naturopathic clinical theory – to capture the modern interpretation of historical precepts and their place in the era of evidence based biomedicine²⁹.

Sub-standard training of health professionals in CAM

The public are seeking advice from all kinds of health professionals regarding the use of complementary and alternative medicine (CAM). These health professionals include but are not limited to: general practitioners, pharmacists, specialists, physiotherapists, nurses, osteopaths, chiropractors, massage therapists, psychologists and personal trainers. Naturopaths are significantly trained in two of the main modalities the public are frequently seeking information about: herbal medicine as well as nutritional medicine (that includes vitamins, minerals and other related supplements). Herbal medicine as well as nutritional medicine require significant in depth training with no less than 4 units of study in each of these domains. Non-naturopath health professionals working *beyond their scope of practice* who offer this advice with limited training in herbal or nutritional medicine are a risk to the public. The public is at risk going in good faith to health practitioners ‘holding out’ to have knowledge in these areas. Less than half the medical practitioner community feel sufficiently knowledgeable about complementary medicine and they receive far less training and have less knowledge of CAM when compared to CAM therapists¹¹. The public are at risk when community pharmacists are reporting that less than 15% are confident to answer queries about safety, interactions or benefits of CAM³⁰. Targeted professional education³¹ for these health professionals is imperative when the safety of the public is at stake.

- *Non-naturopath health professionals who have limited training in herbal medicine or nutritional medicine need to be referring to well trained naturopaths.*
- *Non-naturopath health professionals need to evidence a minimum training equivalent to that of a naturopath in both herbal medicine as well as nutritional medicine if they are holding out in these domains to the public.*

Naturopaths because of their broad scope of practice in the various modalities of CAM are legitimate healthcare providers in this domain.

Negative consequences of removing the rebate

Beyond the income consequences for naturopaths who often struggle to maintain their professional businesses, Australian health consumers will have their choices further constrained. Those patients who have maintained their private health insurance primarily to have some partial rebates for CAM via their ‘extras’ cover will be reconsidering whether

they can afford to continue their private health insurance. Well-informed health consumers with the target of self-reliant primary health prevention are being ignored or marginalised.

There are many patients who visit a naturopath (often with good outcome) once they have exhausted all available treatments from conventional and allied health professionals. Are these health consumers now to be denied a partial rebate from their private health insurance when they decide to consult a naturopath who offers a different approach to their care? If so, why?

In addition, there are significant equity concerns. Too often health consumers with limited financial capacity have negative health outcomes when they are experiencing preventable early disease symptoms. Removing the rebate may further limit health consumers' choice in consulting with health professionals like naturopaths who have significant and legitimate preventative health expertise.

Conclusion

Maintaining health rebates for naturopathy services is fundamental to offering the Australian public choice in proactive and preventative health care. Evidence is substantial, both scientific as well as traditional, for the profession of naturopathy. Research both in Australia and abroad is gathering momentum for naturopathy as a distinct profession with specific needs in terms of answering the research question that best addresses the complex approaches used in naturopathic practice. Whole Systems Research is a model that most closely answers the naturopathy research question. Consequences for consumers as well as practitioners will be felt if any subsidy is removed to their access and support of efficacious and evidence-based naturopathic care. Naturopaths are the largest group of unregistered health professionals in Australia. They are an underutilised workforce engaging in primary contact health care with millions of Australians. This submission is a justification for the continued support of health rebates in recognition of the already significant role naturopaths play in offering patients health support. Australians deserve choice in healthcare. Naturopathy is only subsidised in a very minimal way via private health insurance. The public is currently mostly paying out of pocket for naturopathy services. The prevention and wellness agenda is fundamental to the practice of naturopathy. Naturopaths can be allies and full team players with other health professionals in offering excellent health outcomes to consumers. The evidence is there to prove it.

ANPA Recommendations

Recommendation 1

Maintain and increase the existing financial support for private health insurance rebates for naturopathy services.

Recommendation 2

Unbundle these naturopathy services as stand-alone services from private health insurers.

Recommendation 3

Provide significant funding for whole systems research in naturopathy.

Recommendation 4

Table a motion in parliament for the urgent statutory registration of Naturopaths.

Recommendation 5

Develop competency mapping of educational standards for non-naturopath health practitioners providing advice to the public in the areas of herbal or nutritional medicine.

Recommendation 6

Develop clear guidelines for non-naturopath health practitioners to refer to well trained naturopaths with expertise in CAM.

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Appendices

Appendix 1 - Naturopathy: current perspectives

Appendix 2 - Evidence table for Naturopathy

(see pdf attachment)

Appendix 3 - Evidence table for Herbal Medicine

(see pdf attachment)

Appendix 4 - Evidence table for Nutrition

(see pdf attachment)

Appendix 5 - Evidence table for Tactile Therapies

(see pdf attachment)

Appendix 6 - Evidence table for Homoeopathy

(see pdf attachment)

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Dr Seroya Crouch – Endeavour College

Appendix 1

Naturopathy: Current Perspectives

(Reproduced with permission from AIMA)

Brand E. **Naturopathy: current perspectives.** *Journal of Integrative Medicine.* 2012; Dec 18 (3): 8-10.

Naturopathy is a complete health system offering many solutions for modern health challenges. Naturopathy is often misunderstood and misinterpreted. Fundamental principles of naturopathy are described and priority issues of statutory registration, education standards and cross referrals with other health professionals are highlighted.

What is naturopathy?

Benedict Lust is recognised as the father of naturopathy. He was born in Michelbach Germany in 1872. He moved to New York in 1892, and defined the term naturopathy in 1896¹. Naturopathy is today as it was then, a distinct health profession. The practice of naturopathy is underpinned by six foundational principles. These principles are kept in mind when a naturopath takes the case, develops a treatment plan, and supports a client's ongoing wellness. These six principles are:

*Utilising and harnessing **the power of nature*** – that the body, mind and spirit has the inherent ability and potential to self correct and achieve homeostasis.

first do no harm – that whatever we suggest or prescribe, whether it be ingestible substances, or a lifestyle or dietary change, we are not causing harm.

find and treat the cause whenever possible – we do not ignore the symptoms, we treat them, but are always seeking to identify and treat the underlying driver of the problem.

treat the whole patient – identifying early on what the clients' beliefs are about their health care, who their support systems are, what matters to them, what are their priorities, and how we can align care with who this person is beyond only referencing their labelled diagnosis.

education – naturopath as teacher and facilitator fully informs, empowers and guides improved understanding so that the client is more likely to make improved health choices.

prevention – naturopathy is a different paradigm from conventional medicine. This difference is apparent in how we take a case, identify and understand and treat a

dis-ease or functional physiological imbalance long before it becomes a diagnosable pathology. This ability is a true strength of what the paradigm of naturopathy has to offer. We are prevention medicine specialists.

Naturopathy can offer both *complementary* and *alternative* treatment approaches. *Complementary* treatments are used alongside conventional approaches. *Alternative* approaches are utilised instead of conventional treatments. Today, there is significant evidence to support both of these approaches.

Current Issues

'Now let us see the type of men and women who are the naturopaths of today. Many of them are fine, upstanding individuals, believing fully in the effectiveness of their chosen profession – willing to give their all for the sake of alleviating human suffering and ready to fight for their rights to the last ditch. More power to them!' Benedict Lust, 1945

Lust's words resonate as strongly today as they did sixty-seven years ago. The challenges for naturopaths in Australia are still aimed at raising our professional profile so that we can take our rightful place amongst the team of health care providers.

Registration

Determining accurate numbers of naturopaths continues to be a problem because there is no formal register. There could be as many as 10, 000 naturopaths in Australia. This is substantially more than 4000 - the total number of Chinese medicine practitioners registered in 2012². In 2005, the government commissioned an enquiry into the 'Practice of Naturopathy and Western Herbal Medicine' in Australia³. Recommendations from the Lin report³ stated that naturopaths should be a statutorily registered profession. Statutory registration includes an independent complaints mechanism. In the present self-regulated environment, complaints handling is not independent and can be biased. Since 2005, no legislation has been approved endorsing the clear recommendation for statutory registration. It must be highlighted that being an unregistered profession does not equate to being an unskilled profession. Naturopaths are a highly skilled workforce and may see as many clients as GP's⁴.

In 2011, the government proposed a 'code of conduct' for the unregistered professions⁵. This model of 'negative licensing' is inexpensive from the governments' perspective. Perpetrators are disciplined after the fact, there is no 'protection of title' and no minimum education standards are required. This model may be appropriate for many of the unregistered professions but is clearly inadequate in protecting the public from the *potential harm* that may be caused by naturopaths. Despite submissions made in 2011

arguing for statutory registration for naturopaths, there has been no official response from the government.

Six criteria are specified by the Australian Health Ministers Advisory Council (AHMAC) to be eligible for statutory registration and inclusion under the National Registration and Accreditation Scheme (NRAS). These six criteria can be met; however, there seems to be little will on the part of government officials to enact the necessary legislation.

Education

With no statutory registration requiring a national minimum education standard, naturopathy education in Australia is inconsistent. Education providers offer from an Advanced Diploma to a Bachelors degree level in Naturopathy. Many naturopaths have education levels beyond a Bachelors degree. Bachelors degrees may be three years or four years depending on education provider. Formats of education delivery are inconsistent. Some education providers offer only face-to-face teaching; others offer some distance or online learning in some of the non-skills based subjects and clinical training is on-campus and supervised, while some providers offer only online or distance learning formats with no supervised clinics on campus. These providers have expected students to find external placements with practicing naturopaths. This is unsatisfactory as there is no assessment of the quality of supervision these students will receive externally. Naturopaths with an Advanced Diploma have been encouraged to upgrade to a Bachelors. Some of these upgrades are fraught. The curriculum for the upgrade does not include any topics directly related to naturopathy. Those upgrades should be discontinued. The need for a minimum standard starting at a Bachelors level is where the profession should be aiming. All skill-based competencies should be taught on campus in supervised clinics with approved supervisors. In addition, students should be exposed to external observation in approved practitioners' clinics as part of their professionalization. Absence of minimum standards means students often get caught in the cross fire of paying high amounts for sub-standard training. This has to change. Adding to the complexity of issues affecting education, some private health insurers have adopted policies that require minimum on-campus supervised clinic hours for naturopaths or they will not rebate their patients. Pauline McCabe⁶ argued that 'minimum education standards are unlikely to succeed without the support of a regulatory system that can mandate those minimum requirements.'

ARONAH (Australian Register of Naturopaths and Herbalists)

In 2010, the Australian Register of Naturopaths and Herbalists was formed as a first step to being registration ready. The board has been set up using the National Registration and Accreditation Scheme guidelines for the registered professions. The most recent addition to the scheme under the auspices of Australian Health Professions Regulatory Authority (AHPRA) is Traditional Chinese Medicine. Chinese medicine is a good example with many similarities to the practice of naturopathy recently included in the scheme.

Review of evidence

Government cost cutting measures will be scrutinising the subsidy for rebates on natural therapies paid to the private health insurers. A review has been commissioned to establish the evidence for the practice of naturopathy. This review is to be chaired by the Chief Medical Officer, Prof Baggoley, in 2013. Naturopathy practice is informed and supported by a number of evidence-based published texts and core modalities of nutritional and herbal medicine have significant evidence that underpins their use. Naturopaths use both scientific as well as traditional evidence.

Media

Naturopathy or the modalities that naturopaths use are often highlighted in the media. Unfortunately, the agenda of the media is often to create short-lived sensationalism rather than fully inform their readers. The recent negative agenda of the Friends of Science for natural medicines being taught in universities is discriminatory and ill-informed demonstrating an unscientific blinkered perspective to open and rigorous debate. The university campus is the ideal place to interrogate the science where broad gauge academic enquiry can flourish.

Needs of the public

The public choosing naturopathic care often requires conventional medical support as well. The scope of practice of naturopaths does not include subsidised pathology testing under Medicare. Naturopaths and their patients need the support of conventionally trained medical practitioners to access these services. Naturopaths can request these tests directly, but the patient then pays an out of pocket expense. This is discriminatory and an important reason why collaboration for the sake of the patient is a priority. To this end, a Memorandum of Understanding (MOU) has been submitted from the ANPA to the AIMA committee and membership for review. Seamless respectful cross-referral is the aim. Details of boundaries and how the referral either way needs to occur is an essential requirement for a truly patient-centred approach and team care. Naturopaths want to collaborate for the sake of improved outcomes for their patients. Naturopaths also want recognition that as part of their basic training they have significant knowledge in the areas of herbal medicine, nutritional medicine and/or homeopathy. This depth of knowledge that naturopaths have in these modalities is a fundamental reason why other health professionals with less training should be referring their patients. In the future, comprehensive competency mapping in these modalities will clarify for various health professions and the public what distinct levels of education are on offer in these modalities.

Conclusion

Naturopathy in Australia has a number of challenges. In the face of those challenges, naturopathy continues to provide the public with enhanced health care choices. Priorities are statutory registration, raising education standards, an independent complaints mechanism and seamless respectful patient-centred cross-referrals with other health professionals. Naturopaths are passionate about keeping the light of naturopathy burning bright. Naturopathy has brought the world a model of healthcare that should be embraced, valued, included and promoted. Naturopathy has the possibility of reducing rising health costs and lowering the disease burden because its fundamental tenet is dis-ease prevention.

Biography - Eta Brand B.Naturopathy, BSc Public Health, Med.Tech, ANPA President.

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