**Natural Therapies Review Expert Advisory Panel**

**Meeting Outcomes**

**10 February 2022**

On 10 February 2022, the [Natural Therapies Review Expert Advisory Panel](https://health.govcms.gov.au/committees-and-groups/natural-therapies-review-expert-advisory-panel) (NTREAP) held its sixth meeting by videoconference. The following is a summary of the outcomes arising from the meeting.

**Progress and timing of the Review**

The NTREAP noted the:

* procurement of evidence reviewers for:
	+ naturopathy Review B and reflexology is nearly complete; and
	+ remainder of Tranche 2 expected by March 2022 (Alexander Technique, Buteyko, Bowen Therapy, Feldenkrais and kinesiology);
* final research protocols for homeopathy and iridology expected March 2022;
* final evidence evaluations for Rolfing and Pilates expected April 2022;
* draft evidence evaluations for shiatsu, tai chi, yoga and aromatherapy expected June‑July 2022; and
* next meeting of the NTREAP is planned for late June / early July 2022, and is likely to focus on consideration of draft evidence evaluation reports for:
	+ remaining Tranche 1 therapies (excluding naturopathy and western herbal medicine); and
	+ aromatherapy (Tranche 2)
* final evidence evaluations still expected December 2022 but interim report unlikely given timing of first evidence evaluations.

**Pilates draft evidence evaluation**

The NTREAP noted discussion of issues and requested further consideration by NHMRC’s Natural Therapies Working Committee in finalising the evaluation with the reviewers:

* focus of the Review is on clinical effectiveness to support recommendations to Government on whether to reinclude therapies as eligible for private health insurance benefits, as opposed to whether they are efficacious or cost effective for individuals;
* database search end dates and consistency, given staggered commencement dates;
* description/explanation/presentation of:
	+ effectiveness and efficacy;
	+ Intention to Treat and Per Protocol data analysis/discussion;
	+ populations/outcomes prioritized for data analysis;
	+ active comparators;
	+ limitations of the Review including scope; and
	+ treatment effect size and evidence certainty.