



Australian Natural Therapists Association

**Submission to the Private Health Insurance Rebate Review,
Chief Medical Officer,
Department of Health and Ageing.**

This submission outlines the health and cost benefits as well as the safety of natural therapies to establish their viability and credibility for continued inclusion in the Private Health Insurance Rebate scheme.

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EXECUTIVE SUMMARY

The Australian Natural Therapists Association (ANTA) believes there is a strong case for the maintenance of natural therapies in Private Health Insurance on all of the defined grounds.

In response to the *Review of the Australian Government Rebate on Private Health Insurance*, the terms of reference and the call for submissions by the Chief Medical Officer, this submission provides information regarding the clinical efficacy, safety, quality and cost effectiveness of natural therapies.

Clinical efficacy

Notwithstanding the National Health and Medical Research Council's scientific literature review, we have highlighted some of the results of our own research review which provide a strong indication that many of the modalities in scope for the review are effective.

This effectiveness is two-fold. On the one hand, modalities in natural therapies ease the suffering of conditions without the need for the intervention of drugs and their undesirable side-effects. And, on the other hand, they also assist in the health and well-being of clients with more serious conditions, such as diabetes 2 and cardiovascular disease.

It has also been shown that better results for patients occur when natural therapies are used in conjunction with mainstream medicine leading to many medical practitioners embracing the role that natural therapies can play in their practice.

Natural health employs an holistic approach to the overall health of patients, encompassing lifestyle and nutrition alongside the treatment of conditions. This approach is shown to contribute to the prevention of serious health conditions.

Safety and quality

Safety and quality are dependent on two variables. The first is regulation and oversight, and the second is educational qualifications and standards.

On the first count, the role of the Australian Natural Therapists Association (ANTA) is paramount. According to government regulations relating to Private Health Insurance legislation, there are strict criteria for natural health practitioners to receive private health fund rebates. These include membership of an association that upholds a Code of Ethics and whose members are required to have an approved educational qualification.

The educational standards are set by the Australian Qualifications Framework and approved packages of training for natural health practitioners require qualifications from universities and tertiary colleges for Bachelor Degrees, Advanced Diplomas or Diplomas.

A comparison of complaints received comparing those relating to mainstream health providers and natural health providers from the Australian Health Practitioner Regulation Agency, the Health Care Complaints Commission (NSW) and from the ANTA Complaints Register indicate that the level of consumer satisfaction is high and the risk factor is very low.

Cost effectiveness

Natural therapies have a positive impact on cost effectiveness, both in the short and in the long-term. This is because they:

- provide some relief to the currently already overburdened health care system through:
 - reducing the number of visits to GPs for minor ailments
 - reducing the consumption of drugs and their undesirable side effects
 - reducing the number of claims made on the health system
 - contributing to the prevention and treatment of conditions that may lead to the need for hospital care

- contributing to the self-help and welfare of patients suffering from conditions such as diabetes, cardiovascular disease and malnutrition
- provide employment opportunities in health via consultancies and small business enterprises
- contribute to productivity by allowing the market to drive the more efficient use of health resources
- provide and enable greater choice for the health consumer
- contribute to growth in the national economy which increases employment and government revenue through taxes.

Globally, research conducted by Australia's contemporary developed nations also indicates that cost effectiveness exists through the use of complementary and alternative medicine health services, external to and within, the conventional medical system.

Two important cases in point are the favourable conclusion reached by a German health insurance company in relation to their investigation into the outcomes and costs of homeopathic treatment for chronic patients; and a similar report commissioned by the Swiss health authorities to inform decision-making on the further inclusion of homoeopathy in the list of services covered by statutory health insurance. The insurance company and health authorities of these countries, already accommodate other natural health modalities which are generally widely accepted and used in Europe.

In sum, natural therapies are generally safe, particularly when used under the supervision of a qualified natural therapist, and their quality and safety is safeguarded by membership of their professional organisation (ANTA), involving compliance with government regulations relating to private health funds and the required educational qualifications for membership. In turn, ANTA is also responsible to wider regulatory and legal requirements ensuring safety and quality which it adheres to.

We can also conclude that natural therapies are cost effective, can and do provide some relief from the overburdened health system and do contribute to the long-term prevention of serious disease. The growth of this billion dollar industry generates more employment opportunities that lead to greater productivity, growth and efficiency for the Australian economy as a whole, more revenue for government via taxation, more fairness in the distribution of health resources, and greater competition and choice for individual health consumers.

1 INTRODUCTION

This submission will first describe the role and functions of the Australian Natural Therapists Association Limited (ANTA) and its code of ethics as the pivotal focus for ensuring safety and quality in the practice of natural therapy health care.

Allied to the role of the ANTA is that its members are required to have qualifications from university and tertiary colleges (Bachelor degree, Advanced Diploma and Diploma levels) as a recognised part of training for government vocational and health training packages. This also accords with government regulations under the *Private Health Insurance Act 2007* and is critical to the argument that they should be included in private health insurance.

Second, the modalities (massage, homeopathy, naturopathy, western herbalism and nutrition) are defined for ease of understanding.

Third, the safety, quality and cost-effectiveness of these modalities are discussed with a view to argue that government support is warranted for the benefit of all Australians and for the benefit of the Australian economy.

The submission also includes a summary of findings and main points and contains appendixes and references to allow for further detailed information that may be helpful in the review process.

1.1 Australian Natural Therapists Association Ltd (ANTA)

The Association

The Australian Natural Therapists Association Limited (ANTA) is the largest national democratic multi-modality association of '*recognised professional*' traditional medicine and natural therapy [Complementary Medicine] practitioners who work in the areas of health care and preventive medicine.

Its infrastructure, systems, policies and procedures enable the association to encompass all aspects of the profession and promote the health and safety of consumers.

ANTA is committed to continuous quality improvement and providing the Australian public with the highest possible standards for the conduct and safety of traditional medicine and natural therapy practitioners.

The disciplines recognised by ANTA are also accredited by the Australian Natural Therapists Accreditation Board (ANTAB). (See Appendix A for a profile of ANTA.)

Code of ethics

ANTA has adopted a Code of Professional Ethics in order to defend public health and safety, protect the public interest, support the quality practice of Traditional Medicine and Natural Therapies, and promote informed healthcare choices.

The Code sets the minimum standard for the aspects of conduct and practice for ANTA Accredited Practitioners. The standard is set to ensure that the conduct and professional practise of ANTA Accredited Practitioners is socially responsible, and that it promotes the appropriate, judicious, effective and safe practice of Traditional Medicine and Natural Therapies, and does not mislead or deceive.

2. DEFINITIONS OF NATURAL HEALTH THERAPIES

2.1. Massage

Massage therapies include a variety of techniques such as Myofascial release, Myotherapy, Remedial Massage, Shiatsu, Sports Therapy Massage, Traditional Chinese Medicine Massage (An Mo Tui Na) and Musculoskeletal Therapy.

For this submission manipulative therapies are grouped together and are practised by practitioners whose practice has been defined by the Government Health Training Packages HLT50307 (Remedial Massage), HLT50212 (Shiatsu), HLT50112 (An Mo Tui Na), 21920VIC (Myotherapy) and higher education Bachelor Degree programs delivered by Colleges for Musculoskeletal Therapy.

These manipulative therapies and techniques use systematic assessment and treatment of the muscles, tendons, ligaments and connective tissues of the body to assist in rehabilitation, pain and injury management. It is performed to create favourable conditions for the body to return to normal health after injury and is defined by the premise that the treatment can reasonably reverse certain physical effects a patient may be presenting. Remedial massage is designed to balance muscle/soft tissue length, tension and tone which will in turn promote the return to normal joint/capsular/bone position, increase the flow of blood and lymph, particularly in the injured areas, thus removing blockages, damaged cells, scar tissue and adhesions resulting from injury.

2.2. Aromatherapy

Aromatherapy is also included in this category because it involves a small measure of massage in its practice. Aromatherapy is practiced by practitioners whose practice has been defined by the Government National Health Training Package HLT51407 introduced in 2002. An Aromatherapist is a practitioner trained in Aromatherapy principles, philosophy and practice and uses volatile plant oils for psychological and physical well-being. Aromatherapists blend therapeutic essential oils for individuals and recommend methods of use such as topical application, massage, inhalation or water immersion to stimulate desired responses.

2.3 Homeopathy

Homeopathy is practiced by practitioners whose practice has been defined by the Government National Health Training Package HLT60612. A homeopath is a practitioner who has trained in homeopathic principles, philosophy and practice and uses a system of treating patients with very low dose treatment preparations according to the principle 'like should be cured by like'. Homeopathy is also a therapeutic method of preparation of substances whose effects, when administered to healthy subjects, corresponds to the manifestations of the disorder (symptoms, clinical signs and pathological states) in the unwell.

2.4 Naturopathy

A Naturopath is a practitioner whose practice and modalities have been defined by the Government National Health Training Package HLT60512 (current version) introduced in 2002 and higher education Bachelor Degree programs delivered by universities and tertiary colleges. A naturopath is a practitioner having core training in naturopathic principles and philosophy and in at least three or four practice modalities including, but not limited to, herbal medicine (western), nutritional medicine, and remedial massage.

Naturopathy is a distinct multi-dimensional system of primary care and practice that focuses on diagnosis, treatment and prevention of illness. Naturopathy is distinguished by principles based upon the objective observation of the nature of health and disease, and is continually re-examined in the light of scientific advances. Naturopathy is a multi-disciplinary approach that recognises the body's innate power to heal itself and includes modern, traditional, scientific and empirical methods.

2.5 Western Herbalism

A Western Herbalist or Herbalist is a practitioner whose practice was defined by the Government National Health Training Package HLT60112 (current version) introduced in 2002 and higher education Bachelor Degree programs delivered by Universities and Colleges. A Western Herbalist or Herbalist is a practitioner having core training in herbal medicine principles, philosophy and practice and engages in the compounding of unaltered natural herbs for therapeutic purposes for individuals under their care.

Herbal medicines include herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients parts of plants or other plant materials or combinations.

2.6 Nutrition

Nutritional Medicine or a Nutritionist is a practitioner whose practice has been defined by the Government National Health Training Package HLT61012 (current version) introduced in 2002 and higher education Bachelor Degree programs delivered by Universities and Colleges.

Nutritionists focus on disorders attributable to nutritional deficiency, food intolerance and toxic overload. They address disease processes such as chronic digestive problems and allergies through the use of individually tailored diets and supplementation to address presenting ailments.

3 CLINICAL EFFICACY

The Terms of Reference has stated that the National Health and Medical Research Council will conduct a scientific literature review in relation to natural therapies. However, we have highlighted some of the results of our research in general terms as follows.

3.1 Massage

Research has shown the benefits of various forms of massage therapy for conditions that could very easily escalate into more serious injuries affecting wellbeing and work activities. Some of these benefits were that acupressure was effective for the management of nausea and vomiting and that massage therapy achieved significant patient satisfaction and reduction in pain levels, both in the short and longer term, as well as potential benefit in acute or chronic low back pain.¹ It has also been demonstrated that massage therapy significantly reduced the pain, anxiety, and muscular tension and improves relaxation and satisfaction after cardiac surgery.² Research has indicated that massage is effective in the management of pre- and post-operative pain, anxiety and tension, and post operative nausea. A 2009 Cochrane Systematic Review found that acupressure stimulation of the P6 acupoint significantly reduced post-operative nausea and vomiting, and the need for antiemetics.³ As well as these, there is a substantial body of research that demonstrates the positive effects of massage for the side effects of treatment and psychological factors related to cancer sufferers.⁴ Also, an RMIT University's research project, *The Effectiveness of Massage Therapy*, which reviewed Australian and international, peer-reviewed academic research papers published between 1978 and 2008,⁵ showed a growing body of research that supports massage therapy as an evidence-based therapeutic modality and evidence of its safety, as well as also encouraging clinicians to collaborate with professional massage therapists for best practice management of patients who may benefit from this therapy.

3.2 Naturopathy

Methods employed by Naturopaths in treatment of a variety of conditions has shown clinical efficacy, and that the various modalities used within naturopathic practice (western herbal medicine, nutrition etc.) also show clear clinical efficacy.

In a systematic review of clinical studies of whole practice naturopathic medicine, Calabrese et al.⁶ identified 12 studies fitting inclusion criteria with a variety of designs in anxiety, tendinitis, temporomandibular joint disorder, low back pain, general pain, hypertension, multiple sclerosis, menopausal symptoms, cardiovascular risk and type 2 diabetes. This review provides evidence of effectiveness and cost savings that merit further investigation of naturopathic care for chronic disease.

¹ See Dr Kenny CW Ng, MBBS BMedSci DipRM CertIVFitness in collaboration with Professor Marc Cohen, School of Health Sciences, RMIT University <<http://aamt.com.au/wp-content/uploads/2011/11/AAMT-Research-Report-10-Oct-11.pdf>>

² Lesley A. Braun, PhD, Catherine Stanguts, BNurs, BHSc, Lisa Casanelia, BHSc, Grad Cert Ed, cOndine Spitzer, MSocHlth, Eldho Paul, MSc, Nicholas J. Vardaxis, PhD, and Franklin Rosenfeldt, MBBS, FRACS (*J Thorac Cardiovasc Surg* 2012;144:1453-9) <<http://www.ncbi.nlm.nih.gov/pubmed/22964355>>

³ A Lee, LT Fan., *Stimulation of the wrist acupuncture point P6 for preventing postoperative nausea and vomiting*, Cochrane Database Syst Rev. 2009 April, vol.15, no.2:CD003281.

⁴ D.1 Fellowes, K Barnes, S Wilkinson, *Aromatherapy and massage for symptom relief in patients with cancer*, Cochrane Database Syst Rev. 2004;(2):CD002287 and BR Cassileth, AJ Vickers, 'Massage therapy for symptom control: outcome study at a major cancer center', *J Pain Symptom Management*, 2004 September, vol.28, no.3, pp.244-9.

⁵ Dr Kenny CW Ng, Member Australian Association of Massage therapy and Prof. Marc Cohen, School of Health Sciences, *The Effectiveness of Massage Therapy: A Summary of Evidence-Based Research*, RMIT University, Melbourne.

⁶ C Calabrese, E Oberg, R Bradley, D Seely, K Cooley, J Goldenberg in *BMC Complementary and Alternative Medicine* 2012, 12(Suppl 1), p.332 <<http://www.biomedcentral.com/1472-6882/12/S1/P332>>

3.3 Homeopathy

The Health Technology Assessment report on effectiveness, cost-effectiveness and appropriateness of homeopathy was compiled on behalf of the Swiss Federal Office for Public Health (BAG) within the framework of the 'Program of Evaluation of Complementary Medicine (PEK).⁷ It concluded that, taking internal and external validity criteria into account, effectiveness of homeopathy can be supported by clinical evidence and professional and adequate application be regarded as safe.

3.4 Western herbalism

Randomised clinical trials have shown that the use of both individual and combinations of herbs indicates positive results in a variety of conditions such as persistent diarrhoea, mild to moderate depression, resistance to cold stress and specific pathologies such as gonarthrosis and coxarthrosis.

Current research is being undertaken at the University of Canberra on how mistletoe can be used to improve the effectiveness of cancer treatments and give sufferers a better quality of life.⁸ And, of particular interest in the context of ageing of the population is the finding that the Ginkgo biloba extract has been shown to be effective to enhance performance in patients with cognitive impairment (e.g., dementia).⁹

3.5 Nutrition

Recent randomised clinical tests indicate that pathologies such as obesity, malnutrition, ADHD, musculoskeletal conditions and food allergies/intolerances have been shown to respond well to supervised dietary intervention.

During the last few decades the prevalence of food allergy/intolerance has significantly increased among children and antigen avoidance still remains the standard care for the management of this condition.¹⁰ Recent studies showed that continuous administration of the offending food under the supervision of a trained professional, rather than an elimination diet, could promote the development and maintenance of oral tolerance which is a safer option due to the risk of severe allergic reaction after ingestion of the allergen. Careful monitoring by a practitioner trained in this area, such as a nutritionist, is mandatory in this type of treatment of food allergies.¹¹

Pathologies such as obesity, malnutrition, ADHD, musculoskeletal conditions and food allergies/intolerances have been shown to respond well to supervised dietary intervention. This, of course, has obvious long term ramifications to the health care system at large given obesity and heart disease are the leading cause of death in Australia as noted below.

⁷ D Melchart, F Mitscherlich, M Amiet, R Eichenberger, P Koch, Schlussbericht, *Programm Evaluation Komplementärmedizin*, Swiss Government report on effectiveness, appropriateness, safety and costs of homoeopathy in health care, 24 April 2005 <<http://www.bag.admin.ch/themen/krankenversicherung/00263/00264/04102/index.html>>

⁸ 'Mistletoe extract offers the kiss of life for cancer sufferers', *The Age*, 21-22 December 2012.

⁹ R Kaschel, 2011, 'Specific memory effects of Ginkgo biloba extract EGb 761 in middle-aged healthy volunteers', *Phytomedicine*, vol. **18**, no. 14, pp. 1202–1207.

¹⁰ L Badina, E Barbi, I Berti, O Radillo, L Matarazzo, A Ventura and G Longo, 2012, 'The dietary paradox in food allergy: Yesterday's mistakes, today's evidence and lessons for tomorrow', *Current Pharmaceutical Design*, vol. **18**, no. **35**, pp. 5782–5787.

¹¹ U Staden, C Rolinck-Werninghaus, F Brewe, U Wahn, B Niggemann, and K Beyer, 2007. 'Specific oral tolerance induction in food allergy in children: efficacy and clinical patterns of reaction', *Allergy*, **62**(11), pp.1261-1269.

4 SAFETY AND QUALITY

Inclusion of natural therapies in the Private Health Insurance Refund (PHIR) requires the recognition of the government's rules under the *Private Health Insurance Act 2007* (ss.330–20) which introduced a level of safety for natural therapies and health fund rebates.

Section 10 of these rules ('Treatment provided by other health care providers') explicitly states that 'the standard for that treatment is that the health care provider who provides the treatment must be a member of a professional organisation...'. Membership of ANTA, which complies with all of the regulations required, ensures that all of its members are eligible to participate in the PHIR.

Inclusion also requires the recognition of the educational and training setting instituted by government. Participation in the Vocational Education and Training sector (VET) has implications for the professional standing of Natural Therapists and is central to ensuring the consistency and quality of practitioners and the treatments offered. It also requires assurance that the curriculums of teaching institutions are devised of evidence-based sources.

4.1 Natural therapies training

The Federal Government established the Australian Qualifications Framework (AQF)¹² in 1995. Fully introduced in 2000, the AQF underpins the Federal Government's Vocational Education and Training (VET) sector. The Health Training Package (HTP) awards relevant to this review are primarily delivered in the VET sector.

The natural therapy awards referred to in the scope of this review are delivered by nationally VET regulated (NVR) Registered Training Organisations (RTOs) in the VET sector and are subject to regulation under the jurisdiction of the federally-funded Australian Skills Quality Authority (ASQA).¹³

Safety and quality issues depend to a large extent, but not wholly, on the rigour and integrity of the relevant HTPs covering natural therapies in the scope of this review. (See Appendix B for units of competency for professional and clinical practice modalities.)

In the absence of hard evidence to challenge the notion of safety being an issue, it can be said that the RTO is regulated by ASQA, and the industry is monitored by the Community Services and Health Industry Skills Council (CSHISC) and the professional associations. The CSHISC is accountable to the Department of Education, Employment and Workplace Relations (DEEWR) as a result of the funding arrangement provided by the federal government through DEEWR.

In regard to the relevant list of therapies in scope for review, it is important to acknowledge that PHIRs can only be provided to subscribers attending a natural therapist with an AQF Level 5 qualification from the VET sector¹⁴, or an AQF Level 7 award from the higher education sector under the jurisdiction of the Tertiary Education Quality Standards Authority (TEQSA).

The regulatory framework that exists at the levels of federal and state governments, educational institutions, company law, industry review, private health fund and professional association policies is supported by legislation governing standards of training and assessment through the Health Training Packages, as well as regulation of RTOs directly through ASQA.

DEEWR controls the delivery of higher education programs for training natural therapists generally, and massage therapists specifically, through TEQSA. The rigorous nature of studying undergraduate awards in musculoskeletal therapy and myotherapy over three and four years, for example, is raising the standard of therapists available to the public, and is providing a seamless progression for those students and graduates seeking higher order skills in critical thinking in professional practice.

¹² <www.aqf.edu.au>

¹³ <www.asqa.gov.au>

¹⁴ <www.training.gov.au>

4.2 Natural therapies safety

Nutritional and herbal supplements may be preferable to synthetic pharmaceuticals in certain situations as they are less likely to cause adverse reactions. Research has indicated a high level of evidence for many treatments employed by naturopaths. There is also a plethora of evidence-based information surrounding drug-herb-nutrient interactions which not only focus on known interactions but also proposed mechanisms of actions for unknown interactions. However, it is important that preparations are prescribed and monitored accordingly by a qualified complementary alternative medical practitioner, who has an appreciation of the possible adverse reactions and drug interactions. In this regard, the significance of educational framework in ensuring the welfare of clients is highlighted.¹⁵

One of the main differences between homeopathic medicines and conventional medicines is that the latter are associated with significant potential toxicity problems. The highly-diluted nature of homeopathic medicines means that they are unlikely to lead to toxic or unwanted side-effects known as 'adverse drug reactions'.

Brian J Kirby, in his review in a prestigious UK journal, stated that 'from the point of view of safety, there is general agreement in both camps that high dilution of a substance greatly reduces the likelihood of adverse effects'.¹⁶

4.3 Risks

Should a risk emerge or become known to exist, it can be addressed through the Community Services & Health Industry Skills Council (CSHIS) to tighten criteria and standards for delivery of competencies that include practical training components.

The competencies all contain physical assessment and practical therapeutic skills for direct client care in clinical practice. However, there is a risk in reference to the Standards for NVR RTOs 2011 and the *National VET Regulation Act 2011* in that any RTO may choose to deliver these competencies, in total or in part, through online delivery or other modes of remote delivery.

Such remote or online approaches to training devalue the professionalism of the Natural Therapy sector. This significant gap in the regulations also fails to provide the level of practical experience necessary to assure continued quality and safety from new graduates.

While a theoretical knowledge of health treatments may be all that is required to pass a theoretical examination, it fails to test the student 'in the field' and leaves them wanting in terms of their abilities to apply theory to practice.

Unfortunately, the gaps in knowledge and practical application may only become apparent when the graduate from one of the online delivery programs is required to assess and treat a client, such as a manual worker, a woman or child, with a complex condition. If it is the case that a graduate has been assessed as competent based on a surreptitious methodology then any client will be at risk of unsafe and poor quality treatment.

This gap was highlighted by Medibank Private (MBP) at a professional associations' summit conference in Sydney during 2012. As a result, some of the peak bodies collaborated with MBP to provide a conditional framework through which clients of service providers could access Public Health Insurance Refunds (PHIRs). MBP delivered its instructions to professional associations with explicit standards and criteria for clinical professionalism, and requirements for ethical and effective assessment and treatment, aligned with the implied outcomes of training within the HTP.

¹⁵ P A Cohen, and E Ernst, 2010, 'Safety of Herbal Supplements: A Guide for Cardiologists', *Cardiovascular Therapeutics*, 28(4), pp. 246-253.

¹⁶ 'Safety of homeopathic products', *J Royal Soc Med*, 2002, 95, pp.221-2.

4.4 The role of professional associations

ANTA is a peak body and a registered company under the jurisdiction of the Australian Investments and Security Commission and is subject to the *Competition and Consumer Act 2010*. ANTA's core business is to provide membership to graduates from recognised courses delivered by currently registered NVR RTOs and higher education providers. ANTA has a governance framework in place to assure Public Health Insurers that ANTA members meet their criteria and standards.

ANTA has published course recognition guidelines for the purpose of assessing all manual therapies courses and the delivery of training hours in practical skills based subjects including an on campus clinical practicum. The guidelines allow for the limited delivery of certain information based subjects online through approved eLearning platforms. The assessment panel consists of board members who are current practitioners and senior academics from the field.

These guidelines are unambiguous so RTOs understand that a course delivered online or one that exceeds a prescribed amount of online training may preclude a graduate from membership with ANTA. ANTA does not admit any applicant for membership who has not graduated from an ANTA-recognised course delivered by a current NVR RTO or a registered higher education provider.¹⁷

ANTA acts in compliance with the *Private Health Insurance Act 2007*, as amended. Any member found to be no longer compliant with the Public Health Insurance (PHI) criteria for registration will be removed from the PHI list circulated to the funds on a monthly basis. Reasons may include a member allowing professional indemnity or public liability insurance, senior first aid certificate, continuing professional education requirements or financial member status to lapse.

ANTA also removes any member who may be in breach of its code of ethics, constitution and/or the Private Health Insurer Rules 2009 (insurer obligations), for example, by issuing a receipt for a PHIR service that the member did not deliver.

ANTA's diligence over its duty of care to the public and the Public Health Insurers adds another layer of protection to the stakeholders and consumers of health services subject to this review. Eligibility for the PHIR offers some assurance to the public that the natural therapies therapists are recognised as professionals with qualifications that are endorsed by a professional association, health funds and government.

The benefits of this are substantiated by the number of complaints received from the Australian Health Practitioner Regulation Agency (AHPRA), the Health Care Complaints Commission (NSW) and from the ANTA Complaints Register which show that the level of risk is very low.

COMPARISON OF COMPLAINTS RECEIVED

Complaints received and % of practitioners	AHPRA		ANTA	
	2011	2012	2011	2012
No. of notifications/complaints received	8,139	7,594	2	3
% of practitioners	1.3%	1.2%	0.02%	0.03%

Source: APRA Annual Report 2011-2012 and ANTA Complaints Register

Health Care Complaints Commission (NSW) complaints received

Per cent	2008	2009	2010	2011	2012
Registered	1694	2018	2160	2449	2492

¹⁷ See <www.australiannaturaltherapistsassociation.com.au/courses>

Practitioners 95.7%					
Massage Therapists 0.1%	n/a	4	8	6	3
Naturopaths 0.0%	2	2	3	1	1
Massage Therapists 0.1%	n/a	4	8	6	3
Naturopaths 0.0%	2	2	3	1	1
Herbalists 0.0	n/a	-	-	2	-
Homeopaths 0.0%	n/a	2	1	-	-
Natural Therapists 0.0%	-	2	1	1	-

Source: Health Care Complaints Commission Annual Report 2011-2012

ANTA Complaints Received

	2008	2009	2010	2011	2012
Total	4	5	4	2	3

Source: ANTA Complaints Register

5 COST EFFECTIVENESS

There is a paradigm shift toward progressive health systems focusing on wellness and prevention instead of what has come to be seen as our ‘sick care’ system of health care delivery. Innovative health care leaders and policy-makers are becoming aware that incorporating natural therapies into our health system is a cost-effective and clinically effective strategy that helps resolve the issues of cost, access, and quality.

The inclusion of Natural Therapies in Private Health Insurance is cost effective because it

- alleviates further demand on the health system by:
 - reducing the number of visits to GPs for minor ailments
 - reducing the consumption of drugs and any undesirable side effects
 - contributing to the prevention of conditions that may lead to the need for hospital care
 - contributing to the self-help and welfare of patients suffering from conditions such as diabetes and cardiovascular conditions such as obesity.
- provides employment opportunities via consultancies and small business enterprises
- contributes to productivity by allowing the market to drive the more efficient use of health resources
- provides greater choice for the health consumer.

In a review entitled ‘Are complementary therapies and integrative care cost-effective? A systematic review of economic evaluations’,¹⁸ it was found that there is emerging evidence of cost-effectiveness and possible cost savings in at least a few clinical populations. For example, massage is an integral modality of the Transition Care Program, and almost half of all older people who left hospital and received assistance through this program returned to the community in 2010–11.¹⁹

The increased and increasing expenditure relating to age is an important consideration and issue of concern in health care. According to the Australian Institute of Health and Welfare, expenditure on the management of arthritis and musculoskeletal conditions increased with age, most markedly from the age of 35 years and the expenditure per person also increases with age.²⁰ Older patients suffer from arthritis, cancer, health and wellness, and other chronic disorders marked by reduced musculoskeletal function, and psychological distress including anxiety or depression — the natural health modalities under review have been shown to be effective in all of these conditions.

It is particularly pertinent that older patients are able to have the security that choice provides. The inclusion of natural health modalities in the PHIR ensures that they have a choice of treatments available to them.

If these treatments are removed from the PHIR, the need for them will not be reduced. Instead, individuals will be denied or limited in the range of health care available to them, and in all likelihood, consequently transfer the cost to other modalities and government support systems. This will naturally lead to extra pressure on the mainstream health system, the Pharmaceutical Benefits Scheme, and longer waiting lists for outpatient services at hospitals.

5.1 GP visits and drug use

A study published in 2005 commissioned by a German health insurance company to see whether they should continue to cover homeopathic treatment compared the outcomes and costs of homeopathic and conventional treatment in patients being treated for chronic conditions commonly seen in general practice,

¹⁸ Patricia M Herman, Beth L Poindexter, Claudia M Witt, David M Eisenberg in *BMJ Open Access Research*, <bmjopen.bmj.com>

¹⁹ Australian Institute of Health and Welfare (AIHW), *Older people leaving hospital: A statistical overview of the Transition Care Program 2009–10 and 2010–11*, ARTHRITIS SERIES Number 10, Canberra, Cat. No. PHE 115.

²⁰ Australian Institute of Health and Welfare, *Health expenditure for arthritis and musculoskeletal conditions, 2004–05*, National Centre for Monitoring Arthritis and Musculoskeletal Conditions, September 2009.

concluded that treatment by a homeopath can achieve better outcomes for similar or lower costs. These included headache, low back pain, depression, insomnia and sinusitis in adults, and atopic dermatitis, allergic rhinitis and asthma in children.²¹

Treatment by a homeopath can also reduce the need for conventional drugs. A survey involving 223 patients in an NHS General Practice found that over a one-year period, where treatment by a homeopath was made available, the number of consultations with GPs was reduced by 70 per cent and expenses for medication were reduced by 50 per cent.²²

The evidence from the United Kingdom suggests that if homeopathic treatment was offered as the first option in certain clinical areas, similar or superior results could be achieved at similar or lower costs. The resulting reduction in use of conventional drugs (such as antibiotics for common recurrent childhood infections) could have a positive impact on the NHS drug bill.

Data from the UK reveals that more than a quarter of a million patients are admitted to hospital in the UK because of harmful effects after taking drugs. The BMA report estimates the cost to the NHS of around £466m (€680m; \$870m) a year.²³

The results of clinical evidence data noted above show that natural therapy modalities such as massage therapy, naturopathy, western herbal medicine and nutritionists and combinations of these, reduce the number of visits to GPs for minor ailments and chronic conditions such as lower back pain, coughs and diabetes.

5.2 Prevention

Investment in health initiatives aimed at prevention is central to cost effectiveness rather than focusing on spending that treats existing problems when they become chronic conditions with its concomitant burden on hospital and allied health care. For example, 90 per cent of diabetes is preventable²⁴ and preventative intensive intervention can reduce cardiac death plus nonfatal MI by up to 36 per cent.²⁵ As shown above, the treatments used in complementary therapies can and do contribute to the prevention and maintenance of these conditions.

The Federal Government's guideline for healthy eating and nutrition promoted and made available on the internet²⁶ is a clear indication of the importance of prevention in government health policy. The ANTA members who are accredited in naturopathy (which includes nutrition) and nutrition are already working with the public on this important issue. To remove Private Health Insurance for naturopathy and nutrition in these circumstances would contradict the messages and behaviours that the government appears to be seeking to promote.

Obesity

Obesity is a recognised serious health issue in Australia as in the rest of the industrialised world. Globally, one in three of the world's adults are overweight and one in 10 is obese. Many scientists have reported that the anti-obesity agents from natural products are a promising field to approach the solution to a global health

²¹ C Witt, T Keil, D Selim et al., 'Outcome and costs of homeopathic and conventional treatment strategies: a comparative cohort study in patients with chronic disorders', *Complement Ther Med* 2005; 13: 79-86. 13 <<http://www.ncbi.nlm.nih.gov/pubmed?term=16036164>>

²² F Sharples, R van Haselen, P Fisher, 'NHS patients' perspective on complementary medicine', *Complementary Therapies in Medicine*, 2003, 11, pp.243-8.

²³ L Hitchen, 'Adverse drug reactions result in 250 000 UK admissions a year', *British Medical Journal*, 2006, pp.332;1109.

²⁴ <<http://www.diabetes.org.uk/Documents/Reports/State-of-the-Nation-2012.pdf>>

²⁵ M F Piepoli et al., 'Secondary prevention through cardiac rehabilitation: From knowledge to implementation'. A position paper from the Cardiac Rehabilitation Section of the European Association of Cardiovascular Prevention and Rehabilitation, *European Journal of Cardiovascular Prevention & Rehabilitation*, vol.17, no.1, pp.1-17.

²⁶<<http://www.eatforhealth.gov.au>>

problem such as obesity.²⁷ Also the multi-dimensional and multi-disciplinary nature of the work of naturopaths, nutritionists and other natural health practitioners directly help in the prevention of obesity.

Cardiovascular disease

Cardiovascular disease (CVD) is largely preventable through a number of dietary and lifestyle based interventions used in naturopathic medicine. A Canadian study to evaluate the benefits of individualised naturopathic care for the prevention of cardiovascular disease showed that the methodology employed appeared to provide safe and effective risk reduction for people at risk of developing cardiovascular disease.²⁸

Diabetes

Differences in the effectiveness of diverse healthcare providers to promote health behavior change and successful diabetes self-care have received little attention. Because training in CAM emphasises a patient-centered approach, health promotion, and routine use of clinical counseling on wellness and prevention, naturopathic physicians and nutritionists are particularly well-prepared for promoting behavior change.

The premise of natural therapies—treating the patient as a whole—aligns perfectly with the management of chronic conditions and, when integrated with conventional medicine, often produces results superior to conventional medicine alone.

A study of patients' experiences with first-time naturopathic care for Type 2 Diabetes that was collaborative, patient-centred, and used holistic health rather than being diabetes focused,²⁹ led to clinical encounters that individualised detailed health promotion; provided counseling that promoted self-efficacy and suggested pragmatic and practical self-care recommendations and novel treatment options that fostered hopefulness. All of these components promoted patient education that addressed both diabetes self-care and general health.

Results indicate that the routine clinical approach used by natural therapists is consistent with behavior change theory and clinical strategies found most effective in promoting self-efficacy and improving clinical outcomes.

Depression

In 2010, a cost effectiveness analysis by Access Economics for the National Institute of Complementary Medicine, compared St. John's wort with standard anti-depressants and found St John's wort was cost-saving relative to standard anti-depressants in the treatment of mild to moderate (not severe) depression.³⁰

Malnutrition

Malnutrition and poor food intake are associated with prolonged hospital stay, frequent readmissions, and greater in-hospital mortality. Results from the *Australasian Nutrition Care Day Survey* (ANCDs) established that malnutrition and poor food intake are independently associated with frequent re-admissions and greater in-hospital mortality in the Australian and New Zealand acute care setting.³¹

The treatment of malnutrition routinely entails relatively low cost and non invasive interventions, such as nutritional supplements and consultation, making it an obvious target for intervention to reduce the costs related to hospital stays.

²⁷ C Roh, U Jung and S K Jo, 2012, 'Screening of Anti-Obesity Agent from Herbal Mixtures', *Molecules*, 17(4), 3630-3638

²⁸ C Calabrese, E Oberg, R Bradley, D Seely, K Cooley, J Goldenberg, 'Systematic review of clinical studies of whole practice naturopathic medicine' from International Research Congress on Integrative Medicine and Health, Portland, Oregon, USA. 15-18 May 2012, in *BMC Complementary and Alternative Medicine*, 12(Suppl 1), p.332, 2012 <<http://www.biomedcentral.com/1472-6882/12/S1/P332>>

²⁹ F Sharples, R van Haselen, P Fisher, 'NHS patients' perspective on complementary medicine', *Complementary Therapies in Medicine*, 2003, 11, pp.243-8.

³⁰ Access Economics, 2010, pp. 61-74.

³¹ E Agarwal, M Ferguson, M., Banks, M., Batterham, J Bauer, S Capra and E Isenring, 2012, *Clinical Nutrition*. <<http://www.ncbi.nlm.nih.gov.ezproxy.une.edu.au/pubmed/23260602>>

5.3 Claim costs

Another factor to be considered is whether the participation of natural therapies in Private Health Insurance increases the number of claims as a whole.

In the USA, the state of Washington has shown that natural therapy parity does not cause a significant increase in utilisation or claims costs. In an analysis of healthcare expenditures of insured patients who used natural health care, the researchers found that 'patients who use [natural health] providers for some of their care have lower expenditures as a group than a matched group of patients.'³²

5.4 Employment

Prevention is not only an issue for the costs of health care; it is also a productivity issue. Health has a significant impact on participation rates in the workforce and on productivity.

Reportedly, the practices of natural therapy in 2004 made up a sizeable component of the Australian healthcare sector, with approximately 1.9 million consultations annually and an estimated turnover of \$AUD 85 million in consultations (excluding the cost of medicines). Up to one third of practitioners worked in multidisciplinary clinics with other registered sectors of the healthcare community.³³

Social trends reported by the Australian Bureau of Statistics in 2008 revealed that complementary therapies have become increasingly popular in Australia over the last few decades and that, according to the census at that time, employment in the complementary health field was 80 per cent higher than the number in 1996.³⁴ This is also reflected in a more recent estimate in 2009 that Australians spend \$4.13 billion on complementary and alternative medicines.³⁵

There is no doubt that popularity has not waned, that the public still want to use natural health services, and that the number of people employed in the allied health sector has increased further. As of January 2013, ANTA had 9,593 natural therapy accredited members. Of these, around 75 per cent are self-employed, in partnerships or operate on a contract basis.

5.5 Productivity

It is important to note a report issued by the Australian Senate on anti-competitive and other practices by health funds and providers in relation to private health insurance in 2006. This report stated that it requires the ACCC to report on any anti-competitive or other practices by health funds or providers which reduce the extent of health cover for consumers and increases their out of pocket medical and other expenses.³⁶

Removal of any of the natural therapies from the Public Health Insurance Rebate would reduce the extent of health cover available for consumers and hence increase their out-of-pocket expenses. This is particularly pertinent when choice is denied to consumers when they need it most, such as during palliative care for cancer patients, the chronically ill, or those who are returning to work and need further care after sport or other injuries. Reducing choice is not cost-effective, efficient or equitable.

The status of the natural health industry is recognised and acknowledged internationally and the ideal of combining biomedicine with traditional, complementary and/or alternative medicine (CAM) is now

³² BK Lind, WE Lafferty, PT Tyree, PK Diehr, 'Comparison of Health Care Expenditures among insured users and nonusers of Complementary and Alternative Medicine in Washington State: A Cost Minimization Analysis', *J Altern Complement Med.*, 2010, April no.16, vol.4, pp. 411-17.

³³ A Bensoussan, S P Myers, S M Wu, K O'Connor, 'Naturopathic and Western herbal medicine practice in Australia—a workforce survey', *Complementary Therapies in Medicine*, 2004, 12, pp.17-27.

³⁴ <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter5202008>>

³⁵ John Spinks and Bruce Hollingsworth, 'Are the economics of complementary and alternative medicine different to conventional medicine?', *Expert Rev. Pharmacoeconomics Outcomes Res.* 9 (1), 1-4, 2009.

³⁶ *Report to the Australian Senate on anti-competitive and other practices by health funds and providers in relation to private health insurance*, 1 July 2005 to 1 July 2006. See <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter5202008>>

widespread in global healthcare systems. Called integrative medicine (IM) or integrative healthcare (IHC), biomedicine and CAM are being combined in myriad healthcare settings; select medical curricula are incorporating CAM while new 'integrative' physicians are graduating; and wide scale health policy on CAM is being created by such organisations as the World Health Organization (WHO).

The Health Technology Assessment (HTA) report on effectiveness, appropriateness, safety and costs of homoeopathy in health care which was commissioned by the Swiss health authorities to inform decision-making on the further inclusion of homoeopathy in the list of services covered by statutory health insurance, confirmed that homoeopathy is a valuable addition to the conventional medical landscape – a status it has been holding for a long time in practical health care.³⁷

This recognition has arisen due to the increasing demand for alternative health services. Recent research has indicated that half of Australian pregnant women are turning to complementary and alternative medicines for pregnancy-related health conditions.³⁸ Enabling greater consumer health choices increases productivity and efficiency, by opening opportunities for greater competition, and leads to more employment opportunities in the marketplace.

5.6 National economy

As noted above, Australians spend an estimated \$4.13 billion per year on complementary and alternative medicine³⁹ and this expenditure is growing by popular demand. The continued expansion of this industry will have beneficial effects on employment and government revenue through taxation.

³⁷D Melchart, F Mitscherlich, M Amiet, R Eichenberger, P Koch, Schlussbericht, *Programm Evaluation Komplementärmedizin*, Swiss Government report on effectiveness, appropriateness, safety and costs of homoeopathy in health care, 24 April 2005 <<http://www.bag.admin.ch/themen/krankenversicherung/00263/00264/04102/index.html>>

³⁸ PhD student Amie Steel, see <<http://news.ninensn.com.au/health/2013/01/16/15/01/pregnant-women-use-alternative-medicine>>, 16 January 2013.

³⁹ Jean Spinks and Bruce Hollingsworth, 'Are the economics of complementary and alternative medicine different to conventional medicine?' in *Expert Rev. Pharmacoeconomics Outcomes Res.*, 9(1), 2009.

6 SUMMARY

In brief, this submission calls upon the government to recognise the benefits, safety and cost-effectiveness of natural therapy modalities and consequently retain their status in Private Health Insurance rebates.

The case for inclusion rests upon the fact that natural health care is an acknowledged and accepted part of government training and education, ensuring safety and quality, that it has generated significant employment in the health sector with many opportunities for the growth of small business, and that it prevents further pressure on an already overburdened conventional health sector.

With its focus on prevention and wellness, its success in treating chronic conditions in a manner which produces positive outcomes, and proven cost containment capabilities, it is clear that natural therapies can continue to play a major role in the mitigation of health care costs and the increase in quality of care.

Inclusion of the natural therapies in the Private Health Insurance rebate, stimulates competition, and supports consumer choice, research, development and growth in the health sector.

It also broadens the knowledge base and encourages a thinking that looks beyond the conventional in order to develop new and more effective and cost efficient methods of health care that can benefit all Australians.

7 APPENDIX A

PROFILE OF THE AUSTRALIAN NATURAL THERAPISTS ASSOCIATION LTD

ABN 68 000 161 142

The Australian Natural Therapists Association Limited (ANTA) is the largest national democratic association of *'recognised professional'* traditional medicine and natural therapy [Complementary Medicine] practitioners who work in the areas of health care and preventive medicine.

ANTA was founded in 1955 and represents the multi-disciplinary interests of approximately 9,600 accredited practitioners Australia-wide. ANTA is one of the original *Schedule 1* bodies as defined in the regulations of the Therapeutic Goods Act 1989.

ANTA was recognised by the Australian Taxation Office, in November 2002, under a private ruling as *'...a professional association that has uniform national registration requirements for practitioners of traditional medicine and natural therapies...'* thereby allowing ANTA practitioners of Acupuncture, Chinese Herbal Medicine, Naturopathy and Western Herbal Medicine to practise GST- free.

ANTA:

- provides an egalitarian representation of all disciplines accredited by the association
- possesses infrastructure, systems, policies and procedures which enables the association to encompass all aspects of the profession
- represents the interests of individual disciplines
- acts as advocate for practitioners of all disciplines accredited by the association
- promotes the health and safety of consumers of traditional medicine and natural therapy health services

The disciplines recognised by ANTA and accredited by the Australian Natural Therapists Accreditation Board (ANTAB) are:

Acupuncture	Aromatherapy
Ayurvedic Medicine	Chinese Herbal Medicine
Chiropractic/Osteopathy	Homoeopathy
Naturopathy	Nutrition
Oriental Remedial Therapy	Remedial Massage Therapy
Traditional Chinese Medicine	Myotherapy
Counselling	Musculoskeletal Therapy
Western Herbal Medicine	Shiatsu

ANTA is committed to continuous quality improvement and providing the Australian public with the highest possible standards for the conduct and safety of traditional medicine and natural therapy practitioners, and addresses standards for conduct and safety through:

- The high standard of entry requirements for potential members
- Yearly review of entry standards to maintain currency and ensure relevance
- Active participation in setting standards at national and state levels via industry reference group and working committee participation
- Free student membership to the Association

- Yearly review of the courses on offer within the profession, and courses currently accredited by ANTAB
- Compulsory yearly proof of minimum continuing professional education requirements of members
- Provision of “free” continuing professional education seminars in all states of Australia
- Provision of online continuing professional education services for members
- Compulsory up-to-date senior first aid certificates
- Compulsory specialised professional indemnity and public liability insurance
- The Association enforces a strict Code of Professional Ethics
- The Association maintains effective public complaints handling and resolutions mechanisms outlined in the Constitution
- The Association maintains a National Administration Office, which is open five days a week and staffed by an Executive Officer and fully trained support staff
- The Association maintains fully computerised membership, accreditation and course recognition databases and systems
- Provision of communication via the Members' page on the ANTA website of the most up to date information related to the profession
- Provision of regular Newsletters and ANTA e-News detailing information of current interest to the profession
- Provision of a Professional Publication ‘The Natural Therapist’, four times a year offering the latest information available on topics of interest to the profession
- Provision of an ANTA website to allow interested persons and consumers to obtain information about the Association, natural therapies and traditional medicine and the location of accredited practitioners of the Association
- Provision of free access by members to the latest scientific publications and health resources published by EBSCO Host including:
 - 2800+ full text medical journals
 - Access to the worlds' most reputable bibliographic indexes for medicine, allied health and complementary/alternative medicine (CINAHL, MEDLINE & AMED)
 - 700+ evidence based articles for consumer health researchers
 - 300+ full text books & monographs
 - Hundreds of special reports and booklets and much more.
- Provision of free access by members to the latest up to date scientific information and health resources published by IM Gateway including:
 - 300 Herbs
 - 350 Diseases & Conditions
 - 250 Supplements
 - Herb – Drug Interaction Guide
 - Supplement – Drug Interaction Guide
 - Treatment Options
 - Organ & Body Systems
 - Drug Induced Depletions

- Evidenced Based & Peer Reviewed Information

- Provision of funding grants for research into traditional medicine and natural therapies
- Provision of online resources and latest research for members
- Provision of annual ANTA Student Bursary Awards totalling \$10,000 p.a. to encourage excellence in the study of traditional medicine and natural therapies
- Setting of standards for clinics, hygiene and infection control
- Setting of standards for skin penetration
- Setting of standards for keeping and maintaining patient records
- Making public the requirements for recognition of traditional medicine and natural therapy courses by ANTA for membership purposes
- Making public details of traditional medicine and natural therapy courses recognised by ANTA for membership purposes
- Only recognising government accredited courses that meet ANTA's stringent requirements (note - ANTA does not recognise courses delivered totally by distance education)
- Making public details of ANTA membership criteria and qualifications
- Consultation with Members on matters of importance. The Association uses the Members' web page, consultation meetings, newsletters, ANTA e-News and the magazine to consult with Members
- A '1800' free-call number promoted to consumers and practitioners, facilitating a direct path of communication with the Association's national administration office staff
- A '1800' free-call number and web page promoted to consumers and practitioners, to identify appropriately qualified practitioners in the consumer's geographical area
- Undertaking ongoing internal audits of its policies and processes of operation and all matters to do with professional practice
- External audits of procedures, policies & processes to ensure compliance with the principles of best practice
- Publishing an Annual Report on the activities and performance of the Association
- Undertaking a yearly audit of its Constitution which includes the Association's Complaints, Ethics & Disciplinary Panels
- Undertaking a yearly audit of its Code of Professional Ethics
- Ongoing consultation and collaboration with other professional associations
- Ongoing dialogue and correspondence with ministers, government departments and regulatory bodies
- Ongoing research of policies in overseas professional associations and policies of overseas governments
- Maintaining a Natural Therapy Adverse Events Register
- On line polling of Members and the Public on relevant professional and health issues
- Democratic voting system for the election of all directors by members

ANTA is a public company limited by guarantee, and is governed by a National Council [Board of Directors] which is elected by the Members of the Association for a term of 3 years. The Council in turn elects all office bearing positions within the Association, which are for a term of 1 year.

National Council is supported by the services of a full time Executive Officer, full time Company Secretary and full time National Administration Office Staff.

ANTA practises a policy of consultation with representatives of all stakeholders of traditional medicine and natural therapies, as well as being available to all government and regulatory bodies associated with the professions.

Persons wishing to discuss with ANTA any matters relevant to the professions of traditional medicine and natural therapies should contact:

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Australian Natural Therapists Association Limited
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free-call: 1800 817 577
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email: info@anta.com.au
website: www.anta.com.au

8 APPENDIX B

UNITS OF COMPETENCY FOR PROFESSIONAL AND CLINICAL PRACTICE FOR MODALITIES COVERED BY THIS SUBMISSION

HLT40312 Massage Therapy Practice and HLT50307 Diploma of Remedial Massage (www.training.gov.au)

Clinical efficacy

Clinical efficacy is developed through the delivery of the Health Training Package curriculum for Massage Therapy Practice and Remedial Massage, the knowledge and skills are delivered across the course structure; an example of the units containing this information is below.

BSBWOR203	Work effectively with others
HLTAP401B	Confirm physical health status
HLTCOM404C	Communicate effectively with clients
HLTCOM405D	Administer a practise
HLTCOM406C	Make referrals to other health care professionals when appropriate
HLTCOM408D	Use specific health terminology to communicate effectively
HLTFA311A	Apply first aid
HLTREM504C	Apply remedial massage assessment framework
HLTREM505C	Perform remedial massage health assessment
BSBFLM303C	Contribute to effective workplace relationships
CHCORG428A	Reflect on and improve own professional practice
HLTWHS300A	Contribute to WHS processes

HLTREM510B	Provide specialised remedial massage treatments
HLTREM511B	Provide remedial massage treatment for women and children
HLTREM512C	Provide remedial massage treatments within a corporate setting

HLTREM513C	Provide remedial massage treatment to athletes
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Cost effectiveness

The cost effectiveness of Massage Therapy Practice and Remedial Massage is achieved through the completion of the training program including the underpinning knowledge that is developed in the classroom and the clinical skills developed in the supervised clinical practicum, through clinical observations and clinical practice in the field.

Some examples of training units of competence to guide graduates to achieve cost effectiveness are below.

BSBWOR203B	Work effectively with others
HLTCOM404C	Communicate effectively with clients
HLTCOM405D	Administer a practice
CHCAC318B	Work effectively with older people
CHCICS301A	Provide support to meet personal care needs
CHCORG428A	Reflect on and improve own professional practice
HLTAP501C	Analyse health information
HLTCOM502C	Develop professional expertise
HLTCOM503D	Manage a practice

Safety

The safe practice of Massage Therapy Practice and Remedial Massage is derived from the theoretical and practical training provided and assessed in the classroom and clinical practicum units of competence. Some examples of these training units are below.

HLTCOM406C	Make referrals to other health care professionals when appropriate
HLTCOM408D	Use specific health terminology to communicate effectively
HLTFA311A	Apply first aid
HLTHIR301C	Communicate and work effectively in health
HLTIN301C	Comply with infection control policies and procedures
HLTREM401D	Work within a massage framework
HLTREM406C	Provide massage treatment

HLTREM407C	Plan massage treatment
HLTREM408C	Apply massage assessment framework
HLTREM409C	Perform massage health assessment
HLTWHS300A	Contribute to WHS processes
HLTSHU509C	Maintain personal health and awareness as a professional responsibility

Quality

Fully trained and competent Massage Therapy Practice and Remedial Massage graduates deliver quality healthcare; the number of people undertaking massage therapy and remedial massage consultations in Australia evidences this. The data available through the AHPRA website points to quality outcomes for massage therapy and remedial massage subscribers. In fact the indices show that few, if any adverse events are directly attributable to the effects of treatment by qualified massage therapy and remedial massage practitioners in Australia.

Some examples of the units of competence delivering knowledge and skills to provide quality assurance for the health and safety of Australians are below.

HLTHIR501C	Maintain an effective health work environment
HLTHIR506C	Implement and monitor compliance with legal and ethical requirements
CHCICS301A	Provide support to meet personal care needs
CHCORG428AD	Reflect on and improve own professional prawork
HLTAP501C	Analyse health information
HLTCOM502C	Develop professional expertise
HLTCOM503D	Manage a practice

HLT 60512 Advanced Diploma of Naturopathy (<www.training.gov.au>)

Clinical efficacy

Clinical efficacy is developed through the delivery of the Health Training Package curriculum for Naturopathy, the knowledge and skills are delivered across the course structure; an example of the units containing this information is below.

BSBFLM303C	Contribute to effective workplace relationships
CHCORG428A	Reflect on and improve own professional practice

HLTWHS300A	Contribute to WHS processes
HLTHOM612D	Work within a homoeopathic framework
HLTNAT604C	Provide acute homeopathic treatment
HLTNAT609D	Work within a naturopathic framework
HLTNUT601C	Apply literature research findings to clinical practice
HLTCOM503D	Manage a practice
HLTNAT607D	Manage work within a naturopathic framework
HLTCOM502C	Develop professional expertise
HLTNAT603D	Provide naturopathic nutritional treatment
HLTCOM406C	Make referrals to other health care professionals when appropriate
HLTHER608C	Provide specialised western herbal medicine treatment
HLTCOM404C	Communicate effectively with clients
HLTREM408C	Apply massage assessment framework
HLTNAT608C	Apply naturopathic diagnostic framework
HLTAP501C	Analyse health information
HLTNAT605C	Plan naturopathic treatment strategy
HLTNUT602C	Provide specialised nutritional care

Cost effectiveness

The cost effectiveness of naturopathic treatment is achieved through the completion of the training program including the underpinning knowledge that is developed in the classroom, and the clinical skills developed in the supervised clinical practicum, through clinical observations and clinical practice in the field.

Some examples of training units of competence to guide graduates to achieve cost effectiveness are below.

BSBFLM303C	Contribute to effective workplace relationships
CHCORG428A	Reflect on and improve own professional practice
HLTNAT609D	Work within a naturopathic framework

HLTNUT601C	Apply literature research findings to clinical practice
HLTCOM503D	Manage a practice
HLTNAT607D	Manage work within a naturopathic framework
HLTREM409C	Perform massage health assessment
HLTCOM502C	Develop professional expertise
HLTNAT603D	Provide naturopathic nutritional treatment
HLTCOM406C	Make referrals to other health care professionals when appropriate
HLTHER608C	Provide specialised western herbal medicine treatment
HLTCOM404C	Communicate effectively with clients
HLTREM408C	Apply massage assessment framework
HLTNAT608C	Apply naturopathic diagnostic framework
HLTAP501C	Analyse health information
HLTNAT605C	Plan naturopathic treatment strategy
HLTNUT602C	Provide specialised nutritional care
HLTHIR501C	Maintain an effective health work environment
HLTNAT602D	Provide western herbal medicine treatment
HLTAP401B	Confirm physical health status
HLTNAT606C	Perform naturopathic health assessment
HLTNAT601D	Provide naturopathic treatment

Safety

The safe practice of naturopathic therapies is derived from the theoretical and practical training provided and assessed in the classroom and clinical practicum units of competence. Some examples of these training units are listed below

CHCORG428A	Reflect on and improve own professional practice
HLTWHS300A	Contribute to WHS processes

HLTNUT601C	Apply literature research findings to clinical practice
HLTCOM502C	Develop professional expertise
HLTCOM404C	Communicate effectively with clients
HLTAP501C	Analyse health information
HLTNAT605C	Plan naturopathic treatment strategy
HLTNUT602C	Provide specialised nutritional care
HLTHER603D	Operate a western herbal medicine dispensary
HLTIN301C	Comply with infection control policies and procedures
HLTIN504D	Manage the control of infection
HLTHIR501C	Maintain an effective health work environment
HLTNAT602D	Provide western herbal medicine treatment
HLTAP401B	Confirm physical health status
HLTNAT606C	Perform naturopathic health assessment
HLTNAT601D	Provide naturopathic treatment

Quality

Fully trained and competent naturopathy graduates deliver quality healthcare; the number of people undertaking naturopathic consultations in Australia evidences this. The data available through the AHPRA website points to quality outcomes for naturopathic medicine subscribers. In fact the indices show that few, if any adverse events are directly attributable to the effects of treatment by qualified naturopathic practitioners in Australia.

Some examples of the units of competence delivering knowledge and skills to provide quality assurance for the health and safety of Australians are listed below.

BSBFLM303C	Contribute to effective workplace relationships
CHCORG428A	Reflect on and improve own professional practice
HLTWHS300A	Contribute to WHS processes
HLTNAT609D	Work within a naturopathic framework
HLTNUT601C	Apply literature research findings to clinical practice

HLTCOM503D	Manage a practice
HLTNAT607D	Manage work within a naturopathic framework
HLTCOM502C	Develop professional expertise
HLTNAT608C	Apply naturopathic diagnostic framework
HLTAP501C	Analyse health information
HLTNAT605C	Plan naturopathic treatment strategy
HLTIN301C	Comply with infection control policies and procedures
HLTAP401B	Confirm physical health status
HLTNAT606C	Perform naturopathic health assessment
HLTNAT601D	Provide naturopathic treatment

HLT 60112 Advanced Diploma of Western Herbal Medicine (WHM) (<www.training.gov.au>)

Clinical efficacy

Clinical efficacy is developed through the delivery of the Health Training Package curriculum for WHM, the knowledge and skills are delivered across the course structure; an example of the units containing this information is below.

BSBFLM303C	Contribute to effective workplace relationships
CHCORG428A	Reflect on and improve own professional practice
HLTWHS300A	Contribute to WHS processes
HLTHER604C	Perform western herbal medicine health assessment
HLTCOM502C	Develop professional expertise
HLTHER606D	Prepare and dispense western herbal medicine
HLTFA311A	Apply first aid
HLTCOM406C	Make referrals to other health care professionals when appropriate
HLTHER608C	Provide specialised western herbal medicine treatment

HLTCOM404C	Communicate effectively with clients
HLTHER609D	Provide western herbal medicine treatment
HLTIN504D	Manage the control of infection
HLTHIR501C	Maintain an effective health work environment
HLTAP401B	Confirm physical health status

Cost effectiveness

The cost effectiveness of WHM treatment is achieved through the completion of the training program including the underpinning knowledge that is developed in the classroom, and the clinical skills developed in the supervised clinical practicum, through clinical observations and clinical practice in the field.

Some examples of training units of competence to guide graduates to achieve cost effectiveness are below.

BSBFLM303C	Contribute to effective workplace relationships
CHCORG428A	Reflect on and improve own professional practice
HLTNUT601C	Apply literature research findings to clinical practice
HLTCOM503D	Manage a practice
HLTCOM502C	Develop professional expertise
HLTCOM404C	Communicate effectively with clients
HLTAP501C	Analyse health information
HLTHER603D	Operate a western herbal medicine dispensary
HLTHIR501C	Maintain an effective health work environment
HLTAP401B	Confirm physical health status

Safety

The safe practice of WHM therapies is derived from the theoretical and practical training provided and assessed in the classroom and clinical practicum units of competence. Some examples of these training units are listed below.

CHCORG428A	Reflect on and improve own professional practice
HLTWHS300A	Contribute to WHS processes

HLTHER604C	Perform western herbal medicine health assessment
HLTIN504D	Manage the control of infection
HLTHIR501C	Maintain an effective health work environment
HLTAP401B	Confirm physical health status
HLTHER601C	Apply western herbal medicine diagnostic framework
HLTHER605C	Plan the western herbal medicine treatment strategy
HLTCOM502C	Develop professional expertise
HLTHER606D	Prepare and dispense western herbal medicine
HLTFA311A	Apply first aid

Quality

Fully trained and competent WHM graduates deliver quality healthcare; the number of people undertaking WHM consultations in Australia evidences this. The data available through the AHPRA website points to quality outcomes for WHM subscribers. In fact the indices show that few, if any adverse events are directly attributable to the effects of treatment by qualified WHM practitioners in Australia.

Some examples of the units of competence delivering knowledge and skills to provide quality assurance for the health and safety of Australians are listed below.

BSBFLM303C	Contribute to effective workplace relationships
CHCORG428A	Reflect on and improve own professional practice
HLTWHS300A	Contribute to WHS processes
HLTHER604C	Perform western herbal medicine health assessment
HLTCOM503D	Manage a practice
HLTHER601C	Apply western herbal medicine diagnostic framework
HLTHER605C	Plan the western herbal medicine treatment strategy
HLTCOM502C	Develop professional expertise
HLTHER606D	Prepare and dispense western herbal medicine
HLTHER603D	Operate a western herbal medicine dispensary

HLTIN301C	Comply with infection control policies and procedures
HLTHER602D	Manage work within the western herbal medicine framework
HLTHER607C	Provide dietary advice
HLTIN504D	Manage the control of infection
HLTHIR501C	Maintain an effective health work environment
HLTAP401B	Confirm physical health status

HLT61012 Advanced Diploma of Nutritional Medicine (NM) (<www.training.gov.au>)

Clinical efficacy

Clinical efficacy is developed through the delivery of the Health Training Package curriculum for NM, the knowledge and skills are delivered across the course structure; an example of the units containing this information is below.

BSBFLM303C	Contribute to effective workplace relationships
CHCORG428A	Reflect on and improve own professional practice
HLTWHS300A	Contribute to WHS processes
HLTCOM502C	Develop professional expertise
HLTFA311A	Apply first aid
HLTCOM406C	Make referrals to other health care professionals when appropriate
HLTCOM404C	Communicate effectively with clients
HLTIN504D	Manage the control of infection
HLTHIR501C	Maintain an effective health work environment
HLTAP401B	Confirm physical health status
HLTHIR404D	Work effectively with Aboriginal and/or Torres Strait Islander people
HLTNUT601C	Apply literature research findings to clinical practice
HLTCOM503D	Manage a practice

HLTNUT606B	Plan the nutritional treatment strategy
HLTCOM404C	Communicate effectively with clients
HLTNUT603B	Apply a nutritional medicine diagnostic framework
HLTNUT609C	Prepare and dispense nutritional and dietary supplements
HLTAP501C	Analyse health information
HLTNUT605B	Perform nutritional medicine health assessment
HLTNUT610B	Provide basic dietary advice
HLTNUT604C	Manage Work within a clinical nutritional framework
HLTAP401B	Confirm physical health status
HLTNUT607C	Provide nutritional medicine treatment
HLTNUT608B	Provide specialised nutritional medicine treatment

Cost effectiveness

The cost effectiveness of NM treatment is achieved through the completion of the training program including the underpinning knowledge that is developed in the classroom, and the clinical skills developed in the supervised clinical practicum, through clinical observations and clinical practice in the field.

Some examples of training units of competence to guide graduates to achieve cost effectiveness are below.

BSBFLM303C	Contribute to effective workplace relationships
CHCORG428A	Reflect on and improve own professional practice
HLTNUT601C	Apply literature research findings to clinical practice
HLTCOM503D	Manage a practice
HLTCOM502C	Develop professional expertise
HLTCOM404C	Communicate effectively with clients
HLTAP501C	Analyse health information
HLTHIR501C	Maintain an effective health work environment
HLTAP401B	Confirm physical health status

HLTNUT608B	Provide specialised nutritional medicine treatment
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Safety

The safe practice of NM therapies is derived from the theoretical and practical training provided and assessed in the classroom and clinical practicum units of competence. Some examples of these training units are listed below.

CHCORG428A	Reflect on and improve own professional practice
HLTWHS300A	Contribute to WHS processes
HLTIN504D	Manage the control of infection
HLTHIR501C	Maintain an effective health work environment
HLTAP401B	Confirm physical health status
HLTCOM502C	Develop professional expertise
HLTFA311A	Apply first aid
HLTNUT608B	Provide specialised nutritional medicine treatment
HLTFA311A	Apply first aid
HLTHIR403C	Work effectively with culturally diverse clients and co-workers
HLTCOM406C	Make referrals to other health care professionals when appropriate
HLTCOM404C	Communicate effectively with clients
HLTNUT603B	Apply a nutritional medicine diagnostic framework
HLTNUT609C	Prepare and dispense nutritional and dietary supplements
HLTAP501C	Analyse health information
HLTIN301C	Comply with infection control policies and procedures
HLTIN504D	Manage the control of infection
HLTHIR501C	Maintain an effective health work environment
HLTNUT604C	Manage Work within a clinical nutritional framework

Quality

Fully trained and competent NM graduates deliver quality healthcare; the number of people undertaking NM consultations in Australia evidences this. The data available through the AHPRA website points to quality outcomes for NM subscribers. In fact the indices show that few, if any adverse events are directly attributable to the effects of treatment by qualified NM practitioners in Australia.

Some examples of the units of competence delivering knowledge and skills to provide quality assurance for the health and safety of Australians are listed below.

BSBFLM303C	Contribute to effective workplace relationships
CHCORG428A	Reflect on and improve own professional practice
HLTWHS300A	Contribute to WHS processes
HLTCOM503D	Manage a practice
HLTCOM502C	Develop professional expertise
HLTIN301C	Comply with infection control policies and procedures
HLTHER607C	Provide dietary advice
HLTIN504D	Manage the control of infection
HLTHIR501C	Maintain an effective health work environment
HLTAP401B	Confirm physical health status
HLTHIR501C	Maintain an effective health work environment
HLTNUT604C	Manage Work within a clinical nutritional framework
HLTAP401B	Confirm physical health status
HLTNUT607C	Provide nutritional medicine treatment

HLT60612 Advanced Diploma of Homoeopathy (HOM) (<www.training.gov.au>)

Clinical efficacy

Clinical efficacy is developed through the delivery of the Health Training Package curriculum for HOM, the knowledge and skills are delivered across the course structure; an example of the units containing this information is below.

BSBFLM303C	Contribute to effective workplace relationships
CHCORG428A	Reflect on and improve own professional practice
HLTWHS300A	Contribute to WHS processes

HLTCOM502C	Develop professional expertise
HLTFA311A	Apply first aid
HLTCOM406C	Make referrals to other health care professionals when appropriate
HLTCOM404C	Communicate effectively with clients
HLTIN504D	Manage the control of infection
HLTHIR501C	Maintain an effective health work environment
HLTAP401B	Confirm physical health status
HLTHIR404D	Work effectively with Aboriginal and/or Torres Strait Islander people
HLTCOM503D	Manage a practice
HLTAP501C	Analyse health information
HLTAP401B	Confirm physical health status
HLTHOM606D	Prepare and dispense homoeopathic medicine
HLTHOM602C	Conduct basic homeopathic research
HLTHOM603D	Manage work within the homoeopathic framework
HLTHOM610C	Take homeopathic case
HLTIN301C	Comply with infection control policies and procedures
HLTHOM604C	Perform clinical screening examination and assessment
HLTHOM608C	Provide homeopathic treatment and manage the case
HLTHIR501C	Maintain an effective health work environment
HLTHOM609D	Provide specific homoeopathic assessment and care
HLTAP401B	Confirm physical health status
HLTHOM601C	Apply homeopathic diagnostic framework

Cost effectiveness

The cost effectiveness of HOM treatment is achieved through the completion of the training program including the underpinning knowledge that is developed in the classroom, and the clinical skills developed in the supervised clinical practicum, through clinical observations and clinical practice in the field.

Some examples of training units of competence to guide graduates to achieve cost effectiveness are below.

BSBFLM303C	Contribute to effective workplace relationships
CHCORG428A	Reflect on and improve own professional practice
HLTNUT601C	Apply literature research findings to clinical practice
HLTCOM503D	Manage a practice
HLTCOM502C	Develop professional expertise
HLTCOM404C	Communicate effectively with clients
HLTAP501C	Analyse health information
HLTHIR501C	Maintain an effective health work environment
HLTAP401B	Confirm physical health status
HLTHOM609D	Provide specific homoeopathic assessment and care
HLTAP401B	Confirm physical health status
HLTHOM601C	Apply homeopathic diagnostic framework

Safety

The safe practice of HOM therapies is derived from the theoretical and practical training provided and assessed in the classroom and clinical practicum units of competence. Some examples of these training units are listed below.

CHCORG428A	Reflect on and improve own professional practice
HLTWHS300A	Contribute to WHS processes
HLTIN504D	Manage the control of infection
HLTHIR501C	Maintain an effective health work environment
HLTAP401B	Confirm physical health status
HLTCOM502C	Develop professional expertise
HLTFA311A	Apply first aid

HLTFA311A	Apply first aid
HLTHIR403C	Work effectively with culturally diverse clients and co-workers
HLTCOM406C	Make referrals to other health care professionals when appropriate
HLTCOM404C	Communicate effectively with clients
HLTAP501C	Analyse health information
HLTIN301C	Comply with infection control policies and procedures
HLTIN504D	Manage the control of infection
HLTHIR501C	Maintain an effective health work environment
HLTHIR404D	Work effectively with Aboriginal and/or Torres Strait Islander people
HLTHOM609D	Provide specific homoeopathic assessment and care
HLTAP401B	Confirm physical health status
HLTHOM601C	Apply homeopathic diagnostic framework

Quality

Fully trained and competent HOM graduates deliver quality healthcare; the number of people undertaking HOM consultations in Australia evidences this. The data available through the AHPRA website points to quality outcomes for HOM subscribers. In fact the indices show that few, if any adverse events are directly attributable to the effects of treatment by qualified HOM practitioners in Australia.

Some examples of the units of competence delivering knowledge and skills to provide quality assurance for the health and safety of Australians are listed below.

BSBFLM303C	Contribute to effective workplace relationships
CHCORG428A	Reflect on and improve own professional practice
HLTWHS300A	Contribute to WHS processes
HLTCOM503D	Manage a practice
HLTCOM502C	Develop professional expertise
HLTIN301C	Comply with infection control policies and procedures
HLTHER607C	Provide dietary advice

HLTIN504D	Manage the control of infection
HLTHIR501C	Maintain an effective health work environment
HLTAP401B	Confirm physical health status
HLTHIR501C	Maintain an effective health work environment
HLTAP401B	Confirm physical health status
HLTHOM606D	Prepare and dispense homoeopathic medicine
HLTCOM503D	Manage a practice
HLTHOM602C	Conduct basic homeopathic research
HLTHOM603D	Manage work within the homoeopathic framework
HLTHOM605C	Plan homeopathic treatment strategy
HLTHOM605C	Plan homeopathic treatment strategy
HLTAP501C	Analyse health information
HLTHOM610C	Take homeopathic case
HLTHOM604C	Perform clinical screening examination and assessment
HLTHOM608C	Provide homeopathic treatment and manage the case

Diploma of Aromatherapy (DA) (<www.training.gov.au>)

Clinical efficacy

Clinical efficacy is developed through the delivery of the Health Training Package curriculum for the DA, the knowledge and skills are delivered across the course structure; an example of the units containing this information is below.

BSBMGT502B	Manage people performance
BSBWOR502B	Ensure team effectiveness
CHCORG428A	Reflect on and improve own professional practice
CHCORG611B	Lead and develop others in a community sector workplace
CHCPOL505B	Manage research activities

CHCCS416B	Assess and provide services for clients with complex needs
CHCAC318B	Work effectively with older people
HLTARO510B	Monitor and evaluate aromatherapy treatments
HLTHIR404D	Work effectively with Aboriginal and/or Torres Strait Islander people
HLTCOM509B	Provide services for people with a life challenging illness
HLTCOM503D	Manage a practice
HLTHIR506C	Implement and monitor compliance with legal and ethical requirements
HLTCOM502C	Develop professional expertise
HLTARO404B	Develop aromatherapy products
HLTHIR501C	Maintain an effective health work environment
HLTARO511C	Provide specific aromatherapy assessment and care
HLTARO408B	Provide aromatherapy massage treatment
HLTAP401B	Confirm physical health status

Cost effectiveness

The cost effectiveness of the aromatherapy treatment is achieved through the completion of the training program including the underpinning knowledge that is developed in the classroom, and the clinical skills developed in the supervised clinical practicum, through clinical observations and clinical practice in the field.

Some examples of training units of competence to guide graduates to achieve cost effectiveness are below.

BSBMGT502B	Manage people performance
BSBWOR502B	Ensure team effectiveness
CHCORG428A	Reflect on and improve own professional practice
CHCORG611B	Lead and develop others in a community sector workplace
CHCPOL505B	Manage research activities
CHCCS416B	Assess and provide services for clients with complex needs
CHCAC318B	Work effectively with older people

CHCPOL403B	Undertake research activities
CHCORG525D	Recruit and coordinate volunteers
CHCPOL403B	Undertake research activities
CHCORG525D	Recruit and coordinate volunteers
HLTCOM510B	Provide services to clients with chronic diseases or conditions
HLTARO510B	Monitor and evaluate aromatherapy treatments
HLTHIR404D	Work effectively with Aboriginal and/or Torres Strait Islander people
HLTCOM509B	Provide services for people with a life challenging illness
HLTCOM503D	Manage a practice
HLTHIR506C	Implement and monitor compliance with legal and ethical requirements
HLTCOM502C	Develop professional expertise

Safety

The safe practice of aromatherapy is derived from the theoretical and practical training provided and assessed in the classroom and clinical practicum units of competence. Some examples of these training units are listed below.

HLTCOM503D	Manage a practice
HLTHIR506C	Implement and monitor compliance with legal and ethical requirements
HLTCOM502C	Develop professional expertise
HLTSHU509C	Maintain personal health and awareness as a professional responsibility
HLTARO509B	Plan a specialised aromatherapy treatment
HLTWHS401A	Maintain workplace WHS processes

Quality

Fully trained and competent DA graduates deliver quality healthcare; the number of people undertaking aromatherapy consultations in Australia evidences this. The data available through the AHPRA website points to quality outcomes for aromatherapy subscribers. In fact the indices show that few, if any adverse events are directly attributable to the effects of treatment by qualified aromatherapy practitioners in Australia.

Some examples of the units of competence delivering knowledge and skills to provide quality assurance for the health and safety of Australians are listed below.

HLTCOM509B	Provide services for people with a life challenging illness
HLTCOM503D	Manage a practice
HLTHIR506C	Implement and monitor compliance with legal and ethical requirements
HLTCOM502C	Develop professional expertise
HLTSHU509C	Maintain personal health and awareness as a professional responsibility
HLTARO509B	Plan a specialised aromatherapy treatment
HLTWHS401A	Maintain workplace WHS processes
HLTHIR403C	Work effectively with culturally diverse clients and co-workers
HLTARO507B	Analyse and compare different complementary health modalities
HLTAP501C	Analyse health information
HLTNUT610B	Provide basic dietary advice
HLTARO404B	Develop aromatherapy products
HLTHIR501C	Maintain an effective health work environment
HLTARO511C	Provide specific aromatherapy assessment and care
HLTARO408B	Provide aromatherapy massage treatment
HLTAP401B	Confirm physical health status

Reference: <http://training.gov.au/Training/Details/HLT07>

9. REFERENCES

Massage:

- Expert Committee on Complementary Medicines in the Health System Report to the Parliamentary Secretary to the Minister for Health and Ageing September 2003.
- Medibank Private definition of Remedial Therapy:
<<http://training.gov.au/Training/Details/HLT50307>>
- Australian Regional Health Group Ltd definition of Aromatherapy
- <<http://training.gov.au/Training/Details/HLT51407>>

Massage therapies and related disciplines with links to relevant Health Training Package Awards:

- Aromatherapy: Current Health Training Package Award; HLT51407 Diploma of Aromatherapy
<<http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&ved=0CFgQFjAD&url=http%3A%2F%2Ftraining.gov.au%2FTraining%2FDetails%2FHLT51407&ei=9nXJUOayDbCdiAfHjoD4DA&usg=AFQjCNGhkP18QBJ-9lBgKxDAtEmabybSg&bvm=bv.1355272958,d.aGc>>
- Bowen Therapy: Non-Current Health Training Package award; Diploma of Bowen Therapy HLT51818
<http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=5&ved=0CGEQFjAE&url=http%3A%2F%2Ftraining.gov.au%2FTraining%2FDetails%2F51818&ei=BXfJUNyLJe6XiAf_oDQAQ&usg=AFQjCNEQ8GBq8jgi9-IM1nOJEaGAWlkjeQ&bvm=bv.1355272958,d.aGc>
- Kinesiology: Current Health Training Package award; HLT51507
<http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CEgQFjAB&url=http%3A%2F%2Ftraining.gov.au%2FTraining%2FDetails%2FHLT51507&ei=IXfJUI28BcepiAfQl4HQBQ&usg=AFQjCNHnwKBIPAg6_7aeyQcy4kxoz6LLw&bvm=bv.1355272958,d.aGc>
- Myotherapy: Current state award, Victoria only Advanced Diploma of Remedial Massage (Myotherapy) 212920VIC
<<http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CDEQFjAA&url=http%3A%2F%2Ftraining.gov.au%2FTraining%2FDetails%2F212920VIC&ei=m3jJUJSmEoyhiAf2tYBo&usg=AFQjCNHGz4Nhd6RbLkwBTIFdBHCNHbttaw&bvm=bv.1355272958,d.aGc>>
- Reflexology: Current Health Training Package award; Diploma of Reflexology HLT51712
<<http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CEEQFjAA&url=http%3A%2F%2Ftraining.gov.au%2FTraining%2FDetails%2FHLT51712&ei=Q3rJUMDOI-mZiAfDwoDADg&usg=AFQjCNHguCdDyWAWh4Pa5yQzWGusphkxQ&bvm=bv.1355272958,d.aGc>>
- Massage therapy, Swedish massage and therapeutic massage : Current Health Training Package award; Certificate IV Massage Therapy Practice HLT40307
<http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CEAQFjAA&url=http%3A%2F%2Ftraining.gov.au%2FTraining%2FDetails%2FHLT40307&ei=wznJUO-gG-6XiAf_ooDQAQ&usg=AFQjCNEJ3-A1dKRs1i3LXfzEMY_fYitCvQ&bvm=bv.1355272958,d.aGc>
- Deep tissue massage, lymphatic drainage, myofascial release, remedial massage, sports therapy massage, are all components of Remedial Massage: Current Health Training Package award; Diploma of Remedial Massage HLT50307
<http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CEI<<QFjAA&>

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- Shiatsu: Current Health Training Package award; Diploma of Shiatsu and Oriental Therapies HLT50207
<<http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CDEQFjAA&url=http%3A%2F%2Ftraining.gov.au%2FTraining%2FDetails%2FHLT50207&ei=R3vJUleeFqiUiQf9-YHADw&usg=AFQjCNGwoZDMqrgAh40T4x1J6mgL4FfdOA&bvm=bv.1355272958,d.aGc>>
- Diploma of Traditional Chinese Medicine Remedial Massage (An Mo Tui Na) Current health training Package HLT50112 <http://training.gov.au/Training/Details/HLT50112>

Naturopathy:

- The Practice and Regulatory Requirements of Naturopathy and Western Herbal Medicine. A report for Victorian State Govt. written by Lin, Bensoussan, Myers et al 2005.
- Expert Committee on Complementary Medicine in the Health System Report to the Parliamentary Secretary to the Minister for Health and Ageing September 2003.
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- <<http://training.gov.au/Training/Details/HLT60512>>

Nutrition:

- Expert Committee on Complementary Medicine in the Health System Report to the Parliamentary Secretary to the Minister for Health and Ageing September 2003.
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Western herbalism:

- The Practice and Regulatory Requirements of Naturopathy and Western Herbal Medicine. A report for the Victorian State Govt. Written by Lin, Bensiussan, Myers et al 2005.
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- World Health Organisation definition of herbal medicines
- <<http://training.gov.au/Training/Details/HLT60112>>