

# Independent registration for naturopaths and herbalists in Australia: the coming of age of an ancient profession in contemporary healthcare

Jon Wardle

Australian Research Centre in Complementary and Integrative Medicine, University of Technology Sydney, Ultimo NSW

Amie Steel

Australian Research Centre in Complementary and Integrative Medicine, University of Technology Sydney, Ultimo NSW

Erica McIntyre

School of Psychology, Charles Sturt University, Wagga Wagga NSW

**Abstract:** Recent changes in the healthcare landscape in Australia have prompted renewed debate regarding the most appropriate regulatory model for naturopaths and herbalists. Numerous government reports have recommended independent statutory regulation yet naturopaths and Western herbalists are yet to be included in the National Registration and Accreditation Scheme. This has left professional associations to carry the administrative burden and manage the conflicting interests of practitioner regulation and professional advocacy. The outcome of this self-regulatory model has damaged advancement of these professions through limiting the scope of professional associations to promote the value of practitioners within contemporary healthcare. It has also left naturopaths and Western herbalists vulnerable to health policy reform which impact on unregistered practitioners. In response, an independent registration body, the Australian Register of Naturopaths and Herbalists (ARONAH) has been established which mirrors the NRAS process and offers legitimacy to the professions whilst also safeguarding the public. This paper outlines: the history of the registration debate in Australia; the scope and role of ARONAH; the relationship between ARONAH and the existing professional associations and the rationale underpinning important standards and guidelines developed by ARONAH for its members.

**Declaration of interests:** JW is Acting Administrator for the Australian Register of Naturopaths and Herbalists and a practitioner member of the National Herbalists Association of Australia. AS is Queensland Practitioner Member and Treasurer of the Board for the Australian Register of Naturopaths and Herbalists and a practitioner member of the Australian Natural Therapists Association. EM is Vice President of the National Herbalists Association of Australia.

## Introduction

For many people, there is an assumption that naturopathy and herbal medicine are relatively new entrants to the Australian healthcare system, with some academics incorrectly assuming the professions were spurred by the growth of the counter-cultural and natural healthcare movements of the 1960s and 1970s (Baer 2006). However naturopathy and herbal medicine have held a place in the Australian health system for over 100 years and their roots in global health care reach back much further. Herbal medicine arrived in Australia with the First Fleet, and has been an important part of Australia's healthcare milieu ever since (Martyr 2002). The earliest mention of naturopathy in an Australian newspaper dates back to 1905, when the Victorian village of Mansfield advertised its attraction of naturopathic services as a sign of its progress (Anonymous 1905). The first mention of an individual naturopath comes from 1906, when Dr von Koenigswerder testified as an expert witness in a divorce case in Brisbane (Anonymous 1906). Currently Western herbal medicine and naturopathy are being used by individuals experiencing a wide range of health conditions, with approximately 10% of the population regularly consulting with a naturopath or

herbalist (Adams et al. 2007)—including significant use in complex clinical scenarios such as cancer treatment (Adams et al. 2005) or pregnancy (Steel et al. 2012).

Registration has often been viewed as a tool to legitimise a health profession. For this reason, naturopathy and Western herbal medicine have previously been repeatedly denied registration based solely on ideological grounds (Guthrie 1961, Webb 1977). However as the Australian health system has evolved over time, so has registration. Registration now focuses on providing a number of safeguards to ensure the public are accessing safe and effective health care from appropriately qualified health practitioners. Every evaluation under these criteria (interestingly, all of which have been initiated by the Victorian government) has found that the potential risks associated with naturopaths and Western herbalists warrant registration (Dixon 1986, Lin et al. 2005, Victorian Parliament Joint Select Committee 1975). When practised properly, naturopathy and Western herbal medicine can be safe and effective therapeutic disciplines, although, their risks can be significant if practised improperly or by unqualified or bogus practitioners (Wardle 2008). For many health professions, this need to protect the public resulted in the establishment of regulatory boards/registerers

in various states and professional associations. In 2008, this ultimately led to the development of the National Registration and Accreditation Scheme (NRAS), which has already been described in detail previously in this journal insofar as it relates to naturopathy and Western herbal medicine practice (Wardle 2010, 2011). However, naturopaths and Western herbal medicine practitioners are yet to be included within NRAS and recent developments in the Australian healthcare landscape have led to renewed support for an independent registering body for both of these professions.

In 2009 the foundations for an independent registering body for naturopaths and herbalists were laid through the formation of a steering committee to establish a Board and a Register for naturopaths and herbalists. Over the following 4 years the steering committee and then the Board mirrored the statutorily regulated Boards administered by the Australian Health Practitioner Regulation Authority (AHPRA) that functions with NRAS. This new independent Board—the Australian Register of Naturopaths and Herbalists (ARONAH)—established practice competencies, minimum education standards, a code of ethics, and a range of standards and guidelines designed to ensure the safe and effective practice of naturopathy and Western herbalism.

Independent registration, as separate from a professional association, is universal in the majority of health professions that practice with a similar level of autonomy and may be seen as holding equal responsibility as naturopaths and herbalists when providing care to the public (e.g. osteopaths, chiropractors, Chinese medicine practitioners, nurses, midwives, dentists, occupational therapists, optometrists, pharmacists, physiotherapists, podiatrists, psychologists, medical doctors). Despite this, some areas related to the value, role and place of ARONAH for contemporary Australian Western herbalists and naturopaths still requires some clarity. It is the purpose of this article to address these issues and assist practitioners in understanding the impact of an independent registering body on themselves and their profession.

### **What is a registration body?**

A registration body differs from a professional association in that it solely represents the public's interests in their dealings with a health profession, while a professional association represents a profession's interests. A registration body does this by developing and enforcing minimum standards of practice and education that serve as eligibility for practitioners to enter the register. In this way the public can be assured that a practitioner member of that register has minimum standards of training and practice. Registration DOES NOT prescribe specifics on how practitioners are to practice (e.g. what treatments they can use or when to use them), merely requiring that their practice be conducted in a safe and professional manner.

If a patient has concerns about their treatment or believe that a practitioner has acted inappropriately or caused them harm, registration bodies provide a transparent, accountable and easily recognisable avenue for complaints. Having a single complaints body is essential to protecting the public's interest. In Chinese medicine, the development of a single complaints authority resulted in a ten-fold increase in complaints against practitioners, simply because the multitude of associations and complaints processes had meant most complaints were previously 'lost in the system' (Lin and Gillick 2011). Failure to adhere to the professional standards defined by the registration authority can result in a practitioner being removed from the register. However registration bodies prefer to focus on an educative rather than punitive approach to practitioners who have contravened practice standards—particularly for first-time offenders—unless the breach is egregious enough to warrant immediate deregistration. This approach provides opportunities for practitioners who may have inadvertently compromised patient care to be reformed rather than penalised, thus ensuring that patients are protected while not unnecessarily removing a trained practitioner from practising.

Even though a registration body is focused on representing the public's interests, the development of an independent registration body working across professional associations offers many benefits to the professions. In 2004 it was estimated that there were over 90 professional associations representing naturopaths and Western herbalists in Australia (Bensoussan et al. 2004). This is probably an over-estimation of the current situation but there is still a significant level of fragmentation in the professions of naturopathy and Western herbal medicine. This has resulted in extraordinary administrative inefficiencies. For example, although natural therapies form only a small percentage of rebates reimbursed by private health insurers, the multitude of professional associations makes natural therapist liaison one of their most significant administrative expenses.

In the current regulatory situation for naturopaths and herbalists, it can be argued that in circumstances of complaints against practitioners associations are forced to manage the interests of the public and the practitioner. These two roles may be conflicting and in attempting to undertake both functions associations may be hindered in their ability to fulfil either role successfully. This is solved in most health professions by the separation of roles into registering bodies, that protect public interest, and professional associations, that protect professional interests. This approach enables the availability of natural justice to both practitioner and patient when occurrences of alleged harmful or inappropriate practice behaviour are reported.

Every professional association devotes significant resources to accreditation of practitioners and colleges

and maintaining their own disciplinary processes, unnecessarily duplicating effort with little public health or practitioner benefit. Colleges need to consult with numerous associations to ensure that their courses meet minimum requirements, which can be a confusing and needlessly expensive process. In contrast, within other health professions these roles are not carried out by associations, but by registration authorities. Consolidating these roles currently duplicated by multiple associations into one registration and accreditation body can offer numerous efficiencies: money saved on administration by private health insurers could be used for more comprehensive rebates; resources saved by associations on accreditation and disciplinary matters could be spent on lobbying and promoting the professions and resources saved by colleges through having one liaison authority could be redirected into better teaching resources or reduced student fees.

**Freeing resources and expanding the activity of professional associations**

As previously mentioned and outlined in Figure 1, the role and function of a professional association differs from that of a registration body. This has been an area of confusion for the naturopathy and Western herbal medicine professions as associations representing these professions have often needed to adopt the role of a registration board due primarily to the association-led regulatory model being used. For example, the National Herbalists Association of Australia (NHAA) currently uses the majority of its resources to provide this role. While this approach has been necessary without a registering body, it is far from ideal because

an association’s role is to represent the interests of its profession and not the public. A freeing of associations’ available resources can provide improved advocacy and representation of Western herbalists and naturopaths within Government and other areas, direct member support, post-graduate education, clinical resources, and increasing public awareness of the professions.

In addition, the lack of a registration body has presented the professions with challenges that were not likely to have occurred if they had been registered. Recent examples of these challenges are the TGA Advertising Consultation, and the Private Health Insurance Review. While it is the role of an association to address these issues, it could be argued that they may not have occurred if Western herbalists and naturopaths were included in the national registration and accreditation scheme. This is another example of a potentially unnecessary use of association resources.

The NHAA currently has in process a number of initiatives to support its members that are delayed due to lack of resources. These include: a clinic accreditation program, a mentoring and supervision program, access to research library databases, advanced training programs (including web-based post-graduate education), improved benefits for research, academic and grower members, and continued professional collaboration (within all aspects of the profession). With an effective independent register, associations’ resources currently employed duplicating the role of registration bodies will be freed and the associations will be better able to implement initiatives like these.

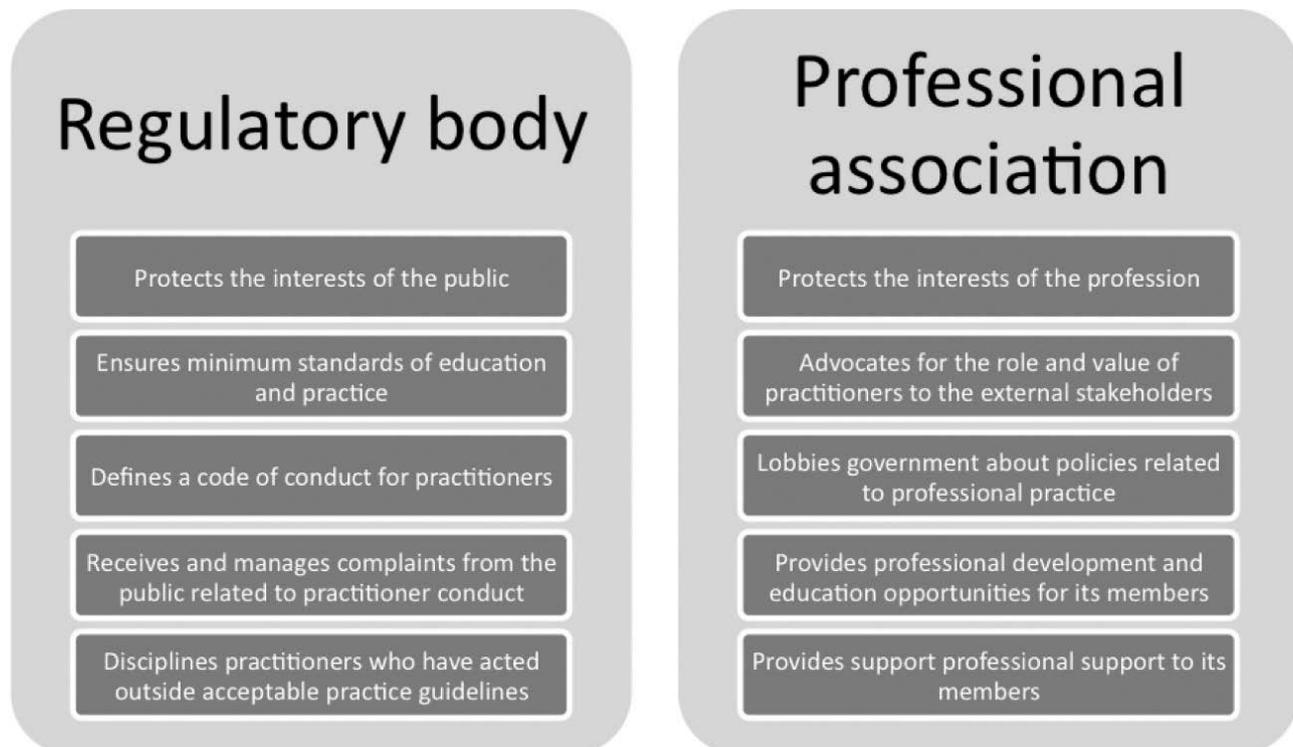


Figure 1: Features which differentiate between a regulatory body and a professional association

## Registration models: A historical perspective

A number of variations on registration models have been considered and debated within naturopathy and Western herbal medicine over the years. These include independent vs. association-led registration, and voluntary vs. government-enforced registration. The development of an independent register proffers several advantages over the current scenario which, as a voluntary and self-regulatory scheme, does not afford the same public protection benefit as statutory (government-enforced) registration. For this reason ARONAH and a number of professional associations (including the NHAA) are actively lobbying for the inclusion of naturopaths and Western herbalists in the national registration and accreditation scheme.

The value of independent compared with voluntary registration is seen by some as an issue that has divided the professions, however this has not always been the case. Division on this issue began with the introduction of registration of naturopaths in the Northern Territory in 1985. As the Northern Territory government did not have expertise on the issue, it asked the major association of that time to develop standards for entry into the Northern Territory's regulatory scheme, and the *Australian Natural Therapies Accreditation Board* was formed, basing registration on a four-year qualification. However not all colleges met these standards and as such were not deemed suitable for the scheme. In response, a coalition of these college owners was formed to remove what they saw as discrimination against their graduates. This coalition evolved to become a professional association in its own right (though ownership was retained by college owners rather than practitioners) and is today known as the *Australian Traditional Medicine Society*.

At this time conflict between the various associations over education standards led to the decision by the Victorian government to refuse registration of naturopaths, stating that the profession itself needed to present a unified voice on standards before any registration could be enacted (Dixon 1986). The registration of naturopaths in Victoria had been an expected outcome of the Victorian review. However while the government acknowledged the need for minimum standards, it would not enforce them until there was broad professional agreement on what these should be. This precipitated an explosion of new courses and new professional organisations, once it became clear that there would be little regulatory accountability for the profession (Jacka 1998). Fragmentation continued, and resulted in no further jurisdictions regulating the professions of naturopathy or Western herbal medicine. As the Northern Territory was the only jurisdiction registering naturopaths, this too was removed when all states and territories signed up to the *Mutual Recognition Act 1992* (dietitians and social workers were two other professions that lost their registration status in this Act, due to being registered by single jurisdictions).

Although the issue of registration is seen as a divisive issue, it is only relatively recently that such division has occurred. For the vast majority of their histories, the professions of naturopathy and Western herbal medicine in Australia have supported registration and the constant effort to improve standards in clinical training. The first attempt of herbalists to achieve registration pre-dates Federation in this country (Martyr 2002). A call for registration of naturopaths was present in the first article of the first edition of a naturopathic journal in Australia, published in *Nature Cure and Medical Freedom* in 1925 (Clark-Nikola 1925). These efforts were so successful that registration of naturopaths and botanical medical practitioners became part of the formal agenda of the Labor party in 1927 (Anonymous 1927). It is not until the 1980s, and the financial interests of a small group of individual proprietary colleges were threatened that the issue began to divide the profession.

The legacy of three decades of professional fragmentation is that registration remains a divisive issue, particularly amongst those in leadership positions (Canaway 2009), though there appears to be a high level of support from practitioners themselves (Wardle et al. 2013). For many practitioners lack of registration is seen as a barrier to a greater role in the healthcare sector (Wardle et al. 2010). While this is not guaranteed, developing a registration system that improves public safety and encourages higher standards demonstrates a commitment by the profession to providing safe and effective health care in the interests of their patients. This commitment can help to silence many of the criticisms levelled at our profession, and announces that our profession has come of age and is ready for the next stage of its development. However for this to occur to its full potential support is required from all practitioners and stakeholders. The future of naturopathy and Western herbal medicine is bright, though not assured. We can only take our place in the healthcare system if we can demonstrate that we are committed to serving—and protecting—the patients around whom the healthcare system is built.

## Lack of registration and the impact on education

The lack of independent registration in the professions, either voluntary or statutory, has had numerous negative consequences on the professions of naturopathy and Western herbal medicine, particularly in the area of education. In 1939 the first Australian Congress of Naturopathy was held in Aspendale, Melbourne and was attended by over 200 delegates (Anonymous 1939). At the conference plans were made to form an Australian college owned by the profession, at which there “will be a four-year course with scope for research work”. In the early 1980s, a four-year qualification was deemed to be the minimum requirement for registration in the Northern Territory. Despite numerous advances, colleges are now

teaching courses of half that duration and professional associations are allowing graduates membership (Wardle and Adams 2012). Until the early 1990s, it was common for naturopathic courses to have significant training in hydrotherapy, physical medicine (including manipulation), acupuncture and homeopathy in addition to the currently focused therapies of nutrition and herbal medicine. Additionally herbal medicine courses once contained far more significant levels of botany and herbal preparation than they do now. Entry of clinical training into the vocational sector required consolidation of these professions into a more limited range of therapeutic modalities and practices.

The vocational model was ill-suited as it required defining the professions by limiting their practices to specific, measurable skills rather than as complex systems of medicine and was inappropriate because higher education degrees were already being developed. Such entry was done more to benefit college owners, by making their courses eligible for Austudy payments and therefore increasing their attractiveness to potential students, than it ever was to benefit the profession, and the profession is still recovering from this episode. Naturopathic and herbal medicine colleges are reducing their philosophy and naturopathic and herbal medicine principles content as there is no regulator requiring them to teach it (Wardle et al. 2012).

### **The need for a Bachelor degree as the minimum level of qualification for naturopaths and herbalists**

The main differentiating feature between higher education (e.g. Bachelor) and vocational level training (e.g. Advanced Diploma) in Australia is that higher education course graduates are expected to acquire skills in critical thinking and analysis, whereas vocational level graduates are not. While vocational graduates may develop these skills inadvertently, it is not an expectation that those delivering such courses are held accountable to assist such skill development by their regulatory authority (currently the Australian Skills Quality Authority). As the development of critical thinking is not required in vocational training it cannot be guaranteed that graduates from the many and varied vocational courses available to naturopaths and herbalists throughout Australia are proficient in this area. In contemporary health practice and in an era of variable information quality and multiple corporate entities vying for the attention of consumers in a 'health market', skills in critical analysis are imperative. Even more so, in a clinical setting where a health professional is providing primary health care and is supporting individuals with complex health needs, this expertise is critical. For these reasons it is vitally important that a minimum of a Bachelor level of qualification is expected of new graduates of naturopaths and Western herbalists.

This need to move naturopathic and herbal medicine education into the university sector was first raised by Victorian inquiry into natural therapies published in 1975 (Victorian Parliament Joint Select Committee 1975), and its subsequent investigation published in 1986 (Dixon 1986). This was confirmed by the Victorian government's 'Lin report' which established a four-year degree qualification as the necessary minimum standard for naturopathic medicine in 2005 (Lin et al. 2005). However the road to degree education in these professions has not been a smooth one. Self-interest of minor parties and fragmentation within the profession has delayed this implementation (Wardle et al. 2012) and the failure of the profession to engage with the university sector was specifically cited as a major reason for the decision to deny naturopaths and herbalists registration in the 1986 Victorian inquiry (Dixon 1986).

The first degree in naturopathic medicine—that was also intended to contain a significant indigenous herbal medicine component—was developed by Northern Territory University in 1989, in association with the Academy of Natural Therapies colleges in the Gold Coast and Perth (Mack 1989). This was to complement the registration of naturopaths in the Northern Territory under the *Health Practitioners and Allied Professions Act 1985* (NT). However as professional infighting over the issue had delayed registration in other jurisdictions, registration for naturopaths was removed under the *Mutual Recognition Act 1992*, and Northern Territory University no longer saw a need for a university degree.

Nevertheless the move to degree education was only temporarily delayed by this setback. In 1995 the first naturopathic degree course in a public university, Southern Cross University, began teaching students (Evans 2000). This development was opposed by the private colleges who gathered a 'fighting fund' of \$50,000 in 1994 to resist the development of degree education as they saw it as a threat to their own colleges (Jacka 1998). In the mid-1990s legislative barriers to private colleges offering degree courses were removed and the first degree courses in naturopathy at private institutions were accredited in the Australian Capital Territory (1995) and Victoria (1997) (Evans 2000, Jacka 1998).

Notwithstanding the fact that the need for a university degree minimum has been established by government investigation for nearly four decades and degree-level education has actually been available for nearly two decades, not one professional association currently requires a degree minimum for membership. In practical terms, this means that today, professional associations, colleges and practitioners who currently do not complete or require degree-level studies are deliberately choosing not to recognise, deliver or study the nationally recognised minimum-level of qualification required to ensure safe and effective naturopathic and Western herbal medicine practice. This requirement is not only

directed at naturopaths and Western herbalists but at all health professionals delivering primary health care. In fact, should naturopaths and Western herbalists desire recognition in line with these other health professions, it would need to make a very strong and well-researched argument to justify NOT expecting a degree standard of qualification of its members.

Other stakeholders recognise this minimum requirement even if the profession itself is unwilling to do so, and are becoming increasingly frustrated with the profession's inability to move to this minimum standard. For this reason, private health insurers are beginning to develop their own educational standards independently of the profession. The recent TGA advertising consultation made specific reference to its concerns that due to varying and sub-standard educational requirements membership of a naturopathic or herbal medicine professional association could no longer be considered a reliable indicator of whether a health practitioner was competent. The GST-free status of naturopathic and Western herbal medicine practitioner consults depended entirely on the development of an independent register of qualified practitioners that never eventuated.

What these developments indicate is that the professions of naturopathy and Western herbal medicine will be required to move to a degree-minimum at some point. For a profession aiming for a greater primary health care role in the Australian health system, resistance towards the implementation of degree-level minimum standards of education is farcical and not conducive to growing the profession, nor can it in any way be construed to be in the public interest. This transition can either be imposed, or it can come from the profession itself. The development of an independent register such as ARONAH can prepare the profession and guide it through this transition in a consultative manner that respects traditional practice and philosophy. The only other option is allowing those outside the profession to dictate the terms under which the transition occurs.

### **Ensuring register eligibility for long-standing practitioners without a Bachelor qualification in naturopathy or herbal medicine**

Although degree-minimum training is the recognised minimum level of training for naturopaths and Western herbalists, there is little public health or professional benefit from arbitrarily imposing this immediately (Lin et al. 2005). Transitional grandparenting arrangements will initially be in place to recognise those who trained before this minimum was universally available and accessible. Specific details of how these arrangements may manifest in relation to the professions of naturopathy and Western herbal medicine has been discussed previously (Wardle 2010, 2011), however it also needs to be acknowledged that naturopathy and Western herbal medicine are by no means the first professions to navigate this process.

Chinese medicine, chiropractic, osteopathy, midwifery and nursing are just a few of the professions who have been able to move to a degree minimum while appropriately recognising practitioners before this model became universal.

This also raises another issue peculiar to the CAM professions. Although degree 'upgrade' and 'conversion' pathways have been available for naturopaths and Western herbalists for some time and are offered by numerous universities, these programs are not clinical training programs and therefore will not be relevant to any application with a registration body, whether it is voluntary or statutory. The benefits of these degrees lie elsewhere, for example as preparation for entry into a Masters program or consolidating knowledge on CAM more broadly. Further, as they lack a clinical component, they cannot be considered an 'extension' of vocational sector training for registration pathways.

Essentially these 'conversion' degrees still rely on the quality and relevance of the vocational training undertaken by the practitioner prior to the conversion degree. As such, recognition of these degrees as sufficient for eligibility with a register may result in practitioners with poor quality training or those with different clinical training (e.g. homeopaths, massage therapists etc) who have also upgraded their qualification through the same degree to be eligible to register as a naturopath or herbalist. Fortunately, the grandparenting arrangements provided by ARONAH ensure that those practitioners who have completed an appropriate vocational course or can show that they have clinical experience practising safely and competently as a naturopath or herbalist (as defined by the standards and guidelines set out by the Board) will be equally as eligible as a degree graduate to join the register. Furthermore, their position with the register once deemed eligible will be no different.

### **Conclusion**

While there is a history of division within the professions of Western herbal medicine and naturopathy and many challenges lie ahead, they are moving in the right direction. If the professions collaborate, support an independent register, and a Bachelor minimum education standard, it will send a strong message to national regulatory authorities that it is a competent health care profession.

### **References**

- Adams J, Sibbritt D, Young A. 2005. Naturopathy/herbalism consultations by mid-aged Australian women who have cancer. *Eur J Cancer Care* 14:5;443-7.
- Adams J, Sibbritt D, Young A. 2007. Consultations with a naturopath or herbalist: the prevalence of use and profile of users amongst mid-aged women in Australia. *Public Health* 121:12;954-7.
- Anonymous. 1905. News and Notes. Kilmore Free Press. Kilmore.
- Anonymous. 1906. A Peculiar Position. The Brisbane Courier. Brisbane.
- Anonymous. 1927. Labour conference: Canberra Agenda Prepared. The Register. Adelaide.
- Anonymous. 1939. Naturopaths Meet. The Argus. Melbourne.

- Baer H. 2006. The drive for legitimation in Australian naturopathy: Successes and dilemmas *Social Science and Medicine* 63:7;1771-83.
- Bensoussan A, Myers S, Wu S, O'Connor K. 2004. Naturopathic and Western herbal medicine practice in Australia-a workforce survey. *Complementary Therapies in Medicine* 12:1;17-27.
- Canaway R. 2009. A culture of dissent: Australian naturopaths' perspectives on practitioner regulation. *Complementary Health Practice Review* 14:3;136-52.
- Clark-Nikola H. 1925. Non-conformist medical practitioners: should they be legally registered. *Nature Cure and Medical Freedom* 1:3;6-7.
- Dixon JC. 1986. Inquiry into Alternative Medicine and the Health Food Industry. Melbourne, Parliament of Victoria, Social Development Committee.
- Evans S. 2000. The story of naturopathic education in Australia. *Complementary Therapies in Medicine* 8:4;234-40.
- Guthrie H. 1961. Report of the Honorary Royal Commission appointed to inquire into the provisions of the Natural Therapists Bill: Western Australia Perth, Alex B Davies, Government Printer.
- Jacka J. 1998. *Natural therapies : the politics and passion : a personal story of a new profession*. . Melbourne: Ringwood Natural Therapies.
- Lin V, Bensoussan A, Myers S, McCabe P, Cohen M, Hill S, Howse G. 2005. The practice and regulatory requirements of naturopathy and western herbal medicine. Melbourne, Department of Human Services.
- Lin V, Gillick D. 2011. Does workforce regulation have the intended effect? The case of Chinese medicine practitioner registration. *Australian Health Review* 35:4;455-61.
- Mack R. 1989. Academy of Natural Therapies Darwin. *Australian Natural Medicine Journal* 2:4;34.
- Martyr P. 2002. *Paradise of Quacks: An Alternative History of Medicine in Australia*. Sydney: Macleay Press.
- Steel A, Adams J, Sibbritt D, Broom A, Gallois C, Frawley J. 2012. Utilisation of complementary and alternative medicine (CAM) practitioners within maternity care provision: results from a nationally representative cohort study of 1,835 pregnant women. *BMC Pregnancy Childbirth* 12;146.
- Victorian Parliament Joint Select Committee. 1975. Report from the Osteopathy, Chiropractic and Naturopathy Committee, together with appendices. Melbourne, Government Printer.
- Wardle J. 2008. Why run a risk agenda for CAM? *Aust J Med Herbalism* 20:4;136-41.
- Wardle J. 2010. The National Registration and Accreditation Scheme: what would inclusion mean for naturopaths and Western herbalists? Part 1: The legislation. *Australian Journal of Medical Herbalism* 22:4;113-8.
- Wardle J. 2011. The National Registration and Accreditation Scheme: what would inclusion mean for naturopaths and Western herbalists? Part 2: Implications for clinical practice. *Australian Journal of Medical Herbalism* 23:1;18-26.
- Wardle J, Adams J. 2012. *The indirect risks of traditional, complementary and integrative medicine*. In "Traditional, Complementary and Integrative Medicine: An International Reader". Eds: J Adams, G Andrews, J Barnes, P Magin and A Broom. London: Palgrave Macmillan: 212-9.
- Wardle J, Adams J, Lui C-W. 2010. A qualitative study of naturopathy in rural practice: A focus upon naturopaths' experiences and perceptions of rural patients and demands for their services *BMC Health Services Research* 10;185.
- Wardle J, Adams J, Lui C, Steel A. 2013. Current challenges and future directions for naturopathic medicine in Australia: a qualitative examination of perceptions and experiences from grassroots practice. *BMC Complementary and Alternative Medicine* 13;15.
- Wardle J, Steel A, Adams J. 2012. A review of tensions and risks in naturopathic education and training in Australia: a need for regulation. *J Altern Complement Med* 18:4;363-70.
- Webb E. 1977. Report of the Committee of Inquiry into Chiropractic, Osteopathy, Homoeopathy and Naturopathy. Canberra, Australian Government Publishing Service.