

**By e-mail**

May 29, 2008

Annie Schiefer, Project Manager  
Health Profession Regulatory Advisory Council  
55 St. Clair Avenue West  
Suite 806, Box 18  
Toronto, ON M4V 2Y7

**Re: HPRAC, Interprofessional Collaboration Project**

Dear Ms. Schiefer:

On behalf of The Canadian College of Naturopathic Medicine I am pleased to respond to the discussion questions in Part 5 of the *Consultation Discussion Guide on Issues, Related to the Ministerial Referral on Interprofessional Collaboration among Health Colleges and Professions, February 2008*. The number indicated for each of the following items reflects the questions on which we offer comment.

#1 The Canadian College of Naturopathic Medicine is strongly in support of the focus statements provided. As the only accredited college for the training of naturopathic doctors in Ontario, the Canadian College of Naturopathic Medicine is particularly interested in addressing issues regarding how to best utilize the skills and competencies of Ontario health professionals. Greater cooperation and awareness will serve to increase patient healthcare options, improve the utilization of human resources and result in better health outcomes for Ontarians.

#3 Legislation that inhibits or prevents regulated primary healthcare providers from easily accessing patient laboratory results or diagnostic imaging should be amended. For example, the definition within section 5 of the Laboratory and Specimen Collection Centre Licensing Act does not include offices operated by naturopathic doctors within the exclusion permitting operation of a specimen collection centre.

#5 The naturopathic profession is pleased that traditional prejudices from other health professions against complementary and alternative medicine appear to be on the decline and is optimistic that this trend will continue. It is felt that the root cause of the traditional prejudice lies in a lack of understanding on the part of other health practitioners. It would be preferable if the professional associations played a more active role in eliminating existing barriers to collaboration since the experience of many naturopathic doctors has been that the attitudes of individual practitioners are more open than that of the professional regulatory bodies and associations.

#6 Although occurring less frequently than in the past, Ontario naturopathic doctors continue to be told by patients that their medical doctor has advised them that if they insist on seeking naturopathic treatment then they will no longer provide them medical care. The reason cited by the medical doctor is



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a healthy curiosity

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that they are concerned about liability for pharmaceutical-botanical interactions or concerns about patients failing to comply with medical advice. Such approaches violate the autonomy of patients and may result in patients withholding important information from their medical doctors.

#7 Patients in Ontario have a right to expect that all licensed members of a regulated health profession hold professional liability insurance coverage.

#8 The minimum professional coverage should not be determined globally but should be determined by each regulatory body on the basis of an assessment of the potential risk and liability faced by its members.

#10 For each profession regulated by the RHPA, it should be a specifically defined act of professional misconduct for a member of that profession to fail to cooperate with a member of another regulated health profession. This is particularly important for those professions that have been granted the controlled act of diagnosis.

#11 There is a need for greater awareness on the part of all regulated health professions concerning the scope of practice, body of knowledge and skill sets of other regulated health professions. The collaborative approach to patient care cannot be optimally utilized unless health practitioners know how other health professionals can assist in patient treatment. Accordingly, program initiatives that create opportunities for professional education in the area of multi-disciplinary care should at least be encouraged and perhaps made mandatory.

#13 Yes, Ontario should introduce a common framework for interprofessional care setting.

#14 This framework should include common structures for receiving and investigating complaints. The efficiencies of common process could be substantial and this structure should permit better service to the residents of Ontario. However, the discipline process is so closely associated with the nature of the profession that it should be left as a College-specific activity.

#32 Yes, minimum standards for conflict of interest, advertising, record keeping and the consent process should be consistent for all the regulated health professions.

#36 -39 Standards of practice adopted by the Colleges should be legally enforceable but professional practice guidelines should not. If it is felt that a guideline is of such importance that it warrants strict enforceability then it should be adopted as a standard of practice. With respect to whether Colleges should be given statutory rule-making powers, CCNM is aware of the difficulties Colleges having experienced in having proposed changes to regulations considered and adopted on a timely basis. Accordingly, unless the existing system of regulatory reform can expedite the process, there may be merit in giving the Colleges limited statutory rule-making powers. To ensure accountability, traditional means of regulatory enactment should be followed including providing public notice, requesting public feedback and allowing for an opportunity to appeal.

#41-43 CCNM supports the approach taken in New Zealand and submits that the definition of professional misconduct for all regulated health professions should specifically stipulate that failure to cooperate with another regulated health provider constitutes professional misconduct.

Yours in health,



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President and CEO