

HPRAC

HEALTH PROFESSIONS REGULATORY ADVISORY COUNCIL

**ADVICE TO THE MINISTER OF HEALTH
AND LONG-TERM CARE**

Naturopathy

January 2001

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Executive summary

History of the Referral

In March 1994, the Minister of Health indicated an interest in introducing a *Naturopathy Act* under the *RHPA* and asked HPRAC to provide advice on the scope of practice and authorized acts for naturopathy. An advisory report was submitted to the Minister in July 1996 following a full review process conducted by HPRAC.

On February 19, 1999, the Minister of Health and Long-Term Care (MOHLTC) requested additional advice from HPRAC on the regulation of naturopathy in Ontario in light of the changing environment in Ontario. In particular, the Minister noted the increased public and professional interest in alternative therapies, the decision to regulate naturopathy and/or consideration of this in other Canadian jurisdictions, the Federal government's work on regulating natural health products and changes in the educational preparation of naturopaths. Specifically, HPRAC was asked to consider "what is the most appropriate scope of practice and authorized acts for naturopathy in consideration of the profession's established body of knowledge and relevant current research; its current educational preparation, and the scope of practice of other primary care professions". The Minister also asked for HPRAC's general agreement or disagreement with the 1996 recommendations on other aspects of the regulation of naturopathy.

Interest in Complementary and Alternative Therapies

HPRAC found evidence of a significant increase since 1994 in both public and professional interest in complementary and alternative therapies in Canada, including Ontario. The public is using these therapies increasingly, and there is a substantial rise in the number of studies on the efficacy of complementary and alternative therapies, including systematic reviews of controlled trials, being published in peer-reviewed scientific journals. Health professionals are showing an increased interest as a result of the risk of harm to their patients and the emerging evidence of efficacy for some of these therapies. Regulatory bodies and professional associations are responding to the increased interest through the provision of education, training and guidance to their members in the use of complementary and alternative therapies. This is a substantial change from the situation in 1994-96 when HPRAC first reviewed this issue.

Federal Developments

The Federal Government's recent initiative to develop a regulatory framework for natural health products (NHPs) – apart from food and drugs – is further evidence of the increasing public interest in alternative therapies. The existence of a restricted or controlled list of natural health products – as is being developed by the Federal Government's Office of Natural Health Products (ONHP) – will require a regulated

health profession with a high level of expertise in the appropriate and effective use of natural health products.

Role for Naturopathy

It is evident that the profession of naturopathy has grown and matured over the course of the last five years. The Canadian College of Naturopathic Medicine has been accredited by the recognized North American accrediting body and has demonstrated an expanding research base, developing library sciences and a maturing academic core.

Naturopaths are “primary care” practitioners of natural health care; they provide diagnoses of common health problems and treat their patients/clients using natural therapies and natural health products. Given the changing environment in Ontario, the increased public and professional interest in alternative therapies and the federal government’s work on regulating natural health products, HPRAC is of the opinion that naturopaths have a unique role to play in providing expert guidance and advice for the safe and effective use of natural health products for the Ontario population. It is in the public interest that they be regulated alongside the other 23 regulated health professions in Ontario.

Recommendations

Based on its findings, HPRAC recommends the following scope of practice statement, authorized acts and protected titles for naturopathy:

Scope of Practice Statement

The practice of naturopathy is the promotion of health, the assessment of the physical and mental condition of an individual, the diagnosis of diseases, disorders and dysfunctions, and the prevention and treatment of these through the integrated use of natural therapies and natural health products that promote the individual’s inherent self-healing processes.

Controlled Acts

HPRAC examined only those controlled acts that the applicants requested authority to perform.

Communicating a Diagnosis

HPRAC recommends that the controlled act of communicating a diagnosis be authorized to naturopaths subject to the limit that the diagnoses that can be communicated are those which:

- are reached through considering the individual's history, the findings of a comprehensive health examination, and where necessary, the results of laboratory tests and other investigations that the member is authorized to perform; and
- are reached after complying with mandatory indicators for referral and/or consultation to be developed by the naturopathy profession's regulatory College.

Performing a procedure on tissue below the dermis

HPRAC recommends that this controlled act be authorized to naturopaths as follows:

Performing a procedure on tissue below the dermis for the purposes of venipuncture, skin pricking and needle acupuncture.

Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust

HPRAC recommends that this controlled act be authorized to naturopaths with the exception of cervical manipulation. In addition, HPRAC recommends that a regulation on mandatory consultation and referral be developed by the regulatory body and put into place prior to the enactment of a *Naturopathy Act*.

Administering a substance by injection or inhalation

HPRAC recommends that naturopaths be authorized this controlled act as follows:

Administering a substance by inhalation or injection as designated by regulation.

For the purposes of this controlled act, naturopaths would not administer a substance that is considered a drug unless that substance is prescribed by another regulated health professional with the authority to prescribe.

Putting an instrument, hand or finger

HPRAC recommends that naturopaths be authorized this controlled act with the following limits:

Putting an instrument, hand or finger:

- *beyond the opening of the urethra to obtain a sample for cultures*
- *beyond the labia majora but not beyond the cervix*
- *beyond the anal verge but not beyond the rectal-sigmoidal junction*

Applying or ordering the application of a form of energy as prescribed by the regulations

In view of the current scope of practice and HPRAC's recommendation regarding the controlled act of "communicating a diagnosis", HPRAC recommends that naturopaths be authorized this controlled act as follows:

Ordering diagnostic ultrasound and other forms of energy used for diagnostic purposes as designated by regulation.

It should be noted that HPRAC is recommending that this authority not extend to applying forms of diagnostic ultrasound or interpreting the results.

Given that the applicants did not specify what other forms of energy they might require, HPRAC limited its recommendation to the ordering of diagnostic ultrasound. However, it should be noted that there may be a public benefit for naturopaths to order other forms of energy in the future. Given the lengthy process to amend legislation, HPRAC supports leaving the door open for Ministry and Cabinet approval of a regulation that would permit other forms of energy being ordered by naturopaths.

Prescribing, dispensing, selling and/or compounding drugs

HPRAC recommends that naturopaths not be authorized this controlled act. However, HPRAC recommends that the Ministry add a new controlled act to the *RHPA* and that naturopaths be authorized to "prescribe, dispense, sell or compound natural health products" (as defined and listed by the federal Office of Natural Health Products). The implementation of this new controlled act should be synchronized with the federal government's work to restrict access to certain natural health products deemed to pose a significant risk of harm.

It is acknowledged that with the addition of such a new controlled act, other professions such as medicine and pharmacy would require authority to prescribe, dispense and/or compound natural health products as restricted by the Federal Government.

In addition, HPRAC recommends that the Minister of Health and Long-Term Care require any future College of Naturopaths to develop a conflict of interest regulation to limit or prohibit naturopaths from making a profit on the sale of natural health products.

Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response

HPRAC is of the view that the type of allergy testing conducted by naturopaths does not fall within the intended meaning of this controlled act. Therefore, HPRAC does not

recommend that the allergy testing controlled act be authorized to naturopaths. HPRAC is confident that current naturopathic practice would not be affected by not having authority to perform this controlled act.

Protected Titles

HPRAC recommends that the following titles be restricted to members of the future College of Naturopaths:

- Naturopath
- Naturopathic Doctor
- Doctor of Naturopathy
- any derivative or abbreviation of the above

The use of the term “physician” by naturopaths is not recommended in order to maintain a distinction from physicians regulated under the *Medicine Act*, 1991.

With regard to representations of qualifications, HPRAC recommends that the following be added to the *Naturopathy Act*:

No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a naturopath or in a specialty of naturopathy.

Doctor Title

HPRAC undertook an analysis of the educational preparation and controlled acts of those five professions that are currently entitled to use the “Doctor” title under the *RHPA* (physicians, dentists, optometrists, chiropractors and psychologists). This analysis identified a pattern. In essence, all five professions have a minimum of seven years of post-secondary education and are authorized to perform the controlled act of “communicating a diagnosis”. It is worth noting that, with the exception of extended class registered nurses, these are the only professions authorized to perform the controlled act of “communicating a diagnosis”.

In order to promote the principle of regulatory equality among health professions, HPRAC applied this pattern to the profession of naturopathy. Given that the educational preparation of naturopaths is seven years of post-secondary education and given HPRAC’s recommendation to grant naturopaths the authority to “communicate a diagnosis”, it is HPRAC’s view that naturopaths should be granted the “Doctor” title.

However, in the interests of clarity and to clearly establish the difference between naturopathy and conventional (allopathic) medicine, HPRAC recommends that the title “Doctor” only be used in conjunction with naturopathy titles eg. “Doctor of Naturopathic

Medicine”, “Dr. of Naturopathic Medicine”, “Naturopathic Doctor” or “Naturopathic Dr.”.

Implementation Issues

The 1996 report made several recommendations on implementation issues. Further to the additional issues raised in the 1996 HPRAC report on Naturopathy, HPRAC makes the following recommendations:

Transition and Grandparenting

The previous Council recommended that a transition college be appointed to assess the qualifications and experience of each practitioner regulated with the Board of Directors of Drugless Therapy to determine whether they meet the criteria for registration.

The current Council is of the view that the Board of Directors of Drugless Therapy - Naturopathy should form the basis of a transitional college until such time as the profession sets up a College and elects Council members from among its professional members. However, HPRAC notes that, unlike the professions regulated under the *RHPA*, the Board of Directors does not have public appointees. Therefore, HPRAC recommends that the government appoint public members (in a number constituting just under one-half) to the Naturopathy Transitional Council to ensure the new college is established in the public’s interest.

This Council is also of the view that a separate class of member within a new College of Naturopaths be maintained for the registrants of the Board of Directors of Drugless Therapy who are currently designated as Drugless Therapists. To support optimal public protection and quality of care, this Council also recommends that the new College assess the individual competencies of these members and place appropriate limitations on their certificates of registration to prohibit or limit their authority to perform the controlled acts of the profession. Ensuring that only competent members perform the controlled acts is a fundamental responsibility of any health professional regulatory body.

Ontario Jurisprudence Examination

The previous Council felt that registrants in Ontario needed to become familiar with the limits on the practice for naturopaths in Ontario. This is a concern given that many are educated in the United States and even where educated in Canada, they are exposed to knowledge and skills which exceed the scope of practice in Ontario. The Council recommended in 1996 that the Transitional College of Naturopaths revise the Board’s Ontario jurisprudence examination to test knowledge of the *RHPA* legal framework and the contemporary scope of practice of naturopathy in Ontario under a new *Naturopathy*

Act, and test for knowledge of other aspects of the legal restrictions on practice. The current Council concurs with this recommendation.

Dual Registration

According to the Chair of the Board, 23% or 78 of the 337 naturopaths currently registered by the Board are dual registrants with other regulated health profession Colleges. Among them are 65 chiropractors, two dentists, two registered nurses, three pharmacists, four massage therapists, one physiotherapist and one medical laboratory technologist.

The previous Council addressed the issue of how to effectively regulate naturopaths who practice other professions in addition to naturopathy. They indicated that the public interest requires that patients/clients know what type of regulated health professional services are being provided so, at minimum, they know where to inquire about appropriate behaviour and standards of care. The Council recommended that the College of Naturopaths establish protocols with each of the regulated health profession colleges that has members who are also naturopaths. These protocols should cover guidelines on how to proceed with complaints where scopes of practice overlap, including providing for communication of decisions reached by Colleges about “dual registrants”. The current Council concurs with this recommendation.

The current Council also recommends that the College of Naturopaths develop a similar policy on dual registrants as that developed and implemented by the College of Chiropractors of Ontario.

Conclusion

The public is increasingly turning toward the use of natural therapies and natural health products. There is evidence of potential risk of harm from natural health products as well as evidence of efficacy for some of these therapies. Naturopaths are educated, equipped and positioned to provide the expertise in natural therapies and natural health products required by the public. It is in the public’s interest that practitioners recognized for their expertise and specialization in natural health therapies and products be regulated under the *RHPA*.

Overall, HPRAC is of the view that the 1996 report is a thorough assessment of the naturopathic profession in Ontario. However, in comparison with the 1996 report, HPRAC is recommending greater clarity in the scope of practice statement to focus on natural therapies and further limitations on the authority for naturopaths to perform some of the controlled acts, e.g. not recommending cervical manipulation beyond normal range of motion and not recommending the controlled act of prescribing, dispensing, selling and/or compounding drugs.

1. INTRODUCTION & BACKGROUND

The Profession

Naturopaths are currently regulated in Ontario under the *Drugless Practitioners Act* (DPA), an Act passed in 1925. The governing body for naturopathy is the Board of Directors of Drugless Therapy – Naturopathy. There is a separate professional association called the Ontario Association of Naturopathic Doctors.

According to the description provided by the applicants, Naturopathic doctors provide “primary and adjunctive health care to people of all ages focusing on the rational use of natural therapies to support and stimulate healing processes. Naturopathic doctors promote health and prevent illness, and diagnose and treat disease in a manner consistent with the body of knowledge and standards of practice for the profession”.¹

The therapies used in naturopathic practice are:

- Botanical Medicine
- Clinical Nutrition
- Counseling
- Homeopathic Medicine
- Lifestyle Modification and Public Health
- Mechanotherapy, including manipulation of the spine and extremities
- Oriental Medicine/Acupuncture
- Physical Therapeutic Procedures

Naturopathic doctors provide diagnoses using standard Western medical diagnostic tools and procedures. They diagnose conditions for which diagnosis can be substantiated through: case history; physical examination, in-office functional measurements; in-office and common laboratory investigations and diagnostic imaging.²

As of January 1, 2000, there were 337 naturopaths with the Naturopathy Board registered (271 active, 57 inactive and 9 drugless therapists³). The majority of naturopaths work in solo practice (55%), while 17% practise with other naturopathic doctors, and 27% practise with other types of health professionals. Approximately 1% of naturopathic doctors work in community agencies and 5% work in institutional settings.⁴

¹ April 2000 OAND/Board Application, Pg. 4

² April 2000 OAND/Board Application, pg. 5.

³ Drugless therapists are those who are registered with the Board but have not graduated from an approved/accredited school of naturopathy. The Drugless Therapist designation was no longer granted as of 1986. Since 1986, all registrants with the Board must have graduated from an approved College of Naturopathy.

⁴ April 2000 OAND/Board Application, pg. 3.

The history of the regulation of Naturopathy in Ontario is a lengthy one. The profession first became regulated in Ontario in 1923 through an amendment to the *Ontario Medical Act*, and in 1925 under a regulation of the *Drugless Practitioners Act*. Naturopaths made several unsuccessful attempts over the decades to obtain a more modern regulatory scheme for their profession. Both the Committee on the Healing Arts (CHA) and the Health Professions Legislative Review (HPLR) recommended that naturopathy be de-regulated rather than brought under a more modern regulatory framework. In 1970, the CHA concluded that “the merits of naturopaths are limited”, that “the teachings of naturopaths are not based upon accepted scientific principles” and there are “no distinctive features of the practice of naturopathy that have merit on their own”.⁵ In 1989, the HPLR report indicated that “the philosophy of natural healing on which naturopathy is based made it virtually impossible to define standards of practice and therefore regulation would be unlikely to confer any significant degree of public protection”.⁶ The HPLR report also left it to the profession of naturopathy to request regulation under the *RHPA* at some future time from the newly created Health Professions Regulatory Advisory Council (HPRAC). A thorough history of the regulation of naturopathy in Ontario can be found in Section 2 of the 1996 HPRAC report on Naturopathy.

With the introduction of the *Regulated Health Professions Act (RHPA)*, naturopaths were permitted to continue to operate under the *Drugless Practitioners Act* and through the regulations under the *RHPA*⁷ that exempted naturopaths from the controlled acts.

The Referral

In January 1994, the Minister of Health indicated an interest in introducing a *Naturopathy Act* under the *RHPA* and asked HPRAC to provide advice on the scope of practice and authorized acts for Naturopathy. (See Appendix A for a copy of the 1994 referral letter.) An advisory report was sent to the Minister in July 1996 following a full review process by HPRAC.⁸

In February 1999, the Minister of Health and Long-Term Care (MOHLTC) requested additional advice from HPRAC on the regulation of naturopathy in Ontario. (See Appendix B for a copy of the 1999 referral letter.) In particular, the Minister noted the increased public and professional interest in alternative therapies, the decision to regulate naturopathy and/or consideration of this in other Canadian jurisdictions, the Federal government’s work on regulating natural health products and changes in the educational preparation of naturopaths. Specifically, HPRAC was asked to consider “what is the most appropriate scope of practice and authorized acts for naturopathy in consideration of the profession’s established body of knowledge and relevant current research, its current educational preparation, and the scope of practice of other primary care professions”.

⁵ 1996 HPRAC Report on Naturopathy, pg. 17.

⁶ HPLR, pg. 10

⁷ *Controlled Acts Regulation* under the *RHPA*, O.Reg. 107/96 s. 10.

⁸ The 1996 report was released to the applicants and other interested parties in December 2000.

The Minister also asked for HPRAC's general agreement or disagreement with the 1996 recommendations on other aspects of the regulation of naturopathy. (Please see Appendix C for a list of the recommendations in the 1996 HPRAC report.)

The Report

The present report is divided into six sections. This section provides an introduction and background on the current status of naturopathy in Ontario. Section 2 outlines the request made by the Ontario Association of Naturopathic Doctors (OAND) and the Board of Directors of Drugless Therapy – Naturopathy (Board) regarding the proposed scope of practice and authorized acts for naturopaths in Ontario. Section 3 outlines the approach taken by HPRAC to analyze this request and Section 4 provides HPRAC's observations and positions resulting from its analysis. Also included is a discussion of the public interest objectives of the *Regulated Health Professions Act, 1991 (RHPA)* that HPRAC has taken into consideration in drafting its recommendations on this matter. Section 5 describes HPRAC's review of the 1996 HPRAC report on Naturopathy and outlines the current Council's position with respect to the additional issues raised within the 1996 report. Section 6 outlines HPRAC's recommendations regarding the proposed scope of practice, authorized acts and protected titles for naturopathy.

It should be noted that this report builds upon the 1996 advice and focuses on the current scope of practice and limits and boundaries of the profession of naturopathy. HPRAC's reflections on the 1996 advice and recommendations can be found throughout this report as well as in Section 5.

2. THE APPLICANT'S REQUEST

In April 2000, the OAND and the Board made a joint submission to HPRAC and proposed the following scope of practice statement for naturopathy:

The practice of naturopathic medicine is the promotion of health, the assessment of the physical and mental condition of an individual, and the diagnosis, prevention and treatment of diseases, disorders and dysfunctions through education, common diagnostic procedures, and the integrated use of therapies and substances that promote the individual's inherent self-healing processes.

The OAND and the Board requested that the following eight controlled acts be authorized to their profession:

#1	Communicating a diagnosis identifying as the cause of a person's symptoms a disease or disorder that can be conclusively determined through history, physical examination and the procedures defined in the Controlled Acts specified for naturopathic practice.
#2	Performing a procedure on tissues below the dermis for the purpose of venipuncture, skin-pricking, needle acupuncture, removal of foreign bodies from the superficial structures and the treatment of minor cuts and abrasions.
#4	Moving the joints of the spine beyond the individual's normal range of motion using a fast, low amplitude thrust.
#5	Administering by injection or inhalation a substance consistent with naturopathic practice and as designated by regulation.
#6	Putting an instrument, hand or finger: <ul style="list-style-type: none"> - beyond the point in the nasal passages where they normally narrow - beyond the opening of the urethra - beyond the labia majora but not beyond the cervix - beyond the anal verge but not beyond the rectal-sigmoidal junction
#7	Ordering diagnostic ultrasound and other forms of energy as designated by regulation.
#8	Prescribing, dispensing, selling and/or compounding drugs consistent with naturopathic practice and as designated by regulation.
#13	Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.

Further, the applicants indicated that the following titles should be restricted to registered members:

- naturopathic doctor
- doctor of naturopathy
- doctor of naturopathic medicine
- naturopathic physician
- naturopath
- abbreviation "N.D."

They also requested that naturopathic doctors be entitled to use the prefix "Dr." as they do in other regulated jurisdictions.

3. HPRAC'S APPROACH

In November 1999, HPRAC sent the applicants in this referral, a series of questions on the following issues:

- a) **current practice** – to determine the current practice of the profession and understand the aspects of the profession that may constitute a risk of harm to the public
- b) **the standards of practice for the profession** – to gain an understanding of the current standards of practice that have been established for the profession
- c) **limits on practice and risk of harm** – to discern the current limits on the practice of naturopathy and the profession's understanding of the treatment modalities which carry a risk of harm
- d) **research, education and training** – to identify the available evidence of efficacy and risk of harm from the various modalities of naturopathic practice, the core body of knowledge of the profession, the current level of educational preparation and training required of naturopaths and the state of research into the various modalities of naturopathy
- e) **the regulation of naturopathy in other jurisdictions** – to establish the state of regulation (eg. scope of practice, limits on practice, protected titles, etc.) in other Canadian, American and international jurisdictions
- f) **the proposed scope of practice statement, controlled acts and protected titles** – to determine the profession's view of what the scope of practice statement, controlled acts and protected titles should be as well as the evidence available to support their views
- g) **quality assurance** – to ascertain the level of the profession's current commitment to quality assurance initiatives (eg. continuing education, the development of a quality assurance program, etc.).

Please see Appendix D for a full list of the questions. The responses to these questions form the basis of HPRAC's review and help to shape its advice to the Minister.

HPRAC approached this referral by considering and addressing each of the factors listed in the Minister's 1999 referral letter. These are itemized below.

Increased public and professional interest in alternative therapies

HPRAC conducted searches of available scientific literature and reviewed information provided by the applicants and participants to determine the level of public and professional interest in alternative medicine. Evidence was gathered from medical journals, research groups and public opinion polls. HPRAC also conducted Internet searches on the topic of complementary and alternative medicine. In addition, HPRAC conducted a literature search for evidence of the safety and efficacy of some of the treatment modalities used by naturopaths (eg. botanicals, homeopathy, acupuncture).

Review of other jurisdictions

HPRAC reviewed the information provided by the applicants regarding the status of the regulation of naturopathy in various Canadian and American jurisdictions. HPRAC met with representatives of the British Columbia Health Professions Council to discuss issues common to both jurisdictions with regard to the regulation of naturopathy.

HPRAC also conducted searches of relevant literature and of the Internet to obtain information regarding the regulation of naturopathy in other jurisdictions.

Federal government's work on regulating natural health products

HPRAC contacted representatives from the Federal Government's Office of Natural Health Products (ONHP) to determine the status of the proposed regulatory framework for natural health products. Specifically, HPRAC examined the prospect of the development of a list of restricted natural health products accessible only through authorized regulated health professionals.

Educational preparation of naturopaths

HPRAC received information from the applicants as well as the Canadian College of Naturopathic Medicine (CCNM) and conducted searches of the scientific literature and the Internet to obtain information with respect to the educational preparation of naturopaths.

HPRAC attended an information session at the Canadian College of Naturopathic Medicine in July 1999 and met with several representatives of the CCNM, the Board and the OAND. During the information session, HPRAC received an overview of the current scope of practice and principles of naturopathic medicine, how naturopathic doctors are educated, the S.O.A.P. format⁹ in naturopathic medicine, the decision process for naturopathic case management and referral and a tour of the CCNM clinical services and library.

HPRAC reviewed the mission, objectives and evaluation process of the Council on Naturopathic Medical Examination (CNME) which is the recognized accreditation body for colleges and programs of naturopathic medical education in North America.

⁹ The S.O.A.P. format in naturopathic practice involves the following components: subjective (review of family/medical history), objective (examination/lab tests), assessment (diagnosis using naturopathic case analysis), plan of treatment/management (determination of appropriate treatment modalities).

HPRAC examined the components of the NPLEX – Naturopathic Physicians Licensing Examination – to determine the degree to which naturopaths are tested on the knowledge and practice related to the controlled acts requested by the applicants.

HPRAC also reviewed the scope of practice of medicine and registered nurses in the extended class (RN-EC); the required competencies of RN-EC and the accreditation programs of family medicine, to compare them to the education, training and accreditation processes of naturopaths.

Views of interested parties

HPRAC sent an invitation letter to its mailing list of over 750 individuals and organizations inviting participation in this referral. (See Appendix E for a copy of the invitation letter.) Information was also posted on HPRAC's website and participation was sought through the use of a news release and newspaper advertisements in the Toronto Star and Globe and Mail. Participants were offered the opportunity to review and comment on the naturopathy applicants' submission.

HPRAC met with the OAND and the Board on August 9th, 2000 to discuss issues related to their application. Notes from this meeting were posted on HPRAC's website shortly after the meeting. (Please see Appendix F for a copy of the meeting notes.)

Review of HPRAC's 1996 report on Naturopathy

The Minister asked HPRAC to review the 1996 report on Naturopathy and provide advice that reflects the current environment and the views of the current HPRAC membership. The Minister also asked HPRAC for advice on its general agreement or disagreement with the 1996 recommendations regarding scope of practice and controlled acts and other aspects of the regulation of naturopathy.

HPRAC spent a considerable amount of time reviewing the 1996 report to evaluate whether the advice was still applicable to the current situation with respect to naturopathy in Ontario. The current Council's approach took into account the most recent literature available on the risk of harm and evidence of efficacy of various naturopathic modalities, the status of the regulation of naturopathy in other Canadian and American jurisdictions, the level of public and professional interest in alternative therapies and the federal work on regulating natural health products. Much of this information was unavailable to the previous Council during its deliberations.

It is worth noting that HPRAC's current advice builds upon the advice provided in the 1996 report and that the current Council's agreement or disagreement with the 1996 recommendations can be found throughout this report as well as in Section 5.

Summary of Approach:

The following chart summarizes the approach HPRAC followed for this referral:

Date	Activity
February 19, 1999	The Naturopathy referral is re-activated by the Minister of Health and Long-Term Care.
March – April 1999	HPRAC conducted an initial review of the 1996 HPRAC report on Naturopathy.
May – June 1999	HPRAC developed a workplan and determined the course of action to be followed for this referral.
July 1999	HPRAC attended an information session at the Canadian College of Naturopathic Medicine.
November 1999	HPRAC developed and sent out a list of questions for the Naturopathy applicants on issues such as current practice, standards of practice, risk of harm, research, education and training and regulation in other jurisdictions.
March 2000	HPRAC sent out an invitation letter to its mailing list, posted information on its website, sent out a news release and published newspaper advertisements in the Toronto Star and the Globe and Mail requesting participation in this referral.
April 2000	HPRAC received and analyzed the joint submission from the OAND and the Board on their proposed scope of practice and controlled acts. The submission was circulated to all participants to provide comment, critique and any additional information.
May 2000	HPRAC sent a set of supplementary questions to the applicants. The responses to these questions were posted on HPRAC's website for review and comments by participants.
June 2000	HPRAC met with the Executive Director of the Office of Natural Health Products.
July 2000	HPRAC received and analyzed written submissions from participants.
August 2000	HPRAC met with the OAND and the Board to clarify certain aspects of their application.

September 2000	HPRAC posted notes from the August 9 th , 2000 meeting on its website.
October – November 2000	HPRAC reviewed and analyzed the 1996 Naturopathy Report.
December 2000 to January 2001	HPRAC formulated its advice and prepared the final report.

4. HPRAC'S ANALYSIS

Increased public and professional interest in alternative therapies

HPRAC heard from participants and professionals alike that there has been a significant increase in interest in complementary and alternative therapies in Canada. Several reports are cited which demonstrate that Canadians are looking more and more to alternative and natural therapies as a means to promote their health and overall well-being. While HPRAC was unable to find studies conducted on increased public or professional interest specifically on naturopathy, a number of studies¹⁰ were found that demonstrated the increasing popularity, research and information available on complementary and alternative medicine as a whole. Most of these articles included references to naturopathy and naturopathic practitioners.

Public interest in alternative therapies

The November 1998 issue of the Journal of the American Medical Association (JAMA) included the results of a "National Survey on Trends in Alternative Medicine Use in the United States from 1990-1997". This article concluded that the use and expenditures on alternative medicine increased substantially between 1990 and 1997 and that this increase is the result of an increase in the proportion of the population seeking alternative therapies. The authors note that the therapies that are increasing the most in use included herbal medicine, megavitamins, self-help groups, folk remedies, energy healing and homeopathy. They also noted that alternative therapies were used most frequently for chronic conditions including back problems, anxiety, depression and headaches.¹¹

HPRAC notes similar findings are seen in Canada. According to a 1999 national survey by the Berger Population Health Monitor, more than 25% of Canadians reported using some form of alternative health care.¹² This is up from 20% in March 1993. With regard to naturopathy, in March 1999, 3% of Canadians 15 and older reported using a naturopath at least once in the previous 6 months. This compares to 1% in March 1993.¹³ In addition, according to an analysis of the 1994 National Population Health Survey, approximately one in ten Canadians reported using some form of "natural" medicine including herbal remedies.¹⁴

In 1997, the Fraser Institute conducted a Canadian national survey to determine the prevalence, costs and patterns of alternative medicine use such as chiropractic and herbal therapies. A telephone interview of 1,500 Canadians was conducted between May and June of 1997. Results indicated that almost three-quarters of respondents (73%) had used

¹⁰ Eisenberg, 1998; Milbank, 1998; BMJ, 1996.

¹¹ Eisenberg 1998.

¹² The Berger Population Health Monitor, Survey No. 19, March 1999.

¹³ The Berger Population Health Monitor, Survey No. 19, March 1999.

¹⁴ ICES website: www.ices.on.ca/docs/fb2290.htm

at least one alternative therapy sometime in their lives – with chiropractic being the most common form (36%) followed by relaxation techniques and massage (23% each) and prayer (21%). Fifty percent of respondents reported using alternative therapies within the previous 12 months.¹⁵ However, these findings should be interpreted with caution due to the low response rate (25.7%).

In addition, a recent (2000) study¹⁶ on the use of complementary therapies by breast cancer survivors in Ontario indicated that 39.4% of the women surveyed reported visiting a complementary and alternative practitioner (most commonly chiropractors, herbalists, acupuncturists, traditional Chinese medicine practitioners and/or naturopathic practitioners). In this study a questionnaire was mailed to a random sample of Ontario women diagnosed with breast cancer in 1994 or 1995; 62% reported using complementary products such as vitamins, minerals and herbal medicines. Approximately half of the respondents reported that they had informed their physicians of their use of complementary and alternative therapies. The authors indicated that the results suggest that knowledge of complementary and alternative therapies by physicians, including the potential risk and benefits, is essential.

Professional interest in alternative therapies

The amount of research being conducted in the area of complementary and alternative therapies is increasing at a remarkable rate. Institutes of excellence in complementary and alternative therapies have been established, for example:

- the National Centre for Complementary and Alternative Medicine¹⁷ (part of the U.S. National Institutes of Health);
- the Rosenthal Centre for Complementary and Alternative Medicine at Columbia University Medical School¹⁸,
- the Tzu Chi Institute for Complementary and Alternative Medicine in Vancouver, B.C.¹⁹,
- the Division for Research and Education in Complementary and Integrative Medical Therapies at Harvard University (in conjunction with the Center for Alternative Medicine Research and Education at Beth Israel Deaconess Medical Center in Boston)²⁰, and
- the Department of Complementary Medicine at the University of Exeter in England.

These centres represent a few examples of the expansion that has taken place in information and research around complementary and alternative therapies in recent years. Each of these centres aims to provide the public and health care professionals with access

¹⁵ Ramsey et al., 1998.

¹⁶ Boon et al., 2000.

¹⁷ <http://nccam.nih.gov/>

¹⁸ <http://cpmcnet.columbia.edu/dept/rosenthal/index.html>

¹⁹ <http://www.tzu-chi.bc.ca>

²⁰ Harvard University Gazette, July 13, 2000.

to accurate, well-researched, evidence-based information on a wide range of complementary and alternative therapies.

The German Federal Institute of Drugs and Medical Devices (equivalent to the Canadian Health Protection Branch) undertook to conduct a risk-benefit assessment of over 300 herbs and herb combinations sold in German pharmacies. The panel that undertook the evaluation, known as "Commission E", was first established in 1978. It evaluated all of the relevant scientific and clinical literature on each herb and published the findings as monographs²¹ that have been translated into English and published by the American Botanical Council.

In Canada, in May 2000, there was a significant amount of publicity surrounding the Federal Government's endorsement of the establishment of a Centre for Complementary and Alternative Medicine in Hamilton. It was proposed that the Centre be an alternative medicine research institute, building a partnership between McMaster University and the Canadian College of Naturopathic Medicine, with \$100 million provided by the federal government over five years.²² This is further evidence of the increasing interest in various kinds of complementary and alternative therapies in Ontario.

HPRAC also searched for evidence of increased interest in complementary and alternative therapies by health professionals in Ontario. The College of Physicians and Surgeons of Ontario (CPSO) released a policy statement on the use of complementary and alternative medicine by its members in May/June 2000. The policy statement indicated that physicians "should be allowed a reasonable and responsible latitude in the kinds of therapies they offer to their patients".²³ The policy also outlines members' responsibilities in assessing and treating patients, including their obligation to ensure that patients are advised of the usual (conventional) treatment options as well as the risk and benefits.

HPRAC also notes that the Ontario Medical Association has created a separate section for complementary and alternative medicine.

In response to the increasing use of complementary and alternative therapies by patients and the increasing interest and need for information in this area by family physicians, the Ontario College of Family Physicians developed a one-day workshop on complementary and alternative medicine (CAM) in March 1999. This workshop covered the following topics:

- an introduction to CAM
- the clinical application of vitamins
- what to tell patients about herbs
- homeopathy principles and practice
- workshop on acupuncture

²¹ Chandler et al., pg. 11.

²² The Hamilton Spectator, May 9, 2000 and the National Post, May 2, 2000.

²³ CPSO Policy Statement #1-00, May/June 2000.

- workshop on orthopedic medicine ²⁴

In June 2000, the Ontario College of Family Physicians, the University of Toronto Department of Family and Community Medicine, the Michener Institute for Applied Health Sciences, the Ontario Branch of the Canadian Society of Hospital Pharmacists and the Friends of Alternative & Complementary Therapies Society indicated an interest in developing “CAMline: the Complementary and Alternative Medicine Online Database”. This database would meet the complementary/alternative medicine needs of healthcare practitioners, policy makers and the public. This resource would support healthcare professionals in their day-to-day practice, aid the drafting of effective healthcare policy and empower consumers to make informed decisions about their health. ²⁵

The Canadian Pharmacists Association and the Canadian Medical Association, in a joint effort to provide guidance and education to their members, produced a book entitled Herbs – Everyday Reference for Health Professionals. The book deals with issues such as quality control of herbal products, herb-drug interactions, where to find reliable herbal information, adverse herb reactions and reporting of these, the philosophy of cultural utilization of herbal medicines and the changing regulations regarding these products. The book provides information on 57 of the top-selling herbs in Canada. Each herbal monograph begins with an overview of clinically important data – primary uses, levels of support for these uses, interactions and contraindications. This overview is supported by a summary of the literature, critically reviewed by a variety of authors with expertise in the field of botanical medicines. ²⁶

In a further attempt to determine the level of increased professional interest in alternative therapies, as evidenced by an increase in available research on complementary and alternative therapies, HPRAC conducted a search of the literature and found the following:

- The November 1998 issue of the Journal of the American Medical Association (JAMA) was devoted almost exclusively to alternative medicine and contained several articles featuring controlled trials conducted in various areas of complementary and alternative medicine.
- A 1966-1996 investigation of MEDLINE conducted by researchers from the Department of Complementary Medicine, School of Postgraduate Medicine and Health Sciences at the University of Exeter, determined that “the interest in and awareness of complementary medicine among orthodox health care professionals has increased in the past 30 years. The increase in the number and proportion of reports of clinical trials indicates an increasing level of original research activity in complementary medicine and suggests a trend toward an evidence-based approach in this discipline...” ²⁷

²⁴ OCFP website: www.cfp.ca/ocfp/commun/Chapter/chap0199.html

²⁵ Personal communication with CAMline project staff, June 2000.

²⁶ Chandler et. al., 2000 pg. ix.

²⁷ Barnes et al., 1999.

- A search on MEDLINE for publications by E. Ernst, a noteworthy researcher from the Department of Complementary Medicine, School of Postgraduate Medicine and Health Sciences at the University of Exeter in England, uncovered over 35 systematic reviews of randomized controlled trials on various complementary and alternative therapies. These included reviews of the efficacy of acupuncture, of certain herbs such as ginseng, feverfew and St. John's wort, and reviews of the effectiveness of alternative therapies for conditions such as HIV and asthma. All of these articles appeared in mainstream medical journals such as *Rheumatology*, *Archives of Internal Medicine*, *Journal of Clinical Epidemiology*, *Journal of Clinical Psychopharmacology*.

HPRAC identified two themes in the increased interest in complementary and alternative therapies by health professionals: the risk of harm to their patients given the increased utilization by their patients, and the emergence of evidence of efficacy that could be sufficient justification for a professional to consider employing some of these alternative therapies.

Risk of Harm:

The National Institutes of Health (NIH) Consensus Panel on Acupuncture has concluded that while the instances of adverse events in the practice of acupuncture are extremely low, there have been rare occasions of life-threatening situations (eg. pneumothorax) and as a result, appropriate safeguards for patient protection are essential.²⁸

The risk of harm from botanical medicines can be significant. There is the risk of patients consuming inappropriate doses or the danger of herb-herb or herb-drug interactions. Many patients assume that "natural" means harmless, however this is a misconception. Some NHPs are inherently dangerous (eg. aristolochia fangchi²⁹ and comfrey³⁰) while many others can be dangerous if taken in inappropriate doses (eg. blue cohosh³¹) or with other herbal products or drugs (eg. St. John's Wort³²). The Federal Government's recent initiative to regulate natural health products and develop a list of restricted or controlled natural health products is a signal of the potential risk of harm from these products.

Evidence of Efficacy:

In HPRAC's view, there may be sufficient justification for a health professional to utilize an alternative therapy if there is some empirical evidence of efficacy. For the purposes of this report, HPRAC defined such a state of evidence as one or more systematic reviews of randomized controlled trials published in peer-reviewed journals showing positive

²⁸ NIH consensus statement on Acupuncture, pg. 14.

²⁹ Greensfelder, 2000.

³⁰ Chandler et al. pg. 83.

³¹ Chandler et al. pg. 58.

³² Chandler et al. pg. 200.

effects. HPRAC searched the literature for such publications in relation to naturopathic treatment modalities such as acupuncture and botanicals. Conventional modalities such as clinical nutrition, counseling, lifestyle modification and even manipulation therapies are considered part of mainstream practice.

The NIH Consensus Panel on Acupuncture concluded that there is clear evidence that acupuncture is efficacious for adult postoperative and chemotherapy nausea and vomiting, and probably for the nausea of pregnancy. They also indicated that there is some evidence of efficacy for postoperative dental pain and reasonable studies showing relief of pain from menstrual cramps, tennis elbow and fibromyalgia.³³

With regard to botanical medicines, HPRAC has found some empirical evidence of efficacy for the following herbs:

- St. John's Wort (*hypericum perforatum*) for depression³⁴
- Ginger for nausea and vomiting³⁵
- Ginkgo biloba to delay the clinical course of dementias³⁶
- Horse chestnut seed extracts to relieve the symptoms of chronic venous insufficiency³⁷
- Saw palmetto for improving the symptoms of benign prostatic hyperplasia³⁸
- Yohimbine for erectile dysfunction³⁹
- Kava extract for treating anxiety⁴⁰

It should be noted that HPRAC did not attempt to find evidence of efficacy for all botanicals/herbal products a naturopath may use. The intent was to determine if there was sufficient justification for a health professional to utilize such products.

According to Allison McCutcheon from the Department of Botany at the University of British Columbia – one of the contributing authors in the book Herbs – Everyday Reference for Health Professionals – there is a “significant body of peer-reviewed scientific research on phyto-medicines and both the quality and quantity of this research is rapidly increasing... there is some good quality scientific evidence that supports the therapeutic use of some herbs.”⁴¹

³³ NIH Consensus Statement on Acupuncture, pg. 7.

³⁴ Cochrane Review, Jul 1998.

³⁵ Ernst E. and MH Pittler, 2000.

³⁶ Ernst, E., *Drugs Aging*, 1999.

³⁷ Ernst, E., *Drugs Aging*, 1999.

³⁸ Ernst, E., *Drugs Aging*, 1999.

³⁹ Ernst, E., *Drugs Aging*, 1999.

⁴⁰ Pittler, MH and E. Ernst, 2000.

⁴¹ Chandler et al. pg. 40.

Conclusion

Clearly Canadians, including Ontarians, are using complementary and alternative medicines at an increasing rate. In addition, there is evidence to suggest a growing and justifiable interest in alternative therapies by health care professionals. This is a substantial change from 1994 when the previous Council began its review of this issue. HPRAC notes that the increased utilization of complementary and alternative practitioners brings into question issues around the quality of care, the potential for risk of harm to the public and the accountability of these professions to the public.

Federal government's work on regulating natural health products

In March 1999, the federal Minister of Health announced the creation of a new Office of Natural Health Products (ONHP) under the direction of the Health Protection Branch. The ONHP was the result of a recommendation of the federal Standing Committee on Health that natural health products (NHPs) have their own regulatory system, apart from food and drugs. The mission of the ONHP is to "ensure that all Canadians have ready access to natural health products that are safe, effective and of high quality, while respecting freedom of choice and philosophical and cultural diversity."⁴²

In June 1999, a Transition Team was convened to develop a regulatory framework for NHPs. In March 2000, the Transition Team provided its final report to the federal Minister of Health. The report recommended the following guiding principles to serve as a definition for "Natural Health Products":

- NHPs are composed of substances or combinations of substances found in nature, and energetically-potentized preparations used for the purpose of maintaining or improving health or treating or preventing diseases/conditions.
- NHPs include, but are not limited to, the following: homeopathic preparations; vitamins; minerals; enzymes; co-enzymes; co-factors; herbs or botanicals; naturally-occurring animal, plant and micro-organism substances; and, a variety of molecules extracted from natural sources, such as amino acids, polysaccharides, peptides, naturally occurring hormones and biochemical intermediates, as well as naturally occurring molecules synthesized by chemical or biological means.
- loose herbs which have health claims, or for which there are known contraindications, should be classed as NHPs.⁴³

The report recognized that regulatory stringency should reflect the level of risk of the product, ie. products of lower risk require lower regulatory barriers to the market while NHPs which pose significant risk require more stringent regulatory control. The report recommended that a regulatory framework for NHPs include provisions on labeling,

⁴² Final Report of the ONHP Transition Team, pg. 6.

⁴³ Final Report of the ONHP Transition Team, pg. 18.

product licensing, facilities licensing, adverse event reporting, an appeals mechanism and Good Manufacturing Practices (GMPs). While the framework would apply to standardized dose products, the Transition Team recommended that it not apply to loose products compounded for individuals.⁴⁴

According to the ONHP, negotiations are underway between the ONHP and the Therapeutic Products Division and the Food Directorate to develop a list of restricted or controlled natural health products. These are products that will be deemed to carry a significant risk of harm to the public and therefore can only be acquired through prescription by a regulated health professional. It is expected that this list will be introduced into regulation in the near future. At the present time a number of NHPs are classified as drugs because of the risk of harm associated with them, and are available only by prescription.

HPRAC met with the Executive Director of ONHP in June 2000 and was provided with an overview of the proposed regulatory framework including expected timelines for completion of the consultation phases and the resulting regulatory changes. The federal government is currently in the process of consulting with the public and affected stakeholders on the proposed regulatory framework. Based on the consultation input, the ONHP will revise its framework and proceed to Canada Gazette 1 in the Spring/Summer of 2001⁴⁵ and Canada Gazette 2 by the Fall of 2001, as part of their process to develop regulations.

Review of other jurisdictions

Based on a review of other jurisdictions, HPRAC notes that four Canadian provinces currently regulate naturopathy. The scope of practice definitions are similar in each of these provinces and there are similar limits imposed on the profession to protect the public.

The following is a brief outline of the situation in each of the provinces that regulate naturopathy including: the scope of practice statement or definition of naturopathy, the limitations imposed on the profession, and the restricted or protected titles reserved for practitioners of the profession.

Canada

Alberta

In Alberta, naturopaths are regulated under Schedule 14 of the *Health Professions Act*.

⁴⁴ These could include combinations of loose herbs or specially prepared formulas of botanical, homeopathic or nutritional substances compounded for individualized treatment of a patient's condition.

⁴⁵ The Canada Gazette is the official newspaper of the Government of Canada. It consists of three parts: Part 1 contains all formal public notices, official appointments and proposed regulations; Part 2 contains regulations; Part 3 contains the most recent Public Acts of Parliament and is published as soon as reasonably possible after Royal Assent.

In their practice, naturopathic practitioners can do one or more of the following:

- promote health, prevent illness and treat disease by using natural therapies and substances that promote the body's ability to heal;
- focus on the overall health of the individual on the basis of naturopathic assessment and common diagnostic procedures, and
- provide restricted activities authorized by the regulations.⁴⁶

The regulation outlining the restricted activities authorized to Naturopaths is currently being negotiated between the Alberta Ministry of Health and Wellness and the College of Naturopathic Doctors of Alberta. The College has requested authorization to perform the following restricted activities:

- performing a procedure below the dermis (including acupuncture)
- spinal manipulation
- administering a substance by inhalation and injection
- inserting an instrument, hand or finger (into the ear, nasal cavity, urethra, labia majora and anal verge)
- ordering ultrasound and x-rays
- prescribing drugs⁴⁷

Under Schedule 14, members of the College of Naturopathic Doctors of Alberta may use any of the following titles:

- naturopathic doctor
- naturopathic practitioner
- naturopath
- N.D.
- R.N.D.

British Columbia

In British Columbia, naturopaths are currently regulated by the “Naturopathic Physicians Regulation” under the *Health Professions Act*. The scope of practice of Naturopathy is: “A registrant may practise naturopathic medicine”. The definition of “naturopathic medicine” is as follows:

“the art of healing by natural methods or therapeutics, including the first aid treatment of minor cuts, abrasions and contusions, bandaging, taking of blood samples, and the prescribing or administering of authorized preparations and medicines”

The limitations on practice for naturopaths are as follows:

⁴⁶ Schedule 14 of the *Health Professions Act* of Alberta, May 1999.

⁴⁷ Personal communication with an official from Alberta Health and Wellness, Jan. 12, 2001.

- no registrant may prescribe or administer drugs for internal or external use other than the preparations and medicine specified in bylaws made by the Board (and approved by the Lieutenant Governor in Council)
- no registrant may use or administer anaesthetics for any purpose
- no registrant may practise surgery

Reserved titles include “naturopath”, “naturopathic physician”, “drugless physician”, “sanipractic physician” or “drugless healer”. The use of the title “Doctor” is allowed but only as “Doctor of Naturopathic Medicine”, “Dr. of Naturopathic Medicine”, “Naturopathic Doctor” or “Naturopathic Dr.”.

In February 1998, in its review of health profession legislation, the B.C. Health Professions Council submitted its preliminary scope of practice review for Naturopathy to the Minister of Health. The Council recommended the following scope of practice statement for naturopathy:

The practice of naturopathy is the prevention, diagnosis and treatment of diseases, disorders or conditions of an individual through the use of education and natural therapies or therapeutics to support and stimulate inherent self-healing processes.

The Council recommended the following reserved (controlled) acts for naturopaths:

- making a diagnosis using naturopathic methods
- performing a procedure below the dermis for the purposes of venipuncture and skin pricking for the collection of blood samples, needle insertion acupuncture, removal of foreign bodies from superficial structures, and first aid treatment of minor cuts, abrasions and contusions
- moving the joints of the spine beyond the limits that the body can voluntarily achieve but within the anatomical range of motion using a high velocity, low amplitude thrust
- administering a substance by injection or inhalation (but not including anaesthetics)
- putting an instrument, hand or finger beyond (a) the point of the nasal passages where they normally narrow; (b) the opening of the urethra; (c) the labia majora; and (d) the anal verge
- allergy challenge testing of a kind in which a positive result of the test is a significant allergic response or allergy desensitizing treatment in which there is a risk of significant allergic response

The Council withheld its final decision on the following reserved acts until further information could be gathered and reviewed:

- applying or ordering the application of a hazardous form of energy

- prescribing, compounding or dispensing a drug restricted under provincial or federal legislation

The Council recommended that the following titles be reserved for members of the naturopathic profession: “naturopathic doctor”, “naturopathic physician” and “naturopath” and any affix of those titles.

The final report of the B.C. Council on the scope of practice review of Naturopathy is expected to be released within the next several weeks.⁴⁸

Manitoba

In Manitoba, naturopathy is regulated under the *Naturopathic Act*. In the Act, Naturopathy means:

“a drugless system of therapy that treats human injuries, ailments, or diseases, by natural methods, including any one or more of the physical, mechanical, or material, forces or agencies of nature, and employs as auxiliaries for such purposes the use of electro-therapy, hydro-therapy, body manipulations, or dietetics”.

Protected titles are “Naturopath” or any abbreviation to imply he/she is engaged in the practice of naturopathy. Naturopaths cannot use the title “Doctor” or the abbreviation “Dr.” unless at the same time he/she displays the word “Naturopathy” or “Naturopath”.

Saskatchewan

In Saskatchewan, naturopaths are regulated by the *Naturopathy Act*. In this Act, naturopathy is defined as “*the art of healing by natural methods as taught in recognized schools of naturopathy*”.

Limitations on practice are clearly outlined in the Act. Naturopaths in Saskatchewan cannot:

- prescribe or administer drugs for use internally or externally
- use or direct or prescribe the use of anaesthetics for any purpose whatsoever
- treat venereal disease or a communicable disease (as defined in the *Public Health Act*)
- practise medicine, surgery or midwifery
- use any method of treatment other than naturopathy

Protected titles include: “Naturopathic Practitioner”, “Naturopath”, “Doctor of Naturopathy” or any abbreviation.

⁴⁸ Personal communication with an official from the British Columbia Ministry of Health, Jan. 12, 2001.

Conclusion:

HPRAC notes that all Canadian provinces that regulate naturopathy have a similar scope of practice statement that emphasizes the profession's focus on natural healing therapies and the philosophy of reliance on the human body's inherent healing processes. In addition, there are similar limits on the profession in that they are not authorized to use or prescribe restricted drugs (esp. anesthesia) or practise surgery or midwifery. Although all four Canadian provinces allow naturopaths to use the "Doctor" title, two restrict its use to "Doctor of Naturopathy" or "Doctor of Naturopathic Medicine".

United States

In the United States, 12 states have passed legislation regulating naturopathy. Please refer to Appendix G for a chart outlining the scope of practice definitions for naturopathy in these states.

A review of the scope of practice statements in each of these states demonstrates a similarity among them and with the scope of practice proposed by the applicants in Ontario. They all emphasize the profession's use of "natural means" and the "drugless" and "non-surgical methods" used by the profession to help stimulate the body's self-healing processes. The vast majority of these jurisdictions (10 of 12) do not authorize naturopaths to use drugs, order x-rays or perform surgery.⁴⁹

Educational preparation of naturopaths

Canadian College of Naturopathic Medicine (CCNM)

The Canadian College of Naturopathic Medicine (CCNM), located in Toronto, is the only school in Canada that educates naturopaths. HPRAC undertook a review of the curriculum of the CCNM to determine the level of educational preparation of naturopaths and the College's ability to meet North American accreditation standards.

The naturopathic education program at the CCNM is a four-year program with three major areas of study:

- Basic medical sciences (anatomy, histology, physiology, biochemistry, microbiology and immunology);
- Clinical disciplines (physical and clinical diagnosis, differential and laboratory diagnosis, radiology, naturopathic assessment and orthopedics) and;
- Naturopathic disciplines (acupuncture/Oriental medicine, botanical/herbal medicine, clinical nutrition, homeopathic medicine, physical medicine, lifestyle counselling).

⁴⁹ April 2000 OAND/Board Application, pg. 49-58.

To be considered for admission to the program, applicants must have successfully completed three years (15 full courses or 90 credit hours) towards a baccalaureate degree at a university in Canada or its equivalent. Required courses are general biology, biochemistry, general chemistry, organic chemistry and psychology. In addition, the CCNM encourages students to take courses in some or all of the following areas to prepare for the CCNM curriculum: anatomy, environmental science, genetics, human physiology, microbiology, physics, sociology and statistics. Upon completion of the program, graduates take international licensing examinations (NPLEX) before registration is granted to practice as a naturopathic doctor. (See the section below for further details regarding the NPLEX exam.)

During a meeting with representatives of the CCNM in July 1999, HPRAC inquired about knowledge production within the profession of naturopathy, the profession's focus on research and the development of library sciences. HPRAC notes that there is a maturing academic core to the profession of naturopathy. There is an increasing amount of research being published in peer-reviewed journals, the library sciences are developing and there is evidence that the academics are conducting research to determine what to teach (or not to teach) their students.

Council on Naturopathic Medical Education (CNME)

The CNME is the recognized accreditation body for naturopathic educational programs in North America. It has been recognized by the U.S. Secretary of Education since 1987 as the national accreditor for programs leading to the Doctor of Naturopathic Medicine degree. In 1991, the Council broadened the geographical scope of its accrediting activities to include Canada.⁵⁰

The CNME is a non-profit corporation that comprises three membership categories:

- **institutional members:** colleges/programs with accreditation or candidacy each have one representative on the Council
- **profession members:** at least five but not more than ten members of the Council must be practicing naturopathic physicians
- **public members:** at least one in every seven Council members must be a representative of the public, not affiliated with the naturopathic profession.

The Council members are also the corporation's Board of Directors. They determine policy and procedures, conduct evaluations of and monitor colleges and programs, and make decisions about accreditation and candidacy.⁵¹

There are currently four accredited naturopathic Colleges in North America:

⁵⁰ Handbook of Accreditation for Naturopathic Medical Colleges and Programs (1998 Edition), pg. 2.

⁵¹ Handbook of Accreditation for Naturopathic Medical Colleges and Programs (1998 Edition), pg. 2.

- Southwest College of Naturopathic Medicine & Health Sciences in Tempe, Arizona
- National College of Naturopathic Medicine in Portland, Oregon
- Bastyr University in Kenmore, Washington
- The Canadian College of Naturopathic Medicine (CCNM) in Toronto

Based on a review of the “Handbook of Accreditation for Naturopathic Medical Colleges and Programs – 1998 Edition”, HPRAC notes that the mission and objectives of the CNME and its accreditation process are clearly articulated within this document, as are the eligibility requirements for accreditation and candidacy and the process for applying for accreditation and candidacy.

As part of CNME’s evaluation process, the Council evaluates Naturopathic Colleges and Programs in the following areas:

- **mission and objectives** – to determine that the college/program has a clear and publicly available statement of mission and objectives
- **organization and administration** – to determine that the relationships between a college/program and its governing board are defined and implemented to enable the college/program to achieve its mission and objectives
- **finances** – to confirm that the college/program has the financial resources and fiscal management necessary to fulfill its mission and objectives
- **faculty** – to ensure that the faculty has the credentials, experience and abilities to offer a sound educational program and support the mission and objectives
- **student services** – to determine that the college/program has policies and procedures in place to admit and retain only those students who demonstrate potential for successful study and practice of naturopathic medicine
- **curriculum** – to ensure the curriculum is rigorous and is based on the knowledge, skills, values and attitudes that are essential for graduates to function as competent, responsible and licensed naturopathic practitioners.
- **continuing education and certification programs** – to ensure the college/program offers continuing education courses and seminars to assist naturopathic practitioners in maintaining and improving their knowledge and skills
- **library and information resources** – to ensure that the college/program has adequate and appropriate library and information resources available to sustain its mission and objectives
- **research** – to ensure the college/program makes adequate provisions to stimulate and support research by students and faculty
- **physical resources** – to determine that the college/program has and adequately maintains the physical facilities and equipment necessary to achieve its mission and objectives⁵²

⁵² Handbook of Accreditation for Naturopathic Medical Colleges and Programs (1998 Edition), pg. 4-6.

Accreditation by the CNME means that:

- the mission and objectives of a college of naturopathic medical education are soundly conceived and clearly stated;
- its educational program has been designed to meet the standards of the Council;
- its mission and objectives are being accomplished;
- the college is organized, staffed, and supported in such a way that it should continue to merit confidence.

HPRAC notes that at the time of the 1996 review, the Canadian College of Naturopathic Medicine (CCNM) was in candidacy status with the CNME. The previous Council was of the opinion that there was no indication that the College would not receive full accreditation in due course. The CCNM achieved full accreditation in September 2000.

Based on its review of the CCNM curriculum, and the fact that the College has been accredited by a recognized North American accreditation body, HPRAC is of the view that the educational program for naturopaths in Ontario (and Canada) is of a sufficient quality to ensure the appropriate education and training of naturopathic practitioners.

Naturopathic Physicians' Licensing Examination (NPLEX)

The applicants have indicated that naturopaths in Ontario are required to pass the Naturopathic Physicians' Licensing Examination (NPLEX) before they can register with the Board and practice in Ontario. NPLEX is the standard exam used by all licensing jurisdictions in North America.

The NPLEX exam consists of five basic science exams in anatomy, physiology, pathology, biochemistry, microbiology and immunology – taken after the first two years of an approved naturopathic education program – as well as seven clinical exams and three additional elective exams in homeopathy, minor surgery and acupuncture. The Basic Science Exams assess whether the student has the foundation knowledge necessary for clinical training. The clinical exams are designed to measure clinical readiness (ie. what the candidate needs to know to practice safely).⁵³

The NPLEX clinical exams include questions on the following categories:

- physical and clinical diagnosis
- laboratory diagnosis and diagnostic imaging
- emergency medicine, public health and medical procedures
- botanical medicine and pharmacology
- principles and practices of nutrition
- psychology and lifestyle counseling
- physical medicine
- homeopathy

⁵³ NPLEX Clinical Examinations Study Guide, 1999, pg. 1.

- minor surgery
- acupuncture⁵⁴

HPRAC reviewed the components of the NPLEX exam to determine the degree to which naturopaths are tested on their performance of each controlled act requested by the applicants. Please see the section on the proposed scope of practice statement and controlled acts later in this section for further details.

Comparison with other primary care practitioners

The Minister's February 1999 referral letter specifically asked HPRAC to consider the scope of practice and authorized acts for naturopaths in light of the scope of practice of "other primary care professions". HPRAC acknowledges that there are many definitions of primary care, however, for the purposes of this report, HPRAC defines "primary care" as the first point of contact between the patient/client and the health care system. Therefore, HPRAC considered the professions of family medicine and registered nurses in the extended class (RN-EC).

Family Physicians

Unsuccessful attempts were made to obtain information regarding the competency examinations required by family physicians in Ontario. As a result, HPRAC was unable to compare the educational curriculum and competency examinations of family physicians to that of naturopaths.

HPRAC did review the "Standards for Accreditation of Residency Training Programs in Family Medicine" as published by the College of Family Physicians of Canada (CFPC) to determine the similarity between the accreditation standards and processes for family physician and naturopathic education programs.

HPRAC found that the processes are similar in that they both involve the completion of a detailed application that describes the educational program and its resources, a self-study process and an on-site visit or survey by members of the accreditation review team. In addition, the standards for accreditation are similar in that they both review the overall goals and objectives of the program, the curriculum, the faculty, the program's organization and resources and measure them against the established standards for the profession. Furthermore, the accreditation process for both family physician and naturopathic education programs is for a specific length of time and is subject to review in a five or six year cycle.

While HPRAC was not able to undertake a comprehensive review of each component of the education/training program for family medicine and naturopathy, HPRAC is of the opinion however, that the naturopathic accreditation process and its standards are comprehensive.

⁵⁴ NPLEX Clinical Examinations Study Guide, 1999, pg. 4-43.

Registered Nurses in the Extended Class (RN-EC)

In an attempt to compare the core competencies of registered nurses in the extended class to those of naturopaths, HPRAC reviewed the College of Nurses' documents entitled "Standards of Practice for Registered Nurses in the Extended Class" and "A Primer on Primary Health Care Nurse Practitioners".

Registered nurses in the extended class (RN-EC) have the authority under the *RHPA* to perform three additional controlled acts: communicating a diagnosis of a disease or disorder, ordering diagnostic ultrasound and prescribing a limited range of drugs. In addition, under other legislation, an RN-EC can order specific x-rays and laboratory tests.

Registered nurses in the extended class are required to have demonstrated competence in health assessment and diagnosis, therapeutics, health promotion and disease prevention, family health and community development and planning. Included within their competence statement is a recognition of their role and responsibility to consult with a physician or other health care professional when the patient/client requires care beyond the RN-EC's scope of practice.

HPRAC notes that there are similarities in the role and required competencies for registered nurses in the extended class and naturopaths:

- Both are "primary care professions" in that they are the primary point of contact for patients/clients and the coordination of their health care needs
- Both provide assessments and diagnoses of common health conditions and recommend treatment options based on their scope of practice and authorized acts
- Both are required to refer patient/clients to other providers when a condition is beyond their knowledge, skill or competence

A comparison of naturopaths and registered nurses in the extended class as well as physicians based on authorized controlled acts is provided on pages 50-51.

Conclusion

The naturopathic education program at the CCNM has achieved full accreditation from the CNME, the accepted North American accreditation body, and practitioners are required to pass an entry-to-practice (NPLEX) exam that is accepted by all North American licensing jurisdictions. In addition, the CCNM does have a maturing academic core upon which the profession can base its standards of practice.

Views of interested parties

As a result of HPRAC's outreach initiatives, over 50 individuals and organizations expressed an interest in participating in HPRAC's review of the scope of practice and authorized acts for naturopathy. In April 2000, each of these participants was sent a copy of the joint OAND/Board application.

In May 2000, HPRAC sent additional questions to the OAND and the Board and asked for clarification on several aspects of their application. HPRAC requested additional information regarding risk of harm, specific examples of treatments/procedures that members are advised not to perform and clarifications regarding controlled acts # 1, 2, 7, 8 and 13. (See Appendix H for a list of the supplementary questions.)

In July 2000, the applicants responded to HPRAC by providing additional information regarding the risk of harm resulting from each of the modalities of practice (ie. diagnosis, botanical medicines, clinical nutrition, counseling, lifestyle modification and public health, mechanotherapy, oriental medicine and acupuncture and physical therapeutic procedures). The applicants also provided examples of treatments/procedures that involve specific precautions such as acupuncture, spinal manipulation, injection therapies and colon hydrotherapy.

With regard to the controlled acts, the applicants provided further information regarding:

- whether diagnosis includes traditional Chinese medicine (TCM) diagnosis;
- whether it includes parenteral and intravenous therapy; the products that would be used and the procedures that would be performed;
- what the current practice is if a patient requires diagnostic ultrasound
- a list of substances that the naturopaths are requesting authority to prescribe
- the risk of harm resulting from allergy challenge testing done by naturopaths

In July 2000, a total of 14 participants provided written submissions to HPRAC. Three of the submissions were from regulatory colleges, ten from professional associations and one from a consumer group. A review of the submissions indicates that many participants felt that the scope of practice statement proposed by the applicants was too broad, or was vague and lacked boundaries. Some indicated that they felt naturopaths should be limited in their authority to perform traditional Chinese medicine (TCM) while others felt the scope of practice statement proposed for naturopathy was inconsistent – in formatting and expression – with that of other regulated health professions. The consumer-based organization indicated that they felt the scope of practice statement was accurate.

With regard to the controlled acts, many participants did not favor granting any controlled acts to naturopaths, some argued that they should only be authorized certain

controlled acts if they could demonstrate competence, and others argued that naturopaths should have access to all the controlled acts they requested. (A summary of these submissions can be found in Appendix I.)

HPRAC noted that the professions whose scope of practice overlapped with that of naturopathy tended to express concerns regarding the level of education and training of naturopaths and their competency to perform certain controlled acts. In contrast, consumers were supportive of the requested scope of practice and authorized acts for naturopathy. However, little evidence was provided to support either of these views.

In the next section, HPRAC provides its analysis of the requested scope of practice statement and controlled acts for naturopathy. The analysis was guided by the concerns raised in the participants' submissions.

Proposed Scope of Practice Statement

The scope of practice statement is an important component of the *RHPA* regulatory system. It is one element that defines a regulated health profession along with protected titles, the controlled acts authorized to the profession and the standards of practice for the profession. These elements serve to increase the accountability of a health profession and help to protect the public from harm by providing a clear description of a profession's activities and a framework for the professional practice.

In their April 2000 submission, the OAND and the Board requested the following scope of practice statement for naturopathy:

The practice of naturopathic medicine is the promotion of health, the assessment of the physical and mental condition of an individual, and the diagnosis, prevention and treatment of diseases, disorders and dysfunctions through education, common diagnostic procedures, and the integrated use of therapies and substances that promote the individual's inherent self-healing processes.

The scope of practice statement for naturopathy in Ontario should clearly distinguish naturopathy from other regulated health professions such as medicine and present a clear and accurate portrayal of the practice of the profession. Therefore, HPRAC recommends the following amended scope of practice statement for naturopathy in Ontario:

The practice of naturopathy is the promotion of health, the assessment of the physical and mental condition of an individual, the diagnosis of diseases, disorders and dysfunctions, and the prevention and treatment of these through the integrated use of natural therapies and natural health products that promote the individual's inherent self-healing processes.

The main differences between the requested and recommended scope of practice statements are:

- the reference to “naturopathic medicine” has been removed and replaced with “naturopathy” – this is based on the view that naturopathy should be distinguishable from conventional (allopathic) medicine
- the terms “natural” therapies have been added to more accurately reflect the practice of the profession
- the word “substances” has been replaced with “natural health products” to more accurately reflect the nature of the substances used by naturopaths
- the terms “common diagnostic procedures” and “education” were removed so that the scope of practice statement would be consistent with the format of the scope of practice statements of other regulated health professions

HPRAC is of the view that this definition is most appropriate since it differentiates naturopathy from conventional (allopathic) medicine and makes it clear that naturopathy is rooted in natural therapies and natural health products. Furthermore, it provides the public with a clear description of what the profession does and a frame of reference for the performance of its controlled acts. It will promote the public interest by ensuring that there is minimal confusion as to what the profession does and clearly differentiate the profession of naturopathy from that of other regulated health professions such as medicine.

1996 report recommendations

The previous Council provided two options with regard to the scope of practice statement for naturopathy. The first option included a description of the practice of naturopathy as well as a list of the methods used by naturopaths to promote self-healing. The second option stated the description and philosophy of naturopathy. The previous Council indicated a slight preference for the first option arguing that it would be clearer for persons outside the naturopathic profession to know what is included in the naturopathic scope of practice and would more strongly promote the public interest in accountability and protection from harm. While appreciating this reasoning, the current Council is of the view that the scope of practice statement as recommended in the current report is more in line with those of other regulated health professions in terms of format and expression, and clearly states that the focus of naturopathy in Ontario is on the use of natural therapies and natural health products.

Controlled Acts

Under the *Drugless Practitioners Act* and through the regulations under the *RHPA*, naturopaths are currently exempt from the controlled acts section [s. 27 (1)] of the *RHPA*. This permits naturopaths to perform controlled acts “for the purpose of carrying on

activities that are within the scope of practice of naturopathy and in accordance with the *Drugless Practitioners Act* and the regulations under that Act.”⁵⁵

The Minister has asked HPRAC for advice on which controlled acts should be authorized to naturopaths once a *Naturopathy Act* has been introduced under the *RHPA*. Below is HPRAC's examination of each of the controlled acts requested by the applicants including:

- a description of the applicant's request;
- an overview of the current practice of naturopathy;
- a review of the relevant education and training as well as the relevant NPLEX exam components;
- a summary of the 1996 recommendations; and
- HPRAC's current conclusion and recommendations.

In determining which controlled acts to recommend for the profession of naturopathy, HPRAC considered the appropriateness of each controlled act in relation to the frame of reference of the scope of practice statement. Naturopathic doctors are general practitioners of natural health care. They are trained to identify the underlying cause of disease and to help the body heal itself using natural methods, not prescription drugs or surgery. Naturopathic doctors diagnose using standard Western medical diagnostic tools and procedures, and provide appropriate treatments in the form of natural therapies and natural health products. Those controlled acts necessary to effectively carry out this scope of practice should be authorized to the profession.

It is acknowledged that the regulatory body for the profession would propose regulations in relation to controlled acts, eg. standards of practice for consultation and referral. The Ministry, and ultimately Cabinet, would review and approve the proposed regulations.

Communicating a Diagnosis

The request

The controlled act as requested by the applicants is as follows:

“communicating a diagnosis identifying as the cause of a person's symptoms a disease or disorder that can be conclusively determined through history, physical examination and the procedures defined in the Controlled Acts specified for naturopathic practice”.

The applicants have indicated that naturopaths have historically performed this controlled act; that it is an integral part of their profession and naturopaths are appropriately educated and trained to safely and competently perform diagnoses within the limits set by their scope of practice and established by the current regulatory body.

⁵⁵ *Controlled Acts Regulation* under the *RHPA*, O. Reg. 107/96, s. 10.

Current practice

In their submission to HPRAC, the applicants indicated that naturopaths do perform the controlled act of communicating a diagnosis within their current scope of practice. They outlined the current limits on the profession's ability to diagnose which are that naturopaths can only diagnose conditions that can be determined through case history, physical examination, in-office functional measurements, in-office and common laboratory investigations and diagnostic imaging. Diagnoses that require specialized medical knowledge and technology are not included within naturopathy's scope of practice. The applicants clearly indicated that they refer any patients/clients whose conditions are beyond their knowledge, skills or competence or consult with the appropriate health care provider.

Relevant education and training

HPRAC reviewed information regarding the current practice of naturopaths as well as the curriculum of the CCNM and the components of the NPLEX exam to determine whether naturopaths are adequately educated and trained to perform this controlled act.

The applicants outlined the core education obtained by students at the CCNM to perform this controlled act; it is based on the medical sciences (anatomy, physiology, pathology, biochemistry, microbiology, etc.) and the clinical sciences, such as diagnostic procedures and diagnosis, including differential, laboratory and radiographic/imaging diagnosis. The total hours of education are as follows:

- 128 hours of instruction in Differential Diagnosis
- 96 hours in Laboratory Diagnosis
- 72 hours in Radiology
- 34 hours in Diagnostic Imaging
- 96 hours in Physical and Clinical Diagnosis
- 1,500 hours of clinical training **

** The clinical training as outlined by the applicants includes:

- 28 hours in Year 2: students provide hydrotherapy and massage treatments (under naturopathic supervision)
- 125 hours in Year 3: students develop skills of physical examination, medical history, differential diagnosis, case analysis and treatment planning (in an observational and assisting role to fourth year students)
- 1124 hours in Year 4: students play an active primary role in treating patients (supervised by naturopathic doctors); they take periodic practical exams and one practical exit exam in which they must demonstrate competency in all six naturopathic modalities
- 175 hours in a preceptor program: beginning in the second year, students must work with a naturopathic doctor or an approved, licensed medical professional

- 75 hours in a community service program: students must provide community service activities such as the promotion of the Robert Schad Naturopathic Clinic or naturopathic medicine in general, participation in research or other college services
- 50 seminar hours: students must attend seminars at other institutions to expand their knowledge and skills.

In addition, a significant proportion of the NPLEX exam (34%) focuses on methods and means of diagnosis. This includes knowledge of the clinical signs and symptoms, clinical findings and clinical and differential diagnosis for conditions affecting various parts of the body (eg: thorax including the heart, lungs and esophagus; arterial and venous circulation; musculoskeletal system; and abdomen). In addition, the exam tests naturopaths' knowledge of the indications for performing, and the interpretation of results for a wide range of diagnostic tests including: urinalysis, hematology, cultures, serum tests, and diagnostic ultrasound.

1996 report recommendations

In the 1996 report, HPRAC concluded that there was a demonstrated need for naturopaths to have the authority to diagnose; that naturopaths had demonstrated the ability to diagnose common ailments using the conventional (allopathic) method of differential diagnosis and that there were appropriate and effective limits available within the *RHPA* framework. As a result, HPRAC recommended that the controlled act of communicating a diagnosis be authorized to naturopaths subject to the limit that diagnoses can only be communicated which:

- are reached through considering the individual's history, the findings of a comprehensive health examination, and where necessary, the results of laboratory tests and other investigations that the member is authorized to perform; and
- are reached after complying with mandatory indicators for referral and/or consultation to be developed by the naturopathy profession's regulatory College.⁵⁶

Conclusion

Based on its review of current practice, limitations on the profession, the current educational preparation of naturopaths and the entry-to-practice (NPLEX) examination, HPRAC has concluded the following:

- communicating a diagnosis is consistent with the naturopathic scope of practice
- the educational program in Ontario sufficiently educates and trains naturopaths to perform diagnoses
- naturopaths are adequately tested with an entry-to-practice examination that is accepted in all licensing jurisdictions in North America
- there are sufficient means within the *RHPA* framework to limit naturopaths' authority to diagnose

⁵⁶ 1996 HPRAC report on Naturopathy, pg. 85.

Therefore, HPRAC supports the recommendation in the 1996 report and recommends that naturopaths be authorized the controlled act of “communicating a diagnosis” subject to the limit that diagnoses can only be communicated which:

- are reached through considering the individual’s history, the findings of a comprehensive health examination, and where necessary, the results of laboratory tests and other investigations that the member is authorized to perform; and
- are reached after complying with mandatory indicators for referral and/or consultation to be developed by the naturopathy profession’s regulatory College.

Performing a procedure on tissue below the dermis

The request

The applicants requested this controlled act as follows:

“Performing a procedure on tissues below the dermis for the purpose of venipuncture, skin-pricking, needle acupuncture, removal of foreign bodies from the superficial structures and the treatment of minor cuts and abrasions.”

Current practice

The applicants indicated that naturopaths currently perform this controlled act for the following diagnostic and treatment rationales:

- **Venipuncture and skin pricking**– to obtain blood samples for the purpose of laboratory diagnosis
- **Needle acupuncture** – to treat a wide variety of conditions eg: headaches, backaches.
- **Removal of foreign bodies from the superficial structures and the treatment of minor cuts and abrasions** – for routine procedures in the office setting such as the removal of slivers, warts, boils, etc.

Relevant education, training and examination components

HPRAC reviewed each of the aspects requested within this controlled act and found the following:

Venipuncture and Skin Pricking

The applicants have indicated that naturopathic students of the CCNM are required to complete an adjunctive course in phlebotomy/venipuncture with an institute that certifies phlebotomists to perform venipuncture in medical laboratories, hospitals and medical offices. The techniques, risks and infection control procedures are taught in courses and

skills laboratories at the CCNM and both skin pricking and venipuncture are performed under supervision in the clinic practicum.

Needle Acupuncture

The applicants indicated that CCNM students receive training in acupuncture and Oriental Medicine during the four years of their study. The courses include needling techniques, point locations and safety and infection control. Practical application of acupuncture is performed under supervision in the clinic and is a prerequisite for examination.

A review of the NPLEX exam indicates that a reasonable proportion of the exam (8%) tests naturopaths on their knowledge of acupuncture.

Removal of foreign bodies from the superficial structures and treatment of minor cuts and abrasions

The applicants have indicated that CCNM students receive 26 hours of training in minor surgery as well as 1,500 hours of Clinic that includes practical application of the training. A review of the NPLEX exam indicates that a proportion of the exam (8%) tests naturopaths on their knowledge of emergency medicine, public health and medical procedures, including CPR, acute care procedures for burns, shock, seizures and foreign bodies, and sterilization techniques. In addition, another portion of the NPLEX exam (8%) tests naturopaths on their knowledge of various components of minor surgery including skin biopsies, excisions and removal, cauterization, laceration repair, wart removal, toe nail removal, foreign body removal, mole removal, etc.

1996 report recommendations

The previous Council concluded that there was a demonstrated need for naturopaths to perform diagnostic procedures such as those authorized by this controlled act; that naturopaths had the ability to perform these acts and that there were appropriate and effective limits available within the *RHPA* framework. Therefore, HPRAC recommended that this controlled act be authorized to naturopaths as follows: “*taking blood samples from veins or by skin pricking*”.⁵⁷ It should be noted that the previous Council did not address the issue of acupuncture since it was the subject of a separate review.⁵⁸ Nor did the previous Council deal with the removal of foreign bodies and treatment of minor cuts and abrasions, as these were not requested by the applicants in 1995.

Conclusion

Authority to perform venipuncture and skin pricking is necessary for the purposes of obtaining a blood sample for laboratory diagnosis, and acupuncture falls within the

⁵⁷ 1996 HPRAC report on Naturopathy, pg. 90-91.

⁵⁸ HPRAC's 1996 Report on Acupuncture was submitted to the Minister in December 1996.

naturopathic scope of “natural therapies”. Education and training in these areas do appear to be adequately covered in the curriculum and tested in the NPLEX exam.

HPRAC did not attempt to determine the adequacy of the training in “minor surgery” that the applicants pointed out in relation to the removal of foreign bodies from the superficial structures below the dermis (skin), and treatment of minor cuts and abrasions. HPRAC was simply of the view that minor surgery is not consistent with the frame of reference of the scope of practice statement recommended for naturopaths in Ontario. HPRAC was also concerned about the difficulty in defining the limits of “minor surgery”, “minor cuts” and “superficial structures”. These terms were not clearly defined by the applicants.

HPRAC notes that performing a procedure on or within the dermis is not a controlled act, therefore naturopaths can continue to perform those procedures which do not go below the dermis. Further, *RHPA* exemptions permit anyone to treat minor cuts and abrasions in an emergency situation.

HPRAC recommends that this controlled act be authorized to naturopaths as follows:

Performing a procedure on tissues below the dermis for the purposes of venipuncture, skin pricking and needle acupuncture.

Moving the joints of the spine beyond the usual range of motion

The request

The applicants have requested this controlled act in its entirety; as a treatment procedure to be used to increase mobility, decrease musculoskeletal pain and normalize biomechanical function of the spine.⁵⁹

Current practice

The applicants indicated that naturopaths currently perform this controlled act within their scope of practice. However, they noted that naturopaths are primary care providers and therefore would not hesitate to refer their patients/clients to chiropractors for spinal manipulations when the condition is beyond their knowledge, skill or competence. According to the Board, 65 of the 337 registered naturopaths – 53 active and 12 inactive – are dual registrants with the College of Chiropractors of Ontario.⁶⁰

HPRAC notes that not all forms of manipulation are restricted by this particular controlled act. Only those acts which go “beyond the usual physiological range of motion using a fast, low amplitude thrust” are included within this controlled act.

⁵⁹ April 2000 OAND/Board Application, pg. 66.

⁶⁰ Personal communication with the Chair of the Board, January 24, 2001.

HPRAC searched the literature to determine the evidence of effectiveness for spinal manipulation. A MEDLINE search uncovered numerous articles including a systematic review of the literature from 1966 to 1996 which was reported in the journal *Spine* in 1996. The authors concluded that “cervical spinal manipulation and mobilization probably provide short-term benefits for some patients with neck pain and headaches”. Other articles concluded that there is some evidence of efficacy for spinal manipulation for the treatment of headaches, neck pain and acute low-back pain.

In the course of its review, HPRAC became aware of some of the recent literature surrounding the potential risk of stroke from cervical manipulation⁶¹. HPRAC undertook a MEDLINE search using the MeSH terms “risk management + chiropractic” and “manipulation, spinal + risk”. A total of nine relevant articles were found.

An analysis of these articles indicates that:

- there is risk of harm from the performance of cervical manipulation
- the risk of harm is influenced by the practitioner's technique
- the available literature does not assist in the identification of the patient at risk
- it is difficult to estimate the incidence of spinal manipulation complications as they are probably underreported in the literature

While the extent of the risk of stroke is difficult to ascertain – it has been estimated to be between 1 per 20,000 patients to 1 per one million patients – HPRAC is of the view that any means available to reduce the risk of harm to the public should be explored and acted upon.

Relevant education, training and examination components

The applicants indicated that CCNM students receive 147 hours of instruction in naturopathic manipulation and 1,500 hours of clinic, which includes practical application. In addition, students are required to take courses in anatomy, physiology and pathology. The classroom and skills laboratories component of the teaching program includes training in orthopedic assessment, soft tissue techniques, joint mobilization and spinal manipulative skills. Naturopaths learn specific manipulative techniques for the upper and lower cervical spine, thoracic spine, lumbar spine, pelvis and peripheral joints.

HPRAC reviewed the NPLEX exam and notes that a proportion of the exam (8%) involves testing naturopaths on their knowledge of physical medicine. This includes the indications, contraindications, and techniques for performing osseous manipulation of the cervical, thoracic and lumbar spine, as well as other body parts (shoulder, leg, knee, ankle, elbow, etc.).

⁶¹ Norris, 2000.

1996 report recommendations

The previous Council concluded that based on the education and training that naturopaths have in this area, they meet the existing standards to be authorized this controlled act. In their 1996 report, they indicated that naturopaths appear to have more training than other “generalists” authorized to perform this controlled act, eg. “entry-level physicians” or physiotherapists. However, in order to provide safe health care and minimize the risk of harm to the public, HPRAC recommended that the authorized act make specific reference to, and be made conditional upon compliance with, indicators for mandatory referral and consultation.

Therefore, HPRAC recommended that naturopaths should be authorized this controlled act in its entirety, subject to compliance with the mandatory indicators for consultation and referral to be developed by the regulatory body. It should be noted that much of the evidence of risk of stroke associated with manipulation of the cervical spine has been published since the 1996 report.

Conclusion

HPRAC recommends that this controlled act be authorized to naturopaths with the exception of cervical manipulation. In addition, HPRAC recommends that a regulation on mandatory consultation and referral be developed by the regulatory body and put into place prior to the enactment of a *Naturopathy Act*.

Administering a substance by injection or inhalation

The request

The applicants have requested this controlled act as follows:

Administering by injection or inhalation a substance consistent with naturopathic practice and as designated by regulation.

Current practice

The applicants have indicated that naturopaths currently administer injections of some botanical, homeopathic and nutritional substances. In addition, they administer inhalation of botanical and homeopathic preparations to treat a number of health conditions such as asthma.

Naturopaths do not have the authority to prescribe or use substances restricted by federal regulations therefore the term “substance” does not include drugs unless they are prescribed by another practitioner who has the authority to prescribe them.

Relevant education, training and examination components

The applicants pointed out that the indications, contraindications, risks, signs and symptoms of deficiencies and the use of natural health products is covered at the CCNM in the following courses:

- 122 hours of Botanical Medicine
- 103.5 hours of Botanical Medicine and Pharmacognosy
- 60 hours of Pharmacology
- 210 hours of Homeopathic Medicine
- 180 hours of Clinical Nutrition
- 42.5 hours of Nutritional Biochemistry
- 45 hours of Parenteral Therapy
- 30 hours of Emergency Care
- 180 hours of Study of Treatments
- 1,500 hours of Clinic

A review of the NPLEX exam indicated that naturopaths are tested on their knowledge of procedures and techniques for vaccinations, administering I.V.s and intramuscular and subcutaneous injections. In addition, a considerable proportion of the exam (12%) tests the naturopaths' knowledge of botanical medicines and pharmacology, including interactions between botanicals/herbs and drugs.

1996 report recommendations

The previous Council concluded that there was a demonstrated need to authorize naturopaths limited aspects of this controlled act; that naturopaths have demonstrated the knowledge, skills and judgement required to perform aspects of this controlled act; and that there were appropriate and effective limits available within the *RHPA* framework.

The 1996 report recommended that naturopaths be authorized to perform this controlled act, but limited to those substances consistent with naturopathic practice and as designated by regulations under the *Naturopathy Act*. In addition, the regulations should stipulate which substances can be administered by injection, and distinguish them from the substances which can be administered by inhalation.

Conclusion

HPRAC is of the view that naturopaths should be authorized this controlled act as follows:

Administering a substance by inhalation or injection as designated by regulation.

For the purposes of this controlled act, naturopaths would not administer a substance that is considered a drug unless that substance is prescribed by another regulated health professional with the authority to prescribe.

Putting an instrument, hand or finger

The request

The applicants have requested this controlled act as follows:

Putting an instrument, hand or finger:

- *beyond the point in the nasal passages where they normally narrow*
- *beyond the opening of the urethra*
- *beyond the labia majora but not beyond the cervix*
- *beyond the anal verge but not beyond the rectal-sigmoidal junction*

Current practice

According to the applicants, naturopaths perform this controlled act within their current scope of practice. These controlled acts are used in common diagnostic and treatment procedures such as for lavage, to obtain a culture sample, and to perform standard gynecological physical examinations.

Relevant education, training and examination components

HPRAC reviewed the curriculum of the CCNM and the NPLEX exam to determine whether naturopaths are sufficiently educated and trained to perform this controlled act safely and competently.

The applicants have indicated that students at the CCNM are taught the collection of laboratory specimens in the courses on “Laboratory Diagnosis and Microbiology”. Practical skills are used in the clinic practicum to obtain samples of feces, saliva, sputum, urine and to obtain specimens for urethral, vaginal, cervical, rectal, nasal, throat and lung conditions. In total, students receive relevant instruction in the following courses⁶²:

- 128 hours of instruction in Differential Diagnosis
- 96 hours in Laboratory Diagnosis
- 96 hours in Physical and Clinical Diagnosis
- 122 hours in Botanical Medicine
- 103.5 hours in Botanical Medicine and Pharmacognosy
- 45 hours in Naturopathic Approaches to Women’s Health Issues
- 45 hours in Obstetrics
- 22 hours in Hydrotherapy
- 210 hours in Homeopathic Medicine
- 180 hours in Study of Treatments
- 1,500 hours of clinical training

⁶² This training relates to both diagnostic techniques and treatment procedures.

The NPLEX exam tests naturopaths on a wide variety of areas that are relevant to this controlled act such as: physical and clinical diagnosis, laboratory diagnosis, medical procedures and botanical medicines and pharmacology.

1996 report recommendations

The previous Council concluded that there was a demonstrated need for naturopaths to perform some aspects of this controlled act; that naturopaths have the knowledge, skills and judgement required and that there were appropriate and effective limits within the *RHPA* framework to protect the public from harm.

The 1996 report recommended that this controlled act be authorized to naturopaths but limited to:

- obtaining a culture sample from the opening of the urethra
- putting an instrument, hand or finger beyond the labia majora but not beyond the opening of the cervix
- putting an instrument, hand or finger beyond the anal verge but not beyond the rectal-sigmoidal junction

It was noted that in June 1994 the applicants requested authority to put a hand, finger or instrument in the external ear canal and beyond the point in the nasal passages where they normally narrow. However, by the end of the review in December 1995, the request was reduced to the three ultimately recommended in the 1996 report.

Conclusion

Authority to put an instrument, hand or finger into the body openings, with limitations as stated in the 1996 report, is necessary for naturopaths to accurately diagnose common health problems and treat them with natural therapies. However, HPRAC was not convinced of the need to expand this authority beyond the limitations stated in the 1996 report. Therefore, HPRAC recommends that naturopaths be authorized this controlled act with the following limits:

Putting an instrument, hand or finger:

- *beyond the opening of the urethra to obtain culture samples*
- *beyond the labia majora but not beyond the cervix*
- *beyond the anal verge but not beyond the rectal-sigmoidal junction*

Ordering diagnostic ultrasound and other forms of energy

The request

The applicants have requested this controlled act as follows:

“Ordering diagnostic ultrasound and other forms of energy as designated by regulation”

Current practice

HPRAC notes that naturopaths do not perform this controlled act within their current scope of practice. If a patient requires an ultrasound, naturopaths currently request that their patients go to their family physicians and request an ultrasound.

HPRAC notes that although naturopaths do not currently have the authority to order diagnostic ultrasound, they do perform the controlled act of “communicating a diagnosis”. And, the applicants have argued that ordering diagnostic ultrasound is necessary for naturopaths to provide accurate diagnoses.

Relevant education, training and examination components

HPRAC examined the curriculum of the CCNM and the NPLEX exam to determine whether naturopaths are sufficiently educated and trained to safely and competently perform the controlled act of “ordering diagnostic ultrasound”.

According to the applicants, the use, indications, contraindications, risks and indications for referral for diagnostic ultrasound exams are covered at the CCNM though:

- 72 hours of instruction in Radiology
- 128 hours in Differential Diagnosis
- 96 hours in Laboratory Diagnosis
- 96 hours in Physical and Clinical Diagnosis
- 34 hours in Diagnostic Imaging
- 45 hours in Obstetrics
- 45 hours in Naturopathic Approaches to Women’s Health Issues
- 1,500 hours in Clinic (includes practical application)

In addition, a portion of the NPLEX exam includes questions testing the applicants’ knowledge of the indications for performing and interpreting the results of (among other imaging modalities) diagnostic ultrasound.

1996 report recommendations

The previous Council concluded that there was a demonstrated need for naturopaths to order diagnostic ultrasound; that naturopaths have the knowledge, skills and judgement required to perform this controlled act and that there are appropriate and effective limits within the *RHPA* framework.

The 1996 report recommended that naturopaths be authorized this controlled act, only as designated by regulations under the *Naturopathy Act*. The recommendation also

indicated that the regulations should stipulate that naturopaths can only order diagnostic ultrasound, and only with respect to the abdomen, breast and pelvis. Naturopaths should not be authorized to apply diagnostic ultrasound, or to order or apply any other form of energy prescribed by O.Reg. 107/96.

Conclusion

Based on HPRAC's review of current practice, educational preparation and the NPLEX competency-based examination, HPRAC is of the view that naturopaths are adequately educated and trained to order diagnostic ultrasound.

Ultrasound is an important diagnostic tool and it is in the public interest that naturopathic practitioners have authority to order it. This authority should not extend to applying diagnostic ultrasound or interpreting the results. However, HPRAC feels that it is in the public interest to provide naturopaths with the tools of ordering and receiving the results of ultrasound scans in order to provide complete and accurate diagnoses for their patients. The argument for the tools necessary to accurately diagnose may also apply to other forms of energy used for diagnostic purposes. However, HPRAC restricted its review to ultrasound.

In view of the current scope of practice and HPRAC's recommendation regarding the controlled act of "communicating a diagnosis", HPRAC recommends that naturopaths be authorized this controlled act as follows:

"Ordering diagnostic ultrasound and other forms of energy used for diagnostic purposes as designated by regulation."

Given that the applicants did not specify what other forms of energy they might require, HPRAC limited the specifics of its recommendation to the ordering of diagnostic ultrasound. However, it should be noted that there may be a public benefit for naturopaths to order other forms of energy for diagnostic purposes. Given the lengthy process to amend legislation, HPRAC supports leaving the door open for Ministry and Cabinet approval of a regulation that would permit other forms of energy being ordered by naturopaths.

Prescribing, dispensing, selling and/or compounding drugs

The request

The applicants have requested this controlled act as follows:

"Prescribing, dispensing, selling and/or compounding drugs consistent with naturopathic practice and as designated by regulation."

The applicants have requested access to a limited list of natural health products that are currently on a restricted drug list, eg. certain amino acids, enzymes, hormones and vitamins and minerals. They also requested access to a few drugs on the list e.g. lidocain and epinephrine. (Please see Appendix J for a full list of the products requested by the applicants.) These are products that have been determined by the federal government to have a certain element of risk and therefore access to these products is limited to professions authorized through provincial statute to prescribe drugs. The applicants have argued that they require access to these products to effectively treat their patients.

Current practice

Naturopaths do not currently have the authority to prescribe, dispense, sell or compound drugs or any natural health product that is on the restricted drug list. Should their patients/clients require access to drugs or restricted natural health products such as the amino acids and vitamins on the restricted drug list, naturopaths must currently refer them to a physician or find an alternative product to treat their condition.

Relevant education, training and examination components

HPRAC examined the curriculum of the CCNM and the NPLEX exam to determine whether naturopaths are sufficiently educated and trained to safely and competently perform the controlled act of “prescribing, dispensing, selling and/or compounding drugs.”

According to the applicants, the potential interactions of botanical, homeopathic and nutritional substances with prescription and non-prescription drugs as well as with other botanical, homeopathic and nutritional substances is a focal part of naturopathic training. The use, indications, contraindications, risks, toxicity, interactions, posology, prescribing, preparation, compounding and storage are taught at the CCNM. Students receive:

- 60 hours of instruction in Pharmacology
- 122 hours in Botanical Medicine
- 103.5 hours in Botanical Medicine and Pharmacognosy
- 210 hours in Homeopathic Medicine
- 222 hours in Oriental Medicine/Acupuncture
- 45 hours in Parenteral Therapy
- 42.5 hours in Nutritional Biochemistry
- 180 hours in Clinical Nutrition
- 56 hours of Clinic Education Seminar
- 180 hours of Integrated Clinical Studies
- 1,500 hours in Clinic (includes practical application)

In addition, a significant proportion (12%) of the NPLEX exam includes questions testing the naturopath's knowledge of the actions, indications, contraindications, toxicity, interaction and side effects of a wide-range of botanical medicines as well as the principles of pharmaceutical preparations and prescriptions. This includes the uses and

major effects of a wide-range of drugs that act upon the nervous system, the cardiovascular system, antihistamines, analgesics, gastrointestinal drugs, fungicides, antiparasitics, etc.

1996 report recommendations

The previous Council concluded that it is in the public interest of access to health care to authorize naturopaths to prescribe and dispense specified drugs provided the following conditions were met:

- standards of practice address the issue of when it is appropriate to prescribe drugs
- fees are structured so that no profit is made (ie. a ceiling of a 50% mark-up to cover storage, labelling, compounding and dispensing costs)
- naturopaths issue a written prescription, inform patients that they can purchase the product elsewhere (if available elsewhere) and ensure that the bill and receipt separate out the cost of the product from the cost of the professional services provided
- there must be effective enforcement of these limits ⁶³

It should be noted however, that the previous Council's deliberations pre-dated the current work of the federal government's Office of Natural Health Products (ONHP). The current Council has initiated discussions with the ONHP and understands that work is underway to develop a list of restricted or controlled natural health products and that negotiations have begun to move some if not all of the natural health products currently on the restricted drug list to this list. It is intended that access to the new list of restricted natural health products would be granted in similar fashion as access to restricted drugs is granted – through provincial statute or regulation authorizing certain health professions the authority to prescribe.

Conclusion

The current Council disagrees with the previous Council's recommendation that naturopaths be permitted to prescribe and use drugs in their practice.

The current Council is of the view that it would be in the public's interest for the public to clearly understand that the profession of naturopathy uses natural health products and remedies – and not drugs. The expert use of natural health products is acknowledged as the unique focus of the profession. To authorize naturopaths the controlled act of prescribing, selling and compounding drugs would create confusion about the nature of their naturopathy practice. Given the work by the Federal Government, HPRAC believes that it would be preferable for naturopaths to be granted access to restricted natural health products through the improved federal classification of restricted drugs and restricted natural health products. It is in the public's interest to make a clear and simple expression that naturopaths do not prescribe "drugs".

⁶³ 1996 HPRAC Report on Naturopathy, pg. 111.

HPRAC notes that, historically, naturopaths have been drugless practitioners. They do not currently have the authority to prescribe, dispense, sell or compound drugs and certain natural health products restricted by the Federal Government. No other Canadian provinces allow naturopaths to prescribe and use drugs in their practice. Therefore, to include this controlled act within the scope of practice of naturopathy in Ontario requires that there be a compelling argument in the public interest to do so. HPRAC examined the public interest principles of protection from harm, quality of care and accessibility in order to determine whether naturopaths should be given access to this controlled act and concluded it would be in the public interest to give a clear message that naturopaths do not prescribe and use drugs in their practice.

Further, given the stated mission of the ONHP to ensure accessibility to natural health products and the work underway to regulate natural health products, HPRAC is not convinced that there is a compelling argument to expand the scope of practice of naturopaths to include “prescribing, dispensing, selling and/or compounding drugs”.

However, HPRAC does feel that naturopaths have a unique role to play in providing expert guidance and advice for the safe and effective use of natural health products, including those which may have restricted access. As a result, HPRAC recommends that the Ministry add a new controlled act to the *RHPA* and naturopaths be authorized to “prescribe, dispense, sell or compound natural health products” (as listed by the federal Office of Natural Health Products). The implementation of this new controlled act should be synchronized with the federal government’s work to restrict access to certain natural health products.

It is acknowledged that with such a new controlled act added to the *RHPA*, other professions such as medicine and pharmacy would require authority to prescribe, dispense and/or compound natural health products as restricted by the Federal Government.

New controlled act: Prescribing, dispensing, selling and/or compounding restricted natural health products

As mentioned earlier in this report, HPRAC conducted research into the risk of harm as well as the evidence of efficacy for certain botanical medicines used by naturopaths. A number of articles⁶⁴ were found that demonstrated the potential risk of harm from natural health products (NHPs). Some NHPs are inherently dangerous (eg. aristolochia fangchi⁶⁵ and comfrey⁶⁶) while many others can be dangerous if taken in inappropriate doses (eg. blue cohosh⁶⁷) or with other herbal products or drugs (eg. St. John’s Wort⁶⁸).

⁶⁴ Boullata et al., 2000.; Greensfelder, 2000; Ernst., 2000.; Chandler et al. 2000.

⁶⁵ Greensfelder, 2000.

⁶⁶ Chandler et al. pg. 83.

⁶⁷ Chandler et al. pg. 58.

⁶⁸ Chandler et al. pg. 200.

HPRAC found the book Herbs – Everyday Reference for Health Professionals, edited by Frank Chandler and published by the Canadian Pharmacists Association and the Canadian Medical Association, to be a reliable and up-to-date source of information on the safety and efficacy of 57 commonly used herbs. The authors outline a number of sources for data on herb-drug interactions including the German Commission “E”, the European Scientific Cooperative on Phytotherapy⁶⁹, the World Health Organization and the American Herbal Product Association’s Botanical Safety Handbook. In addition, the authors list some of the potentially serious herb-drug interactions including:

- herbs which may affect the absorption of some drugs;
- herbs which may enhance potassium loss if given with diuretics;
- herbs which may enhance the effects of barbiturates;
- herbs which may alter the effects of blood sugar medications; and
- herbs which may interact with anticoagulant medications.⁷⁰

With regard to the evidence of efficacy, HPRAC found sufficient empirical evidence of efficacy for some herbal products to justify their use by health care professionals. Please see page 16 for examples of herbal products (botanicals) for which HPRAC found sufficient evidence, as well as an operational definition of “sufficient evidence”.

Conclusion

HPRAC has noted the striking increase in interest in natural health products earlier in this report. There is evidence of potential risk of harm from such products as well as sufficient evidence of efficacy for some of these products to justify their use.

The public is turning more and more toward the use of natural therapies and natural substances and as a result, there is a need for a practitioner that specializes in natural health products. HPRAC is of the view that naturopaths are educated, equipped and positioned to provide the expertise required by the public. In fact, HPRAC believes that the health care system would be augmented if there were practitioners recognized for their expertise and specialization in natural health therapies and products.

Conflict of Interest

There is an inherent conflict of interest when a health profession is authorized to both recommend/prescribe a substance and then also dispense/sell that substance to the patient or client. Consequently, HPRAC acknowledges the potential for inappropriate profiting from the sale of natural health products by naturopaths. HPRAC understands that the current regulatory body (the Board) has recognized the potential conflict of interest and developed conflict of interest guidelines for its members. In addition, the Ministry has done some work on the development of conflict of interest regulations for the regulated health professions.

⁶⁹ ESCOP is a group of medicinal plant experts from Western Europe that has published monographs on herbal therapeutics, including herb-drug interactions.

⁷⁰ Chandler et al. pg. 14.

HPRAC notes that the previous Council recommended that naturopaths be authorized to both prescribe and dispense specified drugs (with specific limitations of a 50% mark-up, etc.).

The current Council is of the view that the Minister must require that the regulatory body for naturopathy develop a conflict of interest regulation to limit or prohibit naturopaths from making a profit on the sale of products. HPRAC is aware that the College of Optometrists has a regulation in place regarding dispensing products. The regulation requires optometrists to dispense products at their costs and allows an appropriate fee to be charged for the professional service of dispensing eye glasses and contact lenses. In the interests of ensuring the equality of regulatory obligations among regulated health professions, HPRAC recommends that the Minister of Health and Long-Term Care require any future College of Naturopaths to develop a similar regulation.

Allergy challenge testing

The request

The applicants have requested this controlled act as follows:

“Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.”

Current practice

According to the applicants, the traditional practice of naturopathy includes allergy/sensitivity testing, allergen removal from the diet with reintroduction challenge testing and provocative testing with sublingual drops, homeopathic dilutions and food substances.

In order to determine the risk of harm inherent in allergy challenge testing, HPRAC received information from a physician allergy specialist. HPRAC notes that when physicians conduct allergy challenge testing, considerable precautionary measures are taken to guard against “significant allergic responses”. These measures can include such things as: setting up intravenous (IV) lines, having appropriately trained medical staff on site, having ready access to appropriate medications, etc. HPRAC understands “significant allergic response” to mean a response which would require immediate medical intervention (eg. anaphylactic shock and blood poisoning).

Relevant education, training and examination

The applicants have indicated that the appropriate use, indications, contraindications, risk factors, and the interpretation and use of the results are taught in the nutrition courses and the clinic practicum at the CCNM. The recognition and management of severe or

anaphylactic reactions is taught in Differential Diagnosis and Emergency Medicine and the use of epinephrine and CPR are taught as emergency procedures. Each student receives:

- 45 hours of instruction in immunology
- 128 hours in Differential Diagnosis
- 30 hours in Emergency Care
- 1,500 hours in Clinic

In addition, a proportion of the NPLEX exam (8%) includes questions testing the applicants' knowledge of the use of fasting, rotation, challenge and elimination diets.

1996 report recommendations

The previous Council concluded that this controlled act should not be authorized to naturopaths based on their understanding that the type of allergy-related work done by naturopaths does not involve this controlled act.

Conclusion

Based on the information provided by the applicants, the primary mode of naturopathic allergy testing involves dietary manipulation ie. food elimination and re-introduction. This is not the type of testing that should cause a significant allergic response or pose a serious risk of harm necessitating immediate medical intervention. While HPRAC acknowledges that some of the adverse reactions to naturopathic allergy testing (eg. rashes, intestinal difficulties) can be troubling and even alarming to some naturopathic patients/clients, it must be emphasized that this is not equivalent to the kind of reaction that might be expected from the allergy challenge testing intended to be restricted by this controlled act. (eg. anaphylactic shock and blood poisoning).

Consequently, HPRAC is of the view that the type of allergy testing conducted by naturopaths does not fall within the intended meaning of this controlled act. Therefore, HPRAC does not recommend that this controlled act be authorized to naturopaths. HPRAC is confident that current naturopathic practice will not be affected by not having authority to perform this controlled act.

Summary Comments on the Scope of Practice of Naturopathy

Naturopathy is a primary care profession that performs diagnoses and treats using natural therapies and natural health products. The scope of practice statement outlines this and the controlled acts authorized to the profession support this.

The following chart may be useful to demonstrate the similarities and differences between the primary care professions of family medicine and registered nurses in the extended class and that of naturopathy (as proposed):

Controlled Act	Medicine	Registered Nurses in the Extended Class	Naturopathy
(1) Communicating a diagnosis	Yes	Yes, with limitations ⁷¹	Yes, with limitations
(2) Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth	Yes, with limitations ⁷²	Yes, with limitations ⁷³	Yes, with limitations
(3) Setting or casting a fracture of a bone or a dislocation of a joint	Yes	No	No
(4) Moving joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust	Yes	No	Yes, with limitations
(5) Administering a substance by injection or inhalation	Yes	Yes, with limitations ⁷⁴	Yes, with limitations

⁷¹ Registered nurses in the extended class are authorized to communicate to a patient a diagnosis identifying, as the cause of the person's symptoms, a disease or disorder that can be identified from,

- the patient's health history,
- the findings of a comprehensive health examination, or
- the results of any laboratory tests or other tests and investigations that the member is authorized to order or perform

⁷² Physicians are not authorized to perform the scaling of teeth

⁷³ Registered nurses in the extended class are authorized to perform the following procedures if certain conditions which are set out in the regulation are met:

- with respect to the care of a wound below the dermis or below the surface of a mucous membrane, any of the following procedures: cleansing, soaking, irrigating, probing, debriding, packing, dressing and suturing (except below the fascia and except in cases in which there may be underlying damage)
- venipuncture to establish peripheral intravenous access
- venipuncture to obtain a blood sample for a test set out in Appendix C of Ontario Regulation 682 made under the *Laboratory and Specimen Collection Centre Licensing Act*

⁷⁴ Registered nurses in the extended class are authorized to administer by injection or inhalation a drug that the members may prescribe (as designated in regulation)

Controlled Act	Medicine	Registered Nurses in the Extended Class	Naturopathy
(6) Putting an instrument, hand or finger, beyond the external ear canal, beyond: the point in the nasal passages where they normally narrow, the larynx, the opening of the urethra, the labia majora, anal verge or into an artificial opening into the body	Yes	Yes, with limitations	Yes, with limitations
(7) Applying or ordering the application of a form of energy prescribed in regulation	Yes	Yes, with limitations ⁷⁵	Yes, with limitations
(8) Prescribing, dispensing, selling or compounding a drug or supervising the part of a pharmacy where such drugs are kept	Yes, with limitations ⁷⁶	Yes, with limitations ⁷⁷	No
(9) Prescribing or dispensing, subnormal vision devices, contact lenses or eye glasses	Yes	No	No
(10) Prescribing a hearing aid	Yes	No	No
(11) Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance	No	No	No
(12) Manage labour or conduct the delivery of a baby	Yes	No	No
(13) Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response	Yes	No	No

Protected Titles and Representation of Qualifications

Protecting titles of regulated health professionals is an important aspect of the regulatory system. It allows the public to identify regulated health professionals from unregulated providers, thereby ensuring accountability and strengthening protection from harm.

HPRAC notes that most other Canadian jurisdictions where naturopaths are regulated have similar titles protected in legislation.

In the interests of ensuring consistency, and in order to maintain a distinction between naturopathy and conventional (allopathic) medicine, HPRAC is of the view that the following titles should be reserved for members of the College of Naturopaths:

⁷⁵ Registered nurses in the extended class may order the application of soundwaves for diagnostic ultrasound of the abdomen, pelvis and breast

⁷⁶ Physicians are not authorized to supervise the part of a pharmacy where drugs are kept

⁷⁷ Registered nurses in the extended class are authorized to prescribe certain drugs designated in regulation

- naturopath
- naturopathic doctor
- doctor of naturopathy
- any derivatives or abbreviations of the above

The use of the term “physician” by naturopaths is not appropriate given that it is a protected title within the *Medicine Act, 1991*.

With regard to representations of qualifications, HPRAC recommends that the following be added to the *Naturopathy Act*:

No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a naturopath or in a specialty of naturopathy.

Doctor Title

This is the first occasion that the question of authorizing the use of the “Doctor” title has been put before HPRAC since the introduction of the *RHPA*. HPRAC notes that during the drafting of the *RHPA*, the authority to use the “Doctor” title was carried over from previous statutes and as a result, five professions were given authority to use the “Doctor” title. These are members of the following Colleges: chiropractors, optometrists, physicians and surgeons, psychologists and dental surgeons.

HPRAC undertook an analysis of the educational preparation and controlled acts of those five professions that are currently entitled to use the “Doctor” title under the *RHPA*. This analysis identified a pattern. In essence, all five professions have a minimum of seven years of post-secondary education and are authorized to perform the controlled act of “communicating a diagnosis”. It is worth noting that, with the exception of registered nurses in the extended class, these are the only professions authorized to perform the controlled act of “communicating a diagnosis”.

In order to promote the principle of regulatory equality among health professions, HPRAC applied this pattern to the profession of naturopathy. Given that the educational preparation of naturopaths is seven years of post-secondary education and given HPRAC’s recommendation to grant naturopaths the authority to “communicate a diagnosis”, it is HPRAC’s view that naturopaths should be granted the “Doctor” title.

However, in the interests of clarity and to clearly establish the difference between naturopathy and conventional (allopathic) medicine, HPRAC recommends that the title “Doctor” only be used in conjunction with the naturopathy titles, eg. “Doctor of Naturopathic Medicine”, “Dr. of Naturopathic Medicine”, “Naturopathic Doctor” or “Naturopathic Dr.”.

Implementation Issues

The previous Council made several recommendations on issues relating to the implementation of a *Naturopathy Act*. The following are the current Council's observations and views on each of these issues.

Transition and Grandparenting

The previous Council recommended that a Transition College be appointed to assess the qualifications and experience of each practitioner regulated with the Board of Directors of Drugless Therapy to determine whether they meet the criteria for registration.

The current Council is of the view that the Board of Directors of Drugless Therapy - Naturopathy should form the basis of a transitional college until such time as the profession sets up a College and elects Council members from among its professional members. However, HPRAC notes that, unlike the professions regulated under the *RHPA*, the Board of Directors does not have public appointees. Therefore, HPRAC recommends that the government appoint public members (in a number constituting just under one-half) to the Naturopathy Transitional Council to ensure the new college is established in the public's interest.

HPRAC is also of the view that a separate class of member within a new College of Naturopaths be maintained for the registrants of the Board of Directors of Drugless Therapy who are currently designated as Drugless Therapists. To support optimal public protection and quality of care, HPRAC also recommends that the Transitional College assess the individual competencies of these members and place appropriate limitations on their certificates of registration to prohibit or limit their authority to perform the controlled acts of the profession. Ensuring that only competent members perform the controlled acts is a fundamental responsibility of any health professional regulatory body.

Ontario Jurisprudence Examination

The previous Council felt that registrants in Ontario needed to become familiar with the limits on practice for naturopaths in Ontario. This is a concern given that many are educated in the United States and even where educated in Canada, they are exposed to knowledge which exceeds the scope of practice in Ontario. The Council recommended in 1996 that the Transitional College of Naturopaths revise the Board's Ontario jurisprudence examination to test knowledge of the *RHPA* legal framework and the contemporary scope of practice of naturopathy in Ontario under a new *Naturopathy Act*, and test for knowledge of other aspects of the legal restrictions on practice. The current Council concurs with this recommendation.

Dual Registration

According to the Chair of the Board, 23% or 78 of the 337 naturopaths currently registered by the Board are dual registrants with other regulated health profession Colleges. Among them are 65 chiropractors, two dentists, two registered nurses, three pharmacists, four massage therapists, one physiotherapist and one medical laboratory technologist.

The previous Council addressed the issue of how to effectively regulate naturopaths who practice other professions in addition to naturopathy. They indicated that the public interest requires that patients/clients know what type of regulated health professional services are being provided so, at minimum, they know where to inquire about appropriate behaviour and standards of care. The Council recommended that the College of Naturopaths establish protocols with each of the regulated health profession colleges that has members who are also naturopaths. These protocols should cover guidelines on how to proceed with complaints where scopes of practice overlap, including providing for communication of decisions reached by Colleges about “dual registrants”. The current Council concurs with this recommendation.

The current Council notes that in 1995, the College of Chiropractors of Ontario (CCO) adopted a policy to inform CCO registrants of their additional obligations as members of other regulated health professions, ie. dual registrants. Dual registrants are required to inform the patient that the proposed treatment is outside the scope of practice of chiropractic and that the treatment would not be administered in the registrant's capacity as a chiropractor. Dual registrants must also maintain separate appointment books, separate client/patient records and different offices or different office times to be devoted to the practice of chiropractic and another health profession. In addition, the CCO has developed requirements for dual registrants around billing requirements and the necessity for separate financial records.

The current Council also recommends that the College of Naturopaths develop a similar policy on dual registrants as that developed and implemented by the College of Chiropractors of Ontario.

Conclusion

The public is increasingly turning toward the use of natural therapies and natural health products. There is evidence of potential risk of harm from natural health products as well as evidence of efficacy for some of these therapies. Naturopaths are educated, equipped and positioned to provide the expertise in natural therapies and natural health products required by the public. It is in the public's interest that practitioners recognized for their expertise and specialization in natural health therapies and products be regulated under the *RHPA*.

Overall, HPRAC is of the view that the 1996 report is a thorough assessment of the naturopathic profession in Ontario. However, in comparison with the 1996 report, HPRAC is recommending greater clarity in the scope of practice statement to focus on natural therapies and further limitations on the authority for naturopaths to perform some of the controlled acts, e.g. not recommending cervical manipulation beyond normal range of motion and not recommending the controlled act of prescribing, dispensing, selling and/or compounding drugs.

5. REVIEW OF HPRAC'S 1996 REPORT

The previous Council prepared and submitted a report to the Minister of Health in July 1996. In the current referral, the Minister asked HPRAC for advice on its general agreement or disagreement with the recommendations contained in the 1996 report.

HPRAC reviewed the July 1996 report on Naturopathy and found it to be a thorough, exhaustive and detailed review of the issues. Below is an outline of the major areas of agreement and disagreement between the 1996 report and the Council's current recommendations:

Threshold decision to regulate Naturopathy

HPRAC notes that the previous Council also conducted its review with the understanding that naturopathy would be regulated under the *RHPA*; the task at hand was to recommend an appropriate scope of practice statement and authorized acts for the profession. However, the previous Council did address the concerns of participants and reviewed several of the criteria for regulation. They concluded that, despite the concerns raised by some participants, naturopathy did meet the criteria for regulation under the *RHPA*. The current Council did not conduct a review of the criteria for regulation given that the Minister specifically requested that HPRAC make recommendations regarding the scope of practice and authorized acts for naturopathy. This course of action was confirmed in correspondence with the Minister in March 1999.

Scope of Practice Statement

As mentioned earlier in this report, the previous Council provided two options with regard to the scope of practice statement for naturopathy. The first option included a description of the practice of naturopathy as well as a list of the methods used by naturopaths to promote self-healing. The second option stated the description and philosophy of naturopathy. The previous Council indicated a slight preference for the first option arguing that it would be clearer for persons outside the naturopathic profession to know what is included in the naturopathic scope of practice and would more strongly promote the public interest in accountability and protection from harm.

However, the current Council is of the view that its recommended scope of practice statement is more appropriate since it differentiates naturopathy from conventional (allopathic) medicine and makes it clear that naturopathy is rooted in natural therapies and natural health products.

Controlled Acts

In comparison with the 1996 report, HPRAC is recommending further limitations on the authority for naturopaths to perform some of the controlled acts (e.g. cervical manipulation beyond normal range of motion) and not recommending the controlled act of prescribing, dispensing, selling and compounding drugs. However, the current

Council is recommending the introduction of a new controlled act for “prescribing, dispensing, selling and/or compounding restricted natural health products”. HPRAC is of the view that this controlled act would more accurately reflect the true practice of naturopathy.

Title Protection and Representation of Qualifications

HPRAC concurs with the previous Council’s recommendation regarding protected titles and representation of qualifications for naturopaths.

Doctor Title

HPRAC concurs with the previous Council’s recommendation that naturopaths be entitled to use the “Doctor” title, however, in the interests of clarity and to clearly establish the difference between naturopathy and conventional (allopathic) medicine, HPRAC recommends that the title “Doctor” only be used as “Doctor of Naturopathic Medicine”, “Dr. of Naturopathic Medicine”, “Naturopathic Doctor” or “Naturopathic Dr.”.

Conclusion

The current Council feels it is in the public’s interest to have a profession in Ontario with expertise focused on natural therapies and natural health products. Naturopaths are uniquely positioned, educated and trained to fulfill this role.

6. RECOMMENDATIONS

Scope of Practice

1. That the following scope of practice statement for naturopathy be adopted in legislature:

The practice of naturopathy is the promotion of health, the assessment of the physical and mental condition of an individual, the diagnosis of diseases, disorders and dysfunctions, and the prevention and treatment of these through the integrated use of natural therapies and natural health products that promote the individual's inherent self-healing processes.

Controlled Acts

Communicating a Diagnosis

2. That the controlled act of communicating a diagnosis be authorized to naturopaths subject to the limit that the diagnoses that can be communicated are those which:
 - are reached through considering the individual's history, the findings of a comprehensive health examination, and where necessary, the results of laboratory tests and other investigations that the member is authorized to perform; and
 - are reached after complying with mandatory indicators for referral and/or consultation to be developed by the naturopathy profession's regulatory College.

Procedure Below the Dermis

3. That the controlled act of performing a procedure on tissue below the dermis be authorized to naturopaths as follows:

Performing a procedure on tissue below the dermis for the purposes of venipuncture, skin pricking and needle acupuncture.

Moving the Joints of the Spine

4. That naturopaths be authorized the controlled act of moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust be authorized to naturopaths with the exception of cervical manipulation; and that a regulation on mandatory consultation and referral be developed by the regulatory body and put into place prior to the enactment of a *Naturopathy Act*.

Administering a Substance

5. That naturopaths be authorized the controlled act of administering a substance by injection or inhalation as follows:

Administering a substance by inhalation or injection as designated by regulation.

For the purposes of this controlled act, naturopaths would not administer a substance that is considered a drug unless that substance is prescribed by another regulated health professional who has authority to prescribe.

Putting an instrument, hand or finger into openings of the body

6. That naturopaths be authorized the controlled act of *putting an instrument, hand or finger* into openings of the body as follows:

- *beyond the opening of the urethra to obtain a sample for cultures*
- *beyond the labia majora but not beyond the cervix*
- *beyond the anal verge but not beyond the rectal-sigmoidal junction*

Forms of Energy

7. That naturopaths be authorized the controlled act of applying or ordering the application of a form of energy as follows:

Ordering diagnostic ultrasound and other forms of energy used for diagnostic purposes as designated by regulation.

Prescribing, dispensing, selling and/or compounding drugs and natural products

8. That naturopaths not be authorized the controlled act of prescribing, dispensing, selling and/or compounding drugs
9. That the Ministry add a new controlled act to the *RHPA* and that naturopaths be authorized to “prescribe, dispense, sell or compound natural health products” (as defined and listed by the federal Office of Natural Health Products).
10. That the Minister of Health and Long-Term Care require the future College of Naturopaths to develop a conflict of interest regulation to limit or prohibit naturopaths from making a profit on the sale of natural health products.

Allergy Testing

11. That the allergy testing controlled act not be authorized to naturopaths.

Protected Titles

12. That the following titles be restricted to members of the future College of Naturopaths:

- Naturopath
- Naturopathic Doctor
- Doctor of Naturopathy
- any derivative or abbreviation of the above

13. That the following be added to the *Naturopathy Act*:

No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a naturopath or in a specialty of naturopathy.

Doctor Title

14. That the title “Doctor” be used by naturopaths only in conjunction with naturopathy titles e.g. “Doctor of Naturopathic Medicine”, “Dr. of Naturopathic Medicine”, “Naturopathic Doctor” or “Naturopathic Dr.”.

Implementation Issues

15. That the Board of Directors of Drugless Therapy - Naturopathy form the basis of a transitional college until such time as the profession sets up a college and elects council members from among its professional members.

16. That the government appoint public members to the college council (in a number constituting just under one-half) to the Naturopathy Transitional Council to ensure the new college is established in the public’s interest.

17. That a separate class of member within a new College of Naturopaths be maintained for the registrants of the Board of Directors of Drugless Therapy who are currently designated as Drugless Therapists.

18. That the new College assess the individual competencies of these members and place appropriate limitations on their certificates of registration to prohibit or limit their authority to perform the controlled acts of the profession.

19. That the Transitional College of Naturopaths revise the Board’s Ontario jurisprudence examination to test knowledge of the *RHPA* legal framework and the contemporary

scope of practice of naturopathy in Ontario under a new *Naturopathy Act*, and test for knowledge of other aspects of the legal restrictions on practice.

20. That the new College of Naturopaths establish protocols with each of the regulated health profession colleges that has members who are also naturopaths. These protocols should cover guidelines on how to proceed with complaints where scopes of practice overlap, including providing for communication of decisions reached by Colleges about “dual registrants”.
21. The College of Naturopaths develop a similar policy on dual registrants as that developed and implemented by the College of Chiropractors of Ontario.

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APPENDICES

Appendix A: Minister's January 1994 Referral letter

Appendix B: Minister's February 1999 Referral Letter

Appendix C: List of Recommendations from the 1996 HPRAC report

Appendix D: List of Questions sent to the Naturopathy Applicants
(November 1999)

Appendix E: Invitation letter sent to HPRAC's mailing list

Appendix F: Notes from August 9, 2000 Meeting with the Applicants

Appendix G: Chart of Scope of Practice Definitions in 12 U.S. States

Appendix H: List of Supplementary Questions sent to the Naturopathy
Applicants (May 2000)

Appendix I: Summary of Participants' submissions

Appendix J: List of Drugs requested by the Applicants