Enlighten

News from the CNPBC

July 2023

Repeal of Public Health Order Requiring all Health Profession Regulatory Colleges to Record Vaccination Status of Registrants

Please note that a previous Order of the Provincial Health Officer (PHO) "to prevent or reduce the risk of the transmission of infection with SARS-CoV-2 by health professionals" has been terminated effective July 14, 2023, as outlined in the July 14 Notice of the Provincial Health Officer.

In accordance with the termination of this order, health profession regulatory colleges are no longer required to record the vaccination status of registrants after July 14, 2023.

The Provincial Health Officer can still request that health profession regulatory colleges provide her with vaccination status information collected up to July 14, 2023.

This repeal does not affect the requirements of health-care employers and post-secondary institutions to collect the vaccination status information of their employees and students.

Separate public health orders remain in place requiring COVID-19 vaccination for health professionals working in residential care, acute care and community care settings.

Updates to Certification

The certification requirements for Prescriptive Authority and Acupuncture have been updated. In addition, the Restricted Activities Document has been updated to consolidate information with respect to the Immunization Certification.

Prescriptive Authority

There is considerable overlap between the BC Prescribing Exam offered by Canadian College of Naturopathic Medicine (CCNM)-Boucher and the Prescribing Exam offered by the College of Naturopaths of Ontario (CONO). The deviation in the exams is with respect to the jurisdictional requirements. As such, CNPBC has updated the Prescriptive Authority Certification requirements.

To be eligible for certification in Prescriptive Authority a registrant must:

1. have the status of full registrant;
2. hold current Naturopathic Advanced Life Support (NALS) certification;
3. complete and pass the examination from The Canadian Therapeutics and Prescribing Course for Naturopathic Doctors offered by Therapeutics Collaboration Education and administered by:
    a) CCNM-Boucher
    or
    b) CONO *and* complete and pass the Jurisprudence Pharmacy Exam in BC – administered by CCNM-Boucher;
4. apply for certification within 24 months of completing the aforementioned exam;
5. have access to Pharmanet.

An updated prescriptive authority certification application is now available on the CNPBC website.

Acupuncture

The requirements for Acupuncture Certification have been amended. The Acupuncture Certification requirements set out the minimal number of hours and topics to be covered in an educational program. The language has been amended for clarity. The requirements for jurisdictional transfer have not been changed.

To be eligible for certification in Acupuncture a registrant must:

1. have the status of full registrant;
2. hold current Naturopathic Advanced Life Support (NALS) certification;
3. provide evidence of the completion of a Naturopathic Medical/Traditional Chinese Medicine Acupuncture program that includes a minimum of 50 hours of supervised clinical training by a licensed acupuncturist or practitioner authorized by CNPBC and evidence of a minimum of 200 hours of study in Traditional Oriental Medicine, which must include:

a) syndrome differentiation and formulation of point prescriptions;
b) traditional acupuncture anatomy, physiology and pathology;
c) acupuncture and moxibustion techniques and point location;

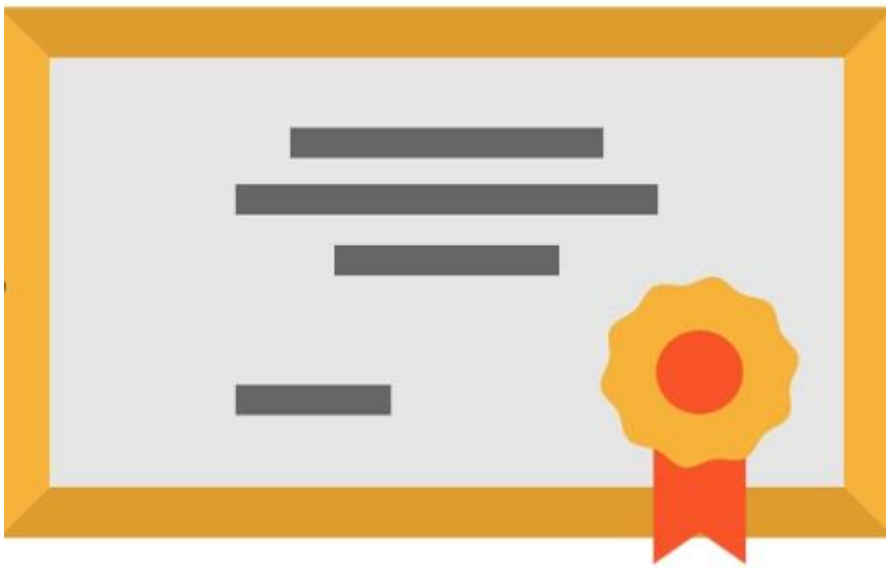
A naturopathic physician licensed in another province of Canada or another country who is qualified to practice in BC and is certified to practice acupuncture elsewhere, may automatically be granted certification to practice acupuncture in BC upon review of their records by the Quality Assurance Committee.

Immunization

The following Standards, Limits and Conditions have been removed from the Immunization Certification webpage and updated in the Restricted Activities Document. *Registrants must hold certification in Immunization and Prescriptive Authority prior to prescribing or administering vaccines.*

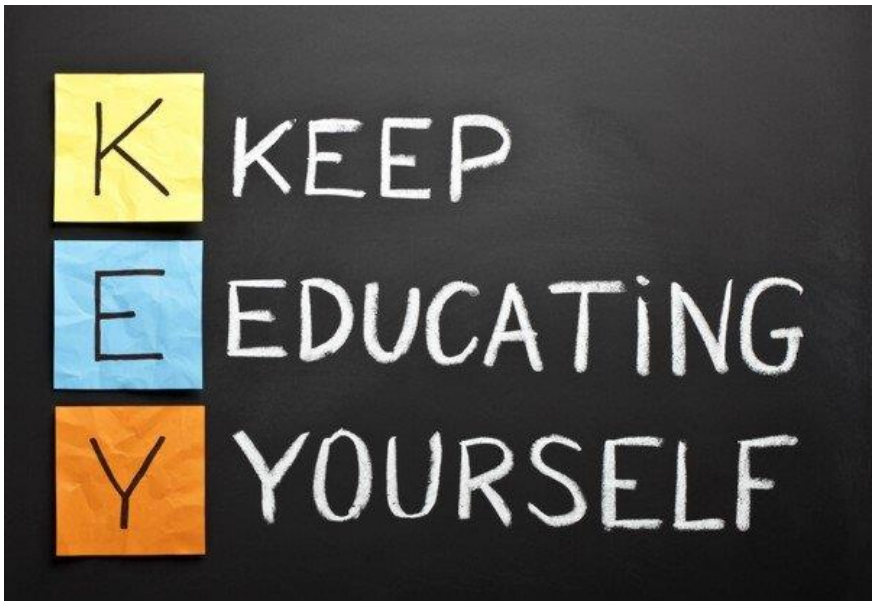
1. Registrants must follow decision support tools established by the BC Centre for Disease Control when administering vaccines.
2. Naturopathic physicians only compound, dispense, or administer immunoprophylactic agents identified by the BC Centre for Disease Control (BCCDC).
3. Registrants must not administer an immunization to a child under five (5) years old.

The Standard of Practice – Immunization has not changed and continues to be in effect.



Continuing Education – Point-of-Care Information Tools

The College has recently reviewed the use of point-of-care information tools such as UpToDate and Dynamed with respect to the CNPBC Continuing Education (CE) program. These point-of-care information tools can be used as self-directed, online learning on topics relevant to a physician's clinical practice. The College considers the credits accumulated in the information tool to count towards Category D – Education, Service & Professional Development CE hours. The College accepts up to a maximum of 10 Category D hours per CE period. Hours are granted on the basis of one (1) hour for each two (2) hours of activity.



Indigenous Cultural Safety, Humility and Anti-Racism Practice Standard Survey

Background

On September 30, 2022, eleven BC health profession regulatory colleges adopted an Indigenous cultural safety, humility and anti-racism practice standard. The Standard sets clear expectations for how registrants are to provide culturally-safe and anti-racist care for Indigenous clients and patients. In February 2023, ten of these colleges circulated a survey to their registrants.

With input obtained from both Indigenous and non-Indigenous respondents we were better able to interpret the self-reports and understand the areas upon which clear focus is required. We thank all survey participants and provide a summary of our learning, below.

Purpose

The colleges sought to establish a baseline of non-Indigenous registrants' attitudes, perceptions, and perspectives related to Indigenous-specific racism in general and particularly in healthcare settings. The survey will be re-administered to measure change over time.

We also sought to gather information from Indigenous and non-Indigenous registrants about barriers to the implementation of the Standard in their practices, and their learning needs related to the Core Concepts.

Respondents

We heard from 3,361 registrants from the ten colleges representing 12.2% of those who received a link to the survey. Three percent (3%) of respondents self-identified as Indigenous.

Survey Development

The survey questions were developed collaboratively by Pivotal Research (research consultants), Qoqoq (Indigenous consulting firm), and the ten participating colleges. Included were questions about:

- attitudes and perceptions about Indigenous-specific racism;
- perspectives on Indigenous-specific racism in healthcare settings;
- current behaviours which reflect each principle of each Core Concept of the Practice Standard;
- implementation of the practice standard
    - Guidance and/or education required to implement the Standard
    - Learning intention (when learning will begin)
    - Preferred education delivery method;
- overall perceptions about the new standard;
- behaviours observed in practice settings (Indigenous respondents only);
- stereotypes of Indigenous peoples (non-Indigenous respondents only).

Non-Indigenous respondents were asked to consider their own attitudes, perceptions, perspectives, and behaviours. Indigenous respondents were asked to consider the attitudes, perceptions, perspectives, and behaviours of non-Indigenous colleagues in the same profession. Some questions were asked only of non-Indigenous respondents; others were asked only of Indigenous respondents. A trigger warning was included in the introduction of the survey, recognizing that some statements could be harmful.

TRIGGER WARNING: The results described below contain statements and descriptions of racism and negative experiences that may be triggering to some.

What We Learned

These results are a summary of the themes within the responses. While there were some differences in responses between colleges, these were not substantial enough to warrant reporting separately. In general, input was similar regardless of health profession.

1. There is a continuum of attitudes and perceptions about Indigenous-specific racism reported by non-Indigenous respondents. Some agreed or strongly agreed with statements that represent stereotyping and contribute to perpetuating unsafe care and health inequities for Indigenous people. For example:

- 7% of non-Indigenous respondents strongly agreed/agreed with the statement "Colonialism is old news, we've all lived here for hundreds of years now, Indigenous Peoples should get over it."
- 10% of non-Indigenous respondents strongly agreed/agreed with the statement "As a society, we're being too accommodating to Indigenous Peoples."
- 20% of non-Indigenous respondents strongly agreed/agreed with the statement "Indigenous people have problems with drugs and alcohol."
- 13% of non-Indigenous respondents strongly agreed/agreed with the statement "Indigenous people get a lot of stuff for free that others have to work hard for."

2. The longer a non-Indigenous health professional has been in practice, the more likely they are to:

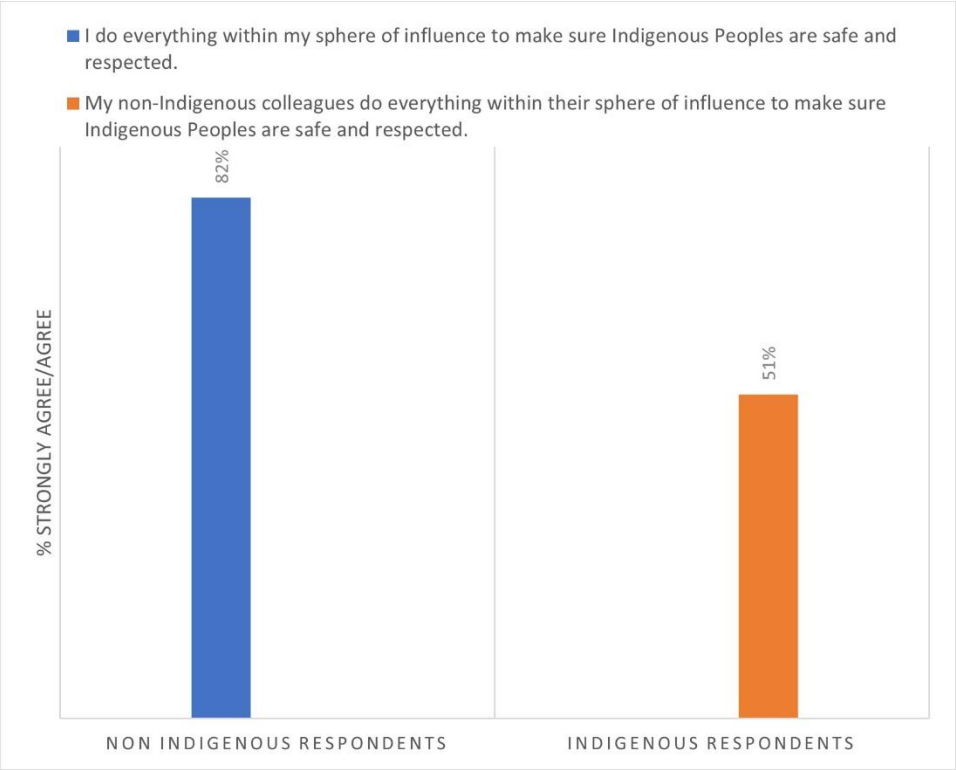
- say leaders in the workplace setting have set accountability outcomes to ensure the elimination of Indigenous-specific racism;
- agree with the stereotype that Indigenous people have issues with drugs and alcohol;
- indicate they learn bout Indigenous communities located where they work.

And the less likely they are to:

- report acts of racism to leadership and/or the relevant health regulatory college;

- believe the new Standard should have been adopted much sooner.

3. The attitudes, perceptions, perspectives, and behaviours of non-Indigenous respondents as self-reported differ from the words and behaviours observed by their Indigenous colleagues. This was consistent to various degrees throughout the results. While many non-Indigenous respondents believe their intentions and actions reflect safe and respectful care, the impact of their actions, as noted by Indigenous colleagues, is often not what it is believed to be. For example:



- 11%-12% of Indigenous respondents indicated that in the past year they have observed behaviours in their non-Indigenous colleagues such as failing to communicate adequately with Indigenous patients/clients and minimizing the concerns of Indigenous patients/clients.

4. Indigenous-specific racism exists beyond public healthcare settings. Eighty percent (80%) of all respondents recognize that Indigenous-specific racism is a problem in public and private healthcare settings alike.

5. Commonly reported barriers to implementation of the new Standard were competing priorities, overwhelming workload and being unsure of what learning opportunities are available/appropriate. However, 33% of respondents reported they have no barriers to implementation.

6. Between 13% and 31% (varied by Core Concept) of respondents require further guidance and education to implement the Standard. The preferred delivery methods for educational offerings were webinars and short reads. Of those who indicated a need for further guidance and education, 50% intended to start or continue their learning within three months.

Note regarding interpretation of survey results:

The overall margin of error was +/- 1.76%, 19 times out of 20. Comparisons between Indigenous and non-Indigenous should be interpreted cautiously given the sensitivity of the topic and the relatively small number of Indigenous respondents. The individual responses to the survey were kept confidential by Pivotal Research and were not reported or shared with any of the colleges. All reporting was in aggregate.

Summary

These results provide an important baseline measure of attitudes, perceptions, perspectives, and behaviours of health profession registrants against which progress and change will be measured in the future.

The value of the participation of self-identified Indigenous respondents can not be overstated. As we (health professionals and health profession regulators) work to ensure Indigenous clients and patients receive culturally safe care, only Indigenous clients and patients can confirm we have achieved that outcome. Indigenous health professional colleagues help the colleges understand and reflect upon our progress (or lack thereof) by offering their perspectives on how their colleagues and the system are performing.

Next Steps

These results also provide insight to health profession regulators about the barriers to implementation of the Standard and the guidance and education that our registrants need to move to implementation. We will now work together to meet those needs.

Existing Learning Resources

Registrants are encouraged to become familiar with the content, expectations, and intent of the Practice Standard in order to meet their regulatory commitments. CNPBC has resources available for review about cultural safety, humility, and Indigenous anti-racism posted in ROSS. Additionally, the BCCNM and the CPSBC have generously allowed all to access resources they created to support registrants at the time of publication of the Standard. These can be found at the following links.

BCCNM Indigenous Cultural Safety, Cultural Humility and Anti-Racism Companion Guide
BCCNM Introduction
BCCNM Self Reflective Practice (It starts with me)

BCCNM Building Knowledge Through Education

BCCNM Anti-Racist Practice (Taking action)

BCCNM Creating Safe Healthcare Experiences

BCCNM Person-Led Care (Relational care)

BCCNM Strengths-based and Trauma-informed Practice (Looking beneath the surface)

A Note From the Registrar

We're already half-way through summer and we seem to be busier than ever. With the June 2024 amalgamation just under a year off, we are actively engaged in planning and discussions with the other three colleges. All this as we continue to fulfill our core mandate of protecting the public interest, ensuring that NPs in British Columbia practice safely, ethically, and competently.

Many thanks to everyone who participated in the AGM. We were gratified with the number of attendees and trust you found the follow-up Questions and Answers summary both useful and informative.

I hope you and your families have had or are planning to enjoy some relaxing time together

as our lovely summer weather continues.

Stay well.

Carina Herman

We acknowledge with respect that the land on which we gather is the unceded and traditional territories of the Coast Salish peoples - sḵwx̱wú7mesh (Squamish), sel̓íl̓witulh (Tsleil-Waututh), and xʷməθkʷəy̓əm (Musqueam) nations whose historical relationships with the land continue to this day.

Our mailing address is:
College of Naturopathic Physicians of British Columbia
605 Robson Street
Suite 840
Vancouver, BC V6B 5J3