

Enlighten

News from the CNPBC



The College received a total of 182 questions and comments during the 2023 AGM. Staff has responded to all of them in this newsletter. A Q&A document has also been posted [here](#) on the website. Questions are organized by the topics listed below.

As anticipated, many questions and comments had to do with amalgamation, the coming Health Professions and Occupations Act (HPOA), and the specific operational processes and structures that could result.

It should be noted that we are likely to be undergoing amalgamation under the current *Health Professions Act* (HPA) rather than the new HPOA. We have responded to questions based on amalgamation under the HPA, given that much remains to be decided and communicated to us, including the date upon which the HPOA becomes effective. Other questions have been grouped and paraphrased under general subject headings as there were many similarities. Following are links to each subject for convenience.

Topics:

- [AGM Docs & Recordings](#)
- [Amalgamation](#)
- [Bill 36/HPOA](#)
- [Fees General & Post Amalgamation](#)
- [Right-Touch](#)
- [Wages & Benefits](#)
- [Immunization](#)
- [Strategic Plan](#)
- [Complaints](#)
- [College History](#)
- [Titles & Licensing](#)
- [Board & Committees](#)

- [ND Student Delegation & Exams](#)
- [Continuing Education](#)
- [Practice & Scope of Practice](#)

AGM Docs & Recordings

1. Many attendees asked about the format of the AGM, why there were not able to see each other, and why they couldn't read each other's questions.

This session was a Webinar (as opposed to a regular Zoom call) and handling questions in this way is fairly typical for Webinars, especially ones with a large audience as we had at the AGM. We have learned that being able to answer as many questions as possible with 600+ registrants on the call requires a very organized approach or questions get missed. When we see questions written, some of us want to reply, add to, or start a conversation about that initial question. This limits our ability to read and respond to questions live due to the sheer volume of questions and comments we have to work through. We do hope everyone will find this Q&A document useful.

2. There was great interest shown in having the documents presented at the AGM made available online, in particular Dr. Payne's PowerPoint.

The documents reviewed by Dr. Payne, ND are on [the website](#) and her PowerPoint slides will be available there for a short time (see above link). Since the Standards of Practice she discussed are revised from time to time, we encourage you to revisit them to ensure you are viewing the latest versions.

Amalgamation

1. We had several questions and comments about the proposed name for the new college, including the hope that whatever name is chosen will properly represent the profession of naturopathic medicine.

The name of the new college has not been finalized. Many feel the currently proposed name is not a good reflection of what those four groups of health professionals do. While we may have the opportunity to make suggestions, the decision will be made by the Ministry.

2. We also heard a level of concern with the difficulty such an amalgamation poses for the College and its staff while carrying on with the business of regulation. .

Amalgamation will be a complex process and require a lot of collaborative work, and the CNPBC Board remains committed to fulfilling its duty to superintend the profession in a manner that serves and protects the public while that work is accomplished. This means ensuring that CNPBC has the resources and regulatory framework in place to play its part in that process, while also continuing to effectively execute the day-to-day operations that are key in fulfilling its duty to the public. The Strategic Plan that was discussed at the AGM outlines the main issues the Board has identified, and its approach to addressing them, in greater detail.

3. Has there been a shift in the College's thinking and planning with amalgamation on the horizon?

All new endeavours are being viewed through the lens of amalgamation. Does it make sense to do this now, or is this something that should wait until after amalgamation as it would have to be redone once amalgamation is complete? Our website is a good example. It might need an overhaul now, but we have to consider the sense of incurring that expense with amalgamation coming.

4. Many questions were received on the subject of why our College was grouped with the RMTs, TCM practitioners and chiropractors, the general feeling being that we might have been better joining the nurses, nurse practitioners or physicians, the latter two having prescriptive authority. Did the College have a say in this?

The recommendation regarding grouping came from the Steering Committee on Modernization of Health Professional Regulation which, on August 27, 2020,

released its *Recommendations to modernize the provincial health profession regulatory framework*. This document provides the rationale for the structure of the completed and coming amalgamations.

5. The timing of amalgamation was of great interest as was communication from the Ministry, perceived to be sparse.

We don't have a lot of information about amalgamation yet. However, the Ministry of Health has recently communicated its intention that amalgamation be completed by the end of June 2024. We will share updates as they become available.

6. Several people wanted to understand the benefit of amalgamation, both from the point of view of registrants, and with respect to the public interest. Could amalgamation further restrict the ability of the healthcare system in general to provide needed service?

A larger college has more resources, both financial and human. This enables the college to be more effective and efficient in meeting its mandate of regulation in the public interest and serving the needs of registrants.

British Columbia's elected leaders and public servants are here to serve the citizens of BC and are held accountable for actions and decisions that impact residents. As a College, we function under the legislation established by government. Until we have operated in the coming amalgamated environment it's not possible to fully address its effect on the healthcare system generally.

7. One attendee noted that public communication on amalgamation has been almost non-existent.

Since we are in the very early stages of planning for amalgamation, there is very little information to share with the public or anyone at this time. We will be sharing information as it becomes available, likely in the fall.

8. One individual wanted more detail on the following: meetings with the Ministry or transition team, the internal preparations underway, strategic planning in terms of finances, etc.

The colleges just received information from the Ministry of Health that the target for amalgamation is the end of June 2024. We do not have any further details. As a College, what we have been doing, internally, is developing ND-specific standards, making sure scope of practice is clearly defined, and ensuring that our systems and policies are in place and functioning well.

9. Who is leading the amalgamation?

That has not yet (May 2023) been confirmed.

10. We received many questions and statements of concern about the post-amalgamation board and how it will be constituted. There were specific concerns regarding the need to have NDs represented as well as questions about whether the new board would include elected and appointed members, or just government-appointed members. There was interest expressed in applying for a board position.

The *Health Professions Act* under which we are most likely to be amalgamated states that the Health Minister must appoint the members of the first board, meaning that board members of each former college will cease to hold office.

There has been no discussion so far (May 2023) about board composition.

11. There is concern as well about the opportunities NDs will have to participate in regulating our profession, post-amalgamation.

We have only recently received confirmation of the expected date of amalgamation and are therefore at a very early stage in the work of implementation. While we don't

have a specific answer to this question, it remains the case that ND-specific expertise will be required in various aspects of regulation within the new college.

12. We also received a number of queries regarding the structure of post-amalgamation board committees.

Committee structure will be determined by the bylaws of the new college.

13. Amalgamation is likely to impact employees of all four colleges involved. Attendees asked what we know about how staff will be specifically affected.

Staff structure will be determined by the registrar of the new college.

14. Will there be an effect on patient benefit amounts under amalgamation?

We have not been made aware if one would impact the other.

15. What effect can we expect amalgamation to have on the cost of CNPBC operations?

CNPBC will continue to use existing resources to regulate the profession up until amalgamation. We don't expect to incur any material costs related to amalgamation that are not covered by government funding.

16. Will the chiropractors, RMTs, and TCM practitioners be able to upgrade and obtain prescriptive authority after amalgamation?

This has not been part of the amalgamation discussion.

17. There was interest in the financial planning involved in wrapping up the College, including whether there would be an excess balance or, conversely, a

deficit, at the time of amalgamation.

An amalgamation is a complex transaction. Recent direction from government has given all the colleges a clearer expectation of timing and funding. An amalgamation of colleges will bring all the financial assets of each college together into the new college. There will not be a wind up and dispersal of financial assets as you might see in a corporate situation.

We have budgeted to break even in the current fiscal year. The 2024 budget will be created later this year and will be expected to also break even but the 2024 costs are not known at this time.

18. Several individuals enquired as to what happens to the College's assets, including restricted and reserved funds, after amalgamation.

At amalgamation the financial assets of each individual college will become the financial assets of the new amalgamated college and will continue to be used for health profession regulation.

19. Will NDs have to remit GST once amalgamation is complete, as do RMTs now?

This will be a decision made by the new college; currently some do, and others do not.

20. How many health regulation college boards are there currently, and how many will there be after amalgamation?

With the amalgamations that have already occurred, there are currently (May 2023) 15 colleges and boards. There will ultimately be 6 colleges and boards once the two remaining amalgamations are completed.

22. Is it known whether the student category of registration remain after

amalgamation?

Bylaws are continually under review, including but not limited to, the student registration class. Given the timelines and consultation required to change bylaws, it is likely that no change in this registration class will be made prior to amalgamation.

Bill 36/HPOA

1. There was a great deal of interest in the new HPOA, the level of the College's involvement in its development, and whether the College was able to discuss it freely and publicly.

Bill 36/HPOA has been reviewed by those at the College involved in the discussions over the past few years. As of this time (May 2023) we have not been informed of the timeline for implementation of Bill 36/HPOA and we have not issued a public position statement thereon.

Some of the discussions between the Ministry and the regulatory colleges during the stakeholder engagement process for Bill 36 occurred under conditions of confidentiality. The public information can be found on the [Government of BC website](#).

2. An attendee requested an explanation as to why Bill 36/HPOA was not part of the College's mandate.

Another wondered why Bill 36 seems to be different from what was originally discussed.

Complying with the terms of its enacting legislation (currently the *Health Professions Act*) is part of the CNPBC's mandate. However, the drafting and enactment of legislation such as Bill 36 is within the domain of government. CNPBC has participated in stakeholder engagement processes around the creation of Bill 36, but ultimately holds no authority to draft, approve, reject, or bring into force Bill 36 or any other government legislation. CNPBC and other health regulators get their authority from the legislation the government creates.

Like many pieces of legislation, Bill 36 is the result of a long process of information-gathering, consultation with many interest groups, political debate, and revision.

3. There was interest in any discussions the College might have had with BCND regarding Bill 36, specifically with respect concerns the Association might have.

It is important to recognize the separate and distinct roles of a professional association and a regulatory body. When CNPBC or other regulators have concerns about a government decision impacting their ability to safely and effectively regulate their professions and fulfill their duty to protect the public, they raise those concerns in the appropriate venue. However, it is not CNPBC's place to advocate for the profession or raise concerns on behalf of the association.

4. An attendee was interested to know whether CNPBC lawyers or consultants had reviewed Bill 36 and its potential impact on the profession, in particular on our unique scope of practice once the new college board is established.

Lawyers representing CNPBC have reviewed Bill 36/HPOA. The Bill does not indicate that the scope of practice for NDs will be changed. Scope of practice can be affected by future legislation as well as decisions made by the future board of the CNPBC, and eventually of the new amalgamated college. Registrants will continue to have the ability to voice their questions and concerns to the board for consideration, as they do now. See the Scope of Practice section, below, for further discussion on this matter.

5. The issue of post-amalgamation privacy in medical settings was raised, specifically the government's ability to access private medical files without cause.

Many of the provisions of Bill 36/HPOA that have to do with privacy and access to information are not materially different from the provisions in the current *Health Professions Act*.

It is not true that Bill 36/HPOA allows the government to access private medical files. An independent investigator can access medical records if they are appointed by a college and instructed to do so as part of an investigation. This is already the case under the current *Health Professions Act*.

Fees General & Post-Amalgamation

1. Understandably, the College received several enquiries regarding fees generally, and fee levels once amalgamation is complete. There was interest in what will happen to fees for certification, that is, would they continue to vary by specific certification as currently.

The fees and fee structure, including for certifications, will be evaluated by the new college. We anticipate that there will be changes eventually, but we don't expect fee changes immediately following amalgamation.

2. Several individuals were interested in the comparison between the fees paid by NDs now, and those currently paid by registrants of the colleges with which we are amalgamating, the feeling being that NDs currently pay more.

Following amalgamation, the new college will evaluate the fee structure and make any relevant decisions. We have no information to date regarding how that may or may not affect individual health professions. Amounts set will continue to support successful regulation within each health profession.

3. Some attendees were interested in whether fees for 2024 would cover the entire year, given that amalgamation is currently slated to be complete in June 2024, or whether they would cover just the first 6 months.

When you renew your license near the end of 2023 your 2024 license fee will be paid to CNPBC and will cover the period January 1, 2024, to December 31, 2024. The license will carry over into the new amalgamated college at amalgamation. The new college will set fees and determine the fee structure for your 2025 license.

4. We received one query regarding block fees, that is, are we looking to allow block fees as does CPSBC?

We have no plans to consider block fees.

5. One query concerned the 15% increase in fees this past year in light of no significant increase in the cost of operations.

The operating costs of the College represent just a portion of the costs to run a successful regulator. There are also capital expenditures and reserves. A healthy regulator must have adequate reserves to provide for financial impacts related to regulatory risks.

Right-Touch

1. One attendee sought a definition for 'right touch', asking whether it has to do with how practitioners physically touch patients, or if it refers to a general way of approaching a problem?

CNPBC is moving toward right-touch regulation, a regulatory decision-making approach that focuses on using the right amount of regulation to achieve the desired effect. This allows a regulator to streamline processes, adapt to changes in the health care system and increase its ability fulfill its mandate to protect the public. The changes you may see in the future are founded in this right-touch regulatory approach.

Wages & Benefits

1. We received one question regarding the costs of wages and benefits, specifically requesting information for individual staff members.

It is very common for an organization in a service industry to have their biggest

expense be staff wages and benefits and for that cost to comprise at least half of the operating budget. The CNPBC staff size is consistent with other health profession colleges. The College does not disclose individual staff salary information.

Immunization

1. Given the College's role with the schools and in regulating practitioners, one person asked how the Board views the issue of mandated medicine inasmuch as it contradicts naturopathic principles such as individualized healthcare and freedom of choice.

CNPBC staff are not experts in novel viruses or global pandemics, and we must rely on the guidance of the BCCDC and the Ministry of Health to provide direction in those critical areas. If those authorities determine that it is appropriate to implement a vaccine mandate, the role of the College is to follow that direction.

2. In the context of Bill 35/HPOA, an attendee wondered how CNPBC would react to the government forcing all healthcare providers to be vaccinated.

Bill 36/HPOA does not require all healthcare providers to get vaccinations. It does say that the Minister has the authority to require this in the future. However, this is a power that the government already has, and the regulatory colleges are bound to comply with government decisions assuming they are made in a manner that is legally valid.

Strategic Plan

1. We received a request to outline the goals in the Strategic Plan achieved this year.

These details can be found in the [2022 Annual Report](#).

Complaints

1. One attendee questioned why anonymous complaints are allowed, given that a disingenuous complaint could result in harm.

CNPBC does not allow anonymous complaints. When a formal complaint is made, a copy of the complaint is delivered to the registrant who is the subject of the complaint, including the name of the complainant. If someone brings a compliance concern to the attention of CNPBC and wishes to remain anonymous, the concern is presented to the Inquiry Committee, and the Committee will assess whether the College has a duty to investigate the concern via its own motion. This is consistent with the duty all colleges have under the *Health Professions Act*.

If an own motion investigation is commenced, the person who raised the concern anonymously is not included in the investigation process, and they are not copied on any further correspondence relating to the investigation, including the Inquiry Committee's disposition of the matter.

2. Related to the above query, one individual asked for clarification on the process for submitting a complaint regarding another registrant, including when a registrant performs treatments that are out of scope such as stem cell or testosterone pellet placement.

may be guilty of professional misconduct to the CNPBC (CNPBC Code of Conduct section 10(f)). If a registrant becomes aware of information of this nature, they should report it by calling or emailing CNPBC. Registrants can file a formal complaint, or simply bring the information to the attention of the CNPBC so that the CNPBC Inquiry Committee can assess whether an own motion investigation is appropriate.

In the case of a formal complaint, the complainant's name will be disclosed, and the complainant will have the opportunity to make submissions for the Inquiry Committee to consider in its investigation.

In the case of an own motion investigation, the registrant who reports the matter will not be identified as the source of the information. However, any information gathered or created in the process of the investigation will not be disclosed to the registrant who made the report, as this information is confidential under the *Health Professions Act*.

College History

1. One attendee was curious as to when the first female ND was licensed in BC.

The best information available in the records shows that the first female ND was licensed in BC in 1981.

Titles & Licensing

1. With a US license, but no license from BC, is it permissible to call oneself an ND?

Reserved titles under the *Health Professions Act* and regulations can only be used in BC by people who are registered with the applicable BC regulatory college unless they are exempt by section 12.2 of the *Health Professions Act*.

Section 12.2 allows a person who is authorized by a regulatory body in another jurisdiction to use a reserved title (such as ND, for someone who is a regulated ND in the US), if the person is using the title only for the purpose of indicating that they are authorized to practice the profession in that other jurisdiction.

For example, if Dr. Jane Smith, ND is licensed in Arizona, but not in BC, she is permitted to say or advertise “I am Dr. Jane Smith, a licensed naturopathic doctor in the state of Arizona” as long as she does not use the title in a way that expresses or implies that she is a registrant of CNPBC or is otherwise associated with CNPBC. Dr. Jane Smith would not be permitted to use the titles “doctor”, “Dr.”, “physician”, “naturopath” or “ND” in BC, or variations thereof to describe herself or her work, for any purpose other than to express that she is authorized to practice as an ND in Arizona.

Board & Committees

1. We were asked how the current CNPBC Board was selected.

Two Board positions became vacant and open for election this year and registrants were so advised on March 17, 2023.

Two nominations meeting the eligibility criteria were received by deadline. Since the number of qualified nominations was equal to the number of open Board positions, the nominees were elected by acclamation and no vote was required.

2. An attendee enquired as to whether the College currently has a Treasurer position on the Board.

There is no Treasurer position on the Board. The CNPBC [Bylaws](#) provide for a Finance and Administration Committee which manages the College's system of financial administration.

3. An attendee wondered about 'difficult' decisions the Board has had to work through this past year, and what has changed.

The uncertainty of 2022, particularly with respect to amalgamation, made decision making very difficult. Everything had to be viewed through the lens of amalgamation and the uncertainty of when that would happen. For example, we wanted to modernize our website as it is cluttered and often difficult to navigate, making it difficult to highlight critical issues. Was this something we needed to devote resources to now, knowing that at some point in the possibly near future, the website will no longer exist?

Enhancing our governance structure by developing terms of reference for Committees and lengths of terms was also difficult because while some long-standing Committee members had terms that expired, other registrants were able to join Committees and be involved in CNPBC, without a clear understanding of the length of their tenure in these positions.

Finally, the residual effects of the pandemic remained an issue for most of 2022 as many staff continued to work remotely.

1. Clarification concerning NPLEX and harmonizing with CONO was requested, in particular the ability to become licensed across North America.

Even though a new Oral Practical exam is being implemented, NPLEX I, II and Minor Surgery will continue to be required for graduates of ND programs in order to become registered in BC. Each North American jurisdiction is responsible for setting its own registration requirements. CNPBC is part of a national group of ND regulators implementing the Oral Practical exam project called the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA).

2. Two attendees questioned whether there were circumstances in which delegating to a student is permissible.

This is an important question. You can not delegate to a student. Supervision of students in the appropriate context would not be delegation. The College is working on a Practice Standard pertaining to supervision. Connect with the College re your specific situation.

Continuing Education

1. One attendee at the AGM wondered what changes can be expected with respect to CE, post-amalgamation – requirements and course guidelines, etc.

This is one of many issues that we are currently considering. We're very early on in the process of preparing for amalgamation and we will be fully reviewing the CE program, and other issues, in a whole new context before deciding on a way forward.

2. Is the AGM eligible for CE?

Yes, the 2023 AGM is eligible for 3 hrs. of Category A or C.

3. Some attendees were seeking lists of approved courses, including opportunities to get Category G ethics hours.

A list of the approved Category F and G course options can be found on the [Registrant Online Self-Service \(ROSS\)](#) system, under the Forms & Resources tab > Continuing Education. Courses are separated into those that have continuous approval and those that were granted one-time approval. Annual conferences need to apply for CE annually as the material presented changes. The CNPBC does not produce CE training. If you find a course you feel meets the requirements for Category G, please submit your inquiry to the College. BCND is often a good resource for CE.

4. If a previously approved course is offered annually, does it require approval every year?

Some courses are granted one-time approval, and some are granted ongoing approval. See the documents in the [Registrant Online Self-Services \(ROSS\)](#) portal.

Practice & Scope of Practice

1. Orders: Clarification was requested from some attendees regarding whether NDs are permitted to write orders for other health professionals and accept orders written by other health professionals..

As of May 1, 2023, the practice standard *Orders, Delegation, and Assignment* was published making writing orders permissible while meeting the requirements laid out in the Practice Standard.

CNPBC has no jurisdiction around who MDs can write orders to, however, NDs **cannot** accept written orders or delegation from any health care provider, including MDs. As such the ND is required to do their own assessment and meet all the legal requirements prior to administering therapy. How this assessment is completed is not dictated by the College; it is up to the ND's professional judgement to determine how to meet all their professional obligations under the [Bylaws](#), [Codes of Conduct and Ethics](#), [Professional Standards](#), [Scope of Practice Standards](#) and various [practice standards](#) while providing treatments.

If a patient comes in for an IV with a different doctor than their usual ND, the new ND would be required to review the chart and take on the responsibility of administering that treatment. It would be similar to a locum seeing a patient – they don't need to restart the therapeutic relationship, but neither can they blindly continue a treatment without doing due diligence to ensure legal, ethical, and professional obligations have been met, prior to administering the therapy. So, if a colleague needs to continue care for a patient, they can, they just need to review the chart, fill in any details they require, ensure treatment is indicated, get informed consent, etc.

Continuation of care is not an order. If an ND is continuing a treatment plan initiated by another ND, they are taking on the responsibility of that patient's care and they must ensure that they are meeting all their professional and legal obligations. They can do this in tandem with seeing another ND but it's not an order. .

2. Guidance as to the writing of orders was requested.

We don't have a sample order, as it would vary greatly depending on what was being ordered, but all the requirements are listed in the Practice Standard [here](#). They must be individualized and charted in the patient's permanent record. Please refer to Standard 4., below:

"4. Orders must:

- a. be patient specific*
- b. be clear and legible*
- c. contain all the information needed for the ordered activity to be carried out safely*
- d. be based on a patient naturopathic doctor (ND) interaction wherein the ND makes a recommendation for treatment*
- e. not be amended by the health professional receiving the order*
- f. be documented in the client's permanent record by the registrant giving the order*

g. include a written/electronic signature."

3. Guidance as to the acceptance and administration of orders, and who must be present, was requested..

Referring to Standards 3. And 5. of Practice Standard: *Orders, Delegation and Assignment*:

" 3. To write an order, registrants:

- a. must have the authority, knowledge, skill, ability, and judgment to perform the activity*
- b. must hold any certifications required to perform the activity*
- c. must take reasonable steps to ensure the individual receiving the order has the knowledge, skill, ability, and judgement to perform the activity and manage any possible intended and unintended consequences of the activity.*
- d. must communicate any diagnosis, where applicable, to the patient prior to writing the order for treatment*
- e. must obtain consent from the patient, ensuring they follow the requirements set out in the CNPBC Practice Standard: Informed Consent, for the care referred to in their orders.*

5. Registrants must only write orders to regulated health professionals that are authorized to perform the activity and have the authority to take orders from NDs."

To the College's knowledge, currently only RNs and LPNs can receive orders from NDs, as indicated in their regulations. This could change in future so it is recommended that you check with college that governs the practice of the health professional to whom you would like to write orders.

In addition, each regulated health profession will have different scopes and NDs must be familiar with the scope of the regulated health profession for which they are writing orders.

CNPBC does not have a requirement for you to be on site, however, the Practice Standard states:

“Registrants must ensure that sufficient safeguards and resources are available so that the procedure may be performed safely and ethically.”

As such, you may determine it is appropriate for you to be available to respond to an emergency should one occur, but that is up to your professional judgment and discretion. In addition, you should familiarize yourself with the requirements set out by the health professional to whom you are writing the order.

4. Assignment: Clarification was sought on the meaning of ‘patient specific’, and ‘not patient specific’, as well as where the practice standards for assignment can be found.

The Practice Standard: Orders, Delegation and Assignment is located [here](#).

‘Assignment’ refers to transferring tasks to unregulated persons (e.g., front desk staff) where the required care falls within the employer’s established policies and role description. Assignment is not patient specific, and it does not include restricted activities. NDs can assign an unregulated person to perform non-restricted activities (i.e., apply automated blood pressure cuffs, perform urinalysis, mix tinctures) but it must be included in their role description and training. NDs working in clinics need to do their due diligence to check for developing role descriptions of unregulated staff. Activities that are not patient specific can be performed routinely on every patient without adjusting parameters specific to a patient. Assignments are also not restricted activities.

5. NALS/BLS: Details regarding the requirements of NALS and no longer accepting ACLS were requested.

On December 5, 2018, the CNPBC Board passed the following motion:

“As of January 1, 2020, all registrants with certifications must hold advanced emergency training in NALS, and ACLS and NCLS will no longer be recognized.”

As such, registrants holding certifications are required to complete NALS which was created to be more specific to scenarios that a naturopathic physician might encounter. It also relies on emergency materials more likely available to NDs in their daily practice.

6. Novel Viruses: An attendee enquired whether it was permissible to mention that they have treatments that can boost immunity.

Yes, registrants may offer therapies to improve overall health and immunity of the patient but must not claim this will prevent novel infections and diseases.

7. Information on the practice standard covering novel infections was requested, as were details as to what action the College may take should a registrant not abide by aspects of this standard.

Practice Standard: Novel Viruses and Diseases was effective February 7, 2023. Registrants who are not meeting this or any practice standard may be subject to investigation by the Inquiry Committee which may dispose of a complaint by a variety of means, including:

1. dismissal of the complaint, if there is insufficient evidence of violation of the [Health Professions Act](#), [Naturopathic Physicians Regulation](#), and/or the College's [Bylaws](#), Standards of Practice or, upon further investigation of the matter, [Code of Conduct and Code of Ethics](#).
2. resolution by consent order, if the naturopathic doctor is willing to admit to their misconduct and accept the corrective action in respect of their practice; and
3. if necessary, the issuance of a Citation, which will require the naturopathic doctor to participate in formal disciplinary proceedings.

8. Continuing with interest in novel infections, clarification as to what constitutes 'misinformation', and how it is determined which treatments are 'scientific' was requested.

The *Practice Standard: Novel Viruses and Diseases* defines misinformation as “information, advice or guidance that is not consistent with the current and widely accepted views of the profession when interpreting scientific knowledge to the public.”

Concerns about misinformation would be referred to the Inquiry Committee which would assess each concern on a case-by-case basis, applying this definition and, if needed, consulting with NDs who have strong subject matter qualifications and experience.

9. When does an infection cease to be considered 'novel' and is there a list of novel infections and diseases?

This will depend on many factors specific to each case, including but not limited to whether a state of emergency or other temporary legislative measures are in place, and guidance from the BCCDC. The CNPBC will update registrants when the standards, restrictions or rules applying to the treatment of or communication about a novel disease or infection have changed.

At this time, COVID-19 and associated outcomes are the only noted novel infections and diseases, but this standard will be applicable should another novel infection or disease be identified.

10. Informed Consent: We received queries regarding the availability of a standard informed consent form, as well as a suggestion that patient charts include a check box against each proposed intervention indicating that informed consent has been obtained.

The CNPBC does not provide a sample consent form. Each practice and situation

may require a different informed consent format. It is the responsibility of registrants to ensure informed consent is obtained from the patient and documented. The form is part of a patient-doctor dialogue, used to confirm that all the processes outlined in the *Practice Standard: Informed Consent* have been adhered to. A form is not a substitute for dialogue.

11. We also had an enquiry regarding getting informed consent in the coming environment in which Bill 36 would fine registrants for informing patients about risks.

Bill 36 does not contain any provisions that would fine health professionals for discussing scientifically valid risks of any procedure, including vaccination, with their patients. CNPBC registrants are expected to discuss the benefits and risks of all treatment options they recommend so that informed consent can be obtained from the patient. The BCCDC provides vaccine safety information [here](#). This website presents summary reports of COVID-19 vaccine adverse events following immunization (AEFI).

CNPBC standards require that discussion of the risks of vaccination must be medically and scientifically sound, and balanced with a discussion of the benefits of vaccination. Providing “anti-vaccination” materials or commentary to patients beyond what would be necessary to obtain informed consent, or counselling patients against obtaining vaccines in the absence of sound and properly documented medical rationale, is contrary to the [CNPBC Immunization Standard](#).

12. Iron IV: A few attendees were interested in where they might obtain ‘additional education’ in IM and IV iron therapy.

The College is not approving or recommending training options for IV iron. Registrants are required to use their best professional judgement to seek out additional education* to ensure that they have the required competency and knowledge to administer these treatments while meeting all the professional obligations under the Bylaws, Codes of Conduct and Ethics, and various practice standards. This includes, but is not limited to, being able to manage all intended and unintended consequences of the therapy.

** "Additional education" is structured education, e.g., workshop, course, program of study, designed so that registrants can attain the competencies required to carry out a specific activity as part of naturopathic practice. Additional education builds on the entry-level competencies of naturopathic doctors; identifies the competencies expected of learners on completion of the education; includes both theory and application to practice, and includes an objective, external evaluation of learners' competencies on completion of the education. The term does not refer to a course or program approved for a CNPBC certification.*

In order to offer IV iron, NDs are already required to hold certification in IV and Prescriptive Authority, as well as NALS and BLS. CNPBC Scope of Practice Standards (3) requires that:

"Naturopathic Doctors ensure they have the competence to:

a. Make decisions about whether the patient would benefit from the activity, having considered:

- i. the known risks and benefits to the patient;*
- ii. the predictability of outcomes of performing the activity;*
- iii. other relevant factors specific to the patient or situation.*

b. Carry out the activity safely and ethically;

c. Safely manage the intended and unintended outcomes of performing the activity."

If your additional iron education prepares you to meet all your requirements and manage all expected and unexpected outcomes of the iron treatment, then it is sufficient. If not, the College recommends that you seek additional training until you can meet your requirements.

13. We received a question regarding the regulation of IV iron, and why additional training is required to qualify one to administer it.

Iron derivatives for parenteral use are Schedule 1 (requiring a prescription) on the [Drug Schedules Regulation](#). CNPBC has created the limits and conditions for the

administration of IV iron that it feels will best protect the public.

To be able to meet the requirements laid out in Scope of Practice Standard (3), registrants should be seeking additional training in any new area of scope to meet this requirement. The limit and condition set regarding parenteral iron only further enforces this.

14. Aesthetics: A rationale for the introduction of a tiered system regarding aesthetics procedures was requested. Clarification was also sought as to whether multiple injections in a single patient visit constitutes multiple treatments, or just one, for the purpose of meeting the certification requirements.

The Aesthetics Subcommittee reviewed injectable fillers and determined the higher areas of risk for injection. They determined that a tiered system would better protect the public by providing time to become proficient at lower risk areas before beginning to treat higher risk areas. Each patient interaction is considered one treatment, regardless of the number of injections performed in that visit.

15. What specific products constitute dermal filler?

Injectable fillers used for these procedures must be approved by Health Canada. Provisional Level 1 and Level 1 Certification allows registrants to use any Health Canada approved Hyaluronic Acid injectable filler. Provisional Level 2 and Level 2 Certification allows registrants to utilize any Health Canada approved injectable fillers (Hyaluronic acid and Biostimulators). To determine if an injectable filler has Health Canada approval, check the [Medical Devices Active Licenses](#) database.

16. We received one query regarding the permissibility of injecting dermal filler in genitalia.

Per the [Restricted Activities Document](#) 5(1)(d) CNPBC Limit and Condition 4, Injecting dermal fillers into the genitalia is prohibited.

17. Testimonials: Is requesting a testimonial from a patient permitted?

Yes, testimonials are permissible while meeting the requirements set out in the [Practice Standard: Advertising and Communication with Public](#).

This includes invitations to Google and other social media reviews. NDs may not try to influence the review with inducements (discounts, giveaways etc.).

18. Advertising: Is it permissible to sell gift certificates?

Registrants must not exercise undue influence on a patient by offering improper inducements, enticements and/or incentives (see [Practice Standard: Advertising and Communication with Public](#) - table on page 6). This includes the use of gift certificates as it may create a situation in which provision of the service(s) covered by the gift may not be appropriate for the recipient. It may also interfere with NDs' ability to maintain the confidentiality and privacy of patient information.

19. Group Visits: Clarification was requested as to the provision of services to groups, and to the difference between treating in a group setting and providing an educational seminar.

Registrants must not offer or promote naturopathic medical services in a way that may lead to the perception of coercion, inducement, enticement, or inappropriate incentives, including offering prizes, gifts, gift certificates, card points, bonus points, discounts, or time-limited benefits for naturopathic medical services. NDs do not offer any incentives, enticements, or inducements to promote a naturopathic medical service. Examples: "Host Discounts", "2-for-1" treatments, "Discounted Group Rates" etc.

There is a difference between an educational seminar and a group treatment. Educational seminars offer information in a group setting which is not specific to any one patient and does not create a doctor-patient relationship. Whether the relationship has formed would be a matter of factual inquiry specific to each case.

Generally, the doctor-patient relationship is considered to have formed when the registrant has engaged in one of the following:

- gathered clinical information for the purpose of making an assessment
- provided a diagnosis
- provided medical advice and/or treatment
- provided counselling
- contributed to the health record or file
- charged or received payment for medical services
- prescribed a drug for which a prescription is needed

Usually, a doctor-patient relationship would be considered to have formed at or prior to the start of the first consult appointment, depending on what sort of communication/information-gathering may have occurred prior to the appointment.

20. Miscellaneous: What specific requirements does a registrant practicing from home need to be mindful of?.

The legal, ethical, and professional obligations for registrants must be upheld in all clinical settings. If a registrant fails to meet the standard of care in treating a patient, it is no defence to say that they saw the patient in a specific clinical setting.

21. Is it permissible for an ND with IV certification, but no Prescriptive Authority, to carry out an injection if there is another ND on the premises who does have Prescriptive Authority.

It is a requirement to hold Prescriptive Authority in order to be certified in IV therapy. As such, no registrant may hold IV certification without also holding Prescriptive Authority.

22. Can an ND advertise a particular online dispensary and can NDs sell to non-patients?

NDs who choose to refer patients to an online dispensary must ensure that they meet their professional obligations. The [Guideline on Online Dispensaries](#) states:

“A clear naturopathic doctor-patient relationship must be established before a naturopathic doctor may sell products to an individual through an online dispensary.”

NDs can not sell to the general public through online dispensaries.

23. With respect to certification courses, an attendee wondered about future availability of approved courses.

The College is always accepting applications for certification courses. If you have a course that you feel would adequately prepare a registrant for a given certification, please submit it to the College for review. The application form is located [here](#).

24. We received a query regarding the excluded drug list, and whether an ND need check beyond the list if a particular drug does not happen to be listed there.

Yes, it is always the responsibility of the regulated professional to understand and comply with the terms of their scope of practice. In addition to the individual drugs listed on pages 15-21 of the [Prescribing Standards](#) that have been excluded from the scope of practice for naturopathic doctors, there are additional excluded drugs and categories of drugs found in Appendix E and Appendix F. All drugs from an excluded category of drug are excluded from the scope of practice for NDs, even if the individual drug is not listed in the Standards.

NDs who are unsure about the status of a particular drug are encouraged to contact the CNPBC prior to using it in their practice.

25. An attendee requested that a listing of drugs added to NDs' prescribing rights be posted each year.

Currently, the new drugs that are excluded from scope are posted to the [Prescribing Standards](#) once confirmed by the Board. However, this suggestion will be brought to the Board for consideration.

The Pharmacopoeia and Diagnostics Referral Committee reviews new drugs that come onto the Canadian market approximately twice per year and makes recommendations to the Board about which drugs should be excluded from the scope of practice for NDs. The Prescribing Standards are then updated once the Board has made its decision.

If you are unsure about the status of a new drug, you are encouraged to contact the CNPBC before using it in your practice.



Copyright © 2023 College of Naturopathic Physicians of BC, All rights reserved.

Want to change how you receive these emails?
You can [update your preferences](#) or [unsubscribe from this list](#).

