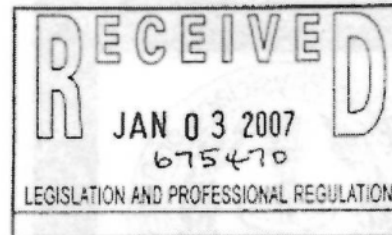




## COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

December 22, 2006

Honorable George Abbott  
Minister of Health Services  
Ministry of Health Services/Health Planning  
PO Box 9050 Stn. Prov. Govt.  
Victoria, BC V8W 9E2



Dear Minister Abbott,

On behalf of the College of Naturopathic Physicians of British Columbia I am very pleased to present the enclosed proposal for prescriptive authority for naturopathic physicians (NDs) in British Columbia. This proposal was shaped by and has the full support of the College and other primary stakeholders in the profession. The full document was approved by the College Board in a special meeting held on December 13, 2006.

A fundamental principle that guided the development of this proposal is that "each regulatory College should be allowed to implement, set standards and monitor appropriate activities for its registrants, provided that the necessary knowledge, skills and competencies can be identified and ensured by the College." This was first articulated in a letter from the former registrar of the College of Pharmacists of British Columbia in support of NDs' proposal for prescriptive authority in 2003. This same principle was adopted by the College of Registered Nurses of British Columbia (CRNBC) and supported by the Ministry in developing the legislation, scope of practice and regulatory framework for nurse practitioners. A move to regulate rather than restrict the practice of naturopathic medicine in British Columbia would facilitate optimal care and vigilance by NDs individually and by the profession as a whole.

Therefore, the CNPBC requests that the Minister accept and act on the proposal to include in NDs scope of practice, the reserved acts (or their equivalents in pending changes to the Reserved Act Regulation): *prescribing, compounding, dispensing or administering by any means a drug listed in Schedule I or II of the Pharmacists, Pharmacy Operations and Drug Scheduling Act* (Health Professions Council Reserved Acts List, July 2005).

In order that the College and its registrants are enabled to better fulfill the primary health care needs of British Columbians who seek and benefit from their services.

We especially wish to acknowledge the guidance provided by Ms. Linda Gee and Mr. Daryl Beckett as the proposal was being conceived and look forward to ongoing consultation with the Ministry to enhance the regulation of our profession in the public interest.

Sincerely,

Lorne Swetlikoff, N.D.  
CNPBC President

CC: Ms. Linda Gee  
Executive Director, Professional Regulation  
✓ Mr. Daryl Beckett  
Director, Professional Regulation

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✉ 1698 West 6<sup>th</sup> Avenue, Vancouver BC V6J 5G4  
☎ (604) 688-8236 ☎ Fax (604) 688-8476  
✉ e-mail: [office@cnpsc.bc.ca](mailto:office@cnpsc.bc.ca) ☎ website: <http://www.cnpsc.bc.ca>



## COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

Prescriptive Authority for Naturopathic Physicians:  
Objectives, Rationale and a Framework for  
Regulation

**A proposal for  
The British Columbia Ministry of Health**

22 December 2006



## Prescriptive Authority for Naturopathic Physicians: Objectives, Rationale and Framework for Regulation

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## SUMMARY

Naturopathic physicians are highly skilled primary health care providers who provide a complementary approach within our health care system. Demand for naturopathic medical services continues to rise as patients seek valid, science-based alternatives emphasizing disease prevention and overall wellness along with disease management. Concurrently, naturopathic physicians are denied access to many traditional medicaments for which they have been trained to use and prescribe. This restriction limits the effective delivery of health care.

This paper documents the rationale and regulatory framework for granting naturopathic physicians (NDs) prescriptive authority in British Columbia. Presented in this paper are what ongoing regulatory and policy reviews support the implementation of prescriptive authority for NDs, and how other jurisdictions regulate prescriptive authority for NDs. Discussion also includes an outline of NDs' education, training and current practices and how prescriptive authority will be regulated by the College of Naturopathic Physicians of British Columbia (CNPBC). In conclusion, this paper demonstrates how such a move is a safe, natural transition based on current practice and training.

## INTRODUCTION

Naturopathic medicine is a system of primary health care: the science, philosophy, the art and practice of diagnosing, treatment of illness, and promotion of wellness by encouraging the natural healing processes, through individualized care, diagnostic techniques, and prescribing and/or administering preparations and medicines.

The salient difference between the approaches of naturopathic and allopathic physicians is not derived from a divergence in medical knowledge, but rather in treatment protocols. The MD places a medical emphasis on treating or managing the effects of pathological processes using medications, surgery and/or

some physical treatments. The ND, however, emphasizes preventing and correcting the root cause of pathological processes, combining a wider variety of therapeutic modalities, including medications, in a broad, patient-centred approach. Both disciplines are guided by scientific, evidence-based approaches to treatment and intervention. In addition, both disciplines evolve with advances and changes in science and technology.

Naturopathic physicians are regarded and valued as primary health care (PHC) practitioners by the public and by many MDs, pharmacists and other health professionals. "A shared vision for primary health care, guided by strong principles and values and supported by effective infrastructure and funding, will deliver the kind of health care Canadians have in mind. Interdisciplinary collaboration must be a part of that vision." (*EICP-ACIS: The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care*.) Naturopathic medicine is well equipped to play a greater role in addressing some of the critical issues facing the health care system. NDs can support a better public health care system by: creating better access to and alleviating practitioner shortages; increasing inter-professional collaboration; emphasizing disease prevention and self-care by patients; and minimizing adverse drug events and their consequences by integrating judicious use of pharmacotherapies along with other effective treatments.

Naturopathic physicians are also valued as complementary health care practitioners, integrating their services with other health professions to positively contribute to health care delivery in BC. The breadth of naturopathic medical training ensures the appropriate treatment of disease as well as the referral to other health care providers as deemed medically necessary. In addition to disease management, naturopathic philosophy greatly complements and encourages the promotion of wellness. NDs emphasize disease prevention through unique individualized assessments and treatments that focus on addressing the root cause of a patient's symptom or condition.

In short, the public values NDs' contribution as privately funded primary and complementary



health care practitioners. The medical care delivered by NDs positively impacts our health care system as is evidenced by the ever-increasing demand for such services in British Columbia.

Despite this, over the past decade, NDs in British Columbia have seen their scope of practice narrowed through re-definition of scopes of practice along with increasing regulatory restrictions on natural health products. The CNPBC now seeks legislative action to restore prescriptive authority to NDs' scope of practice. This authority will enable NDs to, once again, provide the pharmacotherapies their patients may need as part of their overall care plan. It will also eliminate the costly and time-consuming process of referrals to an allopathic physician for basic prescription medications.

In support of such action, this document:

- Summarizes the issues and concerns with respect to prescriptive authority;
- Summarizes NDs' relevant education, clinical training and credentialing requirements;
- Presents the key objectives and a rationale for re-incorporating prescriptive authority into NDs' scope of practice;
- Recommends regulatory steps to be taken by the Ministry of Health and the CNPBC to grant and regulate prescriptive authority for qualified NDs;
- Proposes a transition process whereby current practitioners will be able to demonstrate current competence to safely and effectively prescribe scheduled medications;
- Describes mechanisms to continue to monitor and enhance safe and effective pharmacotherapeutic practices.

## BACKGROUND

Until the late 1990s, naturopathic physicians' scope of practice included prescribing, compounding and dispensing of natural substances and their derivatives, and nearly all of the other reserved acts, as did that of allopathic physicians.

During the 1990s, the British Columbia government mandated the Health Professions Council (HPC) to review the scopes of practice of each regulated health profession. The Council issued its preliminary report outlining Naturopathic Physicians' Scope of Practice in December 1998 followed by an update in March 2001. In its preliminary report, the HPC included naturopathic physicians' long-standing practice of prescribing Schedule I drugs in their scope of practice. In response, the College of Pharmacists of British Columbia (CPBC) recognized the longstanding skills and expertise of NDs and supported granting NDs prescriptive rights. In the post-hearing update, the HPC, with little evidence, reversed its support and did not recommend the granting of this reserved act to NDs, based on questions about the adequacy of ND's clinical training in the use of Schedule I substances. Most of these questions arose from objections raised by other professions that appeared to indicate a lack of understanding of contemporary naturopathic medical practice. The HPC also referenced the federal initiative to create a category of natural health products, or NHPs. The outcome of the NHP regulatory framework was to be monitored to "ensure that provincially regulated health care practitioners, like naturopathic physicians, maintain access to natural health products which are essential to their practice."

On January 23, 2003, Dr. Penny Ballem, then Deputy Minister of Health Planning, indicated that the Ministry would recommend that the recommendations of the HPC, excluding prescriptive authority for NDs, be adopted to guide the changes to the Naturopathic Physicians Regulation.

Meanwhile, in May 2003, the CPBC reiterated its support for including in NDs' regulations the authority to prescribe certain Schedule I drugs. Linda Lytle, then CPBC Registrar, explained that "we support the concept that each regulatory college should be allowed to implement, set standards and monitor appropriate activities for its registrants, provided that the necessary knowledge, skills and competencies can be identified and ensured by the college." This stance was also taken by the College of Registered Nurses of British Columbia (CRNBC) and supported by the Ministry in developing the

legislation, scope of practice and regulatory framework for nurse practitioners.

It is noteworthy that ten of the fourteen regulated jurisdictions in the US also permit NDs to prescribe drugs.

### **Gap Analysis**

In 2003, the Ministry of Health Services supported an independent review by health care consultant Richard Ritter of the issues separating the positions of the profession and the Ministry. In his report, Mr. Ritter observed that:

- A number of procedures not recommended by the HPC for use by NDs have been performed as part of NDs' traditional scope of practice;
- Some of the procedures not recommended for NDs by the HPC because of concerns in respect to training are covered as core competencies within the ND education program and licensing requirements;
- In spite of HPC concerns over the safety of some procedures performed by NDs, the profession has an exemplary safety record both in BC and elsewhere in North America, as substantiated by low numbers of complaints to regulatory boards and infrequency of litigation against NDs. Furthermore, the training of NDs in a variety of treatment modalities allows them to choose treatments that minimize the risk to patients and
- A narrow approach to naturopathic scope of practice would be regressive and not in the interest of patients."

Mr. Ritter found no rational basis for the disparity between the two HPC reports. He recommended implementing a progressive scope of practice for naturopathic physicians, including prescribing, compounding and dispensing or administering Schedule I and II substances, according to a schedule of preparations and medicines for use by NDs.

### **Federal Drug Schedules**

Drug schedules, now harmonized across Canada, are determined by the federal government, which modifies the status of drugs

from time to time. Some natural medicines that have long been used safely and effectively by NDs have been shifted from nonprescription to prescription status. Parallel to this, the federal NHP initiative applies only to over the counter (OTC) items. Thus, nearly all of the same natural health products listed in Schedules I and II remain in these schedules—inaccessible to naturopathic physicians.

The HPC's proposed scope, as well as the federal "rescheduling" of some medicines is doubly negative for NDs. Limits are placed on medications traditionally used by NDs as well as constraints on providing basic primary care.

### **Health System Reform**

Parallel with these initiatives, the federal and provincial governments have sought to reform the health system to ensure that human, technical and financial resources are deployed optimally in providing safe and effective health care and that patients have choices to help them maintain and improve their own health and well-being. In January 2005, the Health Council of Canada called on all stakeholders to speed up the pace of renewal, identifying four key areas for improving and sustaining Canada's health system, including: strengthening health human resources management; accelerating the development of multidisciplinary teams as the basis of primary health care reform; broadening the use of information technology for patient health records and reducing health disparities, particularly in Aboriginal communities. This Council and the Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative, which is currently ongoing, recognize that maximizing the skill sets and competencies of all health professionals will benefit both individual patients/clients and the health system at large.

### **Experience in Other Jurisdictions**

Ontario's Health Professions Regulatory Advisory Council (HPRAC) recently recommended that the NDs be granted prescriptive authority as they become regulated. Because many natural health products now require a prescription, this is still being debated. In HPRAC New Directions, April 2006, it is stated, "HPRAC finds that optimal care cannot be offered to patients unless naturopathic doctors have access to substances

consistent with naturopathic practice. Therefore, **HPRAC recommends that naturopaths be authorized to prescribe, dispense, sell and/or compound drugs that are consistent with naturopathic practice, as prescribed in regulations.** While recent announcements seem to indicate that this step will not be taken at this time, the regulatory process and debate is ongoing as to how NDs will gain access to drugs that are consistent with their practice.

### **Lagging Behind**

The Health Professions Council 2001 scope of practice reports revealed differing perspectives among authors and respondents, based, to some degree, on lack of information and evidence to support granting NDs privileges to prescribe Schedule I and II medications. There were questions about the adequacy of education and training of NDs compared with that of MDs, particularly with respect to the amount of supervised clinical experience and post-graduate training required for licensure; the specificity and rigour of the examination and certification process; and the differences between them in the types of therapies typically employed in practice, thus in the ongoing experiential learning that occurs over time.

The profession takes seriously its mandate to ensure that registrants have acquired the required competencies, continue to maintain and enhance their professional competency and provide safe and effective primary care in all aspects of their various practices. Previous submissions to government have shown that NDs' education, clinical training, credentialing and regulatory oversight processes ensure that practitioners practise within the scope of their competencies—and that the public has been well served by the profession.

It is crucial for practitioners and patients that they have access to the diagnostic, therapeutic and emergency substances critical to health care delivery. Provincial regulations have not been revised in keeping with the naturopathic profession and health reform initiatives. Both the Ministry and the profession recognize the need to work in concert to effect the necessary changes to the scope of naturopathic medical practice. The CNPBC hopes that this document

will facilitate consensus on these objectives, provide evidence to support them and expedite the necessary amendments to provincial legislation and professional regulations.

## **EDUCATION, CLINICAL TRAINING AND CREDENTIALING**

Naturopathic physicians are educated and trained to provide primary care with all the knowledge and skills required to practice safely. They assess patients' health status, symptoms and needs, diagnose and manage acute and chronic diseases within their realm of competence and expertise, and arrange referrals to appropriate alternate primary care providers or specialists when required. Most do not specialize in the treatment of any one body system or disease state because they treat the body as an integrated whole.

### **Education and Clinical Training**

Naturopathic medical schools model their curricula and courses of study consistent with standard medical education. Naturopathic physicians' academic and clinical training compares favourably with that of MDs' training and exceeds that of all other professions to whom prescriptive authority has been granted in BC, including nurse practitioners. Academic requirements for NDs include at least four years of premedical education, followed by four years (4400 to 4600 hours) of naturopathic medical training and clinical sciences. Approximately 1500 hours are devoted to clinical training, primarily during third and fourth year of the program, providing direct patient care under the supervision of licensed NDs and MDs.

Pharmacology, diagnostic imaging and minor surgery are examples of conventional medical training that are also required in naturopathic medical schools. Because course work in natural therapeutics is added to a standard medical curriculum, naturopathic doctors receive considerably more hours of therapeutic education than the graduates of many leading medical schools, including Yale, Stanford, Johns Hopkins and Mayo Medical schools. Graduates

possess current pharmacotherapeutic knowledge and skills grounded in scientific research as well as in historical, clinical experience (as do medical graduates).

Indeed, the Oregon Office of Educational Policy and Planning, which regulates all academic degrees in the state, reviewed the education of NDs, concluding that NDs complete "a biological and biomedical education of the same breadth and depth that prepares an MD to be a primary care physician". This report also concludes that naturopathic medicine diverges from allopathic medicine only "at the point where professionals in common possession of scientific facts conscientiously disagree on how best to use their shared knowledge in treating patients." Thus, patient care under an ND is primary health care, based on a shared scientific foundation and body of expertise, but with a different focus. (Cited by Glenn Cassie in "The Nature of Naturopathic Medicine".)

In order to be licensed as an ND in British Columbia a candidate must have graduated from an accredited school of naturopathic medicine. The Council on Naturopathic Medical Education (CNME) is the accreditation body for both Canadian and American schools. The accreditation process is similar to that of accrediting medical, pharmacy and nursing schools. According to Daniel Seitz, CNME Executive Director, "CNME requires ND programs to cover pharmacology, pharmacognosy, botanical medicine and emergency and legend (scheduled) drugs—among others. ND programs must articulate core competencies and learning objectives/outcomes, and CNME in its accreditation process seeks to determine whether these competencies and objectives are being attained. In assessing ND programs, the Council and site visitors consider whether subject areas are covered with sufficient depth and breadth. Also, since graduates of ND programs generally take the NPLEX exam (the uniform licensing exam for naturopathic medicine) programs must ensure that graduates can pass this exam." In fact, BC and all regulatory jurisdictions require satisfactory completion of the NPLEX exam as one of the requirements for licensure.

Postgraduate residency programs have been greatly expanded in recent years, providing many opportunities for graduates. Most are offered or supervised by the schools of medicine and are certified by the Committee on Post-doctoral Medical Education (CPME, a subcommittee of CNME). Postgraduate residencies have not traditionally been a requirement for licensing, although some American jurisdictions impose a residency requirement for licensure.

In summary, the educational preparation of NDs equals or exceeds that of MDs with the exception of the postgraduate residency requirement.

### **Assessment and Credentialing Standards for Licensure**

In order to be licensed to practice naturopathic medicine in British Columbia, candidates must meet rigorous academic and assessment standards. As indicated in the CNPBC bylaws and on the college website, candidates must:

- Complete a minimum of three years of a pre-medicine program in an accredited college or university approved by the CNPBC and a Doctor of Naturopathic Medicine (ND) degree from a CNME-approved school or college of naturopathic medicine;
- Successfully complete the required Naturopathic Physicians Licensing Examinations (NPLEX) and the CNPBC Jurisprudence and Oral Examinations and
- Be eligible to work in Canada.

The CNPBC Jurisprudence Examination focuses on regulations and standards governing naturopathic practice in British Columbia. The Oral Examination is another level of competency evaluation that requires ND's to demonstrate verbal and practical skills before the examination committee.

The NPLEX is an internationally recognized series of examinations, the purpose of which is to ensure that the candidate for licensure as a naturopathic physician has the knowledge and clinical decision-making ability to practice safely. The NPLEX blueprint and standards are derived from a job analysis of practising NDs in both Canada and the United States. NPLEX surveyed



practitioners to determine the scope of current naturopathic medical practice in North America and the underlying knowledge that is frequently used and deemed necessary for safe practice. An examination of the blueprint reveals that all NDs in British Columbia must have demonstrated their knowledge and clinical decision-making skills in each of ten clinical domains, including pharmacology, botanical medicine and emergency medicine. In his review, Ritter cited the analysis and findings of the Oregon Office of Educational Policy and Planning as follows:

*"...it would not be possible to pass all of the tests – which is necessary for licensure – without having a comprehensive foundation in the biological and medical sciences...In other words, a naturopathic medical college has no choice but to prepare NDs with a biological and medical education of the same breadth and depth that prepares an MD to be a primary care physician." (Ritter 2004)*

Until 2007, a candidate who fails any of the individual domain components may retake the failed component(s), within limits, without repeating the other components. Beginning in 2007, nine of the ten examinations, including the Core Clinical Sciences and homeopathy, will be integrated into a single examination, which must be passed in its entirety.

There is one significant difference between licensing examinations of medical and naturopathic physicians. In both Canada and the United States, medical practitioners are now required to successfully complete both a national competency-based clinical knowledge assessment and a performance-based 'objective, structured clinical examination' (OSCE) in order to qualify for licensure. The addition of the OSCE provides for a highly reliable assessment in greater depth of clinical problem solving, assessment, intervention and communication skills. This assessment format has also been implemented as part of the nurse practitioner qualifying process, in order to better assess and certify these essential skills and abilities.

#### Recommendations:

1. The CNPBC should develop mechanisms to assess and monitor practitioners' performance in practice, to determine if this kind of assessment is needed or warranted at entry to practice once the scope of practice is updated.
2. The CNPBC and CPBC should review the Jurisprudence blueprint to ensure that the regulations and standards governing prescribing, compounding, dispensing and administration of medications are included in the assessment.

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## STRATEGIC OBJECTIVES

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Several key objectives are inherent in the current proposal, including:

- To re-incorporate the authority to prescribe, compound, dispense and administer Schedule I and II medications into the approved scope of practice for NDs in British Columbia;
- To develop, implement and maintain regulatory processes for an expanded scope, including educational qualifications, practice standards and quality assurance mechanisms that assure the public that naturopathic medical practice in British Columbia continues to meet and regularly exceeds minimum standards for safety and effectiveness;
- To establish the principle that, federal legislation notwithstanding, primary care practitioners should not be unduly restricted from prescribing any medication that is within their scope, competency domain and regulated practice guidelines;
- Based on this principle, to gain approval for a 'formulary model' that includes:
  - all Schedule I and II drugs, excepting those prohibited by federal legislation and those that require specific expertise to be used appropriately and safely, such as chemotherapeutic agents;
  - development of formulary and prescribing regulations by the CNPBC, in consultation with the Ministry and pharmacotherapeutic experts and



- To ensure that NDs continue to meet evolving standards of pharmacotherapeutic knowledge and practice.

To achieve these objectives, it is necessary to meet key stakeholders' objectives, ensuring that:

- The public and other health professionals have a clear and positive understanding of the role of NDs in an integrated health system and their role in providing primary health care to individual clients;
- Members of the public have access to primary health care services of their choosing;
- There is an effective regulatory process based on principles of safe and effective care;
- The public has access to regulatory processes to be able to communicate their needs and solve problems when they arise.

## **RATIONALE AND EVIDENCE**

### **Primary Care Access**

Primary health care is the patient's first level of contact with the health system; it brings health care as close as possible to where people live, learn and work. It includes illness prevention, health promotion, diagnosis and management of health concerns. (EICP-ACIS). Primary health care agents need to have both the ability and opportunity to exercise a full range of primary care responsibilities. Naturopathic physicians have traditionally provided safe and effective primary care, within a regulatory structure that provides assurance of safe and effective practice and, thus, are increasingly being sought out by patients as primary health care agents. Withholding prescriptive authority from NDs creates a conundrum for patients (who cannot receive full service from their practitioner), for practitioners (who are being held accountable for safe and effective care and positive outcomes) and for the health care system (as patients must utilize the services of a primary care giver with prescriptive authority when

pharmacotherapies are required to alleviate symptoms or correct medical problems).

### **Choice of Primary Care Options**

By being able to choose the nature of the primary care offered and to access various primary health care professionals, patients are able to seek care that both embraces their values and meets their physical and relational needs, thereby increasing their commitment to implementing the preventive, corrective and/or ongoing treatment strategies medically required. Increasing patient options and access is dependent on removing outdated barriers impeding safe and effective care from competent health professionals.

Removing such barriers has a ripple effect. The entire health system benefits as, e.g., managed naturopathic treatment, combining pharmacotherapy with appropriate non-drug interventions, very often affords equal or greater success in alleviating illness. As well, the naturopathic approach places heavy emphasis on health promotion and disease prevention. This focus assists and supports patients, enabling individuals to make needed changes in their lifestyle, to correct or lessen the cause of disease symptoms and prevent recurrence or delay further deterioration in their health.

### **Safe and Effective Evidence-based Primary Health Care**

Naturopathic physicians take an extremely cautious approach to pharmacotherapies by the very nature of the way they practice and the manner in which their patients wish to be treated, thus minimizing the risk of adverse events. The practice of naturopathic medicine offers a broad range of therapeutic options. Often, other therapies can replace the need for pharmacotherapeutic intervention, further minimizing the likelihood of adverse events. Indeed, it has been shown that there have always been proportionately fewer complaints from both patients and other health care professionals to whom NDs make referrals; about either quality or outcomes of naturopathic care. There are no instances of litigation in Canada, citing naturopathic negligence or harm (Ritter 2004). NDs have a record of safety which is unsurpassed.

Along with allopathic medicine, naturopathic medicine is, increasingly, evidence-based utilizing the "gold standard" of random clinical trials. One only has to search the Internet and medical libraries to find reports of research supporting the benefits and safety of numerous naturopathic treatments, including natural pharmacotherapeutic substances, physical interventions, among others. The Cochrane Collaboration, best known for evidence-based medical research reviews, is a well-respected, reliable source of high quality systematic reviews of complementary and alternative medicine (CAM) health care therapies. (<http://www.cochrane.org/colloquia/abstracts/otawa/P-094.htm>)

### Summary

In short, restoring NDs' prescriptive authority will facilitate meeting the following three high-level health system goals:

- Greater access to primary care,
- More choice of care options and
- Evidence-based safe and effective care.

## REGULATORY FRAMEWORK

Major components of a regulatory framework include:

- Delineation of *the prescribing role*, including the competencies (knowledge, skills and abilities) and *elements* required to prescribe and integrate pharmacotherapies safely and effectively into an overall care plan;
- Competency-based academic and clinical training requirements;
- Assessment and credentialing processes that assure applicants' competency at entry to practice and at critical junctures in their practices (e.g., when resuming general naturopathic practice after a sabbatical or re-incorporating pharmacotherapy into practice);
- Clear, measurable practice quality standards and effective practice oversight;
- Regulatory tools, including legislation, regulatory structures, technologies and processes to establish, monitor and maintain

credentialing and practice quality standards and

- Quality assurance mechanisms, including transitional, continuing and remedial professional development in prescribing and integrating pharmacotherapies into an overall care plan.

### Practice Elements to Ensure Safe and Effective Drug Therapy

Grainger-Rousseau and colleagues have proposed eight essential practice elements that need to be in place for a safe and effective drug therapy system, which are:

1. Prompt and accurate identification, assessment of and response to signs and symptoms;
2. Selection of safe and efficacious drug therapies;
3. Prescribing for definite objectives, to enable the practitioner and patient to assess the effectiveness of the therapy in meeting the objectives;
4. Providing patient-specific advice along with the medications, which includes advice on use of the medication, monitoring parameters, and complementary measures to both help resolve the immediate problem and prevent its recurrence or exacerbation;
5. Gaining active patient/caregiver understanding and cooperation, to implement the intended therapy successfully;
6. Monitoring for and resolving problems, such as interactions, side effects, etc.;
7. Documenting and communicating therapeutic decisions, sharing accurate and current information with other health team members using appropriate technologies;
8. A systems approach, identifying best practices, performance and outcome indicators, etc.

(N.J. MacKinnon. Drug Use Management: Prescribing Solutions. Health Policy Forum, Winter 2000)

The College of Registered Nurses of British Columbia recently developed a comprehensive definition of the prescribing role, including indicators of good practice. The College of Pharmacists of British Columbia's *Framework of*

*Professional Practice* is another example of a comprehensive definition of Roles, Functions and good practice Indicators.

*Recommendation:*

The CNPBC should clearly define this reserved act in terms of the expected performance of NDs, including performance indicators, in order to develop appropriate practice standards and regulatory mechanisms.

### **Development of the CNPBC Regulatory Framework**

The CNPBC has the responsibility to establish the regulatory framework, structures, technologies and processes and practice standards to support prescriptive authority, including:

- Clear regulatory objectives for independent prescribing, compounding, dispensing and administration of Schedule I and II drugs;
- Regulations, regulatory mechanisms and standards including: practice standards comparable to those of MDs and others with these privileges, including documentation in patients' records (Pharmanet), dispensing guidelines similar to those of dispensing physicians, Conflict of Interest guidelines for situations where practitioners both prescribe and dispense; plus a transition plan for increased undergraduate or post-graduate education/training in pharmacotherapy as per Arizona;
- A formulary advisory committee with representation from medicine and pharmacy;
- Regulations permitting independent prescribing and provision of Schedule I and II drugs, with specific exceptions, following the principles and developmental process of the recently adopted CRNBC formulary model and
- A new committee or new mandate for an existing committee (such as a Board of Examiners or equivalent) to establish mechanisms (beyond mandatory continuing education) to ensure that practitioners maintain current practice standards and that public safety is upheld.

*Recommendations:*

1. The CNPBC should determine the competencies required for effective prescribing, advocating for any increased training needs and outcome standards to be incorporated into CCNM and all other approved schools' curricula and NPLEX standards.
2. The CNPBC should consult with the Ministry of Health and the CRNBC in mandating the proposed 'formulary advisory committee' with respect to guiding principles for the development of regulations for prescribing.

### **Continuing Competence and Quality Assurance**

Many health professions currently mandate continuing education as one means to support ongoing professional development. Currently the CNPBC requires all practitioners to complete 20 hours of continuing education annually. Other jurisdictions regulating naturopathic practice require anywhere from 15 to 37 hours annually, some of which must target pharmacotherapeutic knowledge and skills.

A growing body of research has not yet been able to show that simply mandating continuing education is an effective mechanism for ensuring that practitioners who are most 'at risk' are, in fact, maintaining a minimal level of current competence and practice quality. Thus, many health professions are turning to evidence-based continuing competency programs, requiring individuals to undertake an assessment of fundamental knowledge and skills, a practice review, or other means of demonstrating that they are practising safely and effectively, incorporating new knowledge and technologies as they become the standard of care. ("Meeting the Challenge of Continued Competence", NCSBN. 2005. "Reforming Health Care Workforce Regulation: Policy Considerations for the 21<sup>st</sup> Century", Pew 1995.)

The College of Registered Nurses of British Columbia is currently developing a practice review (assessment) process to enable the college to evaluate the performance of nurse practitioners after two years of practice and periodically thereafter. In addition, CRNBC

indicates that they will use PharmaNet data, to some extent, to monitor prescribing practices of nurse practitioners.

The medical profession has a variety of checks and balances available to it for evaluation purposes, including outcome data provided by independent bodies that survey patients and others regarding the quality of care provided, mine databases of lab tests ordered, prescriptions written, specialist referrals, surgeries, complaints, out-of-court settlements, disciplinary actions, etc. In addition, hospital-based multi-disciplinary committees provide oversight of practitioners' practices in hospital settings. British Columbia physicians who are not meeting standards may be referred to a comprehensive assessment of practice knowledge, skills and abilities (including a knowledge assessment and an OSCE), developed collaboratively by UBC Faculty of Medicine, the CPSBC and the BCMA, to determine the nature of their deficiency(ies). A formal peer support process, remedial and further assessment tools are available to physicians who are not meeting standards of practice.

*Recommendations:*

1. The CNPBC should develop mechanisms to support, assess and monitor practitioners' pharmacotherapeutic skills in practice, to determine whether additional training, support and/or mandated quality assurance processes are needed. A mechanism that is increasingly being adopted by health professions is the use of a "learning portfolio" to assess one's practice, determine areas needing enhancement (e.g., changes in practice, patient demographics, population epidemiological data, lack of currency, etc.), identify and implement professional development opportunities, and document sustainable changes in practice that have occurred as a result of the process. A variety of models are in use by health professions in British Columbia and elsewhere.
2. As noted previously, in order to develop such quality assurance mechanisms, the CNPBC should, in collaboration with other

stakeholders (e.g., pharmacists and medical physicians), define the functions involved in prescribing natural and other medications, describe indicators of good practice, identify the requisite underlying knowledge and skill requirements, determine the minimum performance standard required for licensure purposes and determine how performance in practice is best evaluated. This will guide the development of assessment and oversight mechanisms.

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## TRANSITION PLAN

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In Arizona, where prescriptive authority is most liberal, granting NDs authority to prescribe some narcotics and controlled substances as well as prescription-only medications, the profession created a transition plan by which qualified NDs could refresh and demonstrate their competence to prescribe and manage drug therapy. Practitioners were required to complete a series of four modules, along with supervised clinical training, within a designated timeframe in order to maintain their license that included authorization to prescribe scheduled drugs within the parameters established in formulary and practice standards. Two of the accredited naturopathic medical schools have now incorporated this material into the regular curriculum, so graduates from these programs are exempted from this requirement.

As it has been a number of years since British Columbia NDs have been able to exercise their prescribing rights and skills, it is appropriate that the CNPBC establish a similar transition process for current registrants that includes a "refresher" followed by an assessment in the relevant competencies.

*Recommendations:*

- 1) The CNPBC, along with pharmacotherapeutic experts, should evaluate the currency and relevancy of the Arizona professional development program as a means to support the transition to independent prescriptive authority.
- 2) The CNPBC should consider adopting or adapting the Arizona curriculum, or



equivalent, as a continuing education program, which may be supplemented by a short period of supervised prescribing, and thereby certify physicians who have graduated from schools without this curriculum component but wish to become independent prescribers.

## FORMULARY MODEL

Currently in British Columbia there are three main formulary models by which prescriptive authority is regulated in different professions. The unrestricted medical model applies to medical practitioners, dentists and veterinarians. Since federal legislation is now referencing the provincial definition of practitioner the same applies to podiatrists, for the most part. Under a similar model, nurse practitioners are authorized to prescribe any drug product except narcotics, with some limitations on certain classes of drugs. Exemplifying the third, restricted model, midwives and optometrists are restricted to prescribing from a list of approved drug entities and products, consistent with their respective limited domains of practice. Under this limited formulary model, the Ministry is obliged to commit to a process for perpetual review and revision of regulations in the face of new products and information.

The limited formulary model is not without its liabilities. For example, as medical knowledge changes rapidly, concurrent with research and therapeutic advances, so do standards for clinical practice. The public expects care consistent with evolving standards, products and technologies. Therefore, the restrictions imposed on primary care practitioners by a restricted formulary would prevent practitioners from making many, often optimal, therapies available to patients who would most benefit from them. The restricted formulary is onerous to maintain and does little to promote best practices in primary care or to protect the public any more than an unrestricted model or the nurse practitioner model accompanied by effective regulation and practice standards.

Under the nurse practitioner model, specific drugs may be exempted for reasons related to the special kind of expertise required to use the

medications safely and effectively. Such drugs may be identified through expert review and consideration of the risks and benefits to patients if they were to be prescribed by primary care practitioners rather than specialists or experts in their use.

An unrestricted model has long been the standard for primary care practitioners in Canada. All health professionals with prescribing authority are ethically bound to prescribe within their scope of competence and practice and in accordance with their profession's regulations. The responsibility for regulating health care practitioners has been entrusted by the public to the professions, who set and enforce standards that are designed to protect the health and welfare of the public. The CNPBC is focused on developing proactive interdisciplinary relationships with regulators and other health care experts in an effort to ensure excellent patient care, integrating best practices as they and other primary care givers have been amply trained to do. To move forward in this pragmatic fashion, the college requires the framework and tools necessary for providing such care—including the authority to prescribe any medications that ND's patients require for preventive, acute, chronic or emergency care.

## CONCLUSIONS AND RECOMMENDATIONS

Whereas the CNPBC has provided a rationale and evidence demonstrating that NDs:

- Are an integral part of the health care system, increasingly utilized by patients who are seeking primary health care focused on disease prevention and overall wellness;
- Incorporate pharmacotherapy when required, as part of a holistic approach to care;
- Are extensively trained and examined in current pharmacotherapeutic knowledge and clinical skills in order to manage patients' pharmacotherapeutic needs;
- Are legislated to prescribe in a number of jurisdictions and have been effectively and safely prescribing in Oregon and Washington state for a number of years;



- Have consistently upheld academic, professional, clinical and ethical standards that have served the public safely and effectively for many years in British Columbia and elsewhere and
- Are currently restrained from meeting patients' health care needs for pharmacological therapy, including many natural substances that require a prescription

the CNPBC recommends that the **Ministry of Health** make regulations to include in NDs' scope of practice the reserved actions: *prescribing, compounding, dispensing or administering by any means a drug listed in Schedule I or II of the Pharmacists, Pharmacy Operations and Drug Scheduling Act* (Health Professions Council Reserved Acts List, July 2005).

To facilitate the implementation of prescriptive authority for NDs, the **CNPBC** recommends that it undertake the following regulatory initiatives, in consultation and collaboration with other stakeholders in the profession and the health system as appropriate:

1. Specify the required competencies and practice standards for prescriptive authority, in the form of a framework for all related regulations.
2. Develop regulations that will:
  - a. permit all registered NDs to prescribe Schedule I and II substances, once qualifications have been established;
  - b. specify means of determining and maintaining qualifications to prescribe Schedule I and II substances and
  - c. specify requirements for interim certification and re-certification and for ongoing registration with full prescriptive authority which may include initial and ongoing education, initial assessment and periodic reassessment and/or review of their practice in this domain (through supervised practice, on-site observation, portfolio or records review, etc.).
3. Establish a multidisciplinary advisory committee comprised of NDs, MDs and pharmacists with recognized pharmacotherapeutic expertise, to:
  - a. develop guiding principles and regulations for prescribing, formulary development and maintenance;
  - b. identify and oversee changes in practice that are needed to support prescriptive authority and
  - c. identify means for the CNPBC to ensure safe and effective prescribing practice and outcomes.
4. Work with the Ministry to gain access to PharmaNet for NDs use in reviewing patients' current medications, identifying collaborative care needs, and preventing or resolving drug related problems.
5. Work with the Canadian College of Naturopathic Medicine (CCNM), the Boucher Institute of Naturopathic Medicine (BINM) and the Arizona Board to review and, if necessary, to update the continuing education modules on advanced pharmacotherapy and clinical training and to require successful completion of this program for certification in pharmacotherapy until ND schools, accreditation standards and NPLEX have incorporated these elements into their standards/curricula.
6. Work with CCNM, BINM and the Council on Naturopathic Medical Education (CNME) to encompass the required advanced pharmacotherapy content and skill standards in academic program accreditation criteria.
7. Work with NPLEX to ensure that candidates must demonstrate mastery of these advanced pharmacotherapy and clinical skills, and thus be eligible to register with full prescriptive authority, without having to complete an additional certification process.

### In Closing

As articulated by Dr. Lorne Swetlikoff, the CNPBC President, in recent communications with Ministry officials:

*"We are primary health care providers, and we have been compounding, dispensing, and prescribing medicines since inception (for as long as the profession has existed). A move to greater prescriptive authority is a natural transition for registrants of this College. Unlike a newly formed college where its registrants are being granted authority to prescribe where they have never done so before, our doctors have the breadth of medical training to understand how to safely prescribe and are currently doing so.*

*While this process we are undertaking is essential (an evidence based case and a sound QA, regulatory structure, etc.) the above points may help interested parties better understand what it is that we bring to the health care table and help to ease training and safety concerns and may add further insight into how the regulatory structure is set up. Paramount to the College is that doctors are transitioned to prescriptive authority with the utmost competence and safety for the public."*

## Barker, Debbie HLTH:EX

**From:** Beckett, Daryl K HLTH:EX  
**Sent:** Sunday, October 21, 2007 9:06 PM  
**To:** Barker, Debbie HLTH:EX  
**Subject:** FW: CNPBC Prescriptive Authority Project

**Attachments:** Letter to Ministry re Prescriptive Rights, October 18, 2007-1.doc; Bylaws Amendments of the College of Naturopathic Physicians British Columbia Committee By-law Oct 18-07-1.doc; scope of practice for ND's Standards Limits and Conditions for Prescribing and Dispensing Drugs Approved Draft October 18\_07.doc



Letter to Ministry re  
Prescrip...

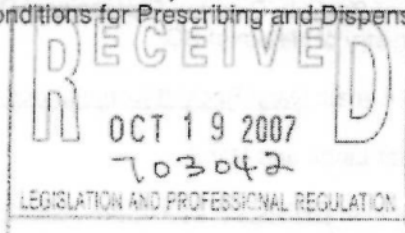


Bylaws  
endments of the C...



scope of practice  
for ND's Sta...

Pls print w/ attachments and cliff. Thx.



-----Original Message-----

**From:** Howard Greenstein [mailto:howardgreen@shaw.ca]  
**Sent:** Friday, October 19, 2007 5:03 PM  
**To:** Beckett, Daryl K HLTH:EX; Gee, Linda HLTH:EX  
**Cc:** Lorne Swetlikoff; Lorne Swetlikoff  
**Subject:** CNPBC Prescriptive Authority Project

Daryl and Linda- Attached please find a cover letter; Scope of Practice Standards, Limits, Conditions paper; and draft by-laws amendments. Please let me know if there is any problem receiving the attachments. Thanks, Howard



## COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

October 18, 2007

Linda Gee, Executive Director, Legislation and Professional Regulation  
Daryl Beckett, Director, Professional Regulation  
Ministry of Health of BC

By E-mail: [Daryl.Beckett@gems3.gov.bc.ca](mailto:Daryl.Beckett@gems3.gov.bc.ca); [Linda.Gee@gov.bc.ca](mailto:Linda.Gee@gov.bc.ca)

Dear Linda and Daryl,

Subject: CRNBC Scope of practice standards, limits and conditions document and by-laws amendments

I trust you both are well. I know you have been very busy with staff shortages and other priorities. At our last meeting you indicated that the CNPBC should aim for having materials prepared for your review and discussion after Thanksgiving. I am pleased to be able to forward to you, on behalf of the CNPBC, a Scope of Practice Standards, Limits and Conditions document that has been approved and recommended by our Standards Committee (a working group until officially authorized by the by-laws) and that has been approved by the CNPBC Board of Directors.

The scope of practice standards, limits and conditions paper is modeled after the nurse-practitioners' document and follows a systematic review of prescriptive authority for N.D.'s in Arizona, prescriptive authority for nurse-practitioners in B.C., as well as an analysis of B.C. drug schedules for all listed drugs and discussion of these analyses, decisions and recommendations by the Standards Committee. (The result largely resembles current authorization for nurse-practitioners, with some minor differences.) This review over the summer was planned to be completed before Thanksgiving as we discussed.

A draft of the relevant section of the by-laws is also attached. Since Daryl was not available for discussion during your staff shortage, Dr. Swetlikoff has made some executive decisions and we are sending you draft by-laws for discussion. Please let us know as soon as possible regarding the by-laws amendments. Other aspects of the initiative, such as quality assurance mechanisms and education and testing requirements are well in hand and can be in a state of readiness for a roll-out of the initiative.

In our meeting, Daryl had also mentioned that there would be a need for a "Q & A" type document as we proceed. If you could indicate whether you require information for a Ministerial briefing note or whether this would be a document for public distribution from the College and any suggestions you might have for content, I could have something prepared very quickly.

We are pleased to be on track with the timelines we discussed and we look forward to hearing from you at your earliest convenience.

Sincerely,

Howard Greenstein, B.Sc., M.A., M.B.A.  
Registrar & CEO

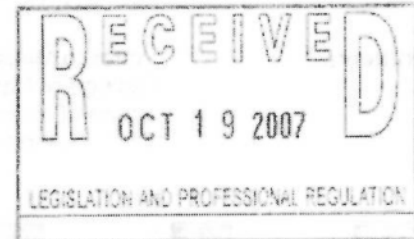
Enclosures (2)

cc: Dr. Lorne Swetlikoff, N.D., President, CNPBC

1698 West 6<sup>th</sup> Avenue, Vancouver BC V6J 1R3

☎ (604) 688-8236 ☎ Fax (604) 688-8476

✉ e-mail: [office@cnpbc.bc.ca](mailto:office@cnpbc.bc.ca) 🌐 website: <http://www.cnpbc.bc.ca>



**Bylaws Amendments of the College of Naturopathic Physicians of British Columbia,  
October 10, 2007 DRAFT**

**New Section to be added after 21. Subsequent sections to be re-numbered:**

**Standards Committee**

22. (1) The standards committee is established consisting of 10 persons appointed by the board, as follows:
- (a) 6 licenced naturopathic physician registrants, at least 1 of whom is a naturopathic physician educator from an approved naturopathic medical education program,
  - (b) 1 appointed member of the College Board of Directors,
  - (c) 2 physicians in good standing with the College of Physicians and Surgeons of British Columbia,
  - (d) 1 pharmacist in good standing with the College of Pharmacists of British Columbia,  
and
  - (e) 1 person nominated by the Ministry of Health Services.
- (2) The standards committee must develop and recommend to the board standards, limits and conditions for the practice of naturopathic medicine by registrants in accordance with section XXX of the regulation.
- (3) The committee may consult, as it considers necessary or appropriate, with other committees, registrants or other individuals who have expertise relevant to a particular area of practice or on any other matter considered by the committee.



**Scope of Practice for Naturopathic Physicians:  
Standards, Limits and Conditions for Prescribing and  
Dispensing Drugs**

**APPROVED DRAFT**  
**Not for Distribution**

OCTOBER 9, 2007

**Appendix B**

**H1 = drug used exclusively in a hospital setting**

Abciximab  
Alteplase and its salts and derivatives  
Amikacin and its salts and derivatives  
Anagrelide and its salts  
Aprotinin  
Argatroban and its salts and derivatives  
Atracurium besilate  
Basiliximab  
Beractant  
Bretylum tosylate  
Caspofungin and its salts and derivatives  
Colfosceril and its derivatives  
Dalfopristin and its salts  
Danaparoid and its salts and derivatives  
Desflurane  
Dobutamine and its salts  
Doxacurium chloride  
Doxapram  
Enflurane  
Epoprostenol and its salts  
Halothane  
Ibutilide and its salts and derivatives  
Isoflurane  
Medetomidine and its salts  
Mepacrine and its salts  
Milrinone and its salts  
Pancuronium and its salts  
Physostigmine salicylate (except preparations for oral or topical use only) V  
Poractant alfa  
Porfimer and its salts  
Procainamide and its salts  
Propofol  
Rocuronium bromide  
Sirolimus and its derivatives  
Sodium nitroprusside and its salts  
Streptokinase/streptodornase  
Succinylcholine and its salts  
Suxamethonium chloride  
Tranexamic acid

## Appendix A

### **THE NATUROPATHIC PHYSICIANS REGULATION**

The naturopathic physicians Regulation available online at [http://www.qp.gov.bc.ca/statreg/reg/H/HealthProf/449\\_99.htm](http://www.qp.gov.bc.ca/statreg/reg/H/HealthProf/449_99.htm) sets out, among other things:

- reserved titles for naturopathic physicians;
- a scope of practice statement;
- reserved actions for naturopathic physicians

### **RESERVED TITLES**

The Regulation states that only registrants of the College of Naturopathic Physicians of British Columbia may use the titles "naturopath", "naturopathic physician" and "sanipractic physician".

### **SCOPE OF PRACTICE**

Scope of practice refers to the activities that naturopathic physicians are educated and authorized to perform. These activities are:

- established through the legislated definition of naturopathic physicians
- complemented by standards, limits and conditions set by the CNPBC.

Under the Regulation, a registrant of CNPBC may practice naturopathic medicine, which is defined as 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.

### **STANDARDS, LIMITS AND CONDITIONS**

The Health Professions Act and the naturopathic physicians Regulation give CNPBC authority to establish, monitor and enforce standards, limits and conditions for naturopathic physicians' practice.

**Standard:** A desired and achievable level of performance against which actual performance can be compared. It provides a benchmark below which performance is unacceptable.

**Limits and Conditions:** A limit is the point at which something must end. The Standards Committee develops and recommends naturopathic physicians standards, limits and conditions for approval by the CNPBC Board.

## **Scope of Practice**

For Naturopathic Physicians:

Standards, Limits and Conditions for Prescribing  
and Dispensing Drugs

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## **PART II – LIMITS AND CONDITIONS**

Naturopathic physicians have the authority to refer to family practice physicians and family practice physicians who have specialized, for example, in palliative care, sports medicine, anesthesia or geriatrics. Naturopathic physicians also have the authority to make direct request for consultation/referral to the following medical specialists:

- Clinical immunology and allergy
- Dermatology
- Ophthalmology
- Otolaryngology
- Internal medicine (and all subspecialties)
- Rheumatology
- Neurology
- OB/GYN
- Orthopedics
- Pediatrics
- Psychiatry
- Physical medicine and rehabilitation
- General surgery (and all subspecialties)
- Urology
- Emergency medicine
- Anesthesia
- Plastic surgery
- Vascular surgery
- Neurosurgery

## **Standards**

### **STANDARD 1**

The naturopathic physician consults or refers to an MD when the client's health condition or needs are such that:

- the diagnosis and plan of treatment is beyond the knowledge, skill and judgment of the naturopathic physician to determine;
- the care that is required is beyond the naturopathic physician's competencies and scope of practice;
- sign(s), symptom(s) or report(s) or diagnostic or laboratory tests suggest that a client's condition is destabilizing or deteriorating and is beyond the ability of the naturopathic physician to manage; or
- the anticipated outcomes of therapy are not realized and further treatment is beyond the ability of the naturopathic physician to manage, or the target symptoms are not responding to treatment.

### **STANDARD 2**

The naturopathic physician communicates and consults with or refers to MD's by:

- clearly presenting the reason for and the level of urgency of the consultation or referral;
- describing the level of MD involvement requested at the time a referral is made;
- determining the availability of the MD to provide the consultation in a timely and appropriate manner;
- ensuring that the MD has appropriate access to the client's relevant health information;
- confirming with the MD, following the consultation, the level of MD involvement; and
- documenting the request for and outcome of the consultation or referral.

### **STANDARD 3**

The naturopathic physician and the consulting MD conjointly establish methods for communicating about their mutual client's health condition and treatment decisions in situations in which client care is shared.



## **Scope of Practice**

For Naturopathic Physicians:

Standards, Limits and Conditions for Prescribing  
and Dispensing Drugs

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## **Section B – Physician Consultation and Referral**

### **PART 1 – STANDARDS**

Consultation and collaboration with other health care providers is an essential component of safe, appropriate and integrated prescribing practices. Naturopathic physicians initiate discussion, collaboration, consultation with and/or refer to other members of the health care team in a timely and appropriate manner.

Consultation, including referral, as used in these Standards, refers to a specific request to or by an MD to become involved in the care of a client with respect to prescribing. The responsibility to consult with or refer to a medical doctor lies with the naturopathic physician and is made in collaboration with the client. A naturopathic physician may also seek consultation with or transfer care to an MD at the request of the client.

Consultation may result in one of the following levels of physician involvement:

- the MD provides an opinion and recommendation to the naturopathic physician who continues to have primary responsibility for the health care of the client;
- the MD assumes concurrent responsibility for some aspects of the care, and the MD and naturopathic physician together clarify who is assuming responsibility for the various aspects of the client's care, including coordination of the overall care; or
- the care of the client is transferred to the MD who then assumes primary responsibility for the care.

The naturopathic physician documents the request for and outcome of the consultation or referral.

Transfer or sharing of care occurs only after discussion and agreement among the client, the referring naturopathic physician and the MD.

## **LIMITS AND CONDITIONS**

Naturopathic physicians will be authorized by the Naturopathic Physicians Regulation under the Health Professions Act to prescribe Schedule I drugs as specified in the Drug Schedules Regulation 9/98 of the Pharmacists, Pharmacy Operations and Drug Scheduling Act in accordance with the CNPBC limits and conditions as listed below.

Drugs to be excluded from the scope of practice of naturopathic physicians are:

- 1) Methadone for heroin withdrawal (except for analgesia)
- 2) Anti-neoplastic agents. (The exception is methotrexate on a continuation basis.)
- 3) Hallucinogenic drugs (such as LSD)
- 4) In-Hospital agents (These are designated by Code H1 in Appendix B.)

(Note: As discussed above, narcotics and controlled drugs would be excluded pending federal approval.)

## **Diagnostic Testing –**

To ensure patient safety (Do No Harm), all naturopathic physicians who are authorized to prescribe must have access to and appropriately utilize laboratory and other diagnostic testing in the assessment, treatment and monitoring of patients receiving prescription drugs.

## Scope of Practice

For Naturopathic Physicians:

Standards, Limits and Conditions for Prescribing  
and Dispensing Drugs

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## PART II – LIMITS AND CONDITIONS

Naturopathic physicians prescribe drugs approved for sale as outlined in the BC Pharmacists, Pharmacy Operations and Drug Scheduling Act and the federal Food and Drug Act and Regulations, and in accordance with CNPBC's Standards for Prescribing and Dispensing Drugs.

Naturopathic physicians within certain contexts of practice may require broader prescriptive authority than what is permitted in the limits and conditions (e.g., to initiate anticoagulants). Such groups of naturopathic physicians will apply to the CNPBC multidisciplinary Standards Committee to expand their prescribing authority. The committee will set standards and other requirements, such as educational preparation, that specific groups of prescribers must meet to be approved for expanded authority.

Naturopathic physicians will have authority to request "Special Authority" medications with the exception of two situations:

- they will not have "Special Authority" privileges for prescribing those drugs that have been designated for physician specialist only; and
- they will not have "Special Authority" privileges for prescribing medications for which they have continuation prescribing authority.

Under the federal Controlled Drug Substances Act and Regulations, naturopathic physicians do not have authority to prescribe narcotics and controlled drugs, including benzodiazepines and other targeted substances. The federal regulations are currently under review. CNPBC will investigate the possibility that naturopathic physicians be given authority to prescribe narcotics, controlled drugs and benzodiazepines. CNPBC would review narcotic and benzodiazepine prescribing practices using the PharmaNet database, when feasible.

## Scope of Practice

For Naturopathic Physicians:

Standards, Limits and Conditions for Prescribing  
and Dispensing Drugs

**Note:** Any other information required by good pharmacy practice (not in the Act) is affixed, such as: expiry date; when applicable; or appropriate special circumstances/auxiliary labels (e.g., shake well).

2. When indicated, the drug is dispensed in a child resistant container.
3. The label can be easily read by the client or client's guardian or representative.
4. The drug is handed directly to the client or the client's guardian or representative.
5. Client education is provided and includes assessment of the client's level of understanding regarding the drug, including but not limited to the:
  - Purpose of the drug;
  - Dosage regime and instructions required to achieve the intended therapeutic response, expected benefits and side-effects, storage requirements; and
  - Written medication information.
6. The transaction(s) is accessible and recorded on an individual prescription profile and/or client record each time a drug is dispensed. The profile will include:
  - client name, address, phone number, date of birth, gender and , when available, allergies and idiosyncratic responses and personal health number assigned by the BC Ministry of Health;
  - date dispensed;
  - name, strength, dosage of drug and quantity dispensed;
  - duration of therapy;
  - directions to patient; and
  - signature and unique identifier of the naturopathic physician dispensing the drug.

## **Scope of Practice**

For Naturopathic Physicians:

Standards, Limits and Conditions for Prescribing  
and Dispensing Drugs

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### **Dispensing Standards (Drugs)**

#### **STANDARD 1**

Naturopathic physicians dispense medications in situations in which a pharmacist is not available or accessible, and/or it is in the best interest of the client to do so. \*

#### **STANDARD 2**

Naturopathic physicians acquire, store, dispense and dispose of drugs in accordance with provincial and federal legislation and regulations, and standards and guidelines for best practice. Naturopathic physicians who dispense drugs other than drug samples or small quantities of medications must receive approval from the CNPBC to be designated as a dispensing practitioner and comply with procedures for Approval Process for Dispensing Practitioners PharmaNet/Pharmacare as set out by the College of Pharmacists of British Columbia.\*

(\* Notwithstanding Standard 1 and 2 above, naturopathic physicians may continue to dispense botanical and other medicinal preparations in accordance with their historical scope of practice, professional training and qualifications, subject to such standards, limits and conditions that may be issued by the College from time to time.)

#### **STANDARD 3**

Naturopathic physicians meet the following expectations when dispensing drug samples or small quantities of medication to their clients:

1. The prescription label (or envelope) indicates (Pharmacists, Pharmacy Operations and Drug Scheduling Act and Regulations;

- client's name;
- drug name, strength where appropriate, and dosage;
- direction for use;
- quantity dispensed;
- date dispensed;
- prescribing number of prescriber; and
- initials of naturopathic physician distributing the drug and the location from which the drug is dispensed, including name, address and telephone number.



## Scope of Practice

For Naturopathic Physicians:

Standards, Limits and Conditions for Prescribing  
and Dispensing Drugs

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- a signed certification that the prescription represents the original of the prescription drug order, the addressee is the only recipient and there are no others, and the original prescription is invalidated or retained such that it cannot be re-issued.
2. Documents the prescription on the client record.
  3. Provides educational information to clients about prescription and non-prescription drugs that includes information regarding:
    - the expected action of the drug;
    - the importance of compliance with prescribed frequency and duration of the drug therapy;
    - potential side-effects;
    - signs and symptoms of potential adverse effects (e.g., allergic reactions) and action to take if they occur;
    - potential interactions between the drug and certain foods, other drugs or substances;
    - specific precautions to take or instructions to follow; and
    - recommended follow up.
  4. Monitors and documents the client's response to drug therapy. Based on the client's response, the naturopathic physician may decide to continue, adjust or withdraw the drug, or to consult with a pharmacist, another naturopathic physician or with an MD in accordance with the CNPBC standards for naturopathic physician and MD consultation.
  5. When client care is shared with an MD, conjointly determines with the MD, processes for access to the client's health record for purposes of treatment decisions and communication.
  6. Stores blank prescriptions in a secure area that is not accessible to the public and does not provide any person with a blank, signed prescription.
  7. Does not prescribe for oneself or become involved in self-care (subject to development of CNPBC policies).
  8. If other options are not available, may prescribe for family, friends or peers, provided the client/provider relationship is established and documented, subject to development of CNPBC policies).
  9. When receiving information from a pharmaceutical representative, independently verifies the information obtained.

## Scope of Practice

For Naturopathic Physicians:

Standards, Limits and Conditions for Prescribing  
and Dispensing Drugs

- date of issue;
- name and address (if available) of client;
- name, strength and dosage form of the substance and the quantity prescribed and quantity to be dispensed (**Note:** If the prescriber intends to prohibit generic substitution, it must be done in accordance with section 30 (1) and (3) of the Pharmacy Act);
- directions for use – refers to the frequency or interval or maximum daily dose, route of administration and the duration of drug therapy;
- directions for number of allowable refills and interval between refills (**Note:** While it is not legally required, if a prescription includes more than one drug, any drug that may be refilled must be clearly identified. If all drugs on a multiple prescription are to be refilled, identify the number of allowable refills for each drug); and
- prescriber's name, address, telephone number and signature including unique naturopathic physicians identifier/number.

**Note:** Other elements, not legally required but that might be considered when prescribing include: indicating if a child resistant container is not indicated; indicating the use of the drug; noting client age, date of birth and weight if the client is on either end of the extreme of their weight range; and/or including special instructions, such as "take with food."

**Note:** A prescription may be telephoned to the pharmacist (unless prohibited by legislation) and must include the prescription information outlined above.

**Note:** A prescription may be transmitted by facsimile (fax) to a pharmacy, provided that the following requirements are met (Pharmacy Act):

- the prescription must be sent only to the pharmacy of the client's choice with no intervening person having access to the prescription authorization;
- the prescription must be sent directly from the prescriber's office or directly from a health institution for a patient of that institution, or from another location providing that the pharmacist is confident of the prescription legitimacy;
- the prescription must include all information listed above and in addition must include:
  - time and date of transmission;
  - name and fax number of the pharmacy intended to receive the transmission; and

## **Section A – Prescribing and Dispensing Drugs**

### **PART 1 – STANDARDS**

#### **Prescribing Standards**

##### **STANDARD 1**

Naturopathic physicians prescribe drugs within the limits of the naturopathic physicians' scope of practice and individual competence within that scope of practice.

##### **STANDARD 2**

Naturopathic physicians prescribe from provincial Drug Schedules I, II and III in accordance with the BC Pharmacists, Pharmacy Operations and Drug Scheduling Act and the federal Controlled and Drug Substances Act and Regulation and the College of Naturopathic Physicians of British Columbia (CNPBC) Prescribing Standards, Limits and Conditions.

##### **STANDARD 3**

Naturopathic physicians prescribe medications in accordance with ethical, legal and professional standards of drug therapy.

##### **STANDARD 4**

Naturopathic physicians engage in evidence-based prescribing and consider best practice guidelines and other relevant guidelines when prescribing for clients, including when recommending complementary or alternative health therapies.

##### **STANDARD 5**

Naturopathic physicians may write prescriptions for clients (when required for reimbursement by insurance plans or to meet provincial regulations) for nutritional supplementation, appliances and devices and for drugs found in Schedules II and III. (Drugs listed in Schedules II and III do not legally require a prescription).

##### **STANDARD 6**

Naturopathic physicians are solely accountable for their prescribing decisions.

##### **STANDARD 7**

Naturopathic physicians participate in the Canadian Adverse Drug Reaction Reporting Program.

##### **STANDARD 8**

Naturopathic physicians meet the following expectations when prescribing drugs:

1. Completes prescriptions accurately and completely including the following information (Bylaws to the Pharmacists, Pharmacy Operations and Drug Scheduling Act and Regulations):

## **Introduction**

The Ministry of Health of BC is currently contemplating revisions to the Health Professions Act, Naturopathic Physicians' Regulation (B.C. Reg. 449/99) and the Bylaws of the College of Naturopathic Physicians of British Columbia, which will enable the implementation of prescriptive authority for naturopathic physicians in BC.

The legal authority for the practice of naturopathic medicine is set out in the Naturopathic Physicians Regulation, under the Health Professions Act.

Naturopathic physicians must meet requirements for ongoing registration, including meeting continuing competency and quality assurance requirements. These requirements are currently undergoing further development in concert with the current initiative.

This document includes the standards, with limits and conditions, specific to the scope of naturopathic physician practice for prescribing and dispensing medications.

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## **CNPBC Standards of Practice**

CNPBC is responsible under the Health Professions Act for setting standards of practice for its registrants.

### **Scope of Practice Standards**

Scope of Practice Standards set out standards, limits and conditions related to the scope of practice for naturopathic physicians.

.....

## **Scope of Practice**

For Naturopathic Physicians:

Standards, Limits and Conditions for Prescribing  
and Dispensing Drugs

---

### **Standards, Limits and Conditions Draft Framework**

#### **ACKNOWLEDGEMENTS:**

The College of Naturopathic Physicians of British Columbia gratefully acknowledges the College of Registered Nurses of British Columbia (CRNBC) for permission to use material from "Scope of Practice for Nurse Practitioners (Family), Standards, Limits and Conditions", CRNBC, April 2007; for their pioneering efforts in this area of health regulation and for their generous assistance.

## Simonson, Kathy HLTH:EX

---

**From:** Simonson, Kathy HLTH:EX  
**Sent:** Thursday, December 13, 2007 2:56 PM  
**To:** Mortimore, Lisa HLTH:EX; Guest, Nora HLTH:EX  
**Cc:** Murray, Wendy HLTH:EX; Forslund, Darynn HLTH:EX; Woolfrey, Tim J HLTH:EX  
**Subject:** MO Mtg (TBD) Request for BN - BC Naturopathic Association (BCNU) - due Tuesday, January 15th (Cliff 708328/x ref 708167 DMA Log #32)

**Attachments:** 708328 x ref 708167 BCNU Mtg Request pdf

Attached is correspondence the MO rec'd regarding the above noted meeting (to be scheduled Feb/March). Please assign to staff to prepare a briefing document for Minister Abbott. Our office will be in touch regarding staffing as appropriate.

We would appreciate receiving the approved document via usual process, by the due date of Tuesday, January 15th.

The assignment folder is now ready for pickup.

Thanks so much,



708328 x ref  
08167 BCNU Mtg R.

Kathy Simonson  
Administrative Coordinator, Program Operations  
Deputy Minister's Office, Ministry of Health  
5-3 1515 Blanshard St  
Victoria BC V8W 3C8  
Telephone 952-0998 Fax 952-1909  
[kathy.simonson@gov.bc.ca](mailto:kathy.simonson@gov.bc.ca)

Province of  
British Columbia

Minister of Health

PO BOX 9050  
Stn Prov Govt  
Rm 337, Parliament Bldgs  
Victoria, B.C. V8W 9E2  
Phone: 250-953-3547  
FAX: 250-356-9587**FAX**

DATE TRANSMITTED

Dec 13, 2007

DELIVER TO:

NAME

Tim, Darynn / Kathy

MINISTRY/COMPANY NAME

CITY

FAX NUMBER

PHONE NUMBER

DELIVERED FROM:

- |   |  |
|---|--|
| <input type="checkbox"/> HONOURABLE GEORGE ABBOTT             | <input type="checkbox"/> MARK MASONGSONG, EXECUTIVE ASSISTANT                    |
| <input type="checkbox"/> JAMIE BRAMAN, MINISTERIAL ASSISTANT  | <input type="checkbox"/> YVETTE MARQUIS, ADMIN. COORDINATOR                      |
| <input type="checkbox"/> JOANNA RICHARDS, EXECUTIVE ASSISTANT | <input checked="" type="checkbox"/> CINDY FLESH, ADMIN. ASSISTANT                |
| <input type="checkbox"/> JAMES WATSON, EXECUTIVE ASSISTANT    | <input type="checkbox"/> LAURA HOPE, CORRESPONDENCE<br>& INFORMATION COORDINATOR |

NUMBER OF PAGES: 3  
(including cover sheet)

mtg request

1) BCNA - BCU, STAFF 1/2 hour / 15 PB  
Feb / March

Confidential: Yes \_\_\_ No \_\_\_ Urgent: Yes \_\_\_ No \_\_\_

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BCNA, 2238 PINE STREET, VANCOUVER, BC, V6J 5G4  
 PHONE: 604/736-6646 - FAX: 604/736-6048 - e-mail: bcna@bcna.ca

December 12, 2007

Hon. George Abbott  
 Minister of Health  
 Room 337  
 Parliament Buildings  
 Victoria, BC V8V 1X4

MINISTER'S OFFICE HEALTH	
#	708167
DRAFT <input type="checkbox"/>	DEC 12 2007
REPLY <input type="checkbox"/>	<input type="checkbox"/> REPLY DIRECT
FYI <input type="checkbox"/>	<input type="checkbox"/> FILE
REMARKS	
<input type="checkbox"/> AA	<input type="checkbox"/> MA
<input type="checkbox"/> EA	<input type="checkbox"/> CCU
	<input type="checkbox"/> SA
	<input type="checkbox"/> DM

Dear Minister Abbott:

I am writing on behalf of the British Columbia Naturopathic Association (BCNA) to request a meeting with you before the BC Legislature reconvenes again in February. This would be our first opportunity to meet with you since May 2006. We would be available to meet with you in your Victoria office or the Vancouver Cabinet offices at Canada Place.

We look forward to discussing our ongoing work with the BC government on issues facing this profession. Specifically, we want to update you on the progress we have made working with your Ministry staff since our last meeting. Our main focus has been a collaborative effort to ensure naturopathic physicians (NDs) may prescribe certain drugs (i.e., establish a pharmacopeia). We trust you will reconfirm your commitment on this extremely important and timely issue.

Naturopathic doctors across the province were active participants in the Conversation on Health. We followed the progress of this important consultation closely. We were pleased to see many of our priorities highlighted in the final report. In fact, we feel that many comments expressed by British Columbians through the Conversation on Health segue into our other scope of practice concerns. We would be very interested in speaking to you about your plans for implementing changes based on the Conversation on Health and how any of these potential changes might affect the current practice of naturopathic medicine. Allowing time for a short question and answer would also be valuable.

.../2

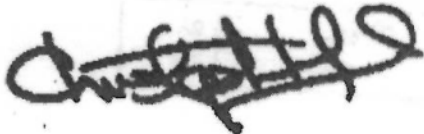


December 12, 2007  
Hon. George Abbott  
Page 2

Glenn Cassie, Executive Director of the BCNA, will follow up with your office shortly to discuss this request and answer any questions you may have. Or, should you or your staff wish to speak to him directly, he can be contacted at 1 (604) 736-6646 or [bcna@bcna.ca](mailto:bcna@bcna.ca).

Thank you in advance for your consideration of this request.

Sincerely,

A handwritten signature in black ink, appearing to read 'Christoph Kind', with a stylized flourish at the end.

Christoph Kind, ND  
Chair, British Columbia Naturopathic Association

**Cambiazio, Valentina C HLTH:EX.**

715475 SPURGi

**From:** Debbie Ferreira, CNPBC [office@cnpbc.bc.ca]  
**Sent:** Thursday, February 14, 2008 4:39 PM  
**To:** Health, HLTH HLTH:EX  
**Subject:** To the Minister re: Throne Speech

Dear Honourable George Abbott,

On behalf of the College of Naturopathic Physicians of BC, I would like to commend and congratulate you on the many ground-breaking health initiatives announced in the Throne Speech. Our College is prepared to move forward with leading edge regulatory practices appropriate to the initiatives announced by your Government with respect to naturopathic physicians.

We commend the Government's support of patient choice in their health-care and stand ready to do our part to ensure the success of these initiatives.

Thank you for your leadership.

Sincerely,

Dr. Lorne Swetlikoff, B.Sc., ND  
CNPBC President

2008-02-15





BCNA, 2238 PINE STREET, VANCOUVER, BC, V6J 5G4  
PHONE: 604/736-6646 \* FAX: 604/736-6048 \* e-mail: bcna@bcna.ca

February 27, 2008

Honourable George Abbott, Minister of Health  
Room 337, Parliament Buildings  
Victoria BC V8V 1X4

Dear Minister,

MINISTER'S OFFICE HEALTH		
# 7187		
DRAFT <input checked="" type="checkbox"/>	<input type="checkbox"/> REPLY DIRECT	
REPLY <input checked="" type="checkbox"/>	MAR 12 2008	
FYI <input type="checkbox"/>	<input type="checkbox"/> FILE	
REMARKS		
<input type="checkbox"/> AA	<input type="checkbox"/> MA	<input type="checkbox"/> SA
<input type="checkbox"/> EA	<input type="checkbox"/> CCU	<input type="checkbox"/> DM

Thank you for taking the time to meet with the BCNA on February 21. We appreciate your government's efforts to move forward on health issues in a proactive, pragmatic and rational fashion. We particularly appreciate that your personal vision of health care embraces patient needs over the long term, not simply vested interest.

We agree and support your government's recognition for better choices in the provision of health care and emphasis that patients take greater responsibility for their own health. We have already begun the process of reaching out to other stakeholders and professional groups as a stepping stone towards improved collaboration in the delivery of health care. Overall, though, the ability for naturopathic doctors in BC to continue to meet the demands and needs of patients is contingent on government regulatory changes.

During our meeting we jointly confirmed many of the points raised in the Throne Speech, such as allowing health professionals to practice at the full extent of their education, training and expertise. Removing the existing barriers that hinder the delivery of primary care by naturopathic physicians will streamline and improve health care in our province. In relation to the BCNA's "Four Point Plan for a Healthier British Columbia," we confirmed your commitment to the Throne Speech in respect to establishing appropriate prescription rights for naturopathic physicians.

While we noted in a light-hearted manner that a legislative mandate for a schedule of preparations dates back 50 years, I can't stress enough how urgent this outstanding issue is. Every day our members are forced to either compromise the health care they provide to their patients, and therefore their credibility as a doctor, or circumvent current regulations. Traditional and highly effective medicines continue to come under the existing drug schedule regulations, effectively preventing their utilization by the very professionals who have the knowledge and expertise to prescribe them safely. This is a

compromise that is unethical and not in the interest of patients or the health care system overall.

We understand that there are myriad health objectives and priorities for your ministry and ministry staff. But we also feel that we have long shown patience with the process. Our due diligence on this issue has been completed and, despite other issues, moving forward quickly will have an immediate positive impact on public health. We hope you will help facilitate this process in a timely fashion.

Again, thank you for your leadership, your consideration and time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Christoph Kind', written in a cursive style.

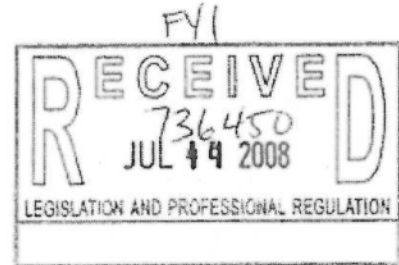
Dr. Christoph Kind, BCNA President





BCNA, 2238 PINE STREET, VANCOUVER, BC, V6J 5G4  
Phone: 604/736-6646 \* Fax: 604/736-6048 \* e-mail: bcna@bcna.ca

July 10, 2008



Mr. Stephen Brown  
Assistant Deputy Minister, Medical Services Division  
Ministry of Health  
3-1, 1515 Blanshard Street  
Victoria, BC V8W 3C8

Dear Mr. Brown:

I am writing to clarify the British Columbia Naturopathic Association's (BCNA) position regarding the relationship between access to diagnostic services and the Medical Services Plan (MSP).

First, I would like to congratulate the BC Government on the health care commitments made in this year's Throne Speech, such as allowing naturopathic physicians (NDs) to utilize more broadly the full extent of their education, training and expertise. These commitments are an enormous step forward for all British Columbians. We feel strongly that removing the existing barriers that hinder the delivery of primary care by naturopathic physicians will streamline and improve the overall health care system in our province.

The commitment to allow NDs to access BC diagnostic facilities will enhance patient care and eliminate redundancy and duplication. As I am sure you are aware, many BC NDs already use laboratory and diagnostic imaging facilities in other provinces or the United States to perform primary health care and reach a diagnosis. In other cases, NDs must refer their patients to a medical doctor (MD) who bills MSP for the assessment as well as the actual test. All of this reinforces redundancy, increased costs and longer wait times.

We want to point out that government has provided laboratory and imaging access to other health professionals, such as midwives and nurse practitioners, but not to NDs. In fact, NDs receive more training in basic and some clinical sciences than students at many standard medical and nursing schools as well as midwifery programs. Further, as I stated above, many BC NDs have already been using diagnostic services for many decades.

It is our opinion that the cost of a diagnostic test should not be a barrier to patient choice in health care. With an ND to MD referral for lab access, the government is already paying a referral consult fee, lab fee, and in some cases additional costs from consultations with diagnostic facility staff. We believe that the overall cost to MSP for covering NDs' diagnostic services will eliminate this redundancy and may cost less than the current referral system.

.../2

July 10, 2008  
Mr. Stephen Brown  
Page 2

We hope the issue of MSP will not detract from recognizing the integral focus diagnostic services have in primary health care. We would like to meet with you in the coming weeks to discuss these issues more fully. Representatives of the BCNA will be in touch with you shortly to determine the most convenient time for you to meet. We would be pleased to come to your offices in Victoria or meet in Vancouver, whichever is your preference.

The BCNA looks forward to working with you and your colleagues to implement the Throne Speech commitments to naturopathic physicians for pharmacopoeia and access to diagnostic facilities.

Yours truly,

A handwritten signature in dark ink, appearing to read 'Christoph Kind', with a stylized flourish at the end.

Dr. Christoph Kind  
BCNA President

cc: Craig Knight, Assistant Deputy Minister, Strategic Policy, Legislation &  
Intergovernmental Relations, Ministry of Health

Daryl Beckett, Director, Professional Regulation, Ministry of Health

Tes, Sabryna HLTH:EX

765476

**From:** Beckett, Daryl K HLTH:EX  
**Sent:** Monday, January 19, 2009 8:12 PM  
**To:** Tes, Sabryna HLTH:EX  
**Subject:** FW: Additional Comment from the BCNA  
**Attachments:** D Beckett January 19 2009.pdf; Article in today's Sun re flu vaccine.htm

pls print and cliff.

---

**From:** Glenn Cassie [mailto:bcna@bcna.ca]  
**Sent:** Monday, January 19, 2009 3:25 PM  
**To:** Beckett, Daryl K HLTH:EX  
**Cc:** LPRAdmin, HLTH HLTH:EX  
**Subject:** Additional Comment from the BCNA

Hi Daryl,

Dr. Kind has written an additional letter in respect to the one-week extension on the comment period. I have attached his letter as well as an e-mail he refers to in the correspondence. Please call me if you have any questions.

---

Glenn Cassie, BCNA Executive Director  
2238 Pine St, Vancouver, B.C., V6J 5G4  
Ph: 604.736.6646 • Fx: 604.736.6048 • [www.bcna.ca](http://www.bcna.ca)

2009-01-20



BCNA, 2238 PINE STREET, VANCOUVER, BC, V6J 5G4  
PHONE: 604/736-6646 \* FAX: 604/736-6048 \* e-mail: bcna@bcna.ca

January 19, 2009

Daryl Beckett  
Director, Professional Regulation  
Ministry of Health  
5-1, 1515 Blanshard St.  
Victoria, B.C., V8W 3C8

Dear Daryl,

I understand that other health professional organizations in British Columbia have requested an extension to the public comment period for the proposed changes to the *Naturopathic Physicians Regulation*. Having liaised and consulted with other health professional associations for several years on these specific issues, we're familiar with many of the concerns we expect they're raising. We would like to take this opportunity to provide the BCNA's perspective.

Over the years, we have heard comments that we would characterize as misperceptions, misconceptions and misinformation. Our profession has worked diligently to provide information to organizations and the public to correct these false impressions, but nonetheless certain professional bodies seem to maintain positions based on erroneous information.

One such recurring comment is that naturopathic physicians somehow lack the education, training and qualifications to provide primary health care to patients. As you and your colleagues are well aware, naturopathic physicians' education includes at least three years of pre-medical training followed by four years of full-time study at an accredited naturopathic college. Naturopathic students receive more training in basic and some clinical sciences at accredited naturopathic colleges than students who attend standard medical schools. To underscore this point, it's worth reiterating a quote from the Gap Analysis which states that "...a naturopathic medical college has no choice but to prepare NDs with a biological and biomedical education of the same breadth and depth that prepares an MD to be a primary care physician." Further, our self-regulatory board, the College of Naturopathic Physicians of BC, has committed to undertake a comprehensive and rigorous ongoing competency program in consultation with the Ministry of Health and the College of Physicians and Surgeons to ensure that only qualified NDs will provide services such as prescribing pharmaceuticals or ordering diagnostic tests for patients. As you know, there have been no incidents reported by patients that would

raise concerns regarding quality of care nor have there been malpractice issues against NDs regarding the proposed changes in the draft regulation.

Another concern we understand may have been raised by other organizations is that they have lacked opportunities for consultation or engagement in the development of the proposed changes to the *Naturopathic Physicians Regulation*. Apart from the ongoing resistance to such co-operation by some groups, in fact, as you are aware, representatives of the College of Physicians and Surgeons played a very important role in the development of our draft regulations. They have been consulted and included as much as possible; it is our understanding that the proposed changes have met their approval as being in the public interest. In addition, the College of Pharmacists has cooperated and supported this issue since the HPC review process began. From our perspective, all key stakeholders have been included in the evolution of the draft regulation. That said, while we believed the original public comment period duration was fair and should have permitted full participation by interested stakeholders, we support the Ministry's decision to extend the public consultation period by one week to permit all stakeholders to comment.

Lastly, we understand that concerns may have been raised about our stance on immunizations. With regard to that point, I would like to share with you an e-mail the BCNA sent to Dr. Perry Kendall, the Provincial Health Officer, in October 2008 about our support for the provincial immunization strategy. This was sent in response to an article in the Vancouver Sun, which may have incorrectly led readers to believe that naturopathic physicians offered flu vaccination advice that ran contrary to that of Dr. Kendall and the provincial immunization guidelines. In the e-mail, we assured Dr. Kendall that it was the ND's intention—shared by the naturopathic profession—to offer advice to patients who fall outside the provincially-recommended demographic to seek the seasonal influenza vaccine to help them bolster their immune systems. We pointed out to Dr. Kendall that while the reporter may have framed the story differently, the advice of the ND and that of Dr. Kendall actually complement one another, and that NDs support the provincial immunization strategy. I would like to add that our position has not changed since then. You may also refer to the policy paper on immunization which has been posted on our website since for nearly a decade. The BCNA enjoys working collaboratively with the provincial government to support important public health initiatives. We feel that as specialists in health promotion and disease prevention, our profession has much to offer. As well, we seek out partnerships with other organizations, such as the BC Healthy Living Alliance, to further these goals.

We remain open to any thoughtful and relevant commentary on changes to our regulation, but feel that some criticism may come from a place of vested interest, a lack of understanding and even a refusal to learn about the value of other health professions.

It is our hope that, upon the conclusion of the public comment period, we can work together to address any further information the Ministry may require to move forward in a timely manner. The BCNA believes this important initiative begins to recognize the current and traditional practice of naturopathic physicians in British Columbia more accurately. Moreover, these new regulations will increase patient choice in health care and also facilitate access to primary health care for thousands of British Columbians.

Sincerely,

A handwritten signature in black ink, appearing to read 'Christoph Kind', with a stylized flourish at the end.

Dr. Christoph Kind, BCNA President

c.c. Dr. Lorne Swetlikoff, CNPBC President; Howard Greenstein, CNPBC Registrar

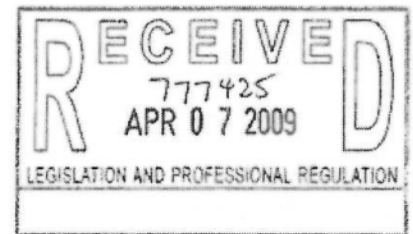




## COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

March 26, 2009

Honourable George Abbott  
Minister of Health Services  
PO Box 9050 Stn. Prov. Govt.  
Victoria, BC V8W 9E2



Via Email - Hlth.health@gov.bc.ca

Dear Minister Abbott,

We appreciated the opportunity to meet with you in November. We have been working diligently with your staff to implement the Throne Speech commitments concerning naturopathic physicians. Based upon these discussions, we are expecting the regulation and bylaws to be approved before April 1<sup>st</sup>, 2009.

The Annual General Meetings (AGM) of the College of Naturopathic Physicians of BC (CNPBC) and the BC Naturopathic Association (BCNA) will take place on Saturday, April 4<sup>th</sup>, 2009. We are hopeful that you will approve the Naturopathic Physicians' Regulation and Bylaws before April 4<sup>th</sup>. The expectations of N.D.'s in the province are high, based upon the Throne Speech announcements and the progress to this point. Our intention is to announce at the AGM on April 4<sup>th</sup> that the Regulations and Bylaw amendments have been approved. We would like to invite you to the CNPBC AGM on April 4<sup>th</sup> to be recognized and receive the appreciation of the naturopathic physicians of BC.

We are concerned that lobbying by the B.C.M.A. and a public campaign of misinformation about naturopathic medicine has caused delays such that there is now great concern in our profession about the initiatives. We hope that the self-serving, intemperate and inaccurate remarks concerning naturopathic physicians made by some members of the B.C.M.A. will not undermine years of collaborative work that has been accomplished between our College and your Ministry staff in updating the Naturopathic Physician's Regulation and in turn the vision outlined in the Throne Speech.

We have done considerable preparatory work and have addressed numerous issues in collaboration with your staff. Any remaining items on this file should be able to be cleared quickly within the next couple of days. We understand that your staff have many projects, but to allow both AGM's to pass without having a positive announcement would be terrible from our perspective, given all of the collaborative work that has occurred and the high expectations of the N.D.'s and their patients across the province.

The CNPBC desires to continue to work collaboratively with your Ministry of Health staff to ensure that the prescriptive authority initiative is implemented safely and effectively. It is our intention to regulate this area vigorously, to set standards, limits and conditions as required and to review the program after one year and provide you with a thorough report. We assure you that we will continue to work toward the highest standards of care and safety in regulating the profession and believe that your vision of a health care system that responds to consumers' choices and encourages inter-professional collaboration will be seen as a giant leap forward for health care in BC and Canada.

I am prepared to meet with you at any time if that would assist in resolving any outstanding issues.  
Thank you for your vision and your leadership.

Sincerely,



Lorne Swetlikoff, B.Sc., ND.  
CNPBC President

CC: Craig Knight  
Assistant Deputy Minister

Daryl Beckett ✓  
Director, Professional Regulation



## COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

July 7, 2009

Honourable Kevin Falcon  
Minister of Health Services  
PO Box 9050 Stn. Prov. Govt.  
Victoria, BC V8W 9E2

MINISTER'S OFFICE HEALTH	
# 790346	clpi
DRAFT <input checked="" type="checkbox"/> REPLY <input checked="" type="checkbox"/>	JUL 13 2009
FILED	REPLY

Dear Minister Falcon,

Congratulations on your re-election and your appointment as Minister of Health Services. The College of Naturopathic Physicians of British Columbia (CNPBC) has been working very closely with your staff and former Minister of Health Abbott on the new initiatives for naturopathic physicians in British Columbia, including a clearly defined scope of practice, prescriptive authority and improved access to laboratory and other diagnostic services. The College recognizes that these changes will improve health services to the public and also that they bring with them regulatory responsibilities which our College takes very seriously.

While most of the legislative and regulatory work necessary has already been done by your capable staff and approved by Minister Abbott, there remain a few important details that need to be finalized. We look forward to working closely with your staff, including Assistant Deputy Minister Craig Knight and Director of Professional Regulation Daryl Beckett, to accomplish this. I would like to make myself available, with our Registrar, Howard Greenstein, to meet with you to give you a progress report from our perspective, including the challenges that still remain.

The CNPBC looks forward to collaborating with your staff and other willing regulatory bodies to implement the regulatory changes introduced by your government which will change the future of the health care system in BC. I look forward to meeting with you at an appropriate time and wish you all the best as you commence your tenure as Minister of Health.

Sincerely,

  
Dr. Lorne Swetlikoff, B.Sc., ND  
CNPBC President

# Section 1: Introduction

## Background



The purpose of this document is to provide a comprehensive overview of the project's objectives, scope, and the methodology employed. This section will detail the background information, the specific goals of the study, and the approach taken to achieve these goals. The document is structured to ensure that all relevant information is presented in a clear and concise manner, facilitating a thorough understanding of the project's context and aims.

The project was initiated in response to the need for a more efficient and effective way to manage the company's resources. The primary objective was to develop a system that could streamline the workflow, reduce errors, and improve overall productivity. This document outlines the various stages of the project, from the initial planning phase to the final implementation and evaluation.

The methodology used in this project was a combination of qualitative and quantitative research methods. This included conducting interviews with key stakeholders, performing data analysis, and implementing pilot tests to gather feedback and refine the system. The results of these activities are discussed in detail in the subsequent sections of the document.



## COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

September 25, 2009

Honourable Kevin Falcon  
Minister of Health  
PO Box 9050 Stn. Prov. Govt.  
Victoria, BC V8W 9E2



Dear Minister Falcon,

Congratulations again on your appointment as Minister of Health. As I am sure you are aware, the College of Naturopathic Physicians has worked closely with your Ministry of Health staff over the past few years on legislation/regulation covering the scope of practice of naturopathic doctors including prescribing authority.

We were gratified when your government, with the support of Minister George Abbott, announced in the Throne Speech that prescribing rights and laboratory access for naturopathic physicians were part of the Throne Speech commitments. We were very pleased when the Naturopathic Physicians Regulation and revised CNPBC Bylaws were approved.

The Pharmacopoeia and Diagnostic Referral Committee (PDR) established under the bylaws has virtually finished with preparations for the prescribing component of the Throne Speech commitments and mandate of the PDR Committee. The committee has included input from Pharmacists, an MD and public member as well as ND's as per the approved bylaws.

Outstanding from the fore mentioned Throne Speech commitment is access to laboratory facilities in British Columbia by naturopathic physicians. To date, ND's are not permitted to order laboratory and diagnostic tests in BC. Unfortunately, the only obstacle to ND's in BC referring their patients for lab tests is an internal policy by the College of Physicians and Surgeons of BC (CPSBC) forbidding pathologists to accept ND test referrals. Currently, all ND's in BC send their tests to Alberta or the U.S where medical boards and pathologists take no issue with accepting ND orders.

We have engaged in a collaborative discussion with the CPSBC pertaining to this issue. We were hopeful that, under the new model for healthcare in BC established by your government, this issue could be resolved in a collegial manner. Unfortunately, to date their policy has not changed.

The CNPBC takes this issue very seriously as timely and accurate test results are required to properly monitor patients on medication. For our College, this is a matter of public interest and patient safety and this matter should be of equal interest to the mandate of the CPSBC.

Access to BC laboratories by ND's is not a financial burden for the Ministry of Health. To the contrary, patients of ND's currently pay for lab tests performed outside of BC on a fee for service (cash) basis. Patients would still be required to pay the lab/diagnostic facility for their tests. These would not be MSP covered tests.

A senior laboratory physician approached our College to volunteer to sit on the PDR Committee to provide input into the lab referral standards to be developed. Unfortunately, while he reported that the BC Association of Laboratory Physicians initially supported his involvement in the committee's work, it appears that the CPSBC does not support

✉ 1698 West 6<sup>th</sup> Avenue, Vancouver BC V6J 1R3

☎ (604) 688-8236 📠 Fax (604) 688-8476

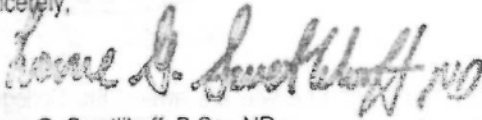
✉ e-mail: [office@cnpbc.bc.ca](mailto:office@cnpbc.bc.ca) 🌐 website: <http://www.cnpbc.bc.ca>

his or any laboratory physician's involvement. They indicate that they have not changed their position of opposition, despite the government's Throne Speech commitments and subsequent actions.

We would like to request a meeting with you as soon as possible to fully brief you on all progress and the remaining obstacle to achieving full implementation of the Throne Speech commitments. We would appreciate any assistance that might be possible from you and your staff in addressing the remaining road block.

We are committed to collaborative action on the health initiatives passed by your government in the last legislative session and to looking at new ways to ensure that the health care system is as effective as possible within existing resources. We hope to work with you on these goals.

Sincerely,



Lorne G. Swetlikoff, B.Sc., ND  
CNPBC President

CC: John Dyble ✓  
Deputy Minister

Stephen Brown  
Assistant Deputy Minister

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✉ 1698 West 6<sup>th</sup> Avenue, Vancouver BC V6J 1R3

☎ (604) 688-8236 📠 Fax (604) 688-8476

📧 e-mail: [office@cnpbc.bc.ca](mailto:office@cnpbc.bc.ca) 🌐 website: <http://www.cnpbc.bc.ca>