Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Acupuncture, Delegation, Dispensing & Selling, Requisitioning Laboratory Tests
Acupuncture	General Feedback: Without checking the standards of practice for the regulatory college governing acupuncturists in Ontario, I am assuming they have a certain number of CE credits required per reporting cycle. Since this is a modality that carries risks involving puncturing the epidermis I am wondering whether there should be a certain amount of minimum CE credits to maintain professional standards in this modality?
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	General Feedback: I would like greater clarity around the process of delegation between naturopathic doctors specifically. i.e. Perhaps a standardized form that can be used, or what notation needs to be in the patients file accepting delegation between naturopaths.
Dispensing and Selling	General Feedback: I am opposed to the practice of naturopaths being able to stock a private dispensary and the the margin by which they can increase their prices over the MSP.

	Why I'm opposed: Selling supplements is what largely contributes to the bad reputation ND's have in the community. "I went to see a naturopath and walked out with $400 in supplements!" It leads to what amounts to an imbalance of power when NDs suggest supplements from their private stock and patients feel some sort of obligation to purchase. It also leads to bad practices of knowing that certain stock is approaching expiry dates and therefore are "pushed" onto patients that may not need them, as well as many patients buying close to expired product. The suggest markup of supplements at 90% over MSP amounts to gauging patients who are already forced to pay out of pocket for healthcare in a province with Universal Healthcare that often does not address the root causes of chronic disease which in many cases requires on-going supplementation. The suggested markup should be lowered to 50% or less to ensure that NDs are still able to carry certain supplements, and a campaign done to ensure that the general public knows that any supplement bought from an ND MUST BE ASSURED to be WITHIN THREE MONTHS of expiry date, and will ALWAYS be less expensive than purchasing the same product from a retailer. I am firmly convinced that the practice of NDs selling product directly to patients is the main contributer to the "bad rap" we have in Ontario. I am especially concerned with IV clinics who work with patients with cancer taking advantage of the patients' fear and gauging them at their most vulnerable time of their lives.
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	

Requisitioning Laboratory Tests	General Feedback: I strongly urge the OAND to push for having laboratory testing requested by NDs in Ontario paid for by OHIP.
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
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2. Feedback

Standards Providing Feedback	Acupuncture, Dispensing & Selling
Acupuncture	General Feedback: Concerned that this may limit our scope of practice to help those that will need this modality.
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General Feedback: This will not allow NDs to have a viable dispensary (since it will no longer be economically sound to have since you cannot recover the costs to maintain it); subsequently, not having a dispensary cannot serve the patients since the patient will have to look elsewhere for quality brands that may not be found in their community, or they will not be compliant in their health journey and lead to lack of follow-up visits
Dual Registration	
Inhalation	

Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
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Requisitioning Laboratory Tests	
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Therapeutic Relationships and Professional Boundaries	

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2. Feedback

Standards Providing Feedback	Acupuncture, Collecting Clinical Samples
Acupuncture	Definitions Feedback: I am a bit unclear on the definition of delegation. Does this mean a controlled act like acupuncture cannot ever be delegated to another provider whether or not the controlled act is in their scope of practice? Are there other conditions that need to be met? How is delegation different from a referral? Does this only apply to acupuncture or all controlled acts?
Collecting Clinical Samples	General Feedback: I do not see labeling requirements under Standard 2 as indicated in the summary of changes document and think these are important details.
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	

Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
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2. Feedback

Standards Providing Feedback	Collecting Clinical Samples, Manipulation
Acupuncture	
Collecting Clinical Samples	General feedback: Need to add in office blood ketone testing. Useful for metabolic health management.
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	

Manipulation	General feedback: NDs do not have adequate training to be performing manipulations. I have permanent damage to my cervical spine from our training. I have not performed a manip since licensing exams. Taking the CI list away does not protect the public or practitioners. At the very least, it served as a guide of 'best to refer'. If NDs are going to be providing manipulation on patients, there needs to be way more skill development than what was provided at CCNM. Ppl who graduated as ND/DCs had different training. The graduates of the last 15 years do not have adequate technique.
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
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Standards Providing Feedback	Collecting Clinical Samples
Acupuncture	
Collecting Clinical Samples	General feedback: This is just a recommendation or suggestion but perhaps listing type of clinical specimens that can be collected in-office vs at a laboratory. This can be especially useful for NDs transferring from other provinces where certain in-office collection is allowed. For example, in Alberta we are allowed to do finger prick blood collection for dried blood spot and other food sensitivity testing in-office however it was a laboratory rep that informed me that finger prick clinical specimen collection isn't allowed in Ontario. This would make it easier for all NDs to follow the standard accurately. On that note, perhaps letting NDs in Ontario collect clinical specimens through finger prick blood collection could be helpful as this would also allow for checking blood glucose levels in emergency situations such as hypoglycemia following an IV treatment.
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	

Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
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2. Feedback

Standards Providing Feedback	Communicating a Diagnosis, Compounding, Delegation, Dispensing and Selling, Prescribing, Restricted Titles
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	General feedback: I know this comment may not be in the best category of this consultation, however, I would like to provide my opinion here. I believe NDs should be allowed to request imaging studies such as abdominal ultrasound, spine X-ray, Echocardiogram, ECG, EMG. I believe this would speed up services to the population.
Compounding	General feedback: The NDs in ON are trained and examined before recommending herbal tinctures, minerals, and vitamins to their patients. They are able to select the herbs and synergetic substances such as minerals and vitamins to make the best treatment options. I believe not allowing NDs to do this act is to deprive the public from trained professionals able to do this procedure. Thus, I believe NDs should be allowed to compound their natural botanical, minerals and vitamins formulas indicated to their patients.
Consent	
Delegation	General feedback: I believe NDs are trained and can delegate parts of their interactions with their patients, such as general physical examination, vital signs, anthropometric measurements and electronic generated physical measurements to other professionals such as RNs, or even NPs, and paramedics.

	Also, I believe RNs, NPs and paramedics can be delegated by an ND to perform venipunctures as well. Also, I believe that NDs can delegate gynecological examination to an NP as well. The communication of a diagnosis should remain within the ND-patient relationship area.
Dispensing and Selling	General feedback: I believe NDs can charge for their formulas and products they sell. This should not interfere with the indication of the best treatment options for the patient as per the technical judgement of the ND and also, the patient should know the price of the product and also be offered an option to buy it from any supplier he or she prefers without interference with his or her treatment.
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	General feedback: I believe NDs are trained and tested on their knowledge of allopathic remedies. Thus, I believe NDs should be allowed to prescribe some of them as family doctors are too. They are naturopathic treatments that overlap some allopathic treatment, a good example is systemic hypertension. Once the blood pressure of the patient start reaching better measurements, the ND has to refer the patient to his or her family doctor to make adjustments on his on her medication. This can create delays on the treatment.
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	General feedback: ND is an educational/professional degree. I understand its use should be valued and reserved for those who underwent the training and board examinations to reach that degree. I believe, those who once achieved through education and examinations, should be

	allowed to keep it, even after retirement with no need of the "retired" word after the degree. Once the ND retired, he or she, on his or her own, would not use the title to get personal advantages, rather, to remain among those who believed, loved, pursued, achieved, and once practiced naturopathic medicine. In case they are approached by someone asking for their services as NDs after retirement, they simply would state they are retired and can refer to an active ND. This is simply my hearfelt opinion.
Therapeutic Relationships and Professional Boundaries	

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2. Feedback

Standards Providing Feedback	Compounding, Delegation, Dispensing and Selling, Intravenous Therapy, Restricted Titles
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	General feedback: These standards are treating non-prescription items as if they are prescription items. Compounded products are being treating like prescription drugs. We are no covered by OHIP and thus deserve different standards. Some compounded products are done in batches and were not compounded for one individual and these restricts will slow down patient access and therefore safety and care.
Consent	
Delegation	General feedback: This standard isn't clear and is not consistent throughout the document. Peer to peer delegation is unclear. Peer to peer delegation should go hand in hand with titles. If you have a title such as IV you should be able to delegate it to other NDs as this is how they learn. The primary delegation to a peer needs to be more robust. Do both peers retain primary care over the patient? Is this relationship consistent other than IVIT? Does the delegation from peer to peer function the same with a prescription medication?
Dispensing and Selling	General feedback:

	We are not covered by OHIP, if you want this done then get us covered by OHIP first. Cost recovery needs to be allowed so NDs can provide patients with supplements and laboratories which have a significant cost to a practice. These restrictions are greater than other health care professionals in Ontario and more aggressive than federally mandated. Lack of cost recover will reduce patient access to care and inhibit the ability to treat the patient effectively and safely. Operational costs have to be allowed to run these arms of a practice.
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	General feedback: IV Ozone, IV chelation edta and DMPS, dextrose prolotherapy, prolozone, procaine and lidocaine, and other substances should be approved as these are not prescription items Federally, IN Alberta we as NDs are allowed to administer these substances as in Alberta NDs do not have prescription rights. So why are we being denied access to these substances in Ontario?
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	General feedback: Restricted titles like FABNO, need to be allowed. An organization like FABNO already has training and quality control in place for their adjunct treatment of cancer. Not using titles that already have strict requirements and scrutiny puts patients at risk because they will not know there is advanced training due to the inability to use this title. This puts patients at risk. NDs who have the knowledge skill and judgement must be allowed to show this effort for patient safety. Or chelation certified, ozone certified, prolotherapy certified etc..

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2. Feedback

Standards Providing Feedback	Compounding, Delegation, Dispensing and Selling
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
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Consent	
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Dispensing and Selling	General feedback: Cost recovery needs to be allowed so NDs can provide patients with supplements and laboratories which have a significant cost to a practice. These restrictions are greater than other health care professionals in Ontario and more aggressive than federally

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2. Feedback

Standards Providing Feedback	Compounding, Delegation, Dispensing and Selling, Requisitioning Laboratory Tests
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	General feedback: To address the College of Naturopaths regarding the proposed changes to compounding standards, it is crucial to emphasize the following points, which underscore why these alterations could be problematic for both naturopathic practitioners and patient care: Misclassification of Non-Prescription Items: The proposed standards appear to treat non-prescription items similarly to prescription drugs, despite their intended purposes and lower risk profiles. Many naturopathic compounded products do not carry the same risk level as pharmaceutical prescriptions and do not require the same stringent handling protocols. Enforcing prescription-level regulations on these items may unnecessarily complicate the compounding process. Inappropriate Regulation of Compounded Products: Compounded products specifically designed to meet unique patient needs are being regulated like standard prescription medications, which diminishes the flexibility and adaptability essential in naturopathic practice. This could potentially undermine the tailored approach that naturopathic medicine strives to offer, limiting the availability of personalized treatments. Patient Access and Timeliness of Care: Restricting batch compounding—a common, efficient practice in naturopathy—can severely impact patient access to care. Batch compounding allows

	practitioners to meet demand efficiently and effectively without compromising quality. Limiting this practice may lead to significant delays, resulting in slower access to necessary treatments and hindering patients' timely access to safe and effective care. Potential Patient Safety Implications: The reduced accessibility and potential delays in treatment due to these new restrictions may compromise patient safety. Patients might face longer waiting times for essential compounded treatments, affecting those who rely on specific formulations that are otherwise difficult to source. This response highlights how the proposed standards could negatively affect both the operational effectiveness of naturopathic practices and the well-being of patients. It advocates for a more balanced approach that maintains patient safety without imposing unnecessary restrictions that compromise care quality and accessibility.
Consent	
Delegation	General feedback: Dear College of Naturopathic Medicine, I am writing to provide feedback on the recent changes to the standard of delegation, as there are areas within the updated document that could benefit from greater clarity and consistency, particularly regarding peer-to-peer delegation practices. Lack of Consistency and Clarity: The language around delegation practices throughout the document appears inconsistent. The varying definitions of delegation between practitioners need to be streamlined to ensure that all naturopaths interpret and apply this standard uniformly. Peer-to-Peer Delegation: One area of particular concern is the ambiguity surrounding the concept of peer-to-peer delegation. It is unclear if both practitioners retain primary care responsibility for the patient, or if one takes precedence in overseeing care. A more robust framework would be beneficial, outlining which practitioner holds ultimate accountability in a peer delegation context. Applicability Beyond IVIT: The document does not specify whether this peer-to-peer delegation standard applies universally across naturopathic practices, or if it is exclusive to specific treatments such as IV therapy. Clear guidelines on this would prevent potential misunderstandings and help practitioners apply delegation practices more confidently. Delegation of Prescription Medication: Another important point to address is whether peer-to-peer delegation is equivalent when it involves prescription medication, as opposed to other treatment

	forms. Given the unique risks associated with prescription drugs, clarifying the delegation process in these cases is crucial. In summary, further clarification on these points will not only help practitioners adhere to these standards with confidence but also enhance patient safety and continuity of care. I appreciate the College's efforts to maintain high standards and look forward to seeing adjustments that reflect these considerations. Thank you for your attention to these issues
Dispensing and Selling	Definitions feedback: I am writing to express my concerns regarding the current restrictions on dispensing and selling natural health substances and the limitations on laboratory fees for naturopathic practices. While I fully support regulations that protect patients and maintain high standards within our profession, the current approach, which prohibits a slight markup on these items, creates significant financial constraints on naturopathic doctors (NDs), particularly in comparison to other health practitioners in Ontario and Canada at large. In operating a naturopathic practice, cost recovery is essential to ensure we can provide patients with quality supplements and laboratory testing services that meet their needs. As it stands, the restrictive measures put in place make it difficult for NDs to absorb the considerable operational costs associated with procuring, handling, and managing natural health substances and laboratory services. Unlike other regulated healthcare professionals in Ontario, who are permitted to apply a reasonable markup to cover such expenses, NDs are placed at a disadvantage by these heightened restrictions. Notably, this approach is even more restrictive than the federally mandated guidelines for natural health substances. By prohibiting cost recovery, these restrictions effectively limit patient access to essential health products and services, as fewer NDs will be able to afford to provide these in-practice. This in turn restricts our ability to treat patients effectively and safely, as well as to maintain the level of care they expect and deserve. Running a healthcare practice, especially as an ND, requires financial resources to support daily operations, comply with regulatory standards, and uphold a high level of service. Allowing for a modest markup on supplements and laboratory services would be a fair adjustment, providing necessary financial flexibility without compromising patient protection.

	I urge the College to consider revising these policies to allow naturopathic doctors to recover costs through reasonable markups on natural health products and laboratory fees, as this will enable us to continue offering accessible, high-quality care to our patients and sustain the longevity of our practices. Thank you for your attention to this matter. I look forward to a constructive dialogue and positive changes to the current policies.
Dual Registration	
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Internal Examinations	
Intravenous Therapy	
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Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: I am writing to express my concerns regarding the current restrictions on dispensing and selling natural health substances and the limitations on laboratory fees for naturopathic practices. While I fully support regulations that protect patients and maintain high standards within our profession, the current approach, which prohibits a slight markup on these items, creates significant financial constraints on naturopathic doctors (NDs), particularly in comparison to other health practitioners in Ontario and Canada at large. In operating a naturopathic practice, cost recovery is essential to ensure we can provide patients with quality supplements and laboratory testing services that meet their needs. As it stands, the restrictive measures put in place make it difficult for NDs to absorb the considerable operational costs associated with procuring, handling, and managing natural health substances and laboratory services. Unlike other regulated healthcare professionals in Ontario, who are permitted to apply a reasonable markup to cover such

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Restricted Titles	General feedback: I'm reaching out to you today regarding the use and recognition of designated titles within the field of naturopathy and the importance of appropriately assigning such titles based on training, credentials, and expertise. Titles serve a dual purpose: they communicate a practitioner's level of expertise to the public, and they establish credibility and trust within the medical community. However, current restrictions on titles may inadvertently hinder both professional development and the clarity of patient-provider relationships. When individuals have received the proper education and certification in specialized areas of naturopathy, it is only fitting that they be allowed to use titles that accurately reflect their qualifications. This clarity in professional designation is critical for fostering trust and understanding between practitioners and patients, particularly when treatments or advice extend into specific areas of healthcare that are often misunderstood by the public. In addition, a more flexible approach to professional titles may help elevate the reputation of naturopathic care within the broader healthcare landscape.

	Restricting titles can inadvertently contribute to a lack of public confidence, as patients may feel uncertain about the qualifications of their care provider. A transparent and competency-based system, where titles are reflective of one's actual training, can empower patients to make informed decisions, leading to stronger patient outcomes and improved satisfaction. I respectfully urge the College of Naturopaths to consider the following recommendations: Review of Title Restrictions: Establish a review committee to assess current title restrictions and examine if adjustments are needed to align titles with actual training and competency in the field. Qualifications-Based Designations: Consider implementing or recognizing designations based on specific training programs or continuing education in sub-specialties within naturopathy. Clear Guidelines for Title Use: Offer clear, evidence-based guidelines that both protect the public and support professionals in using titles that accurately represent their scope of practice and qualifications. Thank you for considering this matter. By implementing these recommendations, the College of Naturopaths can continue to support both practitioner professionalism and patient confidence, fostering a healthcare system that values transparency and trust. I look forward to your response and would be pleased to discuss this matter further at your convenience.
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
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2. Feedback

Standards Providing Feedback	Compounding, Delegation, Dispensing and Selling, Restricted Titles
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	General feedback: My issue is that these standards are treating non-prescription items as if they are prescription items. Compounded products are being treated like prescription drugs. Some compounded products are done in batches and were not compounded for one individual, and this restricts and slow down patient access and therefore the safety and care for the patient.
Consent	
Delegation	General feedback: This standard isn't clear and is not consistent throughout the document. Peer to peer delegation is not clear. Do both peers retain primary care over the patient? is this relationship consistent other than IVIT? Does the delegation from peer to peer function the same with a prescription medication?
Dispensing and Selling	General feedback: Cost recovery needs to be allowed so NDs can provide patients with supplements and laboratories which have a significant cost to a practice. These restrictions are greater than other health care professionals in Ontario and more aggressive than federally mandated. Lack of cost recovery will reduce patient access to care

	and inhibit the ability to treat the patient effectively and safely. Operational costs have to be allowed to run these arms of a practice.
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Restricted Titles	General feedback: Restricted titles like FABNO, need to be allowed. An organization like FABNO already has training and quality control in place for their adjunct treatment of cancer Not using titles that already have strict requirement and scrutiny puts patients at risk because they will not know there is advanced training due to the inability to use this title. This puts patients at risk. ND's who have the knowledge skill and judgement must be allowed to show this effort for patient safety.
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2. Feedback

Standards Providing Feedback	Compounding
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	General feedback: "Thank you for your email regarding CoNO's proposed changes to legislation surrounding compounding by Naturopathic Doctors. While a number of these proposals are commendable and aim to ensure product quality and safety, others are unduly restrictive and fail to take into account the realties of modern naturopathic practise. In this regard I have the following comments: 1. The majority of Naturopathic Doctors do not personally compound products in their own facility. They use products compounded by licensed companies and manufactured in a highly controlled and monitored environment. These products have extremely high consistency and safety. Products include labelling with the compounding party, date of compounding (or Lot#), dose, non-prescription ingredients and expiry date. 2. As part of a Naturopathic Consult, in person or virtual, patients are given a prescription that includes their name, that of the practitioner and the dose and frequency of any supplement, plain or compounded.

	3. Naturopathic practise has changed substantially over the past few years, and in particular, after CoVID. Patients are increasingly requesting virtual consultations, due to medical incapacity, to avoid the rigours of travel or to minimize exposure to transmissible illness. Patients also value the ability to have products sent directly to them rather than having to attend a doctor's office each time they are needed. 4. Compounding of products is extremely beneficial to patients, reducing the number of pills they take and therefore their cost. It also increases the likelihood they will be able to adhere to a program. Taking the above factors into consideration, Standard 4 should be amended such that product information (ingredients, compounding party, expiry date etc.) is included on the container, while prescription information is provided by the practitioner. Requiring the two to be packaged together is unnecessary, redundant, and most importantly, excludes a substantial patient population from access to care."
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
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Recommending Non-scheduled substances	

Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

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2. Feedback

Standards Providing Feedback	Compounding, Consent
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	Definitions feedback: Wishing to clarify that if an ND, who has not passed the Prescribing exam, wishes to have a dispensary/pharmacy or supplement manufacturer prepare a supplement with two or more non-prescription natural medicines - is this still considered compounding for which that ND would not be eligible to do/order?
Consent	General feedback: In my practice children are a large proportion of my practice, ranging from 0 to 18 years of age. As well I also treat children (and adults) who have Autism Spectrum Disorders or other psychiatric conditions that could be debated whether they have capacity to agree to tests or treatment. Reading through the guidelines for Consent, I am thinking that there could be clearer SOP guidelines about dealing with this patient group. The presumption is that if parental consent is obtained by following the SOP for Consent, then the Registrant has met their responsibilities. For example, an autistic child who is 16 years old and deemed to lack receptive communication skills (ie comprehension) but comes forward years later showing he has communication skills using a facilitated communication device, could they lodge a complaint because they wouldn't have agreed to the test or treatment even if their parents

	agreed. This is a complex topic: I'm curious how this has been viewed in the Ministry of Health, and how that can be clarified for our profession. I have dealt with capacity issues for my parents who have dememtia, and been amazed that they are considered to be able to make decisions in the moment, even if a PoA is activated for decision making.
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Compounding
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	General feedback: Naturopathic doctors do not recommend prescription drugs and should not be treated as such. Naturopathic doctors recommend items that are also available without recommendations or prescriptions. By imposing more restrictions, you will be compromising patient access and overall care.
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	

Intravenous Therapy	
Manipulation	
Point of Care Testing	
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Requisitioning Laboratory Tests	
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Therapeutic Relationships and Professional Boundaries	

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Declaration	I agree
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Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Compounding
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	General feedback: At times compounded medicines are made in large batches and rather than being compounded for an individual so these restricts can interfere with prompt patient access to their medicines and it that way have a negative impact on patient safety and patient care.
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	

Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

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Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
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Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Compounding, Dispensing and Selling
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	Definitions feedback: I suggest that what an ND does in office is mixing and not compounding. Compounding should be reserved for those that are taking a substance from it's source or in it's raw form and are making it suitable for use by injection, inhalation or in some other vehicle. Mixing various herbs together should not fall under compounding. General feedback: These proposed changes are incredibly restrictive - and compounding terminology should be reserved for restricted substances. This will further increase the cost to the consumer and be an obstacle in care for patients needing custom solutions.
Consent	
Delegation	
Dispensing and Selling	General feedback: There is a significant administrative burden and cost with the provision of both labs and supplements to patients. These restrictions are very high and appear to be higher than what other

	professionals are expected to adhere to. This will come at a cost to NDs which will intern limit access for the public to these services.
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

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Declaration	I agree
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Consultation on Standards of Practice
Feedback Report

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Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Compounding, Dispensing and Selling
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	General feedback: "The following is not feasible and reasonable for substances that are recommended for patients to take on an as-needed basis. ""ensuring that no prescribed substance or non-prescription substance is made available for sale unless the expiry date for each prescribed substance or non-prescription substance is at least 1 month past the date on which the patient is expected to finish taking the prescribed substance or non-prescription substance"" ."
Consent	
Delegation	
Dispensing and Selling	General feedback: "It is not feasible, in day-to-day patient practice, to document the expiry date of botanical powders, loose herbs and tinctures that have been mixed in the clinic for a patient. Documenting the expiry date of each herb in a mixed tea or tincture would significantly interrupt the flow of clinic activity and patient care. As well, maintaining an up-to-date inventory already ensures products sold are well within expiry dates (Standard Selling). My recommend and

	reasonable request is to remove the requirement to document an expiry date. The following is redundant as it already covered under the Receipts section in Standard Fees and Billing; these items do not need to be further documented in an accompanying sheet: •the clinic name, address, and telephone number from which the product was dispensed • date the prescribed substances, non-prescription substances, or devices were dispensed My recommendation and reasonable request is to remove these items from this standard, and not require registrants to further document this info elsewhere."
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

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Consultation on Standards of Practice
Feedback Report

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First Name	
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Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Compounding, Dispensing and Selling, Prescribing, Requisitioning Laboratory Tests
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	Introduction feedback: For compounding tinctures and botanical teas, standard of prescribing need not be met. For compounding any prescriptions as listed in the appendices, then yes standard of prescribing needs to be met. Clarify this please.
Consent	
Delegation	
Dispensing and Selling	General feedback: Issue with cost recovery in this standard, ND's need to be able to recover all costs associated with dispensing and selling, including operating costs, POS fees, banking fees, storage costs etc.
Dual Registration	
Inhalation	
Injection	

Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	General feedback: Update the general regulation with the list of approved prescriptions for ND's- include oral progesterone on this list. It is a massive barrier to safe and effective care that ND's cannot prescribe oral progesterone. Please work with government officials to have oral progesterone added to this table. Also ensure no issues with cost recovery for this standard.
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: Huge issue with cost recovery in this standard- please review. ND's incur costs of POS fees, time dealing with lab billing, and administrative fees of following up on missing lab results, paying invoices, and dealing with labs outside of patient visits. Please re-word this so ND's can cover any and all fees associated with requisitioning labs. Often ND's are losing money on this and until the lab takes on billing the patient directly, ND's need to be able to mark up a small amount to cover their fees and ensure there is cost recovery from running labs.
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
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Consultation on Standards of Practice
Feedback Report

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Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
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2. Feedback

Standards Providing Feedback	Compounding, Dual Registration, Requisitioning Laboratory Tests
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	General feedback: The proposed changes to compounding regulations exceed federal government and pharmacy regulations, suggesting an unnecessary over-regulation by CoNO without evidence of risk or need. The over-regulation places undue burden on practitioners without demonstrated benefits to patient care, potentially hindering access to necessary compounded medications.
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	General feedback: My understanding of The Naturopathy Act is that it does not explicitly restrict additional professional certifications, which pose no risk to public safety. I also believe that additional accreditations are beneficial and should be encouraged to enhance the expertise and quality of care that NDs can provide.
Inhalation	

Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: Restricting NDs from recovering administrative costs for lab requisitions jeopardizes public safety. We know that one of medical doctors' chief complaints about our healthcare system is all the time they spend doing administrative work instead of helping patients. NDs should not submit themselves to the same issues which we are already experiencing in Ontario, because that will further degrade the quality of our healthcare system.
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
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Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Consent
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	General feedback: "I have asked this in the past in a webinar, but have not gotten an answer that makes sense so hopefully CONO can revise this policy. ""Why must consent be obtained in each appointment?"" I understand if you're doing something new, one has to go over pros & cons with a patient so they are fully informed, but it doesn't make sense that a patient that specifically books an acupuncture visit and let's say it's their 3rd visit in two weeks with the same points and treatment, why would we need to ask for consent yet again? A person that books an appointment looking for acupuncture is giving us consent/permission to treat them with acupuncture. I don't see the logic to needing consent in this situation. This is another example of unnecessary work that CONO expects of NDs. You might think it's quick and yes, by itself it's not burdensome. However a little thing here and there on top of everything else CONO desires becomes a heavy burden and does not necessarily lead to better patient protection/safety."

Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Delegation, Dispensing and Selling, Restricted Titles
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	Definitions feedback: Definitions need to be more clear and who is primary (responsible)vs. not primary.
Dispensing and Selling	General feedback: Practitioners should be paid for their time and energy. Dispensing products involves both time and energy and should be compensated. We are not an OHIP system. Practitioners should be able to charge a reasonable markup to account for this.
Dual Registration	
Inhalation	
Injection	
Internal Examinations	

Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	General feedback: If you have gone beyond your ND education and trained in a specific area, you should be able to carry those titles to clearly state your ability to handle particular diagnosis. This is very important for both the practitioner and especially for patients.
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Delegation
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	General feedback: From my understanding, the act of delegation is limited and restrictive. Why is it so limited compared to a NP or MD who can delegate controlled acts and yet an ND can not? By allowing an ND to delegate a controlled can help with reducing the cost of visit for patient and increase patient compliance since they can return for more follow ups.
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	

Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

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Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Delegation
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	General feedback: Does this mean we are now able to delegate to a colleague? Are both required to have a doctor-patient relationship with the patient? What does that look like?
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	

Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Dual Registration, Requisitioning Laboratory Tests, Restricted Titles
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	General feedback: Although it makes sense that a patient visit labeled as a naturopathic visit should only receive naturopathic treatments, it seems the new revisions are discouraging NDs with Dual registration (doesn't apply to me) to be able to provide services from other regulating body. It seems un necessary and will reduce the quality of care for the patient with more skilled practitioners. There is no section in naturopathy act to discourage or advise against dual registration. It is unclear why this change or revision is being implemented as it does not improve the quality of care.
Inhalation	

Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: "The revision restrict the NDs ability to recover administrative costs for lab requisitions, which can discourage many NDs from ordering valuable requisitions which will enhance the quality of care for the patient. This alone will jeopardize public safety. The new revisions don't specify how it will help protect the public as the objective is incomplete. It is important that NDs are able to recover the necessary operational costs that enable them to provide these services effectively as our services are not covered by government health care coverages like OHIP. Many patients have access to testing through well-trained professionals like NDs, and by the imposed changes, NDs will be ordering less tests. I believe the new revisions will harm public safety indirectly, due to incomplete objective data. If the new revisions take place, patients will not have access to necessary labs, and will likely resort to various online or American options and start self-diagnosing, which as we know is risky."
Restricted Titles	General feedback: "Overall my concerns are with regards to extra accreditations it is unclear about what kind of titles can be used other than ND"
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Recommending Non-scheduled substances, Requisitioning Laboratory Tests
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	General feedback: the proposed changes restrict the NDs ability to recover the operational costs for dispensing and selling products. This is dangerous for public safety because the risk is that NDs will dispense/sell fewer specialized products, requiring patients to get basic off-the-shelf products, to avoid the financial and time burden on NDs. It is important that NDs are able to recover the necessary costs that enable them to run a viable practice and ensures patients get access to personalized high quality products.
Requisitioning Laboratory Tests	General feedback: the proposed changes restrict the NDs ability to recover administrative costs for lab requisitions. This is dangerous for public safety because the risk is that NDs will requisition fewer labs. It is important that NDs are able to recover the necessary operational costs that enable them to provide these services effectively
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Point of Care Testing
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	General feedback: It is not logical for the doctor to 'pay' for the patient's lab testing: paying in a sense of overhead costs associated with requisitioning labs. A lot of patients rely on NDs for lab testing and if costs cannot be recuperated from this then it would deter the ND from requisitioning lab testing, which isn't in the patient's interest or care. There shouldn't be an expectation of the ND to eat up overhead costs associated with any service done for the patient. These standards are not even consistent with other healthcare providers as they can charge for services NOT covered by OHIP as to reduce the costs of their services they deliver to their patients. We cannot practice in a healthcare system where costs are pilling on us just to deliver services to patients if we cannot somehow financially recover from it. This will affect the care and access of services delivered to patients and it is NOT in their best interest!
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling, Manipulation
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: "The Standard for Dispensing and Selling, Prescribing, and Requisitioning Lab Tests, specifically regarding cost recovery. It is not clear that cost recovery is understood as necessary part of a clinic practice , Although it is stated that the products can not be sold or profit or personal gain , it needs to be clear that cost recovery for selling , administering , storing, purchasing and other administrative costs involved with lab testing, dispensing, selling and prescribing products are recognized."
Dual Registration	
Inhalation	

Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	General feedback: "Manipulation ""Standard 1 on new proposed document reworded and re-organized with the following added performance indicators: o maintaining competency for performing the procedure by engaging in continuing education and/or incorporating manipulation as a regular part of .their clinical practice, and o ensuring that they are appropriately trained and competent in relevant emergency procedures and have appropriate risk management processes in place to manage any adverse reactions or complications resulting from the performance of the procedure"" Does this suggest that those performing manipulation are required to engage in additional CE for manipulation and will be required to report specific manipulation CE accredited courses similar to CE for IVIT or prescribing ?"
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

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Consultation on Standards of Practice
Feedback Report

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First Name	
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Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling, Prescribing, Restricted Titles
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	Added appendices feedback: "not selling a prescribed substance for a profit or a direct or indirect personal or financial benefit, and - Is this amendment suggesting that NDs cannot make profit on any product they sell? Such as supplements, tinctures, IVIT? - This needs justification and a better explanation as to why selling a product with a mark up to cover costs of operation is being discouraged with this amendment."
Dual Registration	
Inhalation	

Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	General feedback: "A Registrant demonstrates the standard by: • notifying the patient's other primary health care provider(s), if any, of the details of the prescription, with the patient's consent, • never discontinuing or adjusting the dosage of a prescribed substance that is not listed on Table 3 of the General Regulation. - This is not protecting the public - I have MDs or NPs making recommendations about my prescriptions on a regular basis. Unless other health care providers are held to the same standard - then this amendment to our regulations is a double standard. - We are primary care in our own right and I do not see the protective benefit for patients to inform (or obtain permission or approval as it seems) their MD or NP - I prescribe with 50% of my patient base - this will overwhelm prescribing practitioners with mountains of political paperwork that they cannot receive compensation for."
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	General feedback: "not using a term, title, or designation indicating or implying a specialization in an area of practice of the profession except in accordance with any formal specialist recognition program of the College. (i.e. Dr. Mary Smith, ND, FABNO is not currently permitted), e.g., family practice, oncologists etc - FABNO is an accredication that should not have restrictions on it. It does not denote a specialty, but a specific subset of education and advice. This in fact protects the public, as they will can ensure

	they are consulting with a practitioner who is better versed to co-manage a patient struggling with cancer. - I for one, am a Menopause Society Certified practitioner. Am I not allowed to let my patients know that I am well trained a qualified to support them? - This is entirely restrictive and the basis for this change has not been provided to the members."
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

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Telephone	
CoNO Registered	Yes
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Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Prescribing
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	General feedback: The tracking that CONO is asking us to do is ridiculous. Our profession is held to higher standards than medical doctors and yet, we have less scope of practice. I have begun to resent this profession and think frequently about leaving it. I feel that CONO frequently bars us from making a living and makes our job as hard as they possibly can
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

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Standards Providing Feedback	Prescribing
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	General feedback: Cost recovery needs to be allowed so NDs can provide patients with supplements and laboratories which have a significant cost to a practice. These restrictions are greater than other health care professionals in Ontario and more aggressive than federally mandated. Lack of cost recover will reduce patient access to care and inhibit the ability to treat the patient effectively and safely. Operational costs have to be allowed to run these arms of a practice
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

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Consultation on Standards of Practice
Feedback Report

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Telephone	
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Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling, Prescribing, Requisitioning Laboratory Tests
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: For NDs to offer patients supplements and lab work, which can be highly expensive for a practice, cost recovery must be permitted. These limitations are more stringent than those imposed by the federal government and more severe than those imposed on other Ontario health care providers. The inability to recover costs will limit patient access to care and make it more difficult to provide safe and effective treatment. To operate these practice weapons, operational expenses must be permitted.
Dual Registration	
Inhalation	

Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	General feedback: In order for NDs to offer patients supplements, which can be highly expensive for a practice, cost recovery must be permitted. These limitations are more stringent than those imposed by the federal government and more severe than those imposed on other Ontario health care providers. The inability to recover costs will limit patient access to care and make it more difficult to provide safe and effective treatment. To operate these practice weapons, operational expenses must be permitted.
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: In order for NDs to offer patients lab work, which can be highly expensive for a practice, cost recovery must be permitted. These limitations are more stringent than those imposed by the federal government and more severe than those imposed on other Ontario health care providers. The inability to recover costs will limit patient access to care and make it more difficult to provide safe and effective treatment. To operate these practice weapons, operational expenses must be permitted.
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

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Organization Name	

2. Feedback

Standards Providing Feedback	Prescribing
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	General feedback: "Naturopathic Doctors should have more prescribing rights. They have more knowledge in hormones and women's health than medical doctors. Naturopaths should be able to prescribe cytomel, bio-identical progesterone and estrogen, not only creams and suppositories. Why can't Naturopathic Doctors in Ontario practice to the full extent of their education and help their patients? From my personal experience, most family physicians rely on an old study on hormones that was proven to be completely false and therefore denying menopausal women the help they need. Naturopaths could be leading in women's health. Naturopaths could also be recognized as family physicians considering the lack of family physicians. It's frustrating to see that nurse practitioners who aren't doctors have more privilege and respect than Doctors in Naturopathy. I have to pay $350.00 to an integrative nurse practitioner to prescribe IV choline for my Naturopathic Doctor to administer. To my surprise, the integrative nurse practitioner had no knowledge about choline so my ND had to educate her. Why wouldn't a Naturopathic Doctor be allowed to prescribe something they have been educated on. It's a total waste of time and energy for patients who rely on Naturopathic Doctors, especially that so many people don't have access to family physicians or nurse practitioners or support from these. My question is how is the College of Naturopaths helping patients when patients have to pay an integrative nurse practitioner or doctor for a delegation that Naturopathic Doctor can prescribe themselves (ie: choline)?"
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	No
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Prescribing
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	Term changes feedback: Just a minor thing, but I note that the descriptive word "prescribed" has been used in conjunction with the word "substances" in several parts of the document, ie. introduction, definitions, etc. For instance in one part, there is the phrase 'prescribing a "prescribed" substance. I would suggest that the tense of the word "prescribed" be changed to the word "prescribable". I believe that this better reflects the fact that these substances are approved for prescribing per the Table, but have not necessarily been prescribed yet, at least by the Registrant reading the Standards.
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Restricted Titles
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	General feedback: Recognizing that the ND title should be respected as a doctor and subsequently knowledgeable in the practice of natural health therapies
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
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Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Restricted Titles
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	General feedback: "My feedback is in regards to this section: ""A Registrant demonstrates the standard by: not using a term, title, or designation indicating or implying a specialization in an area of practice of the profession except in accordance with any formal specialist recognition program of the College. (i.e. Dr. Mary Smith, ND, FABNO is not currently permitted), e.g., family practice, oncologists etc."" To my understanding, this statement creates an impossible loop, stating that registrants can't use any titles that imply specialization unless it is in accordance with any formal specialist recognition program of the College - but the College has no formal specialist recognition programs, nor does it have standards or a mechanism to create any, making this impossible. I would request that the college provide the necessary framework to create specialist programs that can then get accredited and accepted by the college. For example, I would request that the college publish what it would need to accept the FABNO training as a formal specialist recognition program of the College?"
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Requisitioning Laboratory Tests, Restricted Titles
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: I would appreciate more clarity about the ability to recover costs, which include defined administrative costs like POS terminal fees, and less clear administrative burdens like paperwork, Accounts Receivables and Accounts Payables.
Restricted Titles	General feedback: "I'm unaware of what it takes for a credential to be legally permitted, and am concerned that restricting use of some well known credentials puts patients at risk of falling prey to scams. I could also make more confident referrals for my patients if some certifications, such as FABNO, were permitted. For example, most of us understand that the experience and capacity for care offered by a FABNO-trained ND far exceeds that of a CCNM CE-trained ND in Oncology, which could be more competent than a nutritionist or herbalist claiming cures for cancer. Both myself and an uninformed patient must go digging through unclear webpages, be exposed to rhetoric by other health providers, to try and find a competent healthcare provider."
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
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Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Restricted Titles
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	General feedback: The use of certain titles (ie. FABNO) serve to protect the public by informing them of Naturopathic Doctor's who have undergone additional training in this specific area of supportive cancer care. I see many patients who have seen other healthcare providers, including Naturopathic Doctors, until they then become aware of the FABNO designation. By making this more publicly visible it would help reduce patient wait times from accessing optimal care.
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

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Last Name	
Email Address	
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Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling, Requisitioning Laboratory Tests, Restricted Titles
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: It is impossible to sell a supplement without a mark-up. There are costs associated with carrying a product, having it on the shelf, then dispensing the product, the time it takes to order the product. There is no incentive to carry a dispensary and this will be a disservice to the patient. There needs to be a mention on cost recovery for time and logistics.
Dual Registration	
Inhalation	
Injection	

Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: When ordering a laboratory test there has to be some cost recovery. It takes time to write up a requisition form as well as then to interpret the results, receive the results. Often, as NDs we schedule interpretation appointments with the lab to better understand the results and this is time outside a visit. Plus we need to review the lab's invoices and that takes time too. If we can't charge for these extra things, then we shouldn't be requisitioning labs as its not worth our time and this would be a great disservice to our patients and compromise their safety. There should be a reasonable mark-up amount to account for this. As a profession we should agree on a reasonable mark up for labs and also supplements. We can't charge these small items on an invoice it has to be rolled into the price.
Restricted Titles	General feedback: I don't understand the issue with FABNO. If someone has this designation they should be able to use it. Extra training and certifications should be able to be showcased to the public. This seems much too restrictive and patients have the right to know what extra training their ND has undergone to help with their treatments
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

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Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Restricted Titles
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	General feedback: Addressing the use of accreditations. With the rush of patients seeking information from the internet during the pandemic there was an immense amount of misinformation spread. Patients are now more aware than ever that misinformation is out there, and they don't know who to trust. Allowing NDs to use titles like FABNO that are well regulated on their own prevents patients from seeking information that is potentially harmful from someone untrained or undertrained in the field. The act of allowing these restricted titles would in fact protect the public as it will build trust in the well trained and educated ND versus the misinformation of others. "Another critical element in the battle against misinformation is building trust, in part because trust in institutions is a predictor of support for misinformation interventions"
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Requisitioning Laboratory Tests, Restricted Titles
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: The proposed changes restrict the NDs ability to recover administrative costs for lab requisitions. This is dangerous for public safety because the risk is that NDs will requisition fewer labs to avoid the financial and time burden on them. It is important that NDs are able to recover the necessary operational costs that enable them to provide these services effectively and ensure patients have access to testing through well-trained professionals like NDs. The risk is that patients will not get access to necessary labs, or self-select from various online or American options and start self-diagnosing.
Restricted Titles	General feedback: CoNO does not have the right to prevent an ND for obtaining additional accreditations and the Naturopathy Act does not explicitly prevent additional professional certifications. Additional accreditations also poses no risk to the public, in fact is beneficial and should be encouraged.
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling, Requisitioning Laboratory Tests
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: the proposed changes restrict the NDs ability to recover the operational costs for dispensing and selling products. This is dangerous for public safety because the risk is that NDs will dispense/sell fewer specialized products, requiring patients to get basic off-the-shelf products, to avoid the financial and time burden on NDs. It is important that NDs are able to recover the necessary costs that enable them to run a viable practice and ensures patients get access to personalized high quality products.
Dual Registration	
Inhalation	

Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: the proposed changes restrict the NDs ability to recover administrative costs for lab requisitions. This is dangerous for public safety because the risk is that NDs will requisition fewer labs to avoid the financial and time burden on them. It is important that NDs are able to recover the necessary operational costs that enable them to provide these services effectively and ensure patients have access to testing through well-trained professionals like NDs. The risk is that patients will not get access to necessary labs, or self-select from various online or American options and start self-diagnosing. We also need access to more lab testing (Hcg, genetic testing, etc) if we are to able to provide proper care to our patients and support their many needs. Hcg for example ; the majority of NDs see patient for fertility support as this is a huge area of public need and is not something allopathic medicine can support in the same way, being unable to accurately measure pregnancy hormones after spending months or years with a patient to achieve pregnancy, is ludicrous.
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling, Requisitioning Laboratory Tests
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: "This quote will jeopardize public safety four-fold ""not selling a prescribed substance for a profit or a direct or indirect personal or financial benefit"" Therefore, the 4 problems are asa follows 1. There is no one in the health field besides ND's have the clinical knowledge to safely provide the pubic with ***FULL AWARENESS*** of the side effects, proper dosages, or dealing safely with the side effects. and by no selling it we have no control over the quality or dosage the public takes and this could lead to disastrous side effects or no benefit to the patient, both of which harm them. 2. There are no pharmacists or health food store staff that can ensure public safety to all of the things we commonly prescribe which will result in less public trust in what we do, which could ultimately sideline or kill the profession.

	3. Naturopaths will slowly go out of business or quit the profession altogether due to the inability to help people properly and fully because we will look like fools and suspicious selling supplements at cost!!! Just the labour alone to maintain them is hours weekly!! 4. We are not MD's where there is a complete other field, like pharmacists, who can ensure public safety, IT would take DECADES to create a natural health product dispensing profession that could safely dispense products. Such that is you were to pass this as is you are GREATLY jeopardizing public safety and the profession."
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: "The statement “Not charging a mark-up on the cost of the test and any associated fee(s) (e.g. requisition/collection fees from the medical laboratory) incurred by the naturopathic doctor.” Is unreasonable jeopardizes the public because ... We ND’s always spend extra time writing requisitions, faxing requisitions and reviewing results before or after the appointment and receive no compensation...we are not salaried and it presents poorly to charge the patient nominal fee’s for these things (I.e. I have heard many patients, over the years, complain of ND's ""Nickel and diming"" them with small fee’s and they have quit seeing the ND over it.) So by not allowing us to do a reasonable mark-up or 10-50%, depending on how expensive the test is ..this may result in ND’s spending less time with the patient going over their results and will therefore reduce public safety as a result of the patient getting a full explanation of their test results, which could reduce disease burden on the entire health care system."

Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Requisitioning Laboratory Tests
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: We can all hopefully agree that NDs make a positive contribution to health care and the lives of Ontarians. What makes being an ND so difficult are restrictions like not allowing markups on laboratory tests. We cannot keep a practice functioning if we are not able to recover costs in time and work in doing lab tests. It is not unreasonable to want to be able to recover cost or even to make a little bit of "profit" on work that we do. I have patients who go to private MD clinics like MEDCAN and are charged so much for these things. NDs aren't asking to be compensated like MDs. Just just want to be able to have a viable practice and unfortunately, CONO makes that extremely difficult. I understand, CONO's job is not to care about our finances, but the public good. But what good is it if NDs cannot continue in this profession. In all honesty, it is disheartening and demoralizing to be in this profession that I love b/c CONO continually makes things exponentially more difficult while raising fees to justify all the changes/work that's done.
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Requisitioning Laboratory Tests
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: The proposed changes restrict the NDs ability to recover administrative costs for lab requisitions. This is dangerous for public safety because the risk is that NDs will requisition fewer labs to avoid the financial and time burden on them. It is important that NDs are able to recover the necessary operational costs that enable them to provide these services effectively and ensure patients have access to testing through well-trained professionals like NDs. The risk is that patients will not get access to necessary labs, or self-select from various online or American options and start self-diagnosing.
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Requisitioning Laboratory Tests
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: I think the changes regarding cost is restrictive and more aggressive than with federally mandated and with other health care professionals in Ontario. Operational costs of a naturopathic business are very high, higher than most other professions. I think it is important that NDs are allowed to adequately recover their costs associated with ordering/dispensing/selling/selecting an appropriate treatment for patients. If NDs cannot recover their costs on supplements or dispensed products, this could reduce patient access to care and inhibit the ability to treat the patient effectively and safely.
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
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Organization Name	

2. Feedback

Standards Providing Feedback	Requisitioning Laboratory Tests
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: In my practice I mark up my lab prices by a small amount to recover the costs the clinic incurs from collecting payment. If we are no longer allowed to mark up the costs of lab tests, the clinic would accumulate costs when I run tests.
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	No
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Requisitioning Laboratory Tests
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	

Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	General feedback: "For Requisitioning Laboratory Tests: the proposed changes restrict the NDs ability to recover administrative costs for lab requisitions. This is dangerous for public safety because the risk is that NDs will requisition fewer labs to avoid the financial and time burden on them. It is important that NDs are able to recover the necessary operational costs that enable them to provide these services effectively and ensure patients have access to testing through well-trained professionals like NDs. The risk is that patients will not get access to necessary labs, or self-select from various online or American options and start self-diagnosing."
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: I have been running and covering the cost of a dispensary for over 20 years. There are multiple hidden costs to the practice with carrying our own dispensary, which I gladly do to benefit the patient. Cost recovery needs to be allowed so NDs can provide patients with supplements and laboratories which have a significant cost to a practice. These restrictions are greater than other health care professionals in Ontario and more aggressive than federally mandated. Lack of cost recover will reduce patient access to care and inhibit the ability to treat the patient effectively and safely. Operational costs have to be allowed to run these arms of a practice.
Dual Registration	

Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
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Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

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CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: While I agree that naturopaths should not make a large profit by selling supplements, there needs to be an understanding that the cost of operations to provide patients with quality supplements is not for nothing. There absolutely needs to be some sort of markup to absorb the cost of reception support, maintaining an inventory, dispensing and shipping quality products to patients.
Dual Registration	
Inhalation	
Injection	

Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
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Declaration	I agree
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Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

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CoNO Registered	Yes
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Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: More clarification on what an "unmanaged conflict of interest" means would be important for NDs that are selling non-prescription substances. Maintaining an inventory of products comes at a big cost and NDs shouldn't lose money by carrying non-prescription substances. In smaller communities patients don't always have access to good quality supplements and therefore their ND can be a great resource for them. Obviously patients should be given the option to purchase non-prescription substances elsewhere which is a good part of the standards.
Dual Registration	
Inhalation	

Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

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Declaration	I agree
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Consultation on Standards of Practice
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CoNO Registered	Yes
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2. Feedback

Standards Providing Feedback	Dispensing and Selling
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: "A lot of NDs spend few thousand dollars up front and paying credit card charges for every time the customer pay with debit/credit. Many times supplements expires before being sold and typically annually NDs looses hundreds of dollars annually for having to stock up supplements Cost recovery needs to be allowed so NDs can provide patients with supplements and as well as laboratories which have a significant cost to a practice. Lack of cost recover will reduce patient access to care and inhibit the ability to treat the patient effectively and safely. Operational costs have to be allowed to run these arms of a practice."
Dual Registration	

Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

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Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

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CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: "not selling a prescribed substance for a profit or a direct or indirect personal or financial benefit, and - Is this amendment suggesting that NDs cannot make profit on any product they sell? Such as supplements, tinctures, IVIT? - This needs justification and a better explanation as to why selling a product with a mark up to cover costs of operation is being discouraged with this amendment."
Dual Registration	
Inhalation	

Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: "not selling a prescribed substance for a profit or a direct or indirect personal or financial benefit, and o when selling a prescribed substance or non-prescription substance, ensuring that the patient is aware that they may choose to purchase the prescribed substance or non-prescription substance from another location. "" This will impact our ability to sell professional line products in office that are not available at local stores, and require a markup from the manufacturer, as well as affect our financial ability to manage overhead from this expense."
Dual Registration	

Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

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Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

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Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
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Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: The restrictions proposed are greater than other health care professionals in Ontario and more aggressive than is federally mandated.
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	

Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

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Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: Cost recovery needs to be allowed so NDs can provide patients with supplements and laboratories which have a significant cost to a practice. These restrictions are greater than other health care professionals in Ontario and more aggressive than federally mandated. Lack of cost recover will reduce patient access to care and inhibit the ability to treat the patient effectively and safely. Operational costs have to be allowed to run these arms of a practice.
Dual Registration	
Inhalation	

Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Standards of Practice
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Standards Providing Feedback	Dispensing and Selling
Acupuncture	
Collecting Clinical Samples	
Communicating a Diagnosis	
Compounding	
Consent	
Delegation	
Dispensing and Selling	General feedback: While I agree with certain parts of the proposed changes, I am highly concerned about the proposed changes restricting the NDs ability to recover the operational costs for dispensing and selling products. This revision does not outline or direct how it will protect the patient safety. The current guidelines indicate that we disclose to the patient of the alternative options that are available. It is financially costly to have an inventory and it doesn't make sense how the new revisions are protecting the public. This is dangerous for public safety because the risk is that NDs will dispense/sell fewer specialized products, requiring patients to get basic off-the-shelf products. Many times the other options have variations of the formulation that does not fit the patient profile. It is important that NDs are able to recover the necessary costs (yet remaining within the current safe practice guidelines) that enable them to run a viable

	practice and ensures patients get access to personalized/specific high quality products. These revisions will indirectly take patient choice and access out of the picture which will reduce the quality of care.
Dual Registration	
Inhalation	
Injection	
Internal Examinations	
Intravenous Therapy	
Manipulation	
Point of Care Testing	
Prescribing	
Recommending Non-scheduled substances	
Requisitioning Laboratory Tests	
Restricted Titles	
Therapeutic Relationships and Professional Boundaries	

3. Declaration and Signature

Declaration	I agree
Signed	

November 1, 2024

Jeremy Quesnelle
Deputy Chief Executive Officer

Dr. Elena Rossi, ND
Chair, Standards Committee
College of Naturopaths of Ontario

Subject: Response to Standards of Practice Consultation 2024

Dear Jeremy, Elena and the Standards Committee,

We would like to begin by acknowledging the College's aim to maintain effective, current standards that enhance quality, safety, and clarity within naturopathic practice. We also would like to recognize the effort that the Standards Committee and its volunteers have put into this process.

The OAND plays a critical role in representing and protecting the naturopathic profession in Ontario and we support the mandate of the College and are committed to collaborating to maintain safe, effective naturopathic care. As such, it is essential that the standards of practice (SoP) align with the context in which NDs operate as primary care providers outside of the OHIP system. This ensures they can continue delivering comprehensive, patient-centered care without unnecessary barriers.

The OAND remains committed to collaboration and understands that feedback from the association and its members will be thoroughly considered in this consultation. We are submitting this response that incorporates feedback from NDs across Ontario and the benefit of legal guidance, acknowledging areas of progress while identifying sections that require significant revision. We look forward to feedback from the committee after having carefully considered our submission.

Of the 19 consultations that we were requested to review, we were in support of the proposed recommendations in four (4):

- Collecting Clinical Specimens, Consent, Dual Registration, and Therapeutic Relationships and Boundaries.

The main challenges and concerns that we have reside within four (4) of the proposed SoP, with the OAND requesting that the Standards Committee relook at the SoP for Delegation and Compounding and include it in a future consultation on proposed changes to SoPs. In the remaining SoPs, our feedback and recommendations focus on clarification and consistency in wording amongst the documents and can be found appended to this letter.

Below are some general observations and recommendations.

• **Linking Relevant Documents**: We recommend that references, within the standards of practice (SoP), to the Naturopathy Act, regulatory guidelines, or other official documents include hyperlinks. This would facilitate ease of access and usability in digital formats, aiding Registrants and the public in navigating critical information efficiently.
• **Clear Titles for Standards**: To enhance clarity, we suggest each standard within each SoP be titled. In our review, multiple standards were grouped without specific titles, which could lead to confusion. Delineated standards within each SoP would better support practitioners in understanding their specific obligations.
• **Consistency in Presentation**: We recommend ensuring consistent structuring across SoPs. For example, the delegation of tasks is treated as a standalone topic in the "Communicating a Naturopathic Diagnosis" SoP but appears as a single bullet in the "Acupuncture" SoP, while not being addressed in other SoPs, such as "Internal Examinations, Inhalation, or Injection." Uniformity in presentation would enhance comprehension and ease of use across all standards.

Priority Concerns and Recommendations

Our primary concerns relate to Cost-Recovery Provisions, the Standard of Practice: Delegation, the change in the scope of the Standard of Practice: Compounding, and the Restricted Use of Titles.

Cost-Recovery Provisions

The proposed standards around dispensing, selling, and lab requisitioning raise important considerations regarding cost recovery, which is essential for maintaining viable naturopathic practices. Registrants must ensure that operational expenses will be covered so that NDs can provide safe and comprehensive patient care.

- **Dispensing and Selling:** The standards emphasize that registrants cannot make a profit on prescribed substances or laboratory requisitions. However, as registrants are independently practicing healthcare providers, the ability to recoup operational costs for administrative efforts and product loss is necessary to sustain their businesses while delivering essential patient care. The current language might unintentionally impact NDs' ability to cover these costs adequately.
- **Laboratory Requisitioning and Associated Costs:** The costs associated with laboratory requisitions include administrative tasks associated with laboratory requisitions and patient-related inquiries and transactions, coordination with laboratory companies and reconciliation of bills, as well the time and cost for the ND to stay current with labs and toc prepare requisitions. The proposed standards limit registrants' ability to recover costs associated with laboratory requisitions, despite the significant time and resources dedicated to administering lab work and related processes. Allowing reasonable cost recovery for these tasks is crucial for enabling registrants to maintain the necessary infrastructure for delivering these services.

Recognizing the critical importance of ensuring that our members can practice without undue barriers to earning an income, the OAND consulted with a regulatory lawyer to gain insight into the role of the regulator as it pertains to a registrant's ability to generate income. We have included the legal opinion which stipulates that imposing regulation on cost is outside of the scope of a healthcare regulator. We strongly encourage the Standards Committee to carefully review the precedents and information provided. We have appended the summary from our legal consultant to this submission for your review.

Standard of Practice: Delegation

Overall, this Standard is confusing as written and provides minimal guidance to Registrants on adhering to the Delegation guidelines. To improve clarity, it should include a clear outline of which controlled acts can and cannot be delegated. Additionally, the references to relevant acts and their

delegation guidelines are inconsistent. The OAND respectfully requests that the Standards Committee re-examine this Standard of Practice and resubmit it for consideration in a future consultation

Standard of Practice: Compounding

The change in the Intent of the Compounding Standard is substantial and, as proposed, would significantly impact the naturopathic profession. The proposed amendments to the compounding standard bring together non-prescription items alongside prescription substances under a single set of requirements with less distinction than the current standard. Non-prescription substances, such as natural health products (NHPs) and herbs, are addressed similarly to prescription drugs in the draft standard, introducing requirements that are unnecessarily complex for non-prescription substances. The proposed standards overlook important distinctions between prescription and non-prescription substances.

By combining both under broad criteria without clear separation, the proposed approach risks impeding timely patient access and limiting practical flexibility in patient care. Incorporating clearer distinctions between prescription and non-prescription substances within the standards, particularly in terms of competency requirements, would better support efficient and safe patient care. A focused approach that separates these categories would enhance the standard's practical applicability and align it with the diverse needs of naturopathic practice.

We respectfully request that the Standards Committee revisit the compounding criteria for non-prescription substances. The OAND would welcome the opportunity to collaborate with the Standards committee to ensure that the Standards relating to both Compounding and Delegation are appropriate, clear and reflect the high standards NDs have in their practices.

Use of Restricted Titles

The draft standards limit registrants from referring to specific accreditations, such as Fellowship by the American Board of Naturopathic Oncology (FABNO), despite the lack of explicit restrictions on additional certifications in the Naturopathy Act. We strongly support the acknowledgment of well-recognized accreditations, which could provide clarity and confidence in focused areas of care. We

suggest the College establish a formal process for recognizing such accreditations, which would provide additional clarity and support for naturopathic doctors pursuing advanced training.

Our feedback aims to foster collaboration and ensure that updated standards are both relevant to the complexities of naturopathic practice and aligned with our members' commitment to safe and effective patient care. We look forward to continued dialogue with the College and remain available to discuss these points further.

Feedback on the Proposed Changes: Standards of Practice

Below is the OAND feedback on the proposed standards of practice. In each, we have marked in yellow the areas within the Standard that we have concerns or requests, followed directly by our comments and recommendations in **12pt Bold**.

ACUPUNCTURE

Intent

To advise Registrants who incorporate the controlled act of acupuncture in their naturopathic practice about their authority to perform the controlled act of acupuncture and of the requirements to perform the procedure safely, ethically and competently.

The Registrant has the authority to perform the controlled act of acupuncture through an exemption under the Regulated Health Professions Act, 1991 and complies with all applicable limitations.

Definition

Acupuncture: The insertion and removal of solid needles into specific points in the body for therapeutic purposes.

Authority to perform acupuncture: A Registrant is authorized to perform acupuncture on tissue below the dermis, but not below the surface of the mucous membrane in accordance with this standard of practice and within the scope of practice of naturopathy, in accordance with section 8(2) of Ontario Regulation 107/96 as amended from time to time.

Area for Discussion: Consistency in formatting of acts and including the direct link.

Suggested wording: Ontario Regulation 107/96 (Controlled Acts), s. 8(2), Regulated Health Professions Act, 1991).

Delegation: A process whereby a Registrant authorized to perform a controlled act procedure under the Naturopathy Act, 2007 confers that authority to someone - regulated or unregulated - who is not so authorized and not a member of this profession (e.g. a ND registered with the College of Naturopaths of Ontario cannot delegate an authorized act to another ND registered with the College of Naturopaths of Ontario).

Area for Discussion: For consistency of wording throughout SOPs and for alignment with the Standard of Practice – Delegation and other definitions of delegation.

Recommendation: "who is not so authorized and not a Registrant of this College"

Exempted Act: Means a whole or part of a controlled act that is not authorized to the profession in the Naturopathy Act, 2007 but may be performed by Naturopathic Doctors via an exemption in the Regulated Health Professions Act, 1991.

STANDARD 1

The Registrant has acquired and maintains the knowledge, skill and judgment necessary to perform acupuncture safely, ethically, and competently.

A Registrant demonstrates the standard by:

- maintaining competency for performing the procedure by engaging in continuing education and/or incorporating acupuncture as a regular part of their clinical practice.

STANDARD 2:

The Registrant minimizes the risk to the patient, self and others that are associated with the performance of acupuncture before, during and after the procedure.

A Registrant demonstrates the standard by:

- performing the procedure only within the context of a naturopathic doctor-patient relationship,
- completing a naturopathic assessment,
- assessing the patient to identify contraindications to acupuncture,
- obtaining and documenting informed consent for each treatment

Area for Discussion: Acupuncture treatment plans commonly involve multiple sessions. The requirement to obtain and document informed consent for each treatment is unnecessary and burdensome for both the patient and the ND. We recommend that this SoP follow what is outlined in CTCMPOA standard for acupuncture. https://www.ctcmpao.on.ca/resources/forms-and-documents/Standard-for-Consent-2020.pdf

Recommendation:

- **remove "obtaining and documenting informed consent for each treatment" from the current list and**
- **add a 2nd group specific for informed consent that states:**

"Members must ensure that they obtain and document informed consent about the proposed treatment. In addition to getting consent before treatment starts, members must ask for consent again if:

• Any other person, such a student, or anyone under supervision will help with the treatment.

• if the treatment plan is adjusted in any way that changes the expected benefits, risks, or side effects.

• at the beginning of a new form of treatment."

- considering the patient's comfort with the use of acupuncture needles,
- determining when a referral is needed,
- ensuring acupuncture is not delegated to another individual,
- performing acupuncture for therapeutic purposes,
- appropriately identifying the relevant anatomy and acupuncture points,
- applying appropriate acupuncture techniques,
- applying proper infection control procedures,
- using appropriate draping techniques to access treatment areas & maintain patient comfort,
- taking precautions to avoid injury to self and patients,
- periodically assessing the patient's response to treatment and adjusting the treatment plan as needed.
- documenting the procedure in the patient record in accordance with the Standards of Practice: Record Keeping, and
- implementing appropriate emergency procedures when the need arises.

Recommendation: that Infection Control Procedures and Emergency Procedures are linked to the relevant SoP.

COMMUNICATING A NATUROPATHIC DIAGNOSIS

Intent

To advise Registrants who incorporate the controlled act of communicating a naturopathic diagnosis in their naturopathic practice of the requirements to perform the procedure safely, ethically and competently.

Area for Discussion: The intent wording should reflect the legislative authority and responsibility granted in the act and model similar standards from professions who also have the controlled act of communicating a diagnosis.

Recommendation: To advise members of their legislative authority of communicating a diagnosis, under the *Regulated Health Professions Act, 1991* and the *Naturopathy Act, 2007*; to advise members of the procedures to be followed in communicating a diagnosis safely, competently and ethically.

Definition

Diagnosis: The scope of practice of Naturopathy as outlined in section 3 of the Naturopathy Act 2007 includes "diagnosis" as follows: "The practice of naturopathy is the assessment of diseases, disorders and dysfunctions and the naturopathic diagnosis and treatment of diseases, disorders and dysfunctions using naturopathic techniques to promote, maintain or restore health." A naturopathic diagnosis is defined as a diagnosis made by a Naturopath.

Delegation: A process whereby a Registrant authorized to perform a controlled act procedure under the Naturopathy Act, 2007 confers that authority to someone - regulated or unregulated - who is not so authorized and not a member of this profession (e.g. a ND registered with the College of Naturopaths of Ontario cannot delegate an authorized act to another ND registered with the College of Naturopaths of Ontario).

STANDARD 1

The Registrant has acquired and maintains the knowledge, skill and judgment necessary to communicate a naturopathic diagnosis of a disease, disorder or dysfunction safely, ethically and competently.

A Registrant demonstrates the standard by:

- maintaining competency for communicating a naturopathic diagnosis by engaging in continuing education and/or incorporating communicating a naturopathic diagnosis as a regular part of their clinical practice,
- formulating a diagnosis based on a clinical assessment including one or more of the following:
    - the patient's health history and clinical presentation,
    - objective evaluation, including a physical examination, and/or
    - relevant diagnostic testing or investigations.
- considering the differential diagnoses in the process of formulating a diagnosis,
- only communicating a naturopathic diagnosis that is within the scope of naturopathic practice and the Registrant's individual training and knowledge,

- communicating a naturopathic diagnosis within the context of the naturopathic doctor–patient relationship, and
- documenting the diagnosis in the patient record in accordance with the Standard of Practice: Record Keeping.

Recommedation: Add link to Record Keeping SoP. Add in reference to Delegation as this is a controlled act.

STANDARD 2

The Registrant communicates a naturopathic diagnosis to a patient or the patient's authorized representative.

A Registrant demonstrates the standard by:

- ensuring the patient fully understands the diagnosis by,
  - reviewing how the diagnosis may impact the patient,
  - reviewing with the patient the treatment options available, and
  - responding to any questions from the patient.
- allowing the patient the opportunity to get a second opinion and provide any necessary information to facilitate a referral.

Area for Discussion: The terminology "Responding to any questions from the patient" is a broad, open-ended statement that could be misleading and may result in challenges for the patient and the Registrant with respect to fees billed to the patient.

Recommendation: Removal of this statement and replacing it with "Reviewing the diagnosis with the patient, including relevant background information, reasons for the diagnosis, and any contributing factors".

STANDARD 3

The Registrant does not delegate the act of communicating a naturopathic diagnosis to any individual or health care professional.

A Registrants demonstrates the standard by:

- performing the act themselves, and
- ensuring that communicating a naturopathic diagnosis to a patient or patient's authorized representative is not delegated to another individual.

Compounding

Intent

To advise Registrants who incorporate the controlled act of compounding in their naturopathic practice of the requirements to perform the procedure safely, ethically and competently.

Area of Major Concern: The previous defined intent of the Standard: Compounding was, "The intent of this standard is to advise Members of the requirements to compound drugs or substances listed on Table 5 of the General Regulation safely, ethically and competently." Following that statement, was "Compounding is a component of the controlled act: "Prescribing, dispensing, compounding or selling a drug designated in the regulations" (Regulated Health Professions Act, 1991, S.O. 1991, CHAPTER 18, s. 27) and "Members are authorized to compound drugs or substances under the Naturopathy Act, 2007, S.O. 2007, CHAPTER 10, Sched. P, s.4.1.

The Regulated Health Professions Act, 1991, S.O. 1991, CHAPTER 18, s. 27 outlines compounding as, "Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept."

That is, the focus has always been on compounding drugs, or prescribed substances. From a naturopathic practice perspective, the understanding and practice pertaining to this Standard related to drugs or substances listed on Table 5, that is, to prescribed substances.

The proposed change is a significant expansion that dramatically impacts the interpretation of the rest of the Standard. As it now reads, the detailed requirements for compounding are equally applied to prescribed substances and non-prescription substances. No rationale for this proposed change for compounding has been identified. We see this change as a significant expansion in the scope of compounding which would negatively and dramatically affect naturopathic practice for many NDs and, as such, would cause a reduction in the services and ability of NDs to meet the needs of their patients.

Likewise, the requirements, as outlined, for non-prescribed substances is significantly more aggressive than those outlined in the federal Canadian Natural Health Product (NHP) Compounding Policy - Canada.ca for NHPs.

Recommendation: We recommend that the Introductory wording on the original document is retained to maintain the focus of compounding on prescribed substances. Alternatively, we request the Standards Committee clearly delineate the differences between compounding of prescribed substances and non-prescriptive substances reflecting the historical use of non-prescriptive substances and standards that are consistent in the industry

for non-prescriptive substances.

Definitions

Cold Chain Management: A temperature, humidity and light-controlled supply chain for products that require a specific temperature range during distribution and storage.

Compounding: The process by which a Registrant creates a prescribed substance or non-prescription substance of unique properties by combining two or more existing prescribed substances and/or non-prescription substances.

Prescribed Substance: For the purpose of this standard, is anything referred to in Table 1, 2 or 5 of the General Regulation.

Manufacturer: A company or person who produces or processes a natural health product for sale. This does not include a health care professional who compounds a substance for direct sale to a patient.

Non-Prescription Substance: Anything publicly available and not listed in the General Regulation. This may include botanical tinctures, botanical powders or loose herbs, fluid/solid extracts, base creams, salves and ointments, homeopathic remedies, pharmaceutical-grade ethyl alcohol, vitamins, minerals and amino acids. A non-prescription substance also includes any item listed on the National Association of Pharmacy Regulatory Authorities (NAPRA) schedules 2, 3 or U.

STANDARD 1: Competency

The Registrant who compounds within the context of their naturopathic practice has acquired and maintains the knowledge, skill and judgment necessary to compound prescribed substances and/or non- prescription substances safely, ethically, and competently.

A Registrant demonstrates the standard by:

- Having met the College's requirements for compounding prescribed substances through successful completion of the College approved prescribing and therapeutics course and examination, when compounding prescribed substances listed on Table 1, 2 or 5 of the General Regulation.
- maintaining competency for performing the procedure by engaging in continuing education

  and/or incorporating compounding as a regular part of their practice, and
- ensuring that they are appropriately trained and competent in relevant emergency procedures and appropriate risk management processes are in place to assist in managing any adverse reactions or complications resulting from the administration or use of the compounded prescribed substance or non-prescription substance.

STANDARD 2: Safety

The Registrant minimizes the risks to the patient, self and others that are associated with the compounding of prescribed substances and non-prescription substances, before, during and after the procedure.

A Registrant demonstrates the standard by:

- having a naturopathic doctor-patient relationship with the patient for whom the compounded prescribed substance or non-prescription substance is being made,

- considering the patient's condition, the risks and benefits and any other relevant circumstances specific to the patient before compounding,
- ensuring the quality of the ingredients by using substances approved for use in Canada
- ensuring that no prescribed substance or non-prescription substance is made available for sale unless the expiry date for each prescribed substance or non-prescription substance is at least 1 month past the date on which the patient is expected to finish taking the prescribed substance or non-prescription substance.
- ensuring that compounding is performed in an aseptic preparation area using aseptic techniques

  based on current evidence-based infection control protocols to minimize the risk of contamination,
- ensuring cold chain management, as appropriate,
- ensuring that all prescribed substances and non-prescription substances used for compounding are stored in a controlled-access area,
    - all prescribed substances and non-prescription substances to be compounded for injection and require refrigeration are stored in a dedicated refrigerator that contains only these prescribed substances and non-prescription substances.
- ensuring the tools and receptacles with which prescribed substances or non-prescription substances are compounded are designed, constructed, maintained, arranged, and used in a manner that:
    - permits the effective cleaning of all surfaces using appropriate cleaning agents, and
    - limits potential contamination of prescribed substances or non-prescription substances.
- ensuring all packaging and containers used for prescribed substances and non-prescription substances are free of identified toxic substances food-grade, appropriate to maintain the

  preparation's stability, integrity, and storage conditions, and stored in such a way as to avoid contamination,
- providing the compounded prescribed substance directly to the patient or the patient's authorized representative, and
- ensuring documentation in the patient record in accordance with the Standard of Practice: Record Keeping.

STANDARD 3:

The Registrant complies with the rules and regulations applicable to compounding for Naturopathic Doctors in Ontario.

A Registrant demonstrates the standard by:

- limiting the use of prescribed substances to those listed on Table 1, 2 or 5 in the General Regulation, subject to any limitations, routes of administration and dosages set out in the table, when compounding with one or more prescribed substances,
- advising the patient that the Health Canda* approved product or substance may be

alternatively compounded at a pharmacy,

- ensuring that the compounded prescribed substance provides a customized therapeutic solution for patient care and does not duplicate an approved prescribed substance except to provide access to a necessary commercially prepared prescribed substance during periods of reduced or no supply,
- complying with College regulations, policies and standards of practice when compounding a prescribed substance for injection,
- ensuring that the compounded product complies with all relevant sections of the Food and Drugs Act including section 3 – prohibited advertising; 8 – prohibited sales of drugs; 9 – deception regarding drugs and 11- unsanitary manufacture of drugs (Appendix IV), and
- not using the authorized act of compounding as a means to bypass the federal drug review and approval system.

STANDARD 4: Labelling

The Registrant ensures that all required information is included with the compounded product.

A Registrant demonstrates the standard by:

Including the following information with all products they have compounded. This information may be included on a label affixed to the product, or where space is limited, provided on an accompanying sheet.

- an identification number, if applicable,
- Registrant's name, title, address, and telephone number,
- name of the person who compounded the product, if different than the Registrant.
- patient's name,
- name and strength of the prescribed substances or non-prescription substances, and any other ingredients used, and manufacturer where applicable,
- date the prescribed substances or non-prescription substances were compounded,
- amount or percentage of each prescribed substance, non-prescription substance, and any other ingredients,
- quantity of the compounded product in the container,
- expiration date based on known sterility and stability data,
- directions for the proper use of the compounded product including its dose, frequency, route of administration and any special instructions,
- directions for proper storage of the compounded product, and
- any cautionary information about the compounded product.

DELEGATION

Recommendation: In general, this Standard as written is quite confusing and does very little to assist Registrants in following the guidelines for Delegation. A clear delineation of what controlled acts can and cannot be delegated should be included for clarity. Relevant acts with specific reference to delegation are not consistent with how they articulate the specific guidelines around delegation. The OAND respectfully asks that the Standards Committee review this Standard of Practice again and resubmit it for consideration in a future consultation.

Intent

To advise Registrants of the requirements with respect to delegation of controlled acts in their practice.

Definitions

Authorized act: Means a whole or part of a controlled act authorized to the profession set out in subsection 4(1) of the Naturopathy Act, 2007.

Controlled Act: Means a controlled act set out in subsection 27(2) of the Regulated Health Professions Act, 1991.

Delegatee: A person to whom delegation is made and who has the knowledge, skill and judgment to perform the act, but are not authorized. This may include but is not limited to: a patient themselves, a health care provider who has a professional relationship with the patient, a person in the patient's household or a person who routinely provides assistance or treatment to the patient.

Delegation: For the purposes of this standard of practice, delegation is a process whereby a Registrant authorized to perform a controlled act under the Naturopathy Act, 2007 confers that authority to someone

- regulated or unregulated - who is not so authorized and not a Registrant of this College (i.e. a ND registered with the College of Naturopaths of Ontario cannot delegate an authorized act to another ND registered with the College of Naturopaths of Ontario). A delegation is not a referral.

Delegator: A person making the delegation.

Exempted Act: Means a whole or part of a controlled act that is not authorized to the profession in the Naturopathy Act, 2007 but may be performed by Naturopathic Doctors via an exemption in the Regulated Health Professions Act, 1991.

Referral: A process whereby a Registrant makes a formal request for care to another health care practitioner on behalf of the patient and is supported by documentation containing appropriate background information on the patient and outlining the reason for the referral.

STANDARD 1

The Registrant has acquired and maintains the knowledge, skill and judgment necessary to perform the authorized act to be delegated safely, ethically, and competently prior to delegating the act.

A Registrant demonstrates the standard by:

- only delegating a controlled act authorized to the profession in subsection 4(1) of the Naturopathy Act, 2007,
- possessing the knowledge, skill and judgment to perform the authorized act,
- only delegating the performance of an authorized act that the delegator is capable of performing,
- only delegating an authorized act that forms part of their practice**.**
- never delegating a controlled act that was delegated to them,
- never delegating the authorized act of communicating a diagnosis and
- never delegating acupuncture.

STANDARD 2:

The Registrant maintains responsibility and accountability for the performance of a delegated authorized act. The Registrant only delegates to individuals who have the knowledge, skill and judgment to perform the delegated act.

A Registrant demonstrates the standard by:

- assessing the risk of harm and the potential benefit of the delegated procedure,
- ensuring that the delegation is appropriate, bearing in mind the best interest of the patient,
- being satisfied that sufficient safeguards and resources are available so that the procedure may be performed safely and ethically,
- ensuring that the delegatee has the appropriate knowledge, skill and judgment to perform the authorized act,
- documenting the date of the delegation and the conditions under which the delegation occurred,
- ensuring that each delegation is for a specific procedure for a specific patient, to be delivered in a specific timeframe,
- ensuring the competency of the delegatee,
- ensuring that the delegatee is appropriately covered by insurance (where applicable) to meet any liability which may arise from the performance of the delegated act,

- putting in place and documenting a communication plan between themself and the delegatee relating to the appropriate management of any adverse events that may occur, including but not limited to:
    - where the delegatee is the patient or a person in the patient's household, being reasonably available to appropriately respond to the delegatee as needed while the delegated act is being performed, and
    - where the delegated act is being performed in the office/clinic, being onsite or reasonably available to appropriately supervise the delegatee while the delegated act is being performed.
- ensuring that the delegation conforms with the delegatee's own College regulations, policies and guidelines, when the delegatee is a registered health care practitioner, and
- ensuring that the appropriate documentation is maintained, whether the delegation was made orally or in writing, and includes:
    - the particulars of the delegation which are made available to the delegatee before the authorized act is performed,
    - the particulars of the delegation included in the patient record, and
    - the communication plan.

STANDARD 3

The Registrant delegates authorized acts in the context of an existing naturopathic doctor-patient relationship.

A Registrant demonstrates the standard by:

- conducting a complete assessment of the patient,
- informing the patient of the qualifications of the delegatee, and
- obtaining informed consent prior to the performance of the delegated act.

STANDARD 4:

The Registrant accepts delegation of controlled acts from another regulated health professional provided that all the necessary conditions for delegation are met.

A Registrant demonstrates the standard by:

- ensuring that the delegator has the authority and competence to perform and to delegate the controlled act,
- ensuring that they meet the following requirements before performing a delegated controlled act:
    - they have the knowledge, skill and judgment to perform the controlled act safely,

competently and ethically,

- they have a naturopathic doctor-patient relationship with the patient, performing the controlled act is appropriate, bearing in mind the best interests of the patient,
- the controlled act can be performed safely and ethically and that there are sufficient safeguards and resources available, and
- any applicable conditions have been met.

- ensuring that receiving the delegation of the controlled act is appropriate considering:
  - the known risks and benefits of performing the procedure for the patient,
  - the predictable outcomes of performing the procedure,
  - the patient's wishes and consent,
  - the safeguards and resources available and
  - any other relevant factors specific to the situation.
- maintaining proper documentation of the process of delegation including:
  - the date and specific activities that were accepted by delegation,
  - the name, registration number, and discipline of the delegator,
  - the delegator's education and qualifications related to the delegated procedure,
  - any applicable conditions and
  - the period of time that the delegation remains in force.
- ensuring that they have met the Standard of Practice for Prescribing and IVIT before accepting a delegation related to performing the procedures related to prescribing, compounding, dispensing, selling a drug or administering a drug by injection or inhalation.

Dispensing and Selling

Intent

To advise Registrants who incorporate the controlled act of dispensing and/or selling in their naturopathic practice of the requirements to perform the procedure safely, ethically and competently.

This standard applies to:

a) Dispensing and selling prescribed substances included in Table 4 (dispensing) and Table 6 (selling) of the General Regulation, and non-prescription substances or devices to a patient, or someone who is not a patient when filling a prescription or recommendation from another Registrant*.

Definitions

Dispensing: To provide prescribed substances, non-prescription substances, or devices for specific treatments. This includes the packaging, labeling and security necessary to safeguard the prescribed substances, non-prescription substances, or devices provided.

Non-Prescription Substance: Anything publicly available and not listed in the General Regulation. This may include botanical tinctures, botanical powders or loose herbs, fluid/solid extracts, base creams, salves and ointments, homeopathic remedies, pharmaceutical-grade ethyl alcohol, vitamins, minerals and amino acids. A non-prescription substance also includes any item listed on the National Association of Pharmacy Regulatory Authorities (NAPRA) schedules 2, 3 or U.

Manufacturer: A company or person who produces or processes a natural health product for sale. This does not include a health care professional who compounds a substance to sell to a patient.

Prescribed Substance: For the purpose of this standard is anything referred to in Table 4 (Appendix I) or 6 (Appendix II) of the General Regulation.

Recommendation: An advised course of treatment using non-prescription substances.

STANDARD 1

The Registrant who dispenses or sells prescribed substances, non-prescription substances or devices within the context of their naturopathic practice has acquired and maintains the knowledge, skill, and judgment necessary to perform the procedure safely, ethically, and competently.

A Registrant demonstrates the standard by:

- having the necessary knowledge, skill and judgment when dispensing or selling non-prescription substances,
- meeting the College's requirements for dispensing and selling prescribed substances listed in Tables 4 or 6 of the General Regulation through successful completion of the College approved prescribing and therapeutics course and examination, and
- maintaining competency for performing the procedure by engaging in continuing education and/or incorporating dispensing and selling as a part of their practice.

STANDARD 2

The Registrant minimizes the risks to the patient, self and others that are associated with the dispensing and selling of prescribed substances, non-prescription substances, or devices, before, during and after the procedure.

- A Registrant demonstrates the standard by: having a naturopathic doctor-patient relationship with the patient. If no such relationship exists:
    - the Registrant possesses the prescription/recommendation from another Registrant for the prescribed substance, non-prescription substance or device,

Area of Discussion: It is typical practice for NDs to fulfil prescriptions for other healthcare practitioners, including medical doctors.

Recommendation for accuracy: replace "from another Registrant" with "from another Registrant or other health care provider.

    - verifies and documents the accuracy and validity of the prescription/recommendation before dispensing and selling the prescribed substance, non-prescription substance or device, and
    - retains a copy of the prescription/recommendation.
- only dispensing and selling a compounded prescribed substance or non-prescription substance directly to their patient or patient's authorized representative,

Area of Discussion: The two highlighted bullet points are contradictory. As outlined in the 1st bullet-point, a Registrant can dispense and sell to non-patients under certain circumstances.

Recommendation: We recommend that the bullet be changed to, "only dispensing and selling a compounded prescribed substance or non-prescription directly to the patient or patient's authorized representative.

- ensuring that the prescribed substances, non-prescription substances, and devices dispensed and sold have been obtained and stored in a controlled-access area and in accordance with the manufacturer's recommendations,
- ensuring that the prescribed substances or non-prescription substances dispensed and sold have
    - not expired and will not expire before the date on which the patient is expected to use the last of the product,
    - dispensing and selling prescribed substances, non-prescription substances, or devices in accordance with any limitations listed in the General Regulation,
    - not dispensing or selling prescribed substances, non-prescription substances, or devices while being in an unmanaged conflict of interest,
    - not selling a prescribed substance for a profit or a direct or indirect personal or financial benefit, and

Area for Discussion: As outlined in the attached legal opinion, it is outside the scope of regulators to restrict health professionals from making a profit and

covering the costs associated with ordering, storing, dispensing and selling prescription substances. and from running a viable practice.

Recommendation: We request that this bullet be removed.

- when selling a prescribed substance or non-prescription substance, ensuring that the patient is aware that they may choose to purchase the prescribed substance or non-prescription substance from another **location.**

Recommendation: change location to "source" to include online and other sources.

STANDARD 3

The Registrant ensures that all required information is included with all prescribed substances, non-prescription substances, or devices that are dispensed.

A Registrant demonstrates the standard by:

ensuring that the following information is included with all prescribed substances or non-prescription substances that are dispensed. This information may be included on a label affixed to the product, or where space is limited, on an accompanying sheet:

- an identification number, if applicable,
- dispensing Registrant's name and title,
- the clinic name, address, and telephone number from which the product was dispensed,
- patient's name,
- name of product, strength, quantity, and manufacturer if available,
- date the prescribed substances, non-prescription substances, or devices were dispensed,
- expiration date,
- directions for the proper use of the prescribed substance, non-prescription substance or device including dose, frequency, route of administration and any special instructions, and
- any cautionary information about the prescribed substance or non-prescription substance.

Where the information is already present on the label of a finished product it need not be duplicated.

INHALATION

Intent

To advise Registrants who incorporate the controlled act of administering substances by inhalation in their naturopathic practice of the requirements to perform the procedure safely, ethically and competently.

Definitions

Inhalation: The administration of any substance by mask, nasal cannula, nebulizer or aerosol inhaler.

Substances: For the purpose of this standard is anything referred to in Table 1 (Appendix I) of the General Regulation regardless of which, if any, appear on the Schedules under the Drug and Pharmacies Regulation Act, R.S.O. 1990, c.H.4.

STANDARD 1

The Registrant who administers substances by inhalation within the context of their naturopathic practice has acquired and maintains the knowledge, skill and judgment necessary to perform the procedure safely, ethically, and competently.

A Registrant demonstrates the standard by:

- meeting the College's requirements for administering by inhalation the substances in Table 1 of the General Regulation through successful completion of the College approved prescribing and therapeutics course and examination,
    - maintaining competency for performing the procedure by engaging in continuing education and/or incorporating administering substances by inhalation as a regular part of their practice, and
    - ensuring that they are appropriately trained and competent in relevant **emergency procedures.**

Recommendation: change to "ensuring that they are appropriately trained and competent in relevant emergency procedures as it relates to the administration of inhaled substances."

STANDARD 2:

The Registrant minimizes the risk to the patient, self and others that are associated with the administration of a substance by inhalation, before, during and after the procedure.

A Registrant demonstrates the standard by:

- performing the procedure within the context of a naturopathic doctor-patient relationship,
- considering the patient's condition, the risks and benefits and any other relevant circumstances specific to administering a substance by inhalation,
- assessing the patient for contraindications to the substance indicated for administration by inhalation,
- obtaining and documenting informed consent,
- complying with the Standard of Practice for Compounding, where applicable, when mixing,

preparing, packaging or labelling two or more substances listed in Table 1 of the General Regulation to administer a customized therapeutic product to a patient by inhalation,

- applying current evidence-based infection control protocols to minimize risk factors for infection or contamination when administering a substance by inhalation,
- administering a substance by inhalation for therapeutic purposes when it is clinically indicated,
- administering an emergency substance listed in Table 1 of the General Regulation only when necessary, and
- ensuring documentation in the patient record in accordance with the Standard of Practice: Record Keeping.

Add: reference to Delegation of Inhalation.

Recommendation: link back to the SoP that are being referenced.

STANDARD 3

The Registrant ensures that all equipment and supplies used for administering substances by inhalation are stored and maintained appropriately.

A Registrant demonstrates the standard by:

- storing and maintaining equipment and supplies according to manufacturers' specifications,
- checking equipment regularly to ensure it is functioning properly,
- ensuring equipment is calibrated by appropriately trained personnel,
- ensuring that all equipment is appropriately cleaned, disinfected and/or sterilized as per current infection prevention and control standards, and
- ensuring appropriate equipment disposal.

Recommendation: link back to the SoP that are being referenced.

INJECTION

Intent

To advise Registrants who incorporate the controlled act of administering prescribed substances by injection in their naturopathic practice of the requirements to perform the procedure safely, ethically and competently.

Definitions

Injection: The act of administering a prescribed substance into a person's body using a needle and a syringe. For the purpose of this standard of practice, injection does not include intravenous therapy.

Non-Prescription Substance: Anything that is listed on Tables 1 or 2 of the General Regulation, regardless of which, if any, appear on the Schedules under the Drug and Pharmacies Regulation Act, R.S.O. 1990, c.H.4.

Prescribed Substance: For the purpose of this standard, is anything referred to in Table 2 (Appendix I) of the General Regulation at the moment it passes the dermis.

STANDARD 1

The Registrant who administers prescribed substances by injection within the context of their naturopathic practice has acquired and maintains the knowledge, skill and judgment necessary to perform the procedure safely, ethically, and competently.

A Registrant demonstrates the standard by:

- meeting the College's requirements for administering by injection the prescribed substances in Table 2 of the General Regulation through successful completion of the College approved prescribing and therapeutics course and examination,
- maintaining competency for performing the procedure by engaging in continuing education and/or incorporating administering prescribed substances by injection as a regular part of their practice, and
- ensuring that they are appropriately trained and competent in relevant emergency procedures and have appropriate risk management processes in place to manage any adverse reactions or complications resulting from administering a prescribed substance by injection.

STANDARD 2

The Registrant minimizes the risk to the patient, self and others that are associated with the administration of a prescribed substance by injection, before, during and after the procedure.

A Registrant demonstrates the standard by:

- only administering prescribed substances in accordance with any limitations in the Table.
- only administering a prescribed substance by injection within the context of a naturopathic doctor-patient relationship,
- considering the patient's condition, the risks and benefits and any other relevant circumstances specific to administering a prescribed substance by injection,
- assessing the patient for contraindications to the administration of a prescribed substance by injection,

- ensuring that necessary resources are available to manage potential adverse outcomes,
- obtaining and documenting informed consent for the course of treatment,
    - complying with the Standard of Practice: Compounding, where applicable, when mixing, preparing, packaging or labelling two or more non-prescription substances listed in Table 2 of the General Regulation to administer a prescribed substance to a patient by injection,
    - applying current evidence-based infection control protocols to minimize risk factors for infection and/or contamination when administering a prescribed substance by injection,
    - administering a prescribed substance for therapeutic purposes when it is clinically indicated,
    - administering a prescribed substance at a dosage determined by the Registrant to be clinically effective and safe,
    - administering an emergency prescribed substance listed in Table 2 of the General Regulation only when necessary and only to stabilize the patient until emergency personnel can attend to the patient, and
    - ensuring documentation in the patient record in accordance with the Standard of Practice: Record Keeping.

Add: clarification on the Delegation of Injections

Recommendation: link back to the SoP that are being referenced.

STANDARD 3

The Registrant ensures that all equipment and supplies used for administering a prescribed substance by injection are stored and maintained appropriately.

A Registrant demonstrates the standard by:

- storing and maintaining equipment and supplies according to manufacturers' specifications,
- ensuring that prescribed substances for injection are stored in a low traffic, controlled access location,
- ensuring that all prescribed substances administered by injection that require refrigeration are stored in a dedicated refrigerator that only contains injectable prescribed substance and non-prescription substances,
- using safety engineered needles when administering a prescribed substance by injection, and
- disposing of equipment and contaminated or expired prescribed substances in an appropriate manner.

Area for Discussion: We recognize the importance of using safety engineered needles (SEDs) when conducting IVIT, but it is an unnecessary step when performing intramuscular injections. Data shows that while SEDs can reduce needlestick injuries (NSIs), their benefit in low-risk procedures like subcutaneous injections is limited, with many NSIs still occurring despite SED use. Proper handling and training are essential in preventing NSIs, regardless

of whether SEDs or non-SEDs are used. Dulon, M., Stranzinger, J., Wendeler, D., & Nienhaus, A. (2020). Causes of needlestick and sharps injuries when using devices with and without safety features. *International Journal of Environmental Research and Public Health, 17*(23), 8721. https://doi.org/10.3390/ijerph17238721 The significant cost of safety engineered needles would result in increased fees for patients that are unnecessary.

Recommendation: "using single-use needles when administering a prescribed substance by injection".

INTERNAL EXAMINATIONS

Intent

To advise Registrants who incorporate the controlled act of performing internal examinations in their naturopathic practice of the requirements to perform the procedure safely, ethically and competently.

Definitions

Internal Examinations: The authorized acts of:

a. putting an instrument, hand or finger beyond the labia majora but not beyond the cervix, and

b. putting an instrument, hand or finger beyond the anal verge but not beyond the rectal- sigmoidal junction.

STANDARD 1

The Registrant who performs internal examinations within the context of their naturopathic practice has acquired and maintains the knowledge, skill and judgment necessary to perform the procedure safely, ethically, and competently.

A Registrant demonstrates the standard by:

- maintaining competency for performing the procedure by engaging in continuing education and/or incorporating internal examinations as a regular part of their practice, and
- ensuring that they are appropriately trained and competent in relevant emergency procedures and have appropriate risk management processes in place to manage any adverse outcomes or complications resulting from the performance of the procedure.

STANDARD 2

The Registrant minimizes the risk to the patient, self and others that are associated with the performance of internal examinations, before, during and after the procedure.

A Registrant demonstrates the standard by:

- performing an internal examination within the context of a naturopathic doctor-patient relationship,
- considering the patient's condition, the risks and benefits and any other relevant circumstances specific to the patient before performing an internal examination,
- obtaining and documenting informed consent,
- offering to have a second person present during the procedure,
- using appropriate draping techniques to maintain patient's privacy and comfort,
- applying current evidence-based infection control protocols to minimize risk factors for infection or contamination when performing an internal examination,
- performing an internal examination only when clinically indicated, for the purposes of:
    - examining a patient in the course of an assessment,
    - formulating a naturopathic diagnosis,
    - treating the patient with naturopathic treatments,

    - taking or collecting a specimen.
- ensuring documentation in the patient record in accordance with the Standard of Practice: Record Keeping.

Recommendation: To follow best practices, we recommend the addition of "monitoring of the patient's treatment progress".

STANDARD 3

The Registrant ensures that all equipment and supplies used for internal examinations are stored and maintained appropriately.

A Registrant demonstrates the standard by:

- storing and maintaining equipment and supplies according to manufacturers' specifications,
- using only single use disposable vaginal specula, and
- ensuring appropriate handling and disposing of biomedical waste.

Recommendation: Internal examinations include both vaginal and anal assessment. Hence, we recommend changing this statement to, "using only single use, disposable medical instrumentations (e.g. vaginal specula, anoscope)."

Intravenous Therapy

Intent

To advise Registrants of the requirements to perform Intravenous Therapy safely, ethically, and competently.

Administering substances by Intravenous Therapy is a component of the controlled act: "Administering a substance by injection or inhalation" (Regulated Health Professions Act, 1991, S.O. 1991, CHAPTER 18, s. 27).

Registrants are authorized to perform Intravenous Therapy under the Naturopathy Act, 2007, S.O. 2007, CHAPTER 10, Sched. P, s. 4.1.

Definitions

Prescribed Substance: For the purposes of this standard, is anything referred to in Table 2 (Appendix I) of the General Regulation.

Intravenous Therapy: Initiating, administering, and terminating the application of prescribed substances for therapeutic benefit intravenously.

STANDARD 1

The Registrant who administers prescribed substances by intravenous injection within the context of their naturopathic practice has acquired and maintains the knowledge, skill and judgment necessary to perform the procedure safely, ethically, and competently.

The Registrant demonstrates the standard by:

- meeting the College's requirements for administering the prescribed substances in Table 2 of the General Regulation by intravenous injection through successful completion of the College approved:
    - prescribing and therapeutics course and examination, and
    - IVIT course and examination.

Recommendation; the College currently has one approved therapeutics course and several approved IVIT courses. As with the Standard for Prescribing, we recommend removing the word "the" prior to "college approved".

- maintaining competency for performing the procedure by engaging in continuing education, incorporating administering prescribed substances by intravenous injection as a regular part of their practice,

Recommendation; use the term "intravenous administration" and not injection throughout for clarity and to distinguish between IV and injection therapies. Several instances throughout.

- ensuring that they are appropriately trained and competent in relevant emergency procedures and have appropriate risk management processes in place to manage any adverse reactions or complications resulting from administering a prescribed substance by intravenous injection, and
- ensuring that IV procedures are only conducted in a premises that has been registered with

the College, inspected and deemed to have met all of the safety requirements for the provision of IV.

STANDARD 2

The Registrant minimizes the risk to the patient, self and others that are associated with the administration of a prescribed substance by intravenous injection before, during and after the procedure.

The Registrant conducts an assessment and formulates a working diagnosis based on subjective and/or objective findings, prior to performing IV. The Registrant ensures appropriate administration of a prescribed substance by IV. The Registrant ensures timely reassessment of the patient's progress and response to treatment.

A Registrant demonstrates the standard by:

- only administering prescribed substances by intravenous injection in accordance with the limitation listed on Table 2,
- only intravenously administering a prescribed substance within the context of a naturopathic doctor-patient relationship,
- considering the patient's condition, the risks and benefits and any other relevant circumstances specific to intravenously administering a prescribed substance,
- assessing the patient for contraindications to the intravenous administration of a prescribed substance,
- only performing intravenous administration of a prescribed substance on pediatric patients when they have the specific knowledge, skill, and judgment to do so,
- ensuring that necessary resources are available to manage potential adverse reactions to intravenous administration of a prescribed substance,
- obtaining and documenting informed consent for the course of treatment,
- complying with the Standard of Practice for Compounding, where applicable, when reconstituting, diluting, mixing, preparing, packaging or labeling two or more prescribed substances listed in Tables 2 and 5 (Appendix II) of the General Regulation for the purpose of intravenously administering a customized therapeutic product to a patient,
- applying current evidence-based infection control protocols to minimize risk factors for infection and/or contamination when administering a prescribed substance by IV,
- using safety-engineered needles when intravenously administering a prescribed substance,
- intravenously administering prescribed substance for a therapeutic purpose when it is clinically indicated,
- intravenously administering a prescribed substance at a dosage determined by the Registrant to be clinically effective and safe,
- administering an emergency prescribed substance listed in Table 2 of the General Regulation only when necessary and only to stabilize the patient until emergency personnel can attend to the patient, and
- ensuring documentation in the patient record in accordance with the Standard of Practice for

Record Keeping.

STANDARD 3

The Registrant ensures that all equipment and supplies used for administering a prescribed substance by IV are stored safely and securely, and appropriately maintained.

A Registrant demonstrates the standard by:

- ensuring that all IV supplies are current with regard to their expiry date,
- ensuring that all prescribed substances administered by injection that require refrigeration are stored in a dedicated refrigerator that only contains injectable prescribed substances and non- prescription substances,
- ensuring that all prescribed substances, syringes, administration sets, IV bags, etc. are stored appropriately according to the manufacturer's specifications when applicable,
- ensuring that all prescribed substances for IV are stored in a low traffic, controlled access location,
- ensuring that prescribed substances are labeled to indicate the date the seal was broken, and
- ensuring that expired or contaminated prescribed substances, and damaged or open materials are discarded appropriately.

STANDARD 4

The Registrant ensures that all required information is included with all prescribed substances that are administered by IV.

A Registrant demonstrates the standard by:

- ensuring that the following information is included with all prescribed substances that are administered by IV. This information may be included on a label affixed to the iv bag, or where space is limited, information may be provided on an accompanying sheet:
    - Registrant's name, title, address and telephone number,
    - name of the person who compounded the IV bag, and the address and telephone number of the place where the bag was compounded, if different from above,
    - patient's name or an identification number,
    - name and strength of the prescribed substances or non-prescription substances, and any other ingredients used in the compounding, and manufacturer where applicable,
    - date the IV bag was prepared,
    - date the IV bag was administered to the patient,
    - amount or percentage of each of the prescribed substances, non-prescription substances, and any other ingredients used to make the compounded product, and the total quantity of the compounded product in the container,

- expiration date of the IV bag,
- directions for storage of the IV bag,
- directions for the proper use of the IV bag, including dose, frequency, route of administration and any special instructions, and
- any cautionary information about the prescribed substance or non-prescription substance.

STANDARD 5

The Registrant makes specific notations in the patient record regarding intravenous therapy.

A Registrant demonstrates this standard by recording in the patient file:

- drip rate,
- name and strength of all prescribed substances/non-prescription substances administered,
- formula of the IV bag,
- dosage and frequency,
- date of administration,
- infusion site,
- catheter size,
- osmolarity,
- start time,
- end time,
- vital signs - blood pressure, heart rate, respiratory rate or pulse oximeter reading and temperature (when applicable); before, during and after treatment,
- monitoring of patient during IV in addition to vitals,
- how treatment was tolerated,
- any adverse reactions to the IV and follow up to reactions as needed, and
- post-treatment instructions for the patient (when applicable)

MANIPULATION

Intent

To advise Registrants who incorporate the controlled act of manipulation into their naturopathic practice of the requirements to perform the procedure safely, ethically and competently.

Definitions

Absolute Contraindication: A condition or situation which makes manipulation completely inappropriate because it places the patient at undue risk.

Manipulation: Moving a joint beyond a person's usual physiological range of motion using a high velocity, low amplitude thrust.

Relative Contraindication: A condition or situation which may make manipulation inadvisable unless the intervention is modified.

STANDARD 1

The Registrant who performs manipulation within the context of their naturopathic practice has acquired and maintains the knowledge, skill and judgment necessary to perform the procedure safely, ethically, and competently.

A Registrant demonstrates the standard by:

- maintaining competency for performing the procedure by engaging in continuing education and/or incorporating manipulation as a regular part of their clinical practice,
- ensuring that they are appropriately trained and competent in relevant emergency procedures and have appropriate risk management processes in place to manage any adverse reactions or complications resulting from the performance of the procedure,
- using only one or more of the following low-amplitude thrust procedures when manipulating the cervical joints of the patient's spine:
    - Supine lateral flexion,
    - Supine rotary,
    - C2-C7 seated rotary.
- not performing manipulation if:
    - the patient has or many have one or more of the contraindications listed in the General Regulation,
    - the Registrant is in doubt about the accuracy of the patient's health status or health history with respect to any of the contraindications listed in the General Regulation.

STANDARD 2

The Registrant minimizes the risk to the patient, self and others that are associated with the performance of manipulation, before, during and after the procedure.

A Registrant demonstrates the standard by:

- only performing the procedure within the context of a naturopathic doctor-patient relationship,

- considering the patient's condition, the risks and benefits and any other relevant circumstances specific to the patient before performing manipulation,
- assessing the patient for absolute and relative contraindications:
    - erring on the side of patient safety when a patient presents with a condition where caution is warranted before performing manipulation,
    - using professional judgment to determine whether manipulation is appropriate and modifying the procedure as necessary when a patient presents with a relative contraindication,
    - obtaining and documenting informed consent,
    - performing manipulation for therapeutic purposes when it is clinically indicated, and
    - ensuring documentation in the patient record in accordance with the Standard of Practice: Record Keeping.

Recommendation: clarification on the Delegation of Manipulation.

Recommendation: add "ensuring that Manipulation is not delegated.

Recommendation: link back to the SoP that is being referenced (Consent, Record Keeping).

Point of Care Testing

Intent

To advise Registrants of the requirements to perform point of care testing safely, ethically and competently. This standard does not apply to collecting specimens for the purpose of sending them to an outside laboratory.

Definitions

Point of Care Test (POCT): An in-office test conducted by a Registrant on clinical specimens such as blood, saliva, or urine as authorized in section 26 of the LSCCLA (Appendix A).*

Critical Value: An abnormal test result that is significantly out of the normal range and which needs to be communicated to the patient urgently.

Clinically Significant Test Result: A result determined by the Registrant based on their clinical judgment to be one which requires follow-up with appropriate urgency.

POCT Equipment, Instruments and Supplies: Equipment, devices, instruments and supplies required to perform a point of care test. This includes disposable and non-disposable materials.

POCT Reagents: A chemical product necessary for the reactions required to obtain a POCT result. These may include enzymes, antibodies, primers, dyes, and culture media.

Standard Operating Procedure (SOP): The processes or techniques required to conduct a point of care test safely, ethically, and competently. This may include the manufacturer's directions for use.

STANDARD 1

The Registrant who performs point of care testing within the context of their naturopathic practice has acquired and maintains the knowledge, skill and judgment necessary to perform the procedure safely, ethically, and competently.

A Registrant demonstrates the standard by:

- maintaining competency for performing the procedure by engaging in continuing education and/or incorporating the performance of POCT as a regular part of their practice, and
- maintaining the knowledge, skill and judgment to be able to interpret results and to identify when further testing or referrals may be necessary.

STANDARD 2

The Registrant creates standard operating procedures for the performance of all POCTs.

Prior to performing a POCT, a Registrant demonstrates the standard by:

- creating and adhering to a standard operating procedure (SOP) that contains:
    - the roles and responsibilities of all health care professionals delivering point of care testing,
    - the purpose and limitations of the test,
    - step-by-step instructions on how to properly complete the test and use the corresponding instruments,
    - reference ranges for results,

- critical values,
- date of implementation or revision,
- procedure for setting up, validating, calibrating, and maintaining all POCT equipment, instruments, and supplies, and
- the name of the individual(s) responsible for reviewing and approving the SOP.

STANDARD 3

The Registrant ensures that POCTs are performed in a safe, effective, and ethical manner.

A Registrant demonstrates the standard by:

- ensuring that when performing point of care tests on blood, urine, throat or vaginal swabs, the Registrant:
  - performs only the point of care tests authorized in the General Regulation,
  - performs only the point of care tests authorized in the Laboratory and Specimen Collection Centre Licensing Act, 1990 or the regulation made thereunder.
- performing point of care testing for the purpose of:
  - assessing the patient's health status,
  - communicating a naturopathic diagnosis, or
  - monitoring or evaluating the patient's response to treatment.
- ensuring that in addition to meeting the Standard of Practice for Performing Authorized Acts, the Registrant:
  - performs a POCT within the context of the naturopathic doctor-patient relationship,
  - uses a device approved for sale by Health Canada for testing on blood specimens, where available,
  - uses only testing equipment that has been approved for use in Canada, in accordance with the purpose intended by the manufacturer of the device and in accordance with the manufacturer's instructions,
  - verifies that the POCT equipment is calibrated and is in proper working order immediately prior to performing a point of care test, as required by the manufacturer,
  - ensures that there is sufficient space for the POCT in accordance with the manufacturer's recommendations,
  - maintains an accurate and up to date inventory of all POCT equipment, instruments and supplies,
  - follows a standard operating procedure for setting up, validating, calibrating and maintaining all POCT equipment, instruments, and supplies,
  - follows a standard operating procedure to properly store, handle, clean, disinfect, and maintain POCT equipment, instruments and supplies,
  - verifies that the POCT equipment currently being used is working properly,
  - does not reuse POCT single use devices, equipment and supplies,
  - verifies that POCT supplies and reagents are not expired, contaminated or

deteriorated and are appropriate for use,

- promptly and properly disposes of inappropriate, expired, deteriorated, contaminated, and substandard POCT supplies and reagents,
- stores POCT supplies and reagents under proper environmental conditions, as per manufacturers requirements where applicable,
- has a protocol for addressing POCT adverse reactions, and recalls of equipment, instruments or supplies,
- obtains informed consent from the patient prior to performing the test,
- ensures proper infection control measures are in place in order to minimize the risks to patients, self and others associated with point of care testing,
- adheres to instrument specific quality controls and testing procedures,
- ensures that testing is completed and analyzed within the proper time frame,
- provides the patient with appropriate preparatory instructions with regard to specimen collection requirements (e.g. fasting, how to perform a clean-urine catch, etc.), wears appropriate personal protective equipment (which may include gloves, gowns, eye protection), and
- appropriately disposes of used test supplies and patient specimens.

- when reporting POCT results to the patient:
  - ensures appropriate and timely communication of test results to patients,
  - verifies that the results comply with set acceptability criteria,
  - interprets the results and explains them to the patient,
  - makes a copy of the results available to the patient and/or designated health care professional within a reasonable time following testing, if requested,
  - ensures appropriate follow-up on test results they receive,
  - uses their clinical judgment to determine if it is necessary to contact other health professionals who are involved in the patient's circle of care, and
  - refers as appropriate when a critical value or clinically significant result is received.

Recommendation: bullet points 1 and 3 can be condensed into one bullet point. Recommend, "interprets the results and ensures appropriate and timely communication of test results to the patient."

Area of Discussion: "ensures appropriate follow-up on test results they receive" does not belong in the SoP for Point-of-Care Testing. Recommend that this bullet is removed.

STANDARD 4

The Registrant maintains records specific to point of care testing.

A Registrant demonstrates the standard by:

- ensuring that in addition to the College's Standard of Practice for Record Keeping, the Registrant will document in the patient chart:
    - the date of the test,
    - the time of the test, where applicable,
    - the name and title of the individual carrying out the test, and
    - the test results and interpretation.

Recommendation: link back to the SoP that is being referenced.

PRESCRIBING

Intent

To advise Registrants who prescribe prescribed substances, listed on Table 3 of the General Regulation, as part of their naturopathic practice, of the requirements to perform the procedure safely, ethically and competently.

Definitions

Prescribed Substance: For the purpose of this standard, is anything listed in Table 3 (Appendix I) of the General Regulation.

STANDARD 1

The Registrant who prescribes prescribed substances within the context of their naturopathic practice has acquired and maintains the knowledge, skill and judgment necessary to perform the procedure safely, ethically, and competently.

A Registrant demonstrates the standard by:

- meeting the College's requirements for prescribing the prescribed substances in Table 3 of the General Regulation through successful completion of the College approved prescribing and therapeutics course and examination,
- maintaining competency for performing the procedure by engaging in continuing education and/or incorporating prescribing as a part of their practice, and
- ensuring that they are appropriately trained and competent in relevant emergency procedures.

Recommendation: retain the original wording in the standard that indicates approval of "a college approved prescribing and therapeutics course" and passing of the college delivered examination.

STANDARD 2

The Registrant minimizes the risk to the patient, self and others that are associated with the prescribing of the prescribed substances included in Table 3 of the General Regulation, before, during and after the procedure

A Registrant demonstrates the standard by:

- only prescribing within the context of a naturopathic doctor-patient relationship,
- taking a thorough patient history, including laboratory and diagnostic testing as appropriate before prescribing a prescribed substance,
- considering the patient's condition, the risks and benefits and any other relevant circumstances specific to the patient before prescribing a prescribed substance,
- assessing for contraindications, including current medications and natural health products before prescribing a prescribed substance,
- complying with any limitation and acting in accordance with the route of administration and dosage specifications included in Table 3 of the General Regulation,

- prescribing a prescribed substance for a therapeutic purpose when it is clinically indicated,
- obtaining and documenting informed consent,
- informing the patient that they have a choice of where they can purchase the prescribed substance,
- providing the prescription in writing
- providing a verbal prescription in emergency situations only, and documenting the verbal order in the patient record as soon as possible,
- ensuring documentation in the patient record in accordance with the Standard of Practice: Record Keeping, and
- monitoring, documenting and adjusting the prescription based on the patient's response to the prescribed substance.

Recommendation: provide provision for providing the prescription electronically or by fax as included in the definition of "in writing".

STANDARD 3

The Registrant communicates with other health care professionals, as applicable, regarding the prescribing of the prescribed substances included in Table 3 of the General Regulation.

A Registrant demonstrates the standard by:

- notifying the patient's other primary health care provider(s), if any, of the details of the prescription, with the patient's consent,
- informing the initiating health care professional of changes to a prescription they wrote, if the prescribed substance is listed in Table 3 of the General Regulation, with the patient's consent, and
- never discontinuing or adjusting the dosage of a prescribed substance that is not listed on Table 3 of the General Regulation.

STANDARD 4

The Registrant ensures that all required information is included on a prescription.

A Registrant demonstrates the standard by including the following information on the prescription:

- date of prescription,
- patient's name and address,
- prescribed substance's name, strength, quantity to be dispensed and number of refills,
- directions for use including the administration route, frequency, dose, duration, and any special instructions (e.g. away from food, with meals),
- number of allowable refills, and
- prescriber's name, address, telephone number, signature, and College registration number.

Recommendation: Include date of birth.

RECOMMENDING NON-PRESCRIPTION SUBSTANCES

Intent

To advise Registrants who recommend non-prescription substances of the requirements to perform the procedure* safely, ethically and competently.

Definitions

Non-Prescriptions Substances: Anything that is publicly available and is not listed in the General Regulation. This may include botanical tinctures, botanical powders or loose herbs, fluid/solid extracts, base creams, salves and ointments, homeopathic remedies, pharmaceutical grade ethyl alcohol, vitamins, minerals and amino acids. A non-prescription substance also includes any item listed on the National Association of Pharmacy Regulatory Authorities (NAPRA) schedules 2, 3 or U.

Recommendation: An advised course of treatment using non-prescription substances.

STANDARD 1

The Registrant who recommends non-prescription substances within the context of their naturopathic practice has acquired and maintains the knowledge, skill and judgment necessary to perform the procedure safely, ethically, and competently.

Recommendation: "Perform the procedure" doesn't fit the category. We recommend rewording for clarity: "To advise registrants who recommend non-prescription substances within the context of their naturopathic practice of the requirements to do so safely, ethically and competently."

A Registrant demonstrates the standard by:

- maintaining competency for performing the procedure by engaging in continuing education and/or incorporating the recommendation of non-prescription substances as a regular part of their practice.

STANDARD 2

The Registrant minimizes the risk to the patient, self and others that are associated with recommending non-prescription substances before, during and after the recommendation.

A Registrant demonstrates the standard by:

- recommending non-prescription substances within the context of a naturopathic doctor- patient relationship,
- taking a thorough health history, including laboratory and diagnostic testing as appropriate,

Recommendation: This statement is overly broad. Recommend "taking a thorough health history, which may include recommended laboratory and diagnostic testing as appropriate."

- considering the patient's condition, the risks and benefits and any other relevant circumstances specific to the patient

Recommendation: The inclusion of the word "any" makes this statement unreasonably broad and unclear. Suggested wording: "and other relevant circumstances specific to the patient."

- assessing the patient for contraindications, including current medications and natural health products that the patient is taking, before recommending a non-prescription substance,
- recommending a non-prescription substance for therapeutic purpose when it is clinically indicated,
- communicating the recommendation to the patient,
- obtaining and documenting informed consent,
- informing the patient that they have a choice of where they can purchase the recommended substance,
- ensuring documentation in the patient record in accordance with the Standard of Practice: Record Keeping, and
- monitoring, documenting and adjusting the recommendation based on the patient's response to treatment.

Recommendation: Link back to the SoP that is being referenced.

STANDARD 3

The Registrant communicates a recommendation for non-prescription substances to the patient.

A Registrant demonstrates the standard by:

- Providing the following information to the patient:
  - name of substance, strength, dose, and
  - directions for use including the administration route, frequency, duration, and any special instructions (e.g., away from food, with meals).

REQUISTIONING LABORATORY TESTS

Intent

To advise Registrants of the requirements for requisitioning the collection of specimens from patients by an Ontario specimen collection centre and the performance of tests on that specimen in an Ontario laboratory. This standard applies to requisitioning the collection of specimens and laboratory testing as permitted under the Laboratory and Specimen Collection Centre Licensing Act, 1990.

Definitions

Critical Value: For the purpose of this standard, critical value is a laboratory test result that is communicated by the medical laboratory to the naturopathic doctor indicating a result that shows a marked deviation from reference ranges, with no previous clear indication to the laboratory from the naturopathic doctor that these are expected deviations. Results of this nature may indicate a significant risk of a life-threatening event.

STANDARD 1

The Registrant has the knowledge, skill and judgment necessary to requisition the collection of specimens and laboratory tests safely, ethically and competently.

Prior to requisitioning the collection of specimens and laboratory tests, a Registrant demonstrates the standard by:

- maintaining competency for performing the procedure by engaging in continuing education and/or incorporating the requisitioning of laboratory tests as a regular part of their practice.

STANDARD 2

The Registrant requisitions the collection of specimens and laboratory testing in accordance with the Laboratory and Specimen Collection Centre Licensing Act,1990.

A Registrant demonstrates the standard by:

- requisitioning the collection of specimens and laboratory testing within the context of the naturopathic doctor-patient relationship,
- informing the patient:
    - of the reason the test(s) is being ordered,
    - of the significance of the test(s),
    - the risks and benefits of performing, or not performing, the test,
    - that the laboratory test(s) is not OHIP insured, and
    - that they will be required to pay the cost of the test(s) and any associated fee(s) (e.g. requisition/collection fees from the medical laboratory) incurred by the naturopathic doctor as well as an estimate of the total anticipated cost.

Area for Discussion: the bullet, “that they will be required to pay the cost of the test(s) and any associated fee(s) (e.g. requisition/collection fees from the medical laboratory) incurred by the naturopathic doctor as well as an estimate

of the total anticipated cost" to be unnecessarily wordy and unclear.

Recommendation: removal of "informing the patients that laboratory tests are not OHIP insured and re-wording for clarity, "*of the costs of all tests and associated fees that they are responsible to pay."*

- ensuring that requisitions for the collection of specimens and laboratory testing are completed on the appropriate form and include all required information to ensure accurate processing,
- ensuring that requisitions for the collection of specimens and laboratory testing include any expected deviations that would be a critical value test result,
- ensuring that the specimen and/or laboratory tests being requisitioned are appropriate and necessary for the specific patient, taking into consideration:
    - the patient's health history,
    - a clinical assessment including but not limited to a medical history, physical examination and other relevant diagnostic testing or investigations, and
    - the differential diagnosis.
- providing current contact information to the laboratory so that critical test results can be communicated both during and after office hours, and
- providing the patient with appropriate preparatory instructions with regard to the specimen collection and laboratory test (e.g. fasting, requirements for specific time of last dose of medication).

Area for Discussion: Using the wording "including but not limited to" could be interpreted that a physical exam is required for all laboratory requisitions. Recommend: re-wording for clarity to "*a clinical assessment that may include, but is not limited to . . .*"

STANDARD 3

The Registrant ensures fair and ethical fees, and billing practices.

In addition to the College's Standard of Practice for Fees and Billing, a Registrant demonstrates the standard by:

- when necessary, charging a reasonable fee for collecting non-blood specimens to be sent for laboratory testing, and itemize it on an invoice as "collection of specimen",
- when necessary, charging the patient for the cost of the test and any associated fee(s) (e.g. requisition/collection fees from the medical

laboratory) incurred by the naturopathic doctor,

- not charging a mark-up on the cost of the test and any associated fee(s) (e.g. requisition/collection fees from the medical laboratory) incurred by the naturopathic doctor, and
- when necessary, charging a reasonable fee for the analysis of laboratory test results if it is done outside of a patient visit/consultation.

Area for Discussion: As outlined in the attached legal opinion, it is outside the scope of regulators to restrict health professionals from making a profit and from running a viable practice.

It is also viewed negatively by insurance companies when patients are billed for two visits with the same patient on the same day. From an insurance perspective, the Standard, as outlined is problematic.

Recommendation: We request that Standard 3 is removed and that the bullet, "The Registrant ensures transparent and ethical fees, and billing practices." is moved to Standard 2.

STANDARD 4

The Registrant ensures appropriate follow-up on test results.

A Registrant demonstrates the standard by:

- ensuring that a system is in place to ensure appropriate follow-up on lab tests results,
- making themself available or accessible or having alternative arrangements in place to respond and act upon any critical value test results that are reported,

Area for Discussion: The expectation that Naturopathic Doctors (NDs) must be "available and accessible" at all times is both unreasonable and unrealistic. NDs already provide laboratory companies with their contact information to manage critical values. Given that there may be an unpredictable or lengthy period between when patients receive a requisition and when they ultimately complete the tests, it is not feasible to expect NDs to always be available. Furthermore, laboratory companies have the patients' contact information and can reach out to them if necessary.

Recommendation: that this bullet be changed to, "making themselves available to respond to critical value test results that are reported."

- informing the patient of the expected timeframe for the laboratory test results, and if and when they will contact the patient about the results,

- taking appropriate action if the result of a laboratory test that they order is outside the expected or normal range,
- referring a patient to a Physician or Registered Nurse in the Extended Class where a laboratory test result is a critical value test result, and
- ensuring that a copy of test results is provided to the patient upon request.

Area for Discussion: In many instances, Naturopathic Doctors (NDs) work with patients who chronically present with critical values in their lab reports. This chronic state may be the very reason the patient is under naturopathic care. For example, patients with uncontrolled diabetes may consistently show elevated HbA1c levels, while those undergoing dialysis for kidney failure may exhibit persistently low eGFR or high creatinine. Similarly, some patients may have chronically low hemoglobin or platelets. In these cases, it is important that NDs apply their clinical judgment and training to determine when a referral is necessary, recognizing that not every instance of a critical value requires immediate referral.

Recommended wording: "Clinically significant test results must be communicated to a patient in a timely manner, and, when deemed necessary, a patient must be referred to a medical doctor, nurse practitioner in the extended class or emergency room."

STANDARD 5

The Registrant maintains records specific to laboratory testing.

In addition to the College's Standard of Practice for Record Keeping a Registrant demonstrates the standard by:

- documenting in the patient chart:
    - requisitions for the collection of specimens from patients by an Ontario specimen collection centre and the performance of tests on that specimen in an Ontario laboratory,
    - results for all requisitioned laboratory tests,
    - discussions with patients explaining the results of the laboratory tests, and
    - any action taken or initiated in response to a lab test result, including but not limited to when a patient chooses to not attend for a follow up appointment to review test results.

RESTRICTED TITLES

Intent

To advise Registrants with respect to the titles that may be used.

Definitions

Credentials: A term for a variety of degrees, qualifications, or designations, etc. granted by agencies including professional associations, academic institutions, and educational bodies.

Restricted Title: A professional designation authorized and protected by law, which may only be issued by the regulatory body.

STANDARD 1

The Registrant uses the title associated with the certificate of registration as issued by the College of Naturopaths of Ontario.

A Registrant demonstrates the standard by:

- using the restricted titles Naturopath or Naturopathic Doctor in English or Naturopathe or Docteur(e) en naturopathie in French or using the abbreviation ND in English or DN in French,
- using equivalent terms in any other language,
- ensuring the restricted title directly follows their name when used in writing; (i.e. Dr. Mary Smith, ND or Dr. Mary Smith, Naturopathic Doctor),
- using the Inactive title when holding an Inactive Certificate of Registration with the College of Naturopaths of Ontario: (i.e. Dr. Mary Smith, ND (Inactive),
- using other College granted titles when required (i.e. Dr. Mary Smith, ND (retired), Dr. Mary Smith, ND (Non-Clinical),

Area for Discussion: As the standard on Restricted Titles is currently under consultation, we would like to restate our position on the Non-Clinical TCL requirement. The OAND remains concerned about the requirement for registrants holding a non-clinical TCL to use the qualifier "non-clinical" after their professional title.

We believe that this requirement does not contribute to enhanced patient safety, as all registrants are already expected to adhere to the highest standards of professionalism and ethics, regardless of their practice class. Moreover, the inclusion of "non-clinical" may discourage NDs from engaging in important professional work in academia, research, government, and industry, by creating a perceived devaluation of their professional designation.

Recommendation: The OAND strongly recommends that NDs who are General Class registrants with a non-clinical TCL should not be required to use the "non-clinical" qualifier after their ND designation. This change would acknowledge the diverse roles NDs fulfill beyond direct patient care and prevent any unintended diminishment of their professional status.

Furthermore, we affirm that all NDs are obligated to uphold the highest standards of ethical practice, the absence of the "non-clinical" qualifier does not compromise patient safety.

- opting to use appropriate additional titles; (i.e. Dr. Mary Smith, ND, Dr. of Naturopathic Medicine or Doctor Mary Smith, Naturopathic Doctor, Doctor of Naturopathic Medicine), and
- using “Doctor”, Dr.” in English or “Docteur(e)”, “Dr.” in French in front of their name provided the appropriate restricted title directly follows the Registrant’s name when used in writing.

STANDARD 2

The Registrant may choose to use other credentials which they are legally permitted to use.

When a Registrant engages in the practice of naturopathic medicine, this credential use will occur in conjunction with the naturopathic title.

A Registrant demonstrates the standard by:

- choosing to use other credentials in addition to their naturopathic title and ensuring that any additional credentials are presented accurately, honestly, and in accordance with any legal restrictions on their use. (i.e. Dr. Mary Smith, ND, Bsc),
- not using a term, title or designation that is a protected title for another regulated health profession, i.e., ‘physician’, and
- not using a term, title, or designation indicating or implying a specialization in an area of practice of the profession except in accordance with any formal specialist recognition program of the College. (i.e. Dr. Mary Smith, ND, FABNO is not currently permitted), e.g., family practice, oncologists etc.

Recommendation: The association and its members request that the regulator institute an accreditation recognition process, as is referenced in this SoP, whereby robust accreditation programs may apply for formal recognition by the college, such as the training program undertaken by those designated a Fellow by the American Board of Naturopathic Oncology (FABNO) or the Menopause Society Certified Practitioner (MSCP).

JULIA MARTIN LAW

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November 1, 2024

Via Email

Ontario Association of Naturopathic Doctors
Suite 1005, 55 Eglinton Ave. East
Toronto, Ontario
M4P 1G8

Attention: Dr. Tracy-Lynn Reside ND, Senior Manager Professional Affairs

Dear Dr. Reside ND:

Re: Proposed changes to Standards of Practice

You have asked me to review the changes proposed to the Standards of Practice by the College of Naturopaths of Ontario ("CONO") specifically in relation to charging for prescribed drugs and lab tests and requisitions. CONO is proposing the following:

1.Under the Dispensing and Selling Standard

The Registrant minimizes the risks to the patient, self and others that are associated with the dispensing and selling of prescribed substances, non-prescription substances, or devices, before, during and after the procedure.

Standard 2

- *not selling a prescribed substance for a profit or a direct or indirect personal or financial benefit, and*

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2. And under the Requisitioning Laboratory Tests Standard

Standard 3

The Registrant ensures fair and ethical fees, and billing practices. In addition to the College's Standard of Practice for Fees and Billing, a Registrant demonstrates the standard by:

- *not charging a mark-up on the cost of the test and any associated fee(s) (e.g. requisition/collection fees from the medical laboratory) incurred by the naturopathic doctor, and*

Regulators do not regulate fees

Health regulatory colleges, do not regulate or impose limits on what registrants can charge for their services. While regulators may make recommendations regarding some aspects of pricing such as over pricing and transparency of pricing and can discipline registrants for excessive or fraudulent fees, they should not and do not interfere with fees charged by practitioners. This is because their mandate is to protect the public by establishing and enforcing standards to ensure quality, safety, and ethical practices within the profession. This mandate does not extend to telling registrants what they can charge.

Regulating or restricting pricing is contrary to Section 7 of the *Canadian Charter of Rights and Freedoms* (the "*Charter*"), which guarantees the right to life, liberty, and security of the person. Section 7 has been interpreted to include economic freedoms associated with professional work, allowing individuals control over their livelihood, including setting fees. Any pricing restrictions could interfere with this right, impacting the professional's ability to sustain a viable practice as well as the right to determine their fees within a competitive market.

In addition, Section 2(b) of the *Charter* protects freedom of expression, which includes the freedom of professionals to make economic choices that reflect their expertise, quality of service, and prevailing market conditions. A restriction on pricing could also be seen as a limitation on professional judgment and economic expression.

The Supreme Court of Canada confirmed this principle in *Rocket v. Royal College of Dental Surgeons of Ontario* [1990] 2 SCR 232. Although this case dealt specifically with advertising restrictions, the Supreme Court ruled that regulatory bodies must balance their public protection mandate with the economic freedoms of professionals under the *Charter*. This decision highlighted the importance of limiting the regulatory scope to areas necessary for public protection, allowing professionals reasonable autonomy in other areas, such as business practices and pricing.

There have also been decisions under the *Competition Act* R.S.C., 1985 C-34 involving price-fixing or anti-competitive behavior where the Competition Tribunal has found against such behaviour. This supports the fact that regulations that directly control fees could interfere with fair market competition. In ***Canada (Commissioner of Competition) v. Canadian Real Estate Association (CREA)*** **(2010)** the Competition Tribunal ruled that restrictive policies around listing information were anti-competitive. This case established that policies should not be imposed on professionals that limit market competition without a clear public protection rationale.

Application of law to proposed changes

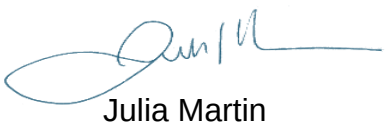
In my opinion, prohibiting profits on prescribed substances as well as the prohibition against marking up laboratory tests and requisitions contravene the principles set out in the law on this topic. Provided that any mark-ups on prescribed substances and laboratory requisitions are not excessive and are disclosed to members of the public, any attempt by CONO to restrict registrants from imposing these charges may constitute a limit on their right to their economic freedom guaranteed under Section 7 of the *Charter*. In my opinion, these restrictions should be removed from the proposed standards.

Should CONO not agree to removing the prohibition against making a profit on a prescribed substance, the way the provision is worded permits registrants to recoup their costs associated with the sale of the prescribed substance. This includes any administrative costs associated with purchasing, obtaining and storing the prescribed substances. This means that a charge can be applied to recover those costs at the time of dispensing. Costs do not constitute a profit.

With regard to laboratory requisitions and collections, should CONO not agree to removing the ability to mark-up the lab fees, then at a minimum, the word “mark-up” ought to be removed and replaced with “profit”. Registrants incur administrative costs in communicating with labs and paying their fees. They ought to be permitted to recover these costs and not be in a net negative position because their patient need this work done.

In conclusion, the law precludes CONO from making the proposed changes to restrict the fees that registrants can charge with respect to prescribed substances and laboratory tests and requisitions.

Yours truly,



Julia Martin