The College of Naturopaths of Ontario

CONSULTATION
Review of Standards of Practice

Introduction

This is a consultation document released on behalf of the Standards Committee of the College of Naturopaths of Ontario to seek feedback from all stakeholders, system partners, and registrants on the amendments and revisions to the various standards of practice of the College.

All the standards of practice of the College are undergoing review, hence, this consultation will be done in batches to make the process less arduous.

Background

Each health regulatory college is mandated under the Regulated Health Professions Act, 1991 (RHPA) to develop, establish and maintain standards of practice for their respective profession, to assure the quality of the practice of the profession. The standards of practice describe the expected level of performance for a particular element of practice, to which all naturopathic doctors (NDs) are required to adhere, to ensure quality and safety when providing these professional services to the public. The public should feel confident that their ND is held to a high standard when they seek naturopathic care.

The standards of practice in conjunction with by-laws, regulations, guidelines, Code of Ethics, Legislation and Core Competencies establish a framework for the practice of naturopathy in Ontario. These documents are consistently updated to incorporate current legislative and health care system requirements.

Essentially, the standards lay out a framework for ensuring the provision of safe and competent care. They are not mere suggestions, and every naturopath in Ontario is expected to know and apply these standards to their practice. The standards of practice are developed in consultation with all stakeholders, particularly members of the profession who use the standards of practice to evaluate their own performance and that of their peers. The standards of practice are approved by Council after public consultation

The standards of practice guide the professional knowledge, skills and judgement needed to practice naturopathy safely, and set the minimum expectations that must be met by any ND in any setting. They are dynamic, always evolving.

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Intent of this Review

Several of the standards of practice of the College were developed between 2012-2015 and have since been reviewed, updated, or amended. However, a considerable amount of time has elapsed since then and there is the need for the standards to be reviewed and/or amended to reflect current legislation and healthcare needs or practices.

Approach

Staff of the College kick-started the current review process by making changes to the standards of practice to ensure consistency and appropriate language use. However, these amendments are largely minor in nature and are not necessarily related to practice. Consequently, in addition to the minor language amendments and staff recommendations, the Standards Committee of the College undertook a further high-level and more detailed review and reorganization of the standards of practice keeping in mind changes or amendments related to practice and the overall objective of the standards of practice which is to outline the level of quality and safety expected for professional services provided to the public.

The Standards Committee considered the following questions:

- Does this represent the actual way the profession practices this procedure?
- Is anything confusing or outdated?
- Is anything missing?
- Is anything necessary or unnecessary?
- What information would help registrants meet the minimum expectations?

The Standards Committee has thus completed the review of the first batch of standards of practice with the recommendations of the committee having been effected in readiness for this consultation.

It is the aim of the Standards Committee to review all the standards of practice of the College and send them out for public consultation prior to final approval of any amendments or recommendations. As there are many standards to be reviewed, the approach is to have these consultations done in batches. Standards not addressed in this consultation will be included in a subsequent consultation of a similar nature.

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This consultation therefore seeks feedback on the standards regarding:

- any necessary information that should be included or may have been omitted,
- whether they represent the current practices of the profession and
- whether they are clear and concise,
- general views and/or feedback.

This consultation is thus focused on 19 standards of practice that have been reviewed by the Standards Committee and are ready for feedback.

Brief Overview of Changes

All the standards of practice have undergone minor changes including, grammar checks, wording review and general housekeeping to enhance clarity and improve readability. The standards included in this consultation have also undergone general minor re-organisations concerning where items are listed within the standard to improve flow and coherence of text.

Please note that all formatting, logos, design have been removed for the purpose of consultation in order to focus on the content.

The table below summarizes the major changes that have been proposed by the Standards Committee for consultation feedback:

***Insertions are highlighted in green text. Deletions are highlighted in red text.*

Name of Standard	**Proposed Amendment**
Acupuncture	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: ○ ***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.*

	- Paragraphs 2 and 3 of Introduction removed re-organized and incorporated into Authority to perform acupuncture, Delegation and Exempted Act definitions: o ~~*Naturopathic Doctors have been given access to perform acupuncture according to the standard of practice of the profession through an exemption in Ontario Regulation 107/96: Controlled Acts (Section 8(2)) made under the Regulated Health Professions Act, 1991 (RHPA). To perform acupuncture outside the scope of Naturopathic Practice and use the title acupuncturist/acupuncture practitioner, a Member must be registered with the College of Traditional Chinese Medicine Practitioners and Acupuncturists.*~~ o ~~*The Regulated Health Professions Act, 1991 only supports the delegation of controlled acts authorized to the profession in the Naturopathy Act, 2007. Acupuncture is not authorized to the profession in the Act but is authorized through an exemption and therefore cannot be delegated.*~~ - The following performance indicators removed from Standard 1 - Competency of original document and incorporated in to Standard 2 of new proposed document: o ~~*The Member has, and is able to demonstrate, current knowledge of:*~~ ▪ ~~*theory, philosophy and principles of acupuncture;*~~ ▪ ~~*anatomy, acupuncture points, acupuncture meridians;*~~ ▪ ~~*assessment and diagnosis;*~~ ▪ ~~*treatment techniques;*~~ ▪ ~~*indications and contraindications;*~~ ▪ ~~*determination of the need for a referral; and*~~ ▪ ~~*emergency procedures.*~~ - Standard 2-Assessment and Treatment and Standard 3-Delegation of original document removed and consolidated into Standard 2 of new document: o *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.* o *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,* ▪ *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 Standard of Practice: Record Keeping, and* ▪ *implementing appropriate emergency procedures when the need arises.* • **Added/Expanded definitions:** - ***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.* - ***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). - ***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.*
Collecting Clinical Samples	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: ○ ***Intent:*** *To advise registrants of the requirements for collecting clinical specimens safely, ethically and competently. This standard applies to collecting specimens for in-office, point-of-care testing (Appendix I) and specimens for external laboratory testing as permitted under the Laboratory and Specimen Collection Centre Licensing Act, 1990.* - The following performance indicators of Standard 2-Collecting clinical samples removed: ~~○ *collects blood samples only for Point of Care Tests authorized in the General Regulation made under the Naturopathy Act;*~~ ~~○ *collects non-blood samples only for Point of Care Tests authorized in the Laboratory and Specimen Collection Centre Licensing Act or the regulation made thereunder;*~~ ~~○ *collects non-blood samples from an internal examination only for laboratory tests authorized under the Laboratory and Specimen Collection Centre Licensing Act or the regulation made thereunder.*~~ ~~○ *develops and maintain policies and procedures to anticipate, recognize, and minimize risks to patients, self and others associated with collecting clinical samples;*~~ ~~○ *uses sterile single-use supplies and ensures they are never re-used;*~~ ~~○ *ensures that an appropriate carrier is used if the sample requires transportation.*~~

	- The following performance indicator inserted under Standard 2 of new proposed document:
	  ○ *collecting a specimen within the context of the naturopathic doctor-patient relationship, and*
	  ○ *ensuring that the appropriate techniques (clean vs. sterile/aseptic) and supplies are used in order to minimize risks to patients, self and others and to maintain the quality of the clinical specimens.*
	
	- Standard 3-Labelling removed and incorporated into Standard 2 of proposed document.
	
	- Standard 4-Record Keeping removed:
	
	  ~~○ *The Member maintains records specific to Clinical Sample Collection.*~~
	  ~~○ *Performance Indicators*~~
	  ~~○ *In addition to the College's Standard of Practice for Record Keeping, the Member will document in the patient chart:*~~
	  ~~▪ *the date of the sample collection;*~~
	  ~~▪ *the time of the sample collection, where applicable; and*~~
	  ~~▪ *the identity of the person who collected the sample.*~~
	
	• **Change of terms**
	  - 'Clinical sample' changed to 'clinical specimen' throughout the standard.
	  - 'Sample' changed to 'specimen' throughout the standard.
	
	• **Added Appendices**
	  - Appendix I – Point of Care Testing add to allow for quick access to the complete list of authorized tests.

Communicating a Naturopathic Diagnosis	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: o ***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.* - Paragraphs 2, 3 and 4 under the Introduction section removed and incorporated into Diagnosis and Delegation definitions under new proposed document: o ~~*Communicating a diagnosis is a controlled act under the Regulated Health Professions Act, 1991, S.O. 1991, CHAPTER 18, s. 27.*~~ o ~~*Members are authorized to communicate a naturopathic diagnosis under the Naturopathy Act, 2007, S.O. 2007, CHAPTER 10, Sched. P, s. 4.1.*~~ o ~~*The scope of practice of Naturopathic Medicine 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."*~~ - Performance indicators inserted under Standard 1 of new proposed document: o *only communicating a naturopathic diagnosis that is within the scope of naturopathic practice and the Registrant's individual training and knowledge, and* o *documenting the diagnosis in the patient record in accordance with the Standard of Practice: Record Keeping.* - The following performance indicators removed under Standard 2 - Communicating a Diagnosis of original document and incorporated into Standard 1 of new proposed document: o ~~*reviews with the patient the diagnosis and the clinical rationale used to arrive at the diagnosis;*~~ o ~~*performs the act within the context of the naturopath–patient relationship; -*~~ . - Two performance indicators added to Standard 3 of new proposed standard: o *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.* • **Added/Expanded definitions:** - ***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).*
Compounding	• **Restructuring and re-organization** - Headings of Standards removed. - Introduction section restructured and incorporated into new Intent section: ○ ***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.* - Paragraphs 2 and 3 under Introduction section of original document removed: ~~○ *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).*~~ ~~○ *Members are authorized to compound drugs or substances under the Naturopathy Act, 2007, S.O. 2007, CHAPTER 10, Sched. P, s. 4.1.*~~

	- Standard 1 – Competency reworded and re-organized to include the following additional performance indicators:
	  ○ *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 considerations on original document revamped and reworded with the following performance indicators removed:
	  ○ ~~*when compounding a drug for injection, does so in accordance with applicable regulations, College policies and guidelines;*~~
	  ○ ~~*ensures that no expired drug or substance is made available for sale;*~~
	  ○ ~~*ensures that the drugs or substances used have been obtained and stored in accordance with applicable laws;*~~
	
	- The following performance indicators added to Standard 2 of new proposed document.
	  ○ *considering the patient's condition, the risks and benefits and any other relevant circumstances specific to the patient before compounding,*
	  ○ *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 documentation in the patient record in accordance with the Standard of Practice: Record Keeping.* - Standard 3 - Compounding of original document re-organized and reworded with the following performance indicators added: ○ *using only the prescribed substances 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, and* ○ *not using the authorized act of compounding as a means to bypass the federal drug review and approval system.* - The following performance indicators removed from Standard 3 - Compounding of the original document: ○ ~~*ensures that no drugs or substances are compounded in order to be sold to third parties;*~~ ○ ~~*ensures that all drugs included in a compound for the purposes of inhalation are listed, and are in accordance with any limitations, on Table 1 of the General Regulation;*~~ ○ ~~*ensures that all drugs included in a compound for the purposes of injection are listed, and are in accordance with any limitations, on Table 2 of the General Regulation;*~~ ○ ~~*ensures that all drugs included in a compound for the purposes of oral or topical use are listed, and are in accordance with any limitations, on Table 5 of the General Regulation;*~~ - Standard 4-Labeling of original document re-organized and reworded with the following performance indicators added: ○ *name of the person who compounded the product.* - The following performance indicators moved from Standard 2-Safety Considerations of the original document: ○ *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 (moved to Standard 1 of new proposed document). ○ *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), 9 (moved to Standard 3 of new proposed document).* - The following performance indicators moved from Standard 3-Compounding of original document: ○ *ensuring the tools and receptacles with which drugs 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 drugs prescribed substances or non-prescription substances. (moved to Standard 2 of new document)* ○ *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. (moved to Standard 2 of new document)* • **Change of terms** - 'Drug' changed to 'Prescribed substance' throughout the standard. - 'Substance changed to 'Non-prescription substance' throughout the standard. • **Added/Expanded definitions** - ***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 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.* • **Added appendices** to provide quick access to complete list of authorized drugs and prescribed substances - Appendix I - Prescribed substances that may be administered by inhalation - Appendix II - Prescribed substances that may be administered by injection - Appendix III – Drugs that may be compounded. - Appendix IV - Foods, Drugs, Cosmetics and Devices
Consent	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: o ***Intent:*** *To advise registrants of their obligations with respect to consent.* - Standard 1-Informed Consent reworded and re-organized with the following performance indicator removed: o ~~*The Member ensures that the patient or substitute decision-maker understands the professional status of those providing professional services.*~~ - Standard 2-Consent to Assessment and Treatment removed: o ~~*The Member ensures that informed consent is obtained from the patient or substitute decision maker at the start of and throughout the assessment and treatment process.*~~ o ~~*Performance Indicators*~~ o ~~*The Member discusses the following with the patient or substitute decision-maker as appropriate:*~~

	~~▪ scope and reason for the assessment and treatment;~~ ~~▪ associated costs;~~ ~~▪ the purpose and nature of the assessment and treatment including whether information will be obtained from other individuals;~~ ~~▪ the potential benefits and limitations of the assessment and treatment and the likely consequences of not receiving the intervention;~~ ~~▪ the expected outcomes of the assessment and treatment;~~ ~~▪ the right of the patient or substitute decision maker to withdraw consent at any time.~~ ~~▪ provides an opportunity for the patient or substitute decision maker to ask questions and responds to them in a manner that helps the patient or substitute decision-maker understand.~~ - Standard 3-Determining Capacity re-organized into Standard 2 of new proposed document. - Standard 4-Record Keeping re-organized into Standard 3 of new proposed document. - The following performance indicators under Standard 4-Record Keeping removed: ~~○ Documentation can take either of the following forms:~~ ~~▪ a note in the patient record; and~~ ~~▪ a consent form, that is dated, signed, and witnessed.~~ • **Updated definitions:** - ***Capacity***: *A person is deemed to have capacity with respect to an intervention/decision if the person is able to understand the information relevant to making a decision about the intervention, and able to appreciate the reasonably foreseeable consequences of a decision, or lack of decision. People:* ○ *are presumed to have capacity unless there is information to lead the Registrant to think otherwise,* ○ *may have capacity with respect to one intervention/decision but not another, and* ○ *may have capacity with respect to an intervention/decision at one time and be incapacitated at another.*

	- ***Consent*** *- To agree, approve, assent and give permission to some act or purpose* - ***Informed Consent*** *– An indication that the consent given by a person has been based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given.* - ***Substitute Decision-maker*** *- A person who makes decisions for someone who is incapable of making their own decisions, and who is authorized to give or refuse consent to an intervention on behalf of a person who is incapable of making a decision with respect to the intervention.*
Delegation	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: o ***Intent:*** *To advise Registrants of the requirements with respect to delegation of controlled acts in their practice.* - The following paragraph removed from Definitions section of original document: o ~~*Delegating or accepting delegation of controlled acts is subject to any applicable college guidelines, standards and regulations.*~~ - The following performance indicator added to Standard 1 of new proposed document: o *never delegating a controlled act that was delegated to them.* - Standard 2-Responsibility and Accountability of original document reworded with the following performance indicator removed: o ~~*Delegation may be written or verbal, but appropriate documentation must be maintained.*~~

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	- The following performance indicator removed from Standard 2-Responsibility and Accountability of original document:
	  ○ ~~*is onsite or reasonably available to appropriately supervise the delegatee while the delegated act is being performed;*~~
	
	- The following performance indicators added and reworded under Standard 2 of new proposed document:
	  ○ *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 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.*
	- The following performance indicator added under Standard 4 of new proposed document:
	  ○ *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.*

	• **Updated/Expanded Definitions** - ***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.* - ***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.*
Dispensing and Selling	• **Restructuring and re-organization** - Dispensing and Selling Standards of Practice merged into one Standard. - Introduction section restructured and incorporated into new Intent section: ○ ***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, or non-prescription substances or devices to a patient, or someone who is not a patient when filling a prescription or recommendation from another Registrant.* - Standard 1 reworded and re-organized with the following added performance indicators: ○ *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 reworded and re-organized with the following performance indicators added: ○ *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* ○ *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.* - The following performance indicators removed from Standard 3-Labeling of original document: ○ ~~*quantity of the drug or substance;*~~ - The following performance indicator added to Standard 3 of new proposed document: ○ *the clinic name, address, and telephone number from which the product was dispensed.* • **Added/updated 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.*

	- ***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.* - ***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.* - ***Recommendation:*** *An advised course of treatment using non-prescription substances.* - ***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.* • **Change of terms** - Drug' to 'Prescribed substance'. - 'Substance to 'Non-prescription substance'. • **Added appendices** - Appendix I – Drugs that may be dispensed. - Appendix II – Drugs that may be sold.
Dual Registration	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: ○ ***Intent:*** *To advise registrants with respect to holding a certificate of registration with another health regulatory College in Ontario* - Standard 1-Practice Management of original document re-organized with the following performance indicators removed:

	~~○ ensures that treatments recommended by the Member, regardless of their dual registration, , are based solely on patient need.~~ ~~○ Ensures that records clearly distinguish between and identify in what capacity the Member is acting.~~ - The following performance indicator added to Standard 1 of new proposed document: ○ *scheduling a patient visit for naturopathic services, at which time only naturopathic services are provided.* • **Updated definitions** ***Dual Registrant:*** *A Registrant of the College of Naturopaths of Ontario who is also a current member of any other health regulatory College in Ontario.*
Inhalation	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: ○ ***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.* - Paragraphs 2 and 3 under Introduction section of original document removed: ~~○ Administering substances by inhalation 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).~~ ~~○ Members are authorized to administer substances by inhalation under the Naturopathy Act, 2007, S.O. 2007, CHAPTER 10, Sched. P, s. 4.1.~~ - Standard 1-Competency of original document reworded to remove the following performance indicator: ~~○ Prior to administering substances by inhalation, the Member is in compliance with the Standard of Practice for Prescribing.~~

	- Standard 1 of new proposed document revamped with the following added performance indicators:
	  ○ *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.*
	
	- Standard 2 of new proposed document expanded with the following added performance indicators:
	  ○ *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,*
	  ○ *obtaining and documenting informed consent,*
	  ○ *applying current evidence-based infection control protocols to minimize risk factors for infection or contamination when administering a substance by inhalation, and*
	  ○ *ensuring documentation in the patient record in accordance with the Standard of Practice: Record Keeping.*
	
	- Standard 3-Equipment under original document revamped with the following paragraph removed:
	  ○ ~~*If the requirements listed above conflict with the manufacturers' specifications, the Member follows manufacturers' specifications.*~~
	
	• **Updated 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.*
	
	• **Added appendices**

	- Appendix I – Prescribed substances that may be administered by inhalation.
Injection	- **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: ○ ***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.* - Standard 1 re-organized with the following added performance indicators: ○ *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 reworded and re-organized with the following added performance indicators: ○ *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,*

	▪ *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 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.* - Added Standard 3 to new proposed document: ○ *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.* • **Added/ updated definitions** - ***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.*

	- ***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.* • **Change of terms** - 'Drug' to 'Prescribed substance' throughout Standard. - 'Substance to 'Non-prescription substance' throughout Standard. • **Added Appendices** Appendix I – Prescribed substances that may be administered by injection
Internal Examinations	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: ○ ***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.* - Paragraphs 2 and 3 under Introduction section of original document removed: ~~○ *Performing internal examinations is a component of the controlled act: "Putting an instrument, hand or finger,*~~ ~~▪ *i. beyond the external ear canal,*~~ ~~▪ *ii. beyond the point in the nasal passages where they normally narrow,*~~ ~~▪ *iii. beyond the larynx,*~~ ~~▪ *iv. beyond the opening of the urethra,*~~ ~~▪ *v. beyond the labia majora,*~~ ~~▪ *vi. beyond the anal verge, or*~~

	~~▪ vii. into an artificial opening into the body."~~ ~~▪ (Regulated Health Professions Act, 1991, S.O. 1991, CHAPTER 18, s. 27).~~ ~~▪ Members are authorized to perform internal examinations under the Naturopathy Act, 2007, S.O. 2007, CHAPTER 10, Sched. P, s. 4.1.~~ - Standard 1-Competency of original document reworded with the following performance indicator added: 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 outcomes or complications resulting from the performance of the procedure.* - Standard 2-Assessment and Treatment reorganized with the following performance indicators reworded and moved to Standard 3 of new proposed document: o *using only single use disposable vaginal specula, and* o *ensuring appropriate handling and disposing of biomedical waste.* - Standard 2 on new proposed document re-organized and reworded with the following performance indicators added: o *performing an internal examination within the context of a naturopathic doctor-patient relationship,* o *considering the patient's condition, the risks and benefits and any other relevant circumstances specific to the patient before performing an internal examination,* o *obtaining and documenting informed consent,* o *offering to have a second person present during the procedure,* o *using appropriate draping techniques to maintain patient's privacy and comfort,* o *applying current evidence-based infection control protocols to minimize risk factors for infection or contamination when performing an internal examination, and* o *ensuring documentation in the patient record in accordance with the Standard of Practice: Record Keeping* - Standard 3-Record Keeping of original document removed and incorporated into Standard 2 of new proposed document.

	- Standard 3 on new proposed document reworded to include two performance indicators moved from Standard 2 -Assessment and Treatment of original document and the addition of the following performance indicator: ○ *storing and maintaining equipment and supplies according to manufacturers' specifications.* • **Updated 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*
Intravenous Infusion	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: ○ ***Intent:*** *To advise registrants of the requirements to perform Intravenous Therapy safely, ethically, and competently.* - Standard 1-Competency of original document reworded with the following added performance indicators: ○ *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.* ○ *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,*

	○ *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 reworded and re-organized with the following added performance indicators: ○ *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,* ○ *obtaining and documenting informed consent for the course of treatment,* ○ *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,* ○ *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 reworded and re-organized with the following added performance indicators: ○ *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, and* ○ *ensuring that all prescribed substances for IV are stored in a low traffic, controlled access location.*

	- Standard 4 reworded and re-organized with the following added performance indicators:
	  ○ *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,*
	  ○ *name and strength of the prescribed substances or non-prescription substances, and any other ingredients used in the compounding, and manufacturer where applicable, and*
	  ○ *directions for storage of the IV bag.*
	
	- Added 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).*
	• **Change of terms**
	  - 'Intravenous infusion Therapy' changed to 'Intravenous Therapy'
	  - 'IVIT' changed to 'IV'

	- 'Drug' changed to 'Prescribed substance'. - 'Substance changed to 'Non-prescription substance'. • **Updated 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.* • **Added appendices** - Appendix I – Prescribed substances that may be administered by injection. - Appendix II – Drugs that may be compounded.
Manipulation	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: ○ ***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.* - Paragraphs 2 and 3 of Introduction section on original document removed: ~~○ *Performing manipulation is a controlled act: "Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust". (Regulated Health Professions Act, 1991, S.O. 1991, CHAPTER 18, s. 27).*~~ ~~○ *Members are authorized to perform manipulation under the Naturopathy Act, 2007, S.O. 2007, CHAPTER 10, Sched. P, s. 4.1.*~~

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	- Standard 1 on new proposed document reworded and re-organized with the following added performance indicators:
	  ○ *maintaining competency for performing the procedure by engaging in continuing education and/or incorporating manipulation as a regular part of their clinical 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 the performance of the procedure.*
	
	- Standard 2-Assessment and Treatment on original document re-organized with the following performance indicator moved to Standard 1 of new proposed document:
	  ○ *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.*
	
	- The following performance indicators removed from Standard 2-Contraindications to Manipulation:
	  ○ ~~*When a patient presents with a relative contraindication, the Member uses professional judgment to determine whether manipulation is appropriate and modifies the procedure as necessary.*~~
	  ○ ~~*any of the provisions regarding mandatory referral of the patient, listed in the General Regulation, apply.*~~
	
	- Standard 2 of new proposed document reworded and re-organized with the following added performance indicators:
	  ○ *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, and*
	  ○ *obtaining and documenting informed consent.*

	Standard 4-Record Keeping section on original document removed and incorporated into Standard 2 of the new proposed document.
Point of Care Testing	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: ○ ***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.* - Standard 2 of new proposed document reworded and reorganized with the addition of the following performance indicator: ○ *performs a POCT within the context of the naturopathic doctor-patient relationship.* • **Change of terms** - 'Sample' changed to 'specimen' throughout the standard. • **Updated definition** - ***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).* • **Added Appendices** - Appendix A – Point of care testing
Prescribing	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: ○ ***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.*

	- Paragraphs 2 and 3 under Introduction section of original document removed:
	  ○ ~~*Prescribing 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).*~~
	  ○ ~~*Members are authorized to prescribe a drug designated in the regulations under the Naturopathy Act, 2007, S.O. 2007, CHAPTER 10, Sched. P, s.4.1.*~~
	
	- Standard 1 of new proposed document revamped and re-worded with the following performance indicator added:
	  ○ *ensuring that they are appropriately trained and competent in relevant emergency procedures.*
	
	- The following performance indicators under Standard 2-Prescribing of original document moved to Standard 4 of proposed document:
	  ○ *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.*
	
	- The following performance indicators under Standard 2-Prescribing of original document removed:
	  ○ ~~*Before prescribing a drug or substance, the Member:*~~
	  ▪ ~~*assesses the patient and conducts laboratory and diagnostic investigations as appropriate;*~~
	  ▪ ~~*documents symptoms and/or conditions being treated;*~~
	  ○ ~~*The Member who prescribes drugs or substances:*~~

	~~▪ provides relevant information about drugs or substances, including but not limited to risks, contraindications,~~ ~~▪ and proper usage, to the patient and/or authorized patient representative;~~ ~~○ When a Member continues a drug or substance initiated by another health care professional, the Member:~~ ~~▪ provides ongoing assessment;~~ ~~▪ monitors and documents the patient's response to therapy;~~ ~~▪ continues therapy, adjusts dosage or discontinues therapy depending on the patient's response;~~ - The following performance indicators added under Standard 2 of new proposed document: ○ *assessing for contraindications, including current medications and natural health products before prescribing a prescribed substance,* ○ *prescribing a prescribed substance for a therapeutic purpose when it is clinically indicated,* ○ *obtaining and documenting informed consent, and* ○ *monitoring, documenting and adjusting the prescription based on the patient's response to the prescribed substance.* - *The following performance indicators reworded and moved from Standard 2-Prescribing to Standard 3 of new proposed document:* ○ *notifying the patient's other primary health care provider(s), if any, of the details of the prescription, with the patient's consent, and* ○ *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.* - The following performance indicators added under Standard 3 of new proposed document: ○ *never discontinuing or adjusting the dosage of a prescribed substance that is not listed on Table 3 of the General Regulation.* - Added Standard 4 on new proposed document: ○ *The Registrant ensures that all required information is included on a prescription*

	- The following performance indicators reworded and moved from Standard 2 -Prescribing of original document to Standard 4 of proposed document:
	  ○ *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.*
	
	• **Change of terms**
	- 'Drug' changed to 'Prescribed substance' throughout the standard.
	- 'Substance changed to 'Non-prescription substance' throughout the standard.
	
	• **Updated definitions**
	- ***Prescribed Substance:*** *For the purpose of this standard, is anything listed in Table 3 (Appendix I) of the General Regulation*.
	
	• **Added appendices**
	- Appendix 1 – Drugs that may be prescribed

Recommending Non-Scheduled	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: ○ ***Intent:*** *To advise registrants who recommend non-prescription substances of the requirements to perform the procedure safely, ethically and competently.*

	- Standard 2 of new proposed document reworded and re-organized with the following added performance indicators:
	  ○ *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.*
	
	- The following performance indicators removed from Standard 2 of original document:
	  ~~○ *When preparing a recommendation for a non-scheduled substance, the Member includes the following:*~~
	  ~~▪ *date;*~~
	  ~~▪ *Member's name, address, signature, and College registration number.*~~
	
	- The following performance indicators reworded and moved from Standard 2-Recommending Non-Scheduled Substance or original document and placed under Standard 3 of new proposed document:
	  ○ *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).*
	
	• **Change of terms**
	  - 'Substance' changed to 'Non-prescription substance' throughout the standard.
	
	• **Updated 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*
Requisitioning Laboratory Tests	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: o ***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.* - Standard 2 of new proposed document reworded and re-organized with the following added performance indicators: o *informing the patient:* • *of the risks and benefits of performing, or not performing, the test.* - Standard 4 of new proposed document reworded and re-organized with the following performance indicator added: o *ensuring that a copy of test results is provided to the patient upon request.* • Added appendices: Appendix I: Tests - Requisition by naturopath, sections 17 and 18
Restricted Titles	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section:

	○ ***Intent:*** *To advise registrants with respect to the titles that may be used.* - Standard 1 of the new proposed standard reorganized and reworded with the addition of the following performance indicator: ○ *using other College granted titles when required (i.e. Dr. Mary Smith, ND (retired), Dr. Mary Smith, ND (Non-Clinical).* • **Removed definition** - ***Specialization:*** ~~*In an Ontario regulated health profession a specialization is defined and authorized in regulation and approved by the regulatory body. (e.g. an oncologist is a specialist because they have met the regulatory requirement not because they have been doing it for 20+ years). No specializations or specialty certifications currently exist for Members.*~~
Therapeutic Relationships	• **Restructuring and re-organization** - Introduction section restructured and incorporated into new Intent section: ○ ***Intent:*** *To advise registrants on how to establish and maintain appropriate therapeutic relationships and professional boundaries with patients.* - Addition of Standard 4 to the new proposed document: ○ *The Registrant demonstrates this standard by:* ▪ *notifying the patient of their legal obligation to report the sexual abuse to the provider's regulatory college,* ▪ *explaining that the patient's name can only be provided if they consent, but if the patient does not consent to include their name that the report will still be filed without that information, and* ▪ *submitting the written report to the appropriate regulatory body within 30 days of learning of the sexual abuse, or sooner if the Registrant has reasonable grounds to believe that the patient will continue to be sexually abused.*

	• **Updated definitions:** - ***Mandatory Report:*** *Under the Regulated Health Professions Act, 1991, it is mandatory that a report be made by a regulated health professional who, in the course of practicing their profession, acquires information leading to reasonable grounds to believe that another regulated health care professional sexually abused a patient.* - ***Family Member:*** *For the purpose of this standard, "family member" means a Registrant's spouse or partner, parent, child, sibling, grandparent or grandchild; a parent, child, sibling, grandparent or grandchild of the Registrant's spouse or partner.* - ***Close Personal Relationship:*** *For the purpose of this standard, "close personal relationship" means a relationship in which the Registrant has personal or emotional involvement with an individual that may render the Registrant unable to exercise objective professional judgment in reaching diagnostic or therapeutic decisions.*