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

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

It should be noted that we are likely to be undergoing amalgamation under the current Health Professions Act (HPA) rather than the new HPOA. We have responded to questions based on

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

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

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

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

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

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

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

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

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

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

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

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

British Columbia's elected leaders and public servants are here to serve the citizens

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

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

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

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

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

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

deficit, at the time of amalgamation.

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

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

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

At amalgamation the financial assets of each individual college will become the financial assets of the new amalgamated college and will continue to be used forof the new amu86.28 513.78 4

amalgamation?

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

Bill 36/HPOA

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

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

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

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2. An attendee requested an explanation as to why Bill 36/HPOA was not part of the College's mandate.
Another wondered why Bill 36 seems to be different from what was originally discussed.

Complying with the terms of its enacting legislation (currently the Health Professions Act) is part of the CNPBC's mandate. However, the drafting and enactment of legislation such as Bill 36 is within the domain of government. CNPBC has participated in stakeholder engagement processes around the creation of Bill 36, but ultimately holds no authority to draft, approve, reject, or bring into force Bill 36 or any other government legislation. CNPBC and other heal-2.9 (n of)-4 g9a5Q2.9 (l)-2.9 (l)-2.8 (36)5.7 (or any)-4.9 (

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

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

association and a regulatory body. When CNPBC or other regulators have concerns about a government decision impacting their ability to safely and effectively regulate their professions and fulfill their duty to protect the public, they raise those concerns in the appropriate venue. However, it is not CNPBC's place to advocate for the mi34-2.5 (h)

It is not true that Bill 36/HPOA allows the government to access private medical files.

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

We have no plans to consider block fees.

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

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

Right-Touch

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

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

Wages & Benefits

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

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

expense be staff wages and benefits and for that cost to comprise at least half of the

College History

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

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

Titles & Licensing

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

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

Section 12.2 allows a person who is authorized by a regulatory body in another jurisdiction to use a reserved title (such as ND, for someone who is a regulated ND in the US), if the person is using the title only for the purpose of indicating that they are authorized to practice the profession in that other jurisdiction.
For example, if Dr. Jane Smith, ND is licensed in Arizona, but not in BC, she is permitted to say or advertise "I am Dr. Jane Smith, a licensed naturopathic doctor in the state of Arizona" as long as she does not use the title in a way that expresses or implies that she is a registrant of CNPBC or is otherwise associated with CNPBC. Dr. Jane Smith would not be permitted to use the titles "doctor", "Dr.", "physician", "naturopath" or "ND" in BC, or variations thereof to describe herself or her work, for any purpose other than to express that she is authorized to practice as an ND in Arizona.

Board & Committees

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

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

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

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

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

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

This is an important question. You can not delegate to a student. Supervision of students in the appropriate context would not be delegation. The College is working

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

4.

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

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

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

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

"4. Orders must:

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

- g. include a written/electronic signature."

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

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

" 3. To write an order, registrants:

- a. must have the authority, knowledge, skill, ability, and judgment to perform the activity
- b. must hold any certifications required to perform the activity
- c. must take reasonable steps to ensure the individual receiving the order has the knowledge, skill, ability, and judgement to perform the activity and manage any possible intended and unintended consequences of the activity.
- d. must communicate any diagnosis, where applicable, to the patient prior to writing the order for treatment
- e. must obtain consent from the patient, ensuring they follow the

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

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

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

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

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

The Practice Standard: Orders, Delegation and Assignment is located here.

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

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

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

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

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

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

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

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

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

1. dismissal of the complaint, if there is insufficient evidence of violation of the Health Professions Act, Naturopathic Physicians Regulation, and/or the College's Bylaws,

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

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

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

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

Registrants are required to use their best professional judgement to seeqnt tR6 15.78 bRd.entrainude6 (ni)-2.u

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

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

"Naturopathic Doctors ensure they have the competence to:

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

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

b. Carry out the activity safely and ethically;

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

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

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

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

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

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

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15. What specific products constitute dermal filler?

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

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

Per the Restricted Activities Document 5(1)(d) CNPBC Limit and Condition 4,

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

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

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

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

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

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

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

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

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

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

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

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