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Reminders and updates regarding the use of laser by NDs in BC

CNPBC wishes to remind registrants that naturopathic doctors in BC **do not** have the

CNPBC Limits and Conditions

1.

- b. *All personnel possess the appropriate level of laser education and training based upon their role (e.g., laser user, laser operator, observer) in the laser-controlled area – as set out in the CSA Z386, Annex E.*
 - c. *A comprehensive laser safety program is in place (see section 6.3.1 of the CSA Z386 Safe Use of Lasers in Health Care).*
 - d. *A hazard analysis and risk assessment has been completed for each laser system, including when there is a new laser, when laser equipment is replaced, and in the event of a laser safety incident.*
 - e. *Procedural, environmental, and engineering control measures have been taken based on relative hazards to ensure the safe use of lasers; this includes the responsibility of ensuring a laser safety program is established and maintained in accordance with current standards.*
 - f. *There is a mechanism in place for evaluating the effectiveness of and compliance with the laser safety program.*
7. *All registrants providing laser therapy must ensure that:*
- a. *Laser equipment is set up and routinely monitored for safe operation.*
 - b. *The area in which the laser is used provides a safe environment to address beam hazards (e.g., tissue interaction, skin damage, eye damage, fire) and non-beam hazards (e.g., electrical, gases/dyes).*
 - c. *They possess the appropriate level of laser safety training and are competent in the safe use of the laser system being used for patient care and/or treatment. Laser safety education must be current and updated at a minimum every 2 years (see Annex E of the CSA Z386 Safe Use of Lasers in Health Care).*
 - d. *Appropriate eye protection and personal protective equipment (PPE) is used to eliminate, or control hazards associated with the laser system being used.*
 - e. *Prior to any laser procedure, they will obtain informed consent from the patient as per the [Practice Standard: Informed Consent](#).*
 - f. *Appropriate documentation is done in the patient's medical record, which includes accurate account of the patient's status, the laser system*
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CNPBC recognizes that some of these limits and conditions will take time to implement, and as such, these limits and conditions will become effective on January 1, 2024.



Bylaw Amendments

Amendments to several sections of the College Bylaws went into effect on October 17, 2023, following a three-month public notice period and approval by the Ministry of Health. Registrants are encouraged to review and familiarize themselves with the current version of the Bylaws on the College [website](#).

The following is a summary of the changes:

Section 1(m)

The definition of “in good standing” has been amended so that being the subject of an investigation no longer affects the standing of a registrant.

Section 12(2)

The chair of the College Board is no longer required to sign board minutes, College

certificates or other instruments executed on behalf of the College. This change reflects best operational practices and allows for more efficient functioning of the College and its board.

Section 20(3)

A provision requiring the Quality Assurance Committee to recommend continuing education courses to the board has been removed. With the exception of CE categories F and G, the College does not pre-approve the courses registrants may take to meet their continuing education requirements..

Section 21

The composition requirements for the Pharmacopoeia and Diagnostics Referral Committee have been changed. The minimum membership of the committee has been reduced from 11 to 7 members.

Section 23

The Registrar is no longer required to post notice for every committee and panel meeting. This was an impractical requirement as many committees and panels meet on an as-needed basis on short notice, and some meetings are not open to the public depending on when they deal with confidential information.

Sections 28 and 29

Provisions requiring a special resolution to allow the College to purchase or contract for any products or services in excess of \$100,000 have been removed. This is to allow the Board and the College to operate more efficiently.

Section 35

A clarification has been added to this section stating that resolutions considered at a general meeting are not binding on the College. This was the case under the previous iteration of the Bylaws, but the wording has been amended to make this clearer.

Section 46

Several changes have been made to the requirements and process of the application for registration with the College. This includes adding a time limit on the time gap between

completion of entrance examinations and submitting a registration application. It also includes the addition of requirements for proof of identity, competency, and standing in other jurisdictions where the applicant is registered. There were also changes in Bylaw language for greater clarity.

Section 56

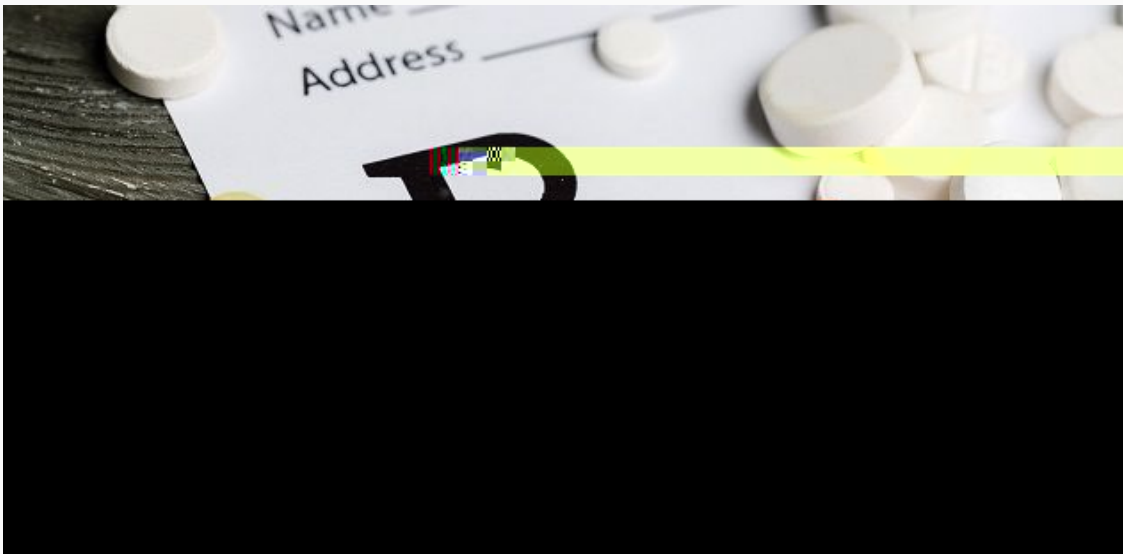
The deadline for payment of registration renewal fees has been changed from January 1 to December 31 at 4:30 pm pacific time. This brings the deadline into alignment with the effective dates of registrants' licenses.

Sections 92 and 99

Minimum insurance requirements for registrants and Health Profession Corporations have been increased from \$1 million to \$3 million per occurrence.

Schedule A

The list of recognized naturopathic medical education programs has been updated.



Scope of Practice – Prescription Drugs

The CNPBC Board has approved 64 prescription drugs to be added to the scope of practice for naturopathic doctors certified in Prescriptive Authority. This decision was

based on research and recommendations from the Pharmacopoeia and Diagnostics Referral Committee. It is intended to support the healthcare interests of the BC public by allowing them to more easily access a wide range of medicines which can be safely and effectively prescribed and managed by naturopathic doctors.

Below is a complete list of the drugs added to the scope of practice, organized by the categories in which they were listed under Part II of the [Scope of Practice for Naturopathic Physicians: Standards, Limits and Conditions for Prescribing, Dispensing and Compounding Drugs](#). Part II has now been amended to remove these drugs from the exclusion list.

Please be aware of the conditions for use of Alteplase and Mifepristone highlighted in yellow below.

Thrombolytic, Hemostatic and Anti-platelet agents

- Alteplase – for a maximum dosage of 4mg
- Tranexamic acid

Antibiotics parenteral or with narrow therapeutic index

- Cefazolin
- Cefotaxime
- Ceftriaxone
- Daptomycin
- Ertapenem
- Imipenem
- Vancomycin
- Penicillin G Benzathine

- Fluphenazine
-

- Divalproex

Disease-modifying antirheumatic drugs (DMARDs)

- Palifermin
- Denusomab

Antineoplastic Agents

- Apalutamide
- Cyproterone
- Flutamide
- Hydroxyurea
- Vinblastine
- Vincristine
- Vinorelbine

Drugs Administered Intravenously

- Eptinezumab

Emergency Medicine Agents

- Leucovorin

Endocrine Agents

- Gonadorelin
- Nafarelin

Emergency Purposes

- Amiodarone
- Atropine
- Propafenone

Obstetrical Agents Outpatient Setting

- Carbetocin
- Oxytocin
- Ullipristal
- Mifepristone – approved only for NDs who have completed one of the following courses:

[Medical Abortion Training Program](#) - Society of Obstetricians and Gynaecologists of Canada (SOGC)

[Medical Abortion Virtual Course](#) - National Abortion Federation of Canada

Antiarrhythmic Agents

- Verapamil

We acknowledge with respect that the land on which we gather is the unceded and traditional territories of the Coast Salish peoples - s wxwú7mesh (Squamish), selílwitulh (Tsleil-Waututh), and x m k y m (Musqueam) nations whose historical relationships with the land continue to this day.



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Our mailing address is:

College of Naturopathic Physicians of British Columbia
605 Robson Street

Suite 840
Vancouver, BC V6B 5J3

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