

Response to HealthForce Ontario Consultation on *Critical Links*

The OAND supports the broad direction and approach of HPRAC's continuing efforts to improve the regulation of health professions in Ontario to enhance patient care and better utilize health human resources through improved collaboration.

Specifically, the OAND strongly supports HPRAC's central vision expressed in *Critical Links* for seamless, effective, patient-centred care:

"HPRAC is working toward a regulatory system that enables each of Ontario's thousands of health professionals to contribute to patient care to the full extent of their training and abilities, to collaborate with each other so that the efforts of all are deployed to produce the best possible results for patients, and to respond with up-to-date skills and a deep sensitivity to the rising expectations of today's health care consumers."¹

The OAND also strongly supports HPRAC's Central Response in support of prescribing authority for Naturopathic Doctors (NDs). The OAND appreciates HPRAC's understanding that NDs should be awarded the controlled act of prescribing, dispensing, selling and compounding drugs in order to ensure that NDs can maintain access to restricted natural substances, and play a larger role in improving access to primary care across Ontario. HPRAC recognizes that NDs have the competencies required to prescribe and that this will improve access to care for Ontarians who chose NDs for their primary care.²

Ensuring that all health professions are able to make their full contribution to the health care system will improve patient care, respect patient choice of care provider, improve access to safe and effective care, and improve the effectiveness of inter-professional teams. Effective collaboration, in turn, requires each profession to be able to practice to their full scope of practice, in keeping with their training and competence.

Naturopathic Doctors are well poised to increase their contribution to the health care system, particularly with full access to all therapeutic substances that are integral to naturopathic medicine. The OAND looks forward to the appointment of Transition Council and an interim Registrar to begin the process of establishing the College of Naturopaths of Ontario with new rules for the profession.

The OAND does have specific concerns relating to the details of HPRAC's recommendations for prescribing authority for NDs, and the proposed new approach for regulating health professions. These will be outlined below.

Overview of Naturopathic Medicine in Ontario

The *Naturopathy Act* received final approval in June 2007 and will come into full effect following the upcoming transition process. While Ontario's NDs are already regulated under the *Drugless Practitioner Act* (DPA), the *Naturopathy Act* moves NDs under the *Regulated Health Professions Act* (RHPA) to join all other regulated professions in a common regulatory framework.

¹ Health Professions Regulatory Advisory Council, *Critical Links: Transforming and Supporting Patient Care*, January 2009. p. 1

² *Critical Links*, p. 2



The *Naturopathy Act* substantially confirms the current scope of NDs as primary care practitioners who are able to provide diagnoses and have access to key controlled acts, including: administering a substance; inserting an instrument, hand or finger; taking blood samples; and manipulation. The RHPA Controlled Acts regulation currently exempts NDs from the restrictions on controlled acts while under the DPA. However, the *Naturopathy Act* does not fully address preserving access to restricted substances that are integral to naturopathic medicine, nor maintaining the current activities related to compounding, dispensing and selling.

Moving NDs into the RHPA provides more clarity about the regulation of NDs for the increasing number of Ontarians who are choosing complementary health care. Just as importantly, this change provides a better foundation for collaboration with other health professions in the care of these patients.

NDs are currently functioning as primary care providers. The improved regulation of NDs is occurring at a time when the provincial government is continuing to look for new opportunities to respond to the shortage of primary care providers, and to respond to some of the main pressures in health care, including an aging population, increased prevalence of chronic diseases, and more flexibility in the use of available care providers.

Ontario is already a leading jurisdiction in North America for acceptance of regulated naturopathic medicine, with over 900 highly trained NDs. Naturopathic training closely parallels medical training, including three years of undergraduate pre-med education, and a four year program that includes intensive training in pharmacology and emergency medicine. The four-year naturopathic medicine program from an accredited institution, including the Canadian College of Naturopathic Medicine (CCNM) in Toronto, is focused on preparing clinicians for the challenges of primary care practice.

As a result, NDs are highly trained to collaborate with other health care practitioners and have clear standards of practice that include mandatory consultation and referral for health issues that are beyond their scope of practice. Moving NDs into a common regulatory framework will make it easier for NDs to work collaboratively with other health care professions. This will help patients, particularly those with an interest in natural based medicine, to receive the most comprehensive and effective care possible. Regulating NDs under the RHPA also provides the public with more assurance that they are receiving care from a highly-educated and properly-regulated health care provider.

Examples of the kinds of referrals NDs commonly receive from other health professions include acupuncture to treat infertility or migraines, nutritional therapy for high cholesterol or irritable bowel syndrome, and herbal and lifestyle therapies for allergies and asthma. NDs also receive many referrals for patients with unresponsive chronic conditions. NDs are trained to report back to the referring practitioner on the progress of care.

Rationale for Prescribing Authority

Awarding NDs the controlled act of prescribing, dispensing, selling and compounding is required to preserve the full scope of practice in the transition to regulation under the *Naturopathy Act*. First, prescribing authority will ensure that NDs can maintain access to substances that are integral to naturopathic medicine in a rapidly changing regulatory environment. Prescribing authority will also permit NDs to regain access to substances that have become restricted, and will ensure NDs are recognized as prescribers under federal

legislation. Second, NDs can continue to use their unique expertise to compound, dispense and sell restricted natural substances, preserving patient access where these substances are not available from other providers.

Finally, access to basic primary care drugs allows NDs to enhance their role as primary care providers, improving patient access to care, ensuring NDs can properly respond to in-office emergency situations, and allowing NDs to become a more integrated part of the health care system. NDs are fully trained in the use of these primary care and emergency drugs and look forward to working with Transition Council to establish appropriate guidelines and regulations including appropriate restrictions and conditions for practitioners to access this class of drugs.

NDs will use these primary care drugs as part of a well-established therapeutic hierarchy, rooted in a well established philosophy of care, in order to improve patient care and patient safety. NDs will follow accepted treatment algorithms in patient care. At the same time, prescribing authority will not change the fundamental approach to naturopathic medicine to treat the whole person, with a focus on identifying the underlying causes of a health concern, rather than just treating symptoms.

HPRAC's recommendation in the *Critical Links* report confirms recommendations made in HPRAC's previous reports that NDs should have access to this controlled act, including *New Directions*.³

1. Recommendations Related to the Prescribing and Use of Drugs by NDs

The OAND strongly supports HPRAC's Central Response in support of prescribing authority for NDs.⁴ HPRAC's recommendations substantially address the proposed approach in the joint submission from the Ontario Association of Naturopathic Doctors, the Board of Directors of Drugless Therapists, the Canadian College of Naturopathic Medicine and the Canadian Association of Naturopathic Doctors.⁵

Emergency Medications for NDs

The naturopathic submission to HPRAC outlined the importance of NDs having access to key "emergency kit" medications to enable NDs to respond to emergency situations to the full extent of their training and competence, and maintain access to "emergency kit" medications that NDs currently are required to have on hand, including oxygen and epinephrine.

Critical Links contains a discussion of emergency kit medications for NDs, but HPRAC has not made a specific recommendation to permit access for NDs. HPRAC does recommend in favour of emergency kit medications for the professions of chiropractic and podiatry, midwifery and nurse practitioners. HPRAC recommends against emergency kit medications for dental hygienists and pharmacists because they are not performing higher-risk in-office procedures.

In *Critical Links*, HPRAC does recognize that "performing injections requires knowledge of how to deal with possible adverse reactions beyond basic emergency response. The risk of anaphylaxis is significant and is sometimes life-threatening."⁶

³ Health Professions Regulatory Advisory Council, *New Directions*, p. 188.

⁴ *Critical Links*, p. 249.

⁵ OAND, BDDT-N, CCNM and CAND, *Joint Submission to HPRAC on Non-Physician Prescribing*, November 12, 2008

⁶ *Critical Links*, p. 123

Critical Links does establish clear criteria for awarding access to emergency substances which in our analysis NDs achieve to the full extent. NDs meet the criteria that HPRAC has cited. Therefore, we would strongly recommend that the Minister of Health and Long-Term Care award NDs access to emergency substances.

HPRAC recognizes that “any health profession carrying out a procedure in-office should have the knowledge and necessary tools to handle an emergency situation.”⁷ HPRAC goes on to conclude that “the benefits of having access to an emergency kit outweighs the risks.”

NDs have been awarded the controlled act of administering a substance by injection or inhalation, and intravenous therapy is within the scope of practice of the profession. In the naturopathic submission, NDs outlined the potential for complications resulting from IV therapy that is within the current scope of practice of NDs, and the need for access to emergency kit medications. Emergency medications are authorized to NDs in most other regulated jurisdictions.

Recommendation:

In keeping with criteria already established in *Critical Links*, NDs should be awarded access to the standard emergency medications listed in *Critical Links* to ensure NDs can fully respond in an emergency situation, subject to terms, conditions and limitations established by the College of Naturopaths of Ontario. These substances are:

- Oxygen
- Epinephrine
- Nitroglycerin
- Diphenhydramine or chlorpheniramine
- Salbutamol
- ASA

Prescription Therapeutic Products

The OAND strongly supports the recommendation in *Critical Links* to establish a new designated class of substances named *Prescription Therapeutic Products*. This recommendation is critical in order to preserve access to traditional agents such as botanical medicines, amino acids, homeopathic preparations and other substances which are integral to naturopathic medicine. These substances are either already on restricted schedules or may become restricted in the future either by being placed on restricted schedules or becoming restricted only to recognized prescribers by changes at the federal level, particularly by the full implementation of the Natural Health Products Regulation expected in 2010.

Critical Links recommends that this new class of “prescription therapeutic products” have “the same meaning as in the *Food and Drugs Act* (Canada).”⁸ The OAND fully supports the intent of this recommendation. However, “prescription therapeutic products” does not exist as a defined term in the *Food and Drugs Act*. It was proposed in Bill C-51, which was not passed. Moreover, in the draft legislation a “prescription therapeutic product” was not fully defined, but instead is simply any substance designated by the federal Minister of Health.

⁷ *Critical Links*, p. 79

⁸ *Critical Links*, p. 269

Recommendation:

A preferred approach is to define prescription therapeutic products as a natural substance that is restricted under the *Drug and Pharmacies Regulation Act*. Specifically, the OAND is seeking to ensure access to natural substances listed on Schedule I of the Natural Health Products Regulation which are not available over the counter or are otherwise restricted to patients or NDs. For example, currently a prescription can be required for a natural substance because of dosage, route of administration or other reason. This schedule is attached as Appendix I. This schedule may not be comprehensive and may need to be supplemented to include other natural substances if it is incorporated into a regulation under the *Naturopathy Act*.

In addition, the College of Naturopaths should be given the discretion to add other traditional agents not on this schedule should these become restricted in the future. An example is hydrogen peroxide administered intravenously.

The list of substances included in this class should be established and maintained by the Transitional Council and the College of Naturopaths of Ontario. NDs have a unique expertise in the safe and effective use of these traditional agents. As a result, this list should not be subject to review by the proposed Drug and Therapeutics Formulary Committee, which is unlikely to have the same level of expertise in these traditional substances or their therapeutic use and may as a result unduly limit access for patients seeking care from NDs.

The following substances should be excluded from this class: a substance set out in any of the Schedules I to IV of the *Controlled Drugs and Substances Act*.

Additional Substances

One natural substance which should be added to the list of designated classes of drugs is Heparin, due to its role in safe use of central venous access and PICC lines and in the event of emergencies. The safe use of Heparin is within the training paradigm of Ontario NDs.

Heparin is required to improve the safety and efficacy of naturopathic care by ensuring NDs can continue to use central venous access (CVA) and PICC lines. The use of CVA and PICC lines is the safest, least painful and in many cases only practical way of providing Parenteral Therapy, particularly for patients with substantial health issues where access to veins may be problematic, and who will already have a central line installed.

Most manufacturers specify the use of a heparin-lock solution as an anti-coagulant for flushing, locking and for other safety procedures with these devices to prevent the formation of clots. Heparin is only intended to be used in limited dosage to follow manufacturer-specified procedures, and only where the ND is competent and trained in the use of that device. Heparin is not intended to be used for therapeutic purposes.

Naturopathy Standards Committee

The OAND supports the goal of improving inter-professional collaboration by reducing potential barriers in the standards of practice of each profession. This could include clarifying requirements for Colleges to consult with other professions when developing or reviewing their standards of practice. We also understand that HPRAC is providing their recommendations for how standards of practice should be developed where professions share controlled acts as this is seen to address patient safety concerns and potentially improve inter-professional collaboration. While we understand and support the intent behind this recommendation we strongly believe that Standards Committees should not be implemented in a way that

undermines the principle of self-regulating health professions, which has served Ontario well, and in particular should not be done in a way which reinforces the traditional hierarchy of health professions.

Unfortunately, the proposed approach for the Naturopathy Standards Committee appears to do exactly this.⁹ Particularly concerning is the mandated representation of the College of Physicians and Surgeons and the College of Pharmacists on this Committee, and that naturopathic standards of practice could only be approved if they receive the recommendation of this Committee. We support HPRAC and the government's direction to work toward equity of relationship between professions in self-regulation and believe this can be achieved with the establishment of guidelines for consultation in the standards development process.

Recommendation:

It is our view that this Committee should be advisory only, and membership (including other professions) determined by the College of Naturopaths. A clear requirement could be established for the College of Naturopaths, and all other Colleges, to circulate proposed standards of practice or significant revisions for consultation prior to final approval. HPRAC or its successor could play a valuable role by reporting in their annual report on efforts of all Colleges to fulfill the objective of promoting inter-professional collaboration, including reducing barriers presented by standards of practice.

Naturopathic Diagnosis

The OAND strongly supports HPRAC's proposed revision to the current controlled act of communicating a diagnosis in the *Naturopathy Act* to replace the term "naturopathic diagnosis" with the simple term "diagnosis". There is the potential for significant confusion about what is meant by the term "naturopathic diagnosis" which is likely to present a significant barrier to inter-professional collaboration. The term "naturopathic diagnosis" has no meaning within naturopathic medicine. Instead, under the *Drugless Practitioners Act*, NDs arrive at a diagnosis using both naturopathic and traditional medical techniques, and as found by HPRAC "a diagnosis communicated to a patient by a ND is consistent with that of other health professions with the same authority."¹⁰

The current wording of the controlled act of communicating a diagnosis in the *Naturopathy Act* must be maintained. The other wording changes to the controlled act of diagnosis in the *Naturopathy Act* proposed by HPRAC have substantial potential to create unintended limitations, and in particular could limit NDs being able to communicate any diagnosis at all if "naturopathic examinations" are not fully and completely established in the regulations. For example, the approach proposed in *Critical Links* could limit the ability of an ND to diagnose and treat a case of strep throat without completing a comprehensive health examination, which for NDs includes a full body examination, as opposed to a more practical comprehensive complaint-based exam. There is no evidence of concerns with diagnosis by NDs that would indicate the need for this restrictiveness.

⁹ *Critical Links*, p. 272

¹⁰ *Critical Links*, p. 265

Recommendation:

The controlled act of diagnosis in the *Naturopathy Act* should be amended to read:

5. Communicating a diagnosis identifying, as the cause of an individual's symptoms, a disease, disorder or dysfunction that may be identified through an assessment that uses naturopathic techniques.

2. Health Profession Regulation

The OAND appreciates HPRAC's efforts to propose a new direction forward for improving the regulation of health professions. As noted above, the OAND strongly endorses HPRAC's central vision for health professions to perform to the fullest extent of their training and capability as part of a more integrated health care system in order to improve access to patient-centred care that is seamless and effective. However, the OAND believes that the approach proposed by HPRAC is not the best way forward.

The OAND is concerned that HPRAC's proposed approach places too much emphasis on structural changes to the regulation of health professions, rather than focusing on needed cultural changes at the practitioner level and a patient-centred approach. Structural barriers to collaboration have been shown to be comparatively minor where there is a will to collaborate, but structural changes on their own will not overcome an unwillingness to collaborate. Moreover, the proposed approach has the potential to be a step backward from the strengths of the current RHPA framework by enshrining a traditional hierarchy among health professions, particularly the appearance of "senior" professions supervising "junior" professions.

The proposed approach in *Critical Links* does not directly address any of the many barriers that NDs currently face when seeking to collaborate with other professions. Examples of barriers to collaboration identified by NDs are:

- The lack of a positive obligation by practitioners to consider patient interest and patient choice when limiting their collaboration (as with practitioners in under-served areas threatening to terminate care if the patient also sees an ND or not reporting back when an ND makes a referral);
- Restrictions on delegation due to the ND exemption of controlled acts under the *Drugless Practitioner Act*, resulting in NDs not being able to delegate controlled acts within the scope of other professions;
- Funding models that do not permit participation of NDs in publicly funded teams, particularly in the treatment and management of chronic disease;
- Current approaches to the policies governing NDs that are substantially different in approach than the approaches of other professions, such as record-keeping;
- Restrictions on the ability of NDs to order lab tests, specimen collection, and the use of diagnostic forms of energy;
- Challenges for NDs in maintaining care for their patients when they are in hospital;

- Not participating in common organization and administrative supports, such as electronic medical records and other IT systems where applicable;
- Limited knowledge among some health care providers about the scope of practice, training and efficacy of Naturopathic Medicine; and
- Unwillingness of other health care providers to share information about shared patients even when a patient consents to having lab tests and case details shared among members of their health care team.

Recommendation:

The continuing focus for HPRAC or its successor should be on promoting the cultural changes that are likely to lead to patient-centred collaborative care at the clinic level. In particular, HPRAC can continue to play a valuable role in advising all Colleges on potential barriers in their standards of practice, and reporting on these barriers in their annual report. The *Health System Improvements Act* has already introduced positive changes in support of inter-professional collaboration, including the new College objective related to collaboration and the ability for investigators from different Colleges to share information during an investigation.

Patient interests need to be placed at the heart of health care by ensuring that all health professions respect and support a patient's reasonable choice of health practitioner. This will require significant attitudinal and cultural shifts among health professions. This can be achieved through a continuing growth of shared education and learning environments for health professions, including NDs.

Any changes to the approach to regulating health professions must allow NDs and other professions to maintain the integrity and philosophy of their approach to care, in keeping with the principles of self-regulating professions. There is substantial commonality in practice among NDs and other professions, but ultimately the College of Naturopaths must maintain the ability to clearly establish differences in approach to patient care in order to fully preserve scope of practice and the integrity of the naturopathic approach to practice.

There is potential value in HPRAC establishing an advisory Drug and Therapeutics Formulary Committee to advise HPRAC and the Ministry on changes to the classes and drugs used by a profession with prescribing authority. The Ministry should establish a new process that permits speedier approval of regulatory changes based on the advice of this Committee. Requests for changes to classes or specific drugs should be approved by the College of each profession. The College should be required to fully consider proposed changes to the drug list or permitted classes that are developed by the profession in recognition of the public interest of professions being able to work to their full scope of practice. A profession should be represented on this Committee when they are considering changes to the formulary of that profession.

The College of Naturopaths, rather than the Committee, should be responsible for maintaining the list of traditional agents and other therapeutic natural substances that NDs can prescribe in recognition of the unique expertise of NDs in this area.

The proposed approach for enforceable standards of practice does not appear to be fully developed and as a result there are multiple areas of concern and unclear benefits. In particular, if common requirements for training and continuing competence for a shared controlled act are established by one profession above the minimum required for safe

practice, this may preclude some professions from being able to continue to provide care in that area. For example, a specialist profession such as TCM acupuncture may have higher levels of training than generalists also providing care in this area. Common standards of training based on the specialist professions could restrict the scope of practice and patient choice of care provider without any clear benefit in terms of patient safety.

It is our strong recommendation that the Minister maintain final authority in the regulation of health professions including changes to the standards of practice, adjustments to scope and applications to change access to classes of substances and drugs. We agree that the Minister would have to consider an expedited process to engage in decision making around these issues given the public safety issues.

3. Other Recommendations

The following are additional recommendations for consideration in developing legislation to amend the RHPA, or in support of inter-professional collaboration:

Minor Ailment Program

The OAND supports the development of a Minor Ailment Program as proposed in HPRAC's September 2008 *Interim Report on Mechanisms to Facilitate and Support Inter-professional Collaboration*. As primary care providers, and potentially a profession with prescribing authority, NDs should be included in the proposed inter-professional committee for minor ailments, and can assist with the development of criteria for mandatory referral where there is a potential concern about the need to identify the underlying causes of a minor ailment. Once a minor ailment formulary is established, NDs should also be able to prescribe these substances in order to improve patient care.

Lab Testing

HPRAC has consistently recognized the importance to patient care for health professions, particularly those communicating a diagnosis, to have appropriate authority to order lab testing, diagnostic imaging tests and other tests guided by best practice evidence, safety and cost-effectiveness. As understanding continues to grow about the importance of access to lab testing to support diagnosis, the absence of clear authority for NDs under the *Lab and Specimen Collection Centre Act* is a continuing concern for high quality patient care, particularly for NDs who may be working in inter-professional teams.

Hospital Privileges

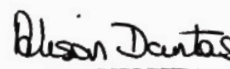
The *Public Hospitals Act* should be updated to address privileges for NDs. NDs in Ontario are limited in remaining part of the circle of care for their patients who are in hospital, and to be able to continue to treat those patients where they are seeking complementary naturopathic care.

If you have any further concerns or questions about our submission please contact Alison Dantas, CEO at the OAND office or via email at adantas@oand.org.

Sincerely,



Shelley Burns, ND
Chair



Alison Dantas
CEO, OAND

Appendix I

Item	Substances
1.	A plant or a plant material, an alga, a bacterium, a fungus or a non-human animal material
2.	An extract or isolate of a substance described in item 1, the primary molecular structure of which is identical to that which it had prior to its extraction or isolation
3.	Any of the following vitamins:
	Biotin
	Folate
	Niacin
	pantothenic acid
	riboflavin
	Thiamine
	vitamin A
	vitamin B ₆
	vitamin B ₁₂
	vitamin C
	vitamin D
	vitamin E
4.	An amino acid
5.	An essential fatty acid
6.	A synthetic duplicate of a substance described in any of items 2 to 5
7.	A mineral
8.	A probiotic