This is Exhibit # 2
In CONO vs. Karim Dhanani
(DC21-01) Date: November 8, 2022

DISCIPLINE COMMITTEE OF
THE COLLEGE OF NATUROPATHS OF ONTARIO

B E T W E E N:

COLLEGE OF NATUROPATHS OF ONTARIO

and

KARIM DHANANI
(FILE NO. DC21-01)

AGREED STATEMENT OF FACTS AND ADMISSION OF PROFESSIONAL MISCONDUCT

The parties hereby agree that the following facts and attachments may be accepted as true by the Discipline Committee of the College of Naturopaths of Ontario:

The Registrant

1. Dr. Karim Dhanani, ND (the "Registrant") registered with the Board of Directors of Drugless Therapy – Naturopathy (the "Board") on or about April 8, 2002. The Registrant then became registered with the College of Naturopaths of Ontario (the "College") on July 1, 2015. Attached as **Tab "A"** is a printout from the College's Naturopathic Doctor Register.

2. The Registrant has not met the Standards of Practice for Therapeutic Prescribing or Intravenous Infusion Therapy (IVIT) and therefore has not been authorized since January 1, 2016 to perform IVIT.

3. At all relevant times, the Registrant worked at and owned Centre for Biological Medicine in Richmond Hill, ON (the "Clinic") and/or Pathways DNA.

4. Between January 2016 to April 2019, the Registrant was an elected member of the College Council and sat on various College committees including but not limited to the Inquiries, Complaints and Reports Committee.

5. The Registrant has no prior history before the College's discipline committee.

Administering, Offering, and Advertising Services and Treatments Outside the Scope of Practice

Compounding for and Administration of IVIT

6. The performance of controlled acts by registrants, including but not limited to compounding, therapeutic prescribing and intravenous infusion therapy (IVIT), is governed by Part II of Ontario Regulation 168/15 (the "General Regulation" and attached at **Tab "B"**) made under the *Naturopathy Act, 2007*. Subsection 5(5) of the General Regulation requires that in order to administer a substance by IVIT, a registrant must have met both:

    a) the Standard of Practice for governing prescribing, dispensing, compounding and selling drugs (Standard for Therapeutic Prescribing);

        i. Which includes successfully completing a course on prescribing and an examination on prescribing; and

    b) the Standard of Practice for administering a substance by IVIT;

        i. Which includes successfully completing a course on administering a substance by intravenous injection and an examination on administering a substance by intravenous injection.

6. Despite the fact that the College assumed jurisdiction to regulate the profession effective July 1, 2015, subsections 5(6) and (7) of the General Regulation made allowance for registrants who were authorized by the Board to administer a substance by IVIT to continue to do so until December 31, 2015. After that date, they were required to meet the standard of practice for Therapeutic Prescribing and IVIT as outlined in subsection 5(5) on the General Regulation.

7. The Registrant was authorized to administer IVIT when he was registered with the Board. Therefore, in accordance with s. 5(7) of the General Regulation, effective July 1, 2015, he had six months to successfully complete the course and examination on prescribing if he wished to continue with his IVIT practice after December 31, 2015. Unfortunately, the Registrant did not do so. As a result, the Registrant was not authorized, as of January 1, 2016 to administer IVIT. The Registrant was aware of this prohibition as the College expressly alerted the Registrant in advance of the deadline. Attached at **Tab "C"** is a copy of the letter dated December 4, 2015 the College sent to the Registrant alerting him that he could no longer administer IVIT effective December 31, 2015.

8. Nonetheless, the Registrant administered IVIT to his patients at the Clinic, on a repeated basis, from January 2016 until 2020 and did not advise them that he was not authorized to provide IVIT and that it was outside his scope of practice.

9. It is agreed that on or about October 13, 2020, an undercover investigator attended at the Clinic as a patient. It is agreed that the Registrant advised the undercover investigator that he was providing IVIT to patients.

10. Subsection 11(3) of the General Regulation requires that in order to compound substances for the purpose of administering IVIT, a registrant must have met:

a) the Standard of Practice for compounding substances:

i. Which includes successfully completing a course on prescribing that has been approved by the Council and an examination on prescribing that is administered or approved by the Council.

11. Despite the fact that the Registrant was not authorized to compound substances for the purposes of IVIT, the Registrant compounded substances for the purpose of IVIT to patients at his Clinic, from January 2016 until 2020.

Registering Premises

12. In light of the inherent risk of harm to patients from the procedures of compounding substances for the purposes of administering IVIT and from the administration of IVIT, registrants can only perform these procedures in premises that have been inspected by the College. Part IV of the General Regulation governs the inspection of premises where certain procedures are performed, namely, the compounding of substances and/or the administration of substances by IVIT.

13. Despite this statutory requirement, the Registrant never registered, or sought to register, the Clinic as a premise that is authorized to provide IVIT. As a result, an inspection by the College never occurred.

14. Despite the fact that the Registrant was not authorized to administer IVIT, and not authorized to permit or perform IVIT at his Clinic, the Registrant administered IVIT to patients at his Clinic, from January 2016 until 2020.

Delegation

15. Section 28 of the *Regulated Health Professions Act, 1991* permits naturopaths to delegate a controlled act to another person but it must be in accordance with any applicable regulations under the *Naturopathy Act.*

16. Section 15 of the General Regulation states that, “A member shall not, except in accordance with … Part [III], delegate a controlled act or perform a controlled act that was delegated to him or her.”

17. Part III includes the following provisions:

a) A member shall ensure, before delegating any controlled act, that he or she,

i. Has the authority under the Act and its regulations to perform the controlled act himself or herself;

ii. Has the knowledge, skill and judgment to perform the controlled act safely and ethically.

18. Despite the fact that the Registrant was not authorized to perform the act of administering a substance by IVIT, the Registrant delegated and attempted to delegate the performance of IVIT, to employees of the Clinic.

Cancer Treatment

19. Registrants are permitted to provide adjunctive care to address cancer symptoms and to alleviate the impact of cancer treatments on the body. However, it is agreed that registrants are not authorized to treat cancer nor are they equipped to prevent cancer.

20. It is agreed that from January 1, 2016 to 2020, the Registrant:

    a) Ordered tests for patients to detect cancer activity;

    b) Treated patients for cancer; and

    c) Advised patients that he could treat cancer.

21. It is also agreed that from January 1, 2016 to 2020, the Registrant ordered and administered Vitamin C IVIT to a patient for “cancer prevention.”

Laboratory Compliance

22. Section 3(2) of the General Regulation states that it is a standard of practice of the profession that a registrant is prohibited from taking or collecting specimens unless the specimen is identified in the regulations made under the *Laboratory and Specimen Collection Centre Licensing Act* and related to a specific laboratory test set out in the regulations made under that Act. It is agreed that the Registrant requisitioned the collection of specimens for tests that are outside the scope of a naturopath, namely ordering tests relating to cancer treatment for patients who had cancer.

23. Section 3(4) of the General Regulation states that it is a standard of practice of the profession that a registrant is prohibited from ordering a laboratory test unless the test is one specified in the regulations to the *Laboratory and Specimen Collection Centre Licensing Act* as being authorized to be ordered by a naturopathic doctor. It is agreed that the Registrant ordered tests that were not authorized to NDs in the regulations, including a molecular oncology test for a patient with cancer and a molecular detecting of circulating tumor cells in blood for a patient who had been diagnosed with cancer.

24. If registrants are to order specimens to be sent to laboratories, they are to be sent to laboratories licensed under the *Laboratory and Specimen Collection Centre Licensing Act*. It is agreed that the Registrant sent specimens to laboratories in Germany (and ergo not licensed under the *Laboratory and Specimen Collection Centre Licensing Act)*.

Practising While Suspended

25. On or about March 23, 2020, the College wrote to the Registrant to remind him that his professional liability insurance was set to expire on April 1, 2020. In particular, the College wrote that the Registrant needed to renew his insurance and update the College portal, failing which his certificate of registration would be suspended pursuant to section 14(1) of the Registration Regulation (Ontario Regulation 84/14).

26. It is agreed that by April 1, 2020, the Registrant had not updated the College portal advising that his professional liability insurance had been renewed. Therefore, on April 1, 2020, the College wrote to the Registrant to advise that his certificate of registration was suspended. The Registrant was advised to renew his professional liability insurance and then update the College portal. Attached at **Tab "D"** is a copy of the correspondence dated April 1, 2020 where the College informed the Registrant that his certificate of registration was immediately suspended and how to have the suspension lifted.

27. On April 3, 2020, a staff member from the Registrant's clinic emailed a policy number of the Registrant's professional liability insurance. It is agreed that the College responded to the staff member at the Clinic that day and advised that this information was insufficient and to refer to the suspension letter of April 2, 2020.

28. It is agreed that later on April 3, 2020 the Clinic emailed the College again. The Clinic submitted the insurance certificate but did not update the portal and did not provide the necessary information to lift the suspension.

29. It is agreed that the Registrant did in fact have, at all times, the required professional liability insurance coverage but that the Registrant did not properly update the College portal with the required information.

30. The failure to update the College's portal, despite clear instructions from the College to do so, is what led to the Registrant's suspension from practice as the College requires every registrant in the same situation as the Registrant. If the Registrant were to testify, he would say that he had instructed a staff person to update the portal but that that staff person had failed to do so, although the Registrant understands and acknowledges that it was his responsibility to take this action or ensure that it had occurred. The Registrant would further testify that he thereafter practiced naturopathy under the genuine impression that he was not suspended from practice notwithstanding that he was listed as Suspended on the Public Register.

31. On or about July 10, 2020 it came the Registrant's attention that the College's public register indicated that he was suspended from practice. Thus, the Registrant had a staff person at the Clinic email the College to ask what was required in order to reinstate the Registrant's certificate of registration.

32. On July 17, 2020 the Registrant fulfilled the requirements to reinstate and as a result was reinstated that day.

33. It is agreed that the Registrant's certificate of registration was suspended from April 2 to July 17, 2020.

34. It is agreed that during the suspension, the Registrant:

    a) Practised naturopathy at the Clinic;

    b) Compounded for the purposes of IVIT and performed IVIT;

    c) Held himself out as a registrant of the College by treating patients; and

    d) Used protected titles (including naturopath and using the Dr. title) authorized to registrants.

Advertising

35. It is agreed that Registrants cannot:

    a) Treat neurological disorders, or cognitive capabilities;

    b) Treat cancer;

    c) Advertise results or success stories as they cannot be verified and are not relevant to individual treatment plans; and

    d) Cannot claim superiority over other naturopathic clinics or treatment modalities.

36. It is agreed that the Registrant posted or permitted the posting of the following on the Clinic website (all of which are attached at **Tab "E")**:

    a) "If you suspect you have cancer, or if you know you have the disease and want to learn about the available treatment options, contact us today...";

    b) That Neurological Disorders and/or Cognitive Capabilities could be treated at the Clinic;

    c) That "all of our treatments and assessment tools … have long and respected records of success in hospitals and health institutions across the globe";

    d) That Biological Medicine "… is the most technologically and scientifically rigorous kind of natural medicine there is...calls the body's terrain the environment between your cells ..." and/or

    e) The availability of services outside the scope of the Registrant including but not limited to IVIT, cancer treatment, and/or intravenous Weber Laser Therapy.

Standards and Guidelines

37. During the relevant periods of time, it is agreed that the following

College standards and policy applied to the Registrant and amounted to standards of the profession (all of which are attached at **Tab "F"**):

a) Core Competencies;

b) Advertising;

c) Compounding;

d) Intravenous Infusion Therapy;

e) Delegation;

f) Collecting Clinical Samples;

g) Requisitioning Laboratory Tests; and

h) Performing Authorized Acts.

38. It is also agreed that the following standards of practice of the profession, as set out in the General Regulation, were contravened or were not maintained as a result of the above noted conduct:

a) Section 3(1) para 5 - A member shall not perform any controlled act under the authority of paragraph 1, 2, 3, 4 or 6 of subsection 4 (1) of the Act unless he or she performs it in accordance with all of the following standards of practice of the profession: (5) The member must ensure that appropriate infection control procedures are in place at all times and that the controlled act is performed in an environment that is clean, safe, private and comfortable for the patient;

b) Section 3(1) para 6 - A member shall not perform any controlled act under the authority of paragraph 1, 2, 3, 4 or 6 of subsection 4 (1) of the Act unless he or she performs it in accordance with all of the following standards of practice of the profession: (6) The member must have the knowledge, skill and judgment (i) to perform the controlled act safely and ethically, and (ii) to determine whether the patient's condition warrants performance of the controlled act;

c) Section 5(1) para 2 - For the purposes of paragraph 3 of subsection 4 (1) of the Act, a member who meets all of the standards of practice of the profession in this section and section 3 of this Regulation is authorized to perform the following controlled acts: (2) Administering a substance specified in Table 2 by injection to a patient using the routes of administration respecting the substance that are set out in the Table and in accordance with any limitations respecting the substance that are set out in the Table;

d) Section 5(3) - It is a standard of practice of the profession that a member who performs the controlled act referred to in paragraph 2 of subsection (1) and who, in doing so,

reconstitutes, dilutes, mixes, prepares, packages or labels two or more substances specified in Table 2 for the purpose of administering a customized therapeutic product to a patient by injection must comply with all the standards of practice set out in subsection 11 (2), with any necessary modifications;

e) Section 5(4) - It is a standard of practice of the profession that a member may only perform a controlled act described in subsection (1) if he or she has successfully completed, (a) a course on prescribing that has been approved by the Council; and (b) an examination on prescribing that is administered or approved by the Council;

f) Section 5(5) - Where the administration of a substance referred to in paragraph 2 of subsection (1) is by intravenous injection, it is a standard of practice of the profession that a member may only perform the controlled act if he or she has successfully completed, in addition to the requirements under clauses (4) (a) and (b), (a) a course on administering a substance by intravenous injection that is approved by the Council; and (b) an examination on administering a substance by intravenous injection that is administered or approved by the Council;

g) Section 5(7) - It is a standard of practice of the profession that a member described in subsection (6) shall successfully complete the course and examination mentioned in subsection (4) within six months of the coming into force of section 6 of the Act;

h) Section 9(5) - It is an additional standard of practice of the profession that a member may only perform the controlled act described in subsection (1) if he or she has successfully completed, (a) a course on prescribing that has been approved by the Council; and (b) an examination on prescribing that is administered or approved by the Council.

i) Section 11(2) - The following are standards of practice for the purposes of subsection (1): 2- The member must have the knowledge, skill and judgment to engage in the controlled act safely, competently and ethically;

j) Section 11(3) - It is a further standard of practice of the profession that a member may only perform a controlled act described in subsection (1) if he or she has successfully completed, (a) a course on prescribing that has been approved by the Council; and (b) an examination on prescribing that is administered or approved by the Council;

Admissions of Professional Misconduct

39. It is agreed that the above-noted conduct constitutes professional misconduct pursuant to section 51(1)(c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the “Code”) as set out in one or more of the following paragraphs of section 1 of Ontario Regulation 17/14 made under the *Naturopathy Act, 2007*:

    a) **Paragraph 1**. Contravening, by act or omission, a standard of practice of the

profession or failing to maintain the standard of practice of the profession including but not limited to the following;

i. Core Competencies;
ii. Advertising;
iii. Compounding;
iv. Intravenous Infusion Therapy;
v. Delegation;
vi. Collecting Clinical Samples;
vii. Requisitioning Laboratory Tests;
viii. Performing Authorized Acts; and
ix. Following sections of the General Regulation:
    - 3(1) paras 5 and 6;
    - 5(1) para 2;
    - 5(3);
    - 5(4);
    - 5(5);
    - 5(7);
    - 9(5);
    - 11(2); and
    - 11(3);

b) **Paragraph 8.** Providing or attempting to provide services or treatment that the member knows or ought to know to be beyond the member's knowledge, skill or judgment;

c) **Paragraph 9.** Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the *Regulated Health Professions Act, 1991*, when the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skill or judgment to offer or is beyond his or her scope of practice;

d) **Paragraph 10.** Performing a controlled act that the member is not authorized to perform;

e) **Paragraph 26**. Making a claim respecting a drug, substance, remedy, treatment, device or procedure other than a claim that can be supported as reasonable professional opinion;

f) **Paragraph 27.** Permitting the advertising of the member or his or her practice in a manner that is false or misleading or that includes statements that are not factual and verifiable;

g) **Paragraph 36.** Contravening, by act or omission, a provision of the Act, the *Regulated*

Health Professions Act, 1991 or the regulations under either of those Acts, most notably:

(i) *Naturopathy Act, 2007*:

1. Section 4(1) paras 3 and 7: In the course of engaging in the practice of naturopathy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following: 3. Administering, by injection or inhalation, a prescribed substance; 7. Prescribing, dispensing, compounding or selling a drug designated in the regulations;

2. Section 4(2) - A member shall not perform a procedure under the authority of subsection (1) unless the member performs the procedure in accordance with the regulations;

(ii) General Regulation:

1. Section 2(1) - A member shall not perform a controlled act under the authority of subsection 4 (1) of the Act except in accordance with this Part;

2. Section 15 - A member shall not, except in accordance with this Part, delegate a controlled act or perform a controlled act that was delegated to him or her

3. Section 31(1) - No member shall commence using any premises for the purpose of performing a procedure unless the member has previously given notice in writing to the College in accordance with subsection (5) of the member's intention to do so and the premises pass an inspection or pass an inspection with conditions;

4. Section 31 (3) - A member whose practice includes the performance of a procedure in any premises on the day this section comes into force shall give notice in writing to the College in accordance with subsection (5) within 60 days from the day this section comes into force, and the member may continue to use the premises for the performance of procedures until such time as the College has inspected the premises and delivered a report in accordance with section 33.

h) **Paragraph 36.1** Without restricting the generality of paragraph 36, failing, by act or omission, to comply with any duty or requirement under Part IV (Inspection of Premises Where Certain Procedures are Performed) of Ontario Regulation 168/15 (General) made under the Act;

i) **Paragraph 39.** Practising the profession while the member's certificate of registration has been suspended;

j) **Paragraph 46.** Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional; and

k) **Paragraph 47.** Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession.

40. It is also agreed that the above conduct constitutes professional misconduct pursuant to subsection 4(3) of the *Naturopathy Act, 2007*.

Acknowledgements

41. By this document, the Registrant states that:

a) He understands fully the nature of the allegations made against him;

b) He has no questions with respect to the allegations against him;

c) He admits to the truth of the facts contained in this document and that the facts constitute professional misconduct;

d) He understands that by signing this document he is consenting to the evidence as set out in this document being presented to the Discipline Committee;

e) He understands that by admitting the allegations made against him, he is waiving his right to require the College to prove the allegations against him at a contested hearing;

f) He understands that the decision of the Discipline Committee and a summary of its reasons, including reference to his name, will be published in the College's annual report and any other publication or website of the College;

g) He understands that if there is any agreement between him and the College with respect to the penalty proposed does not bind the Discipline Committee; and

h) He understands and acknowledges that he is executing this document voluntarily, unequivocally, free of duress, and free of bribe and that he has been advised of his right to seek legal advice.

All of which is respectfully submitted:

Signed this 7th day of November, 2022

KARIM DHANANI
Registrant

Signed this 7th day of November, 2022

ANDREW PARR, CAE
Chief Executive Officer
College of Naturopaths of Ontario

TAB A

College of Naturopaths of Ontario

Status as of: 25-Feb-2022 08:28

NOT A PRACTICE PERMIT

Dr. Karim Dhanani, ND

Registrant Number: 1048
Initial registration: 08-Apr-2002 (Initial Registration with the BDDT-N)
Nickname / abbreviation: N/A
Previous name: N/A

Current Registration

Class
General
Effective
01-Apr-2021

Status
In Good Standing
Expiry
31-Mar-2022

Extended Services

Service	Effective	Expiry	Notes
Intravenous Infusion Therapy (IVIT)		01-Jan-2016	Effective January 1, 2016 the Registrant is not authorized to administer a substance by intravenous infusion therapy or compound a substance for the purposes of administration by intravenous infusion therapy.

Terms, Conditions and Limitations

Limitation (Effective: 18-Oct-2020)
On October 18, 2020, the Inquiries, Complaints and Reports Committee imposed the following specified terms, conditions and limitations on the Registrant's certificate of registration:

- The Registrant shall not perform, delegate or accept a delegation for the controlled acts of administering a substance by (intravenous) injection and/or compounding a substance for the purpose of administration by (intravenous) injection.
- The Registrant shall refer all patients who require an assessment for intravenous infusion therapy (IVIT) and/or IVIT treatment to another Registrant or a member of another regulated health profession who is authorized by law to perform IVIT, and shall document every referral in the patient record.
- The Registrant shall ensure that IVIT is not advertised and/or provided by any naturopath at the Centre for Biological Medicine until such time when the clinic is registered as a premises with the College of Naturopaths of Ontario for the purpose of performing IVIT procedures.
- The Registrant shall post a sign, acceptable to the College, a) in a prominent and visible location in the waiting room and each of the examination/treatment rooms of the Registrant's place(s) of practice and any

location where IVIT was/may be provided, and b) on the Registrant's professional website, that states that:
    - the Registrant is not authorized to perform, delegate or accept delegation for the controlled acts of administering a substance by intravenous injection and/or compounding a substance for the purpose of administration by intravenous injection.
    - the College of Naturopaths of Ontario imposed a Term, Condition and Limitation on the Registrant's certificate of registration in relation to administering a substance by intravenous injection and/or compounding a substance for the purpose of administration by intravenous injection.
- The Registrant shall ensure that every patient he treats or offers to treat, sign a form, acceptable to the College, confirming that they are made aware that the Registrant is not authorized to perform, delegate or accept delegation for the controlled acts of administering a substance by intravenous injection and/or compounding a substance for the purpose of administration by intravenous injection.

ICRC Referrals

Referred To: Discipline Committee
Referral Date: November 4, 2021
Hearing Date: TBD

Notice of Hearing

STATEMENT OF SPECIFIED ALLEGATIONS

The Registrant

1. Dr. Karim Dhanani, ND (the "Registrant") registered with the Board of Directors of Drugless Therapy – Naturopathy on or about April 8, 2002. The Registrant then became registered with the College of Naturopaths of Ontario (the "College") on July 1, 2015.

2. The Registrant has not met the Standards of Practice for Therapeutic Prescribing or Intravenous Infusion Therapy (IVIT) and therefore has not been authorized since January 1, 2016 to perform IVIT.

3. At all relevant times, the Registrant worked at and/or owned Centre for Biological Medicine in Richmond Hill, ON (the "Clinic") and/or Pathways DNA.

Administering and/or Offering Services or Treatments or Testing outside of their scope

4. It is alleged that since approximately January 1, 2016 the Registrant administered IVIT to patients at the Clinic.

5. It is alleged that IVIT cannot be administered at the Clinic as the Clinic is not registered as a premises pursuant to Regulation 168/15.

6. It is alleged that the Registrant delegated and/or attempted to delegate the act of IVIT despite not having the requisite authority to perform the controlled act.

7. It is alleged that on or about October 13, 2020 the Registrant advised an undercover investigator that they could provide IVIT to her sister.

8. It is alleged that the Registrant:

    i. Ordered tests to detect cancer activity;

    ii. Treated patients for cancer; and/or

    iii. Advised patients that he could treat cancer.

9. It is alleged that the Registrant ordered and/or administered Vitamin C IVIT to a patient for "cancer prevention."

Laboratory Compliance

10. It is alleged the Registrant ordered specimens to be sent and/or sent specimens to laboratories not licensed by the *Laboratory and Specimen Collection Centre Licensing Act*.

11. It is alleged that the Registrant requisitioned the collection of specimens for tests that are outside the scope of a naturopath.

Practising while suspended

12. It is alleged that the Registrant was suspended between approximately April 2 and July 17, 2020.

13. It is alleged that despite the suspension and/or being provided with notice of the suspension, the Registrant proceeded to:

i. Practise naturopathy at the Clinic;

ii. Perform controlled acts authorized to registrants;

iii. Hold themselves out as a registrant of the College; and/or

iv. Use protected titles authorized to registrants.

Advertising

14. It is alleged that the Registrant posted or permitted the posting of the following on their Clinic website:

a. "If you suspect you have cancer, or if you know you have the disease and want to learn about the available treatment options, contact us today…";

b. That Neurological Disorders and/or Cognitive Capabilities could be treated at the Clinic;

c. That "all of our treatments and assessment tools … have long and respected records of success in hospitals and health institutions across the globe";

d. That Biological Medicine "… is the most technologically and scientifically rigorous kind of natural medicine there is…calls the body's terrain the environment between your cells …" and/or

e. The availability of services outside the scope of the Registrant including but not limited to IVIT, cancer treatment, and/or intravenous Weber Laser Therapy.

Acts of Professional Misconduct

15. It is alleged that the above noted conduct constitutes professional misconduct pursuant to section 51(1)(c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code") as set out in one or more of the following paragraphs of section 1 of Ontario Regulation 17/14 made under the *Naturopathy Act, 2007*:

a. Paragraph 1 – Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession, including but not limited to the following:

i. Core Competencies;

ii. Advertising;

iii. Compounding;

iv. Intravenous Infusion Therapy;

v. Delegation;

vi. Collecting Clinical Samples;

vii. Requisitioning Laboratory Tests; and/or

viii. Performing Authorized Acts.

b. **Paragraph 8 -** Providing or attempting to provide services or treatment that the member knows or ought to know to be beyond the member's knowledge, skill or judgment;

c. **Paragraph 9 -** Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the Regulated Health Professions Act, 1991, when the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skill or judgment to offer or is beyond his or her scope of practice;

d. **Paragraph 10 -** Performing a controlled act that the member is not authorized to perform;

e. **Paragraph 26** - Making a claim respecting a drug, substance, remedy, treatment, device or procedure other than a claim that can be supported as reasonable professional opinion;

f. **Paragraph 27**- Permitting the advertising of the member or his or her practice in a manner that is false or misleading or that includes statements that are not factual and verifiable;

g. **Paragraph 36** - Contravening, by act or omission, a provision of the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts including but not limited to s. 4 of the Act and Regulation 168/15;

h. **Paragraph 36.1** - Without restricting the generality of paragraph 36, failing, by act or omission, to comply with any duty or requirement under Part IV (Inspection of Premises Where Certain Procedures are Performed) of Ontario Regulation 168/15 (General) made under the Act;

i. **Paragraph 39** - Practising the profession while the member's certificate of registration has been suspended;

j. **Paragraph 46** - Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional; and/or

k. **Paragraph 47** - Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession.

16. It is also alleged that the above conduct constitutes professional misconduct pursuant to subsection 4(3) of the *Naturopathy Act, 2007.*

Show: Registration History | Employment

TAB B

Ontario

Français

Naturopathy Act, 2007

ONTARIO REGULATION 168/15

GENERAL

Consolidation Period: From March 2, 2017 to the e-Laws currency date.

Last amendment: 415/16.

Legislative History: [+]

This is the English version of a bilingual regulation.

CONTENTS [–]

PART I
INTERPRETATION

Definitions

1. In this Regulation,

"controlled act" means a controlled act set out in subsection 27 (2) of the *Regulated Health Professions Act, 1991*; ("acte autorisé")

"drug" means a drug as defined in the *Drug and Pharmacies Regulation Act*. ("médicament")

PART II
CONTROLLED ACTS

General

2. (1) A member shall not perform a controlled act under the authority of subsection 4 (1) of the Act except in accordance with this Part.

(2) Where the provisions of this Part are inconsistent with a law of Canada respecting the sale, dispensing, compounding, prescribing or injection of a drug or other substance, including a drug or substance related to a targeted substance, the law of Canada shall prevail and the provisions of this Part, to the extent they are inconsistent with that law, shall not apply.

(3) Where the provisions of this Part are inconsistent with the provisions of the *Narcotics Safety and Awareness Act, 2010*, the provisions of that Act shall prevail and the provisions of this Part, to the extent they are inconsistent with that Act, shall not apply.

Standards of practice, s. 4 (1) of the Act

3. (1) A member shall not perform any controlled act under the authority of paragraph 1, 2, 3, 4 or 6 of subsection 4 (1) of the Act unless he or she performs it in accordance with all of the following standards of practice of the profession:

1. The member must have a naturopath-patient relationship with the patient and, before performing the controlled act, must record the patient's health history.
2. Before performing the controlled act, the member must inform the patient or the patient's authorized representative about,
    i. the purpose of the controlled act,

    ii. the risks inherent in performing it,

    iii. alternative treatments that the member knows or ought to know are available within the practice of the profession, and

    iv. treatments that the member knows or ought to know are available to the patient if he or she were to be treated by a member of another College under the *Regulated Health Professions Act, 1991*.

3. Before performing the controlled act, the member must receive an informed consent from the patient or his or her authorized representative.
4. Before performing the controlled act, the member must determine that the patient's condition warrants performing the controlled act, having considered,
    i. the known risks and benefits to the patient of performing the controlled act,

    ii. the predictability of the outcome,

    iii. the safeguards and resources available in the circumstances to safely manage the outcome of performing the controlled act, and

    iv. other relevant circumstances specific to the patient.

5. The member must ensure that appropriate infection control procedures are in place at all times and that the controlled act is performed in an environment that is clean, safe, private and comfortable for the patient.
6. The member must have the knowledge, skill and judgment,
    i. to perform the controlled act safely and ethically, and

    ii. to determine whether the patient's condition warrants performance of the controlled act.

(2) It is a further standard of practice of the profession that a member is prohibited from taking or collecting a specimen from the human body for examination to obtain information for diagnosis, prophylaxis or treatment, unless the specimen that is taken or collected is identified in the regulations made under the *Laboratory and Specimen Collection Centre Licensing Act* and related to a specific laboratory test set out in the regulations made under that Act.

(3) It is a further standard of practice of the profession that a member is prohibited from performing a laboratory test or taking blood samples or other specimens from a patient for the purpose of performing a laboratory test, unless the laboratory test that the member performs is specified in the regulations made under the *Laboratory and Specimen Collection Centre Licensing Act* and the blood samples or other specimens taken from a patient are identified in and related to a specific test in the regulations made under that Act.

(4) It is a further standard of practice of the profession that a member is prohibited from ordering a laboratory test unless the test is one specified in the regulations made under the *Laboratory and Specimen Collection Centre Licensing Act.*

Internal examinations

4. (1) For the purposes of paragraphs 1 and 2 of subsection 4 (1) of the Act, a member who meets all of the standards of practice of the profession in this section and section 3 of this Regulation is authorized to perform the following controlled acts:

1. Putting an instrument, hand or finger beyond the labia majora but not beyond the cervix.
2. Putting an instrument, hand or finger beyond the anal verge but not beyond the rectal-sigmoidal junction.

(2) It is a standard of practice of the profession that a member may only perform a controlled act described in subsection (1) for one or more of the following purposes:

1. Examining a patient in the course of an assessment or to formulate a naturopathic diagnosis.
2. Treating the patient with naturopathic treatments or remedies.
3. Taking or collecting a specimen.

Administering substances by injection or inhalation

5. (1) For the purposes of paragraph 3 of subsection 4 (1) of the Act, a member who meets all of the standards of practice of the profession in this section and section 3 of this Regulation is authorized to perform the following controlled acts:

1. Administering a substance specified in Table 1 by inhalation to a patient, in accordance with any limitations respecting the substance set out in the Table.
2. Administering a substance specified in Table 2 by injection to a patient using the routes of administration respecting the substance that are set out in the Table and in accordance with any limitations respecting the substance that are set out in the Table.

(2) It is a standard of practice of the profession that a member who performs the controlled act referred to in paragraph 1 of subsection (1) and who, in doing so, mixes, prepares, packages or labels two or more substances specified in Table 1 for the purpose of administering a customized therapeutic product to a patient by inhalation must comply with all the standards of practice set out in subsection 11 (2), with any necessary modifications.

(3) It is a standard of practice of the profession that a member who performs the controlled act referred to in paragraph 2 of subsection (1) and who, in doing so, reconstitutes, dilutes, mixes, prepares, packages or labels two or more substances specified in Table 2 for the purpose of administering a customized therapeutic product to a patient by injection must comply with all the standards of practice set out in subsection 11 (2), with any necessary modifications.

(4) It is a standard of practice of the profession that a member may only perform a controlled act described in subsection (1) if he or she has successfully completed,

(a) a course on prescribing that has been approved by the Council; and

(b) an examination on prescribing that is administered or approved by the Council.

(5) Where the administration of a substance referred to in paragraph 2 of subsection (1) is by intravenous injection, it is a standard of practice of the profession that a member may only perform the controlled act if he or she has successfully completed, in addition to the requirements under clauses (4) (a) and (b),

(a) a course on administering a substance by intravenous injection that is approved by the Council; and

(b) an examination on administering a substance by intravenous injection that is administered or approved by the Council.

(6) A member who, immediately before section 6 of the Act came into force, was registered to practice under the *Drugless Practitioners Act* by The Board of Directors of Drugless Therapy and authorized by The Board to administer a substance by intravenous injection to a patient shall be deemed to have met the standards of practice in subsections (4) and (5), subject to subsection (7).

(7) It is a standard of practice of the profession that a member described in subsection (6) shall successfully complete the course and examination mentioned in subsection (4) within six months of the coming into force of section 6 of the Act.

(8) Despite anything in this section, a member may perform a controlled act described in subsection (1) if he or she does so while taking part in a course or examination required under clause (4) (a) or (b) or (5) (a) or (b).

Moving the joints of the spine

6. (1) For the purposes of paragraph 4 of subsection 4 (1) of the Act, a member who meets all of the standards of practice of the profession in this section and section 3 of this Regulation is authorized to move the thoracic, lumbar and sacral joints of the spine and the cervical joints of the spine.

(2) A member may perform an act described in subsection (1) only if he or she meets all of the following standards of practice:

1. The member shall use only one or more of the following low amplitude thrust procedures when he or she manipulates a patient's cervical joints of the spine:
    i. Supine lateral flexion.
    ii. Supine rotary.
    iii. C2-C7 seated rotary.
2. The member shall not perform a controlled act described in subsection (1) if, at the time that the controlled act is proposed,
    i. the patient has or may have one or more of the contraindications listed in subsection (3), or
    ii. the member is in doubt about the accuracy of the patient's health status or health history respecting any of the contraindications listed in subsection (3).

(3) The contraindications mentioned in subparagraphs 2 i and ii of subsection (2) are the following:

1. Anomalies, including dens hypoplasia, unstable os odontoideum and similar diseases, disorders or dysfunctions.
2. Acute fracture.
3. Spinal cord tumour.
4. Acute infection of the spine, including osteomyelitis, septic discitis and tuberculosis of the spine.
5. Meningeal tumour.
6. Haematomas, whether spinal or intracanalicular.
7. Malignancy of the spine.
8. Frank disc herniation with accompanying signs of progressive neurological deficit.
9. Basilar invagination of the upper cervical spine (vertebrobasilar ischemia).
10. Symptomatic Arnold-Chiari malformation of the upper cervical spine.
11. Dislocation of a vertebra.
12. Aggressive types of benign tumours, such as an aneurismal bone cyst, giant cell tumour, osteoblastoma or osteoid osteoma.
13. Internal fixation/stabilization devices.
14. Neoplastic disease of muscle or other soft tissue.
15. Positive Kernig's or Lhermitte's signs.

16. Congenital, generalized hypermobility.
17. Syringomyelia.
18. Hydrocephalus of unknown aetiology.
19. Diastematomyelia.
20. Cauda equina syndrome.
21. Any other disease, disorder or dysfunction that the member knows or ought to know contraindicates performance of the controlled act in the relevant circumstances of the patient.

Communicating a naturopathic diagnosis

7. (1) For the purposes of paragraph 5 of subsection 4 (1) of the Act, a member who meets all of the standards of practice in this section may communicate a naturopathic diagnosis to a patient that identifies the cause of his or her symptoms as being a disease, disorder or dysfunction that may be identified through an assessment using one or more of the following:

1. The patient's health history.
2. The findings of an objective patient evaluation, including a physical examination of the patient.
3. The results of any relevant tests or investigations.

(2) The member shall perform the controlled act described in subsection (1) only if he or she meets all of the following standards of practice:

1. The member must have a naturopath-patient relationship with the patient.
2. The member must have the knowledge, skill and judgment to perform the controlled act safely, accurately and ethically.

Taking blood samples for performing prescribed naturopathic examinations

8. (1) For the purposes of paragraph 6 of subsection 4 (1) of the Act, a member who meets all of the standards of practice of the profession in this section and section 3 of this Regulation is authorized to take blood samples from veins or by skin pricking for the purpose of performing one or more of the following naturopathic examinations on a patient's blood sample:

1. BTA Bioterrain Assessment.
2. Glucose.
3. Live blood cell analysis.
4. Hemoglobin – A1C.
5. Mononuclear Heterophile Antibodies (monospot).
6. Fatty acids, free.
7. Blood Group – ABO and RhD.

(2) The member shall perform the controlled act described in subsection (1) only if he or she meets all of the following standards of practice:

1. The member shall perform the controlled act only for the purpose of,
    i. assessing the patient's health status,
    ii. communicating a naturopathic diagnosis, or
    iii. monitoring or evaluating the patient's response to treatment.

2. Subject to paragraph 3, the member shall only perform the specified naturopathic examination on a patient's blood sample using a Class III medical device that has been approved by Health Canada.
3. Where no Health Canada approved Class III medical device exists for the purpose of performing a specified naturopathic examination, but another Health Canada approved medical device exists that can be used for the purpose, the member must use such a device, in accordance with the purpose intended by the manufacturer of the device, and in accordance with the manufacturer's instructions.
4. The member shall ensure that any instrument or device used for taking, collecting or examining a blood sample is used solely for the purpose intended by the manufacturer of the device and in compliance with the manufacturer's specifications.
5. The member is prohibited from taking a blood sample from a patient except for the purpose of performing the controlled act mentioned in subsection (1).

Prescribing a drug

9. (1) For the purposes of paragraph 7 of subsection 4 (1) of the Act, a member may prescribe a drug designated in Table 3 only if all of the standards of practice of the profession in this section are met.

(2) The following are standards of practice for the purposes of subsection (1):

1. The member must have a naturopath-patient relationship with the patient for whom the drug is prescribed.
2. The member must prescribe the drug for therapeutic purposes only.
3. The member must possess sufficient knowledge, skill and judgment respecting the drug and the patient's condition to prescribe the drug for the patient.
4. The member must have determined that the patient's condition warrants prescribing the drug, having considered the known risks and benefits to the patient of prescribing the drug and other circumstances relevant to the patient.
5. The member must give a written prescription for the drug to the patient or his or her authorized representative.
6. The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.
7. Where a limitation, a route of administration or a dosage is indicated in the column opposite the drug in Table 3, a member shall only prescribe that drug in compliance with the limitation and in accordance with the route of administration and dosage specified.

(3) It is an additional standard of practice of the profession that a member who prescribes a drug to a patient as described in subsection (1) must ensure that the following information is recorded on the prescription:

1. The name and address of the patient for whom the drug is prescribed.
2. The name, strength (where applicable) and quantity of the prescribed drug.
3. Directions for the use of the drug, including its dose, frequency, route of administration and any special instructions.
4. The name, signature, address, telephone number and College registration number of the member issuing the prescription.
5. The date the prescription was issued by the member.
6. The number of refills that the member authorized, if applicable.
7. Any other information required by law.

(4) It is an additional standard of practice of the profession that a member who prescribes a drug under this section must maintain a patient record that includes details of the member's rationale for his or her decision to prescribe the drug to the patient and the following information, if applicable:

1. A copy of the prescription that the member gave to the patient or the patient's authorized representative.

2. A record of the results of any laboratory or other tests that the member considered in making the decision to prescribe the drug.

3. The names and addresses of the patient's other primary health care providers, the date on which the member notified those other providers about the prescription and the method by which the notification occurred.

(5) It is an additional standard of practice of the profession that a member may only perform the controlled act described in subsection (1) if he or she has successfully completed,

(a) a course on prescribing that has been approved by the Council; and

(b) an examination on prescribing that is administered or approved by the Council.

(6) Despite anything in this section, a member may perform the controlled act described in subsection (1) if he or she does so while taking part in a course or examination required under clauses (5) (a) and (b).

Dispensing a drug

10. (1) For the purposes of paragraph 7 of subsection 4 (1) of the Act, a member may dispense a drug designated in Table 4 only if all of the standards of practice of the profession in this section are met.

(2) The following are standards of practice for the purposes of subsection (1);

1. Unless subsection (3) applies, the member must have a naturopath-patient relationship with the patient for whom the drug is dispensed.
2. The member must dispense the drug for therapeutic purposes only.
3. Unless subsection (3) applies, the member must provide the drug directly to the patient or the patient's authorized representative.
4. The member must advise the patient or his or her authorized representative that the drug may be available at a pharmacy.
5. The member must have the knowledge, skill and judgment to dispense the drug safely and ethically.
6. The member must have ensured that the drug has been obtained and stored in accordance with any applicable laws.
7. The member must have ensured that the drug has not expired and will not expire before the date on which the patient is expected to take the last of the drug.
8. Where a limitation, a route of administration or a dosage is indicated in the column opposite the drug in Table 4, a member shall only dispense that drug in compliance with the limitation and in accordance with the route of administration and dosage specified.
9. The member must dispense a reasonable quantity of the drug having regard to the patient's condition, availability of the drug and the patient's ability to obtain the drug elsewhere.
10. The member must ensure that the container in which the drug is dispensed, or, if there is insufficient space on the container, a document attached to the container, lists the following information:
    i. An identification number, if applicable.
    ii. The member's name and title.
    iii. The name, address and telephone number of the place from which the drug is dispensed.
    iv. The identification of the drug as to its name, its strength (where applicable) and, if available, its manufacturer.
    v. The quantity of the drug dispensed.
    vi. The date the drug is dispensed.

vii. The expiry date of the drug, if applicable.

viii. The name of the patient for whom the drug is dispensed.

ix. The directions for use of the drug, including its dose, frequency, route of administration and any special instructions.

11. The member must retain a copy of the information set out under paragraph 10 in the patient's record, and, if applicable, a copy of the prescription required under clause (3) (d).

(3) It is a further standard of practice of the profession that if the member does not have a naturopath-patient relationship with the person for whom the drug is dispensed, the member must not dispense the drug unless,

(a) at the time the drug is dispensed, the member possesses the prescription for the drug;

(b) the person who prescribed the drug is another member;

(c) the prescription contains all the information required under subsection 9 (3); and

(d) the member retains a copy of the prescription in the member's records.

(4) It is a further standard of practice of the profession that a member may only perform the controlled act described in subsection (1) if he or she has successfully completed,

(a) a course on prescribing that has been approved by the Council; and

(b) an examination on prescribing that is administered or approved by the Council.

(5) Despite anything in this section, a member may perform the controlled act described in subsection (1) if he or she does so while taking part in a course or examination required under clauses (4) (a) and (b).

Compounding a drug

11. (1) For the purposes of paragraph 7 of subsection 4 (1) of the Act, a member may compound a drug designated in Table 5 only if all of the standards of practice of the profession in this section are met.

(2) The following are standards of practice for the purposes of subsection (1):

1. The member must have a naturopath-patient relationship with the patient for whom the drug is compounded.
2. The member must have the knowledge, skill and judgment to engage in the controlled act safely, competently and ethically.
3. Before performing the controlled act, the member must have considered the patient's condition, the risks and benefits to the patient and any other relevant circumstances specific to the patient.
4. The member must ensure that the controlled act is performed in an aseptic preparation area using aseptic techniques to minimize the risk of contamination.
5. The member must provide the compounded drug directly to the patient or the patient's authorized representative.
6. Where a limitation, a route of administration or a dosage is indicated in the column opposite the drug in Table 5, a member shall only compound that drug in compliance with the limitation and in accordance with the route of administration and dosage specified.
7. The member must compound the drug for the purpose of providing a customized therapeutic solution for a particular patient.
8. The member must advise the patient or his or her authorized representative that the drug may be compounded at a pharmacy.
9. The member shall only engage in the controlled act when a supply of a Health Canada approved, commercially prepared product that meets the patient's needs is not reasonably available.

10. The member must have ensured that the drugs or other substances used in the compounding have been obtained and stored in accordance with any applicable laws.
11. The member must have ensured that the drugs or other substances used in the compounding have not expired and will not expire before the date on which the patient is expected to take or use the last of the compounded drug.
12. The member must ensure that the container holding the compounded drug, or if there is insufficient space on the container, a document attached to the container, lists the following information:
    i. An identification number, if applicable.
    ii. The member's name and title.
    iii. The name, address and telephone number of the place where the drug was compounded.
    iv. The identification of the drugs, substances and any other ingredients used in the compounding, their names and strength and, if available, their manufacturer.
    v. The amount or percentage of each of the drugs, substances and any other ingredients used to make the compounded product and the quantity of the compounded product in the container.
    vi. The date that the compounded drug was prepared and the date that the compounded drug was dispensed to the patient.
    vii. The expiry date of the compounded drug.
    viii. The name of the patient for whom the drug was compounded.
    ix. The directions for the storage and use of the compounded drug, including its dose, frequency, route of administration and any special instructions.
13. The member must retain a copy of the information described in paragraph 12 in the patient's record.

(3) It is a further standard of practice of the profession that a member may only perform a controlled act described in subsection (1) if he or she has successfully completed,

(a) a course on prescribing that has been approved by the Council; and

(b) an examination on prescribing that is administered or approved by the Council.

(4) Despite anything in this section, a member may perform a controlled act described in subsection (1) if he or she does so while taking part in a course or examination required under clause (3) (a) or (b).

Selling a drug

12. (1) For the purposes of paragraph 7 of subsection 4 (1) of the Act, a member may sell a drug designated in Table 6 only if all of the standards of practice of the profession in this section are met.

(2) The following are standards of practice for the purposes of subsection (1):

1. Unless subsection (3) applies, the member must have a naturopath-patient relationship with the patient for whom the drug is sold.
2. Unless subsection (3) applies, the member must sell the drug directly to the patient or the patient's authorized representative.
3. The member must sell the drug for therapeutic purposes only.

4. Where a limitation, a route of administration or a dosage is indicated in the column opposite the drug in Table 6, a member shall only sell that drug in compliance with the limitation and in accordance with the route of administration and dosage specified.
5. The member must advise the patient or his or her authorized representative that the drug may be purchased at a pharmacy.
6. The member must have made reasonable inquiries and be satisfied that,
    i. the patient does not have reasonable or timely access to a pharmacy,
    ii. the patient would not otherwise buy the drug,
    iii. the patient does not have the financial resources to obtain the drug if not sold by the member, or
    iv. the drug is not reasonably available in a pharmacy.
7. The member must not sell the drug if the selling provides a profit to him or her or a direct or indirect personal or financial benefit.
8. The member must have ensured that the drug to be sold has been obtained and stored in accordance with any applicable laws.
9. The member must have ensured that the drug to be sold has not expired and will not expire before the date on which the patient is expected to take the last of the drug.
10. Unless subsection (3) applies, the member must retain in the patient's record a record that the drug was sold to the patient or his or her authorized representative and the price charged, and where subsection (3) does apply, a copy of the prescription required under clause (3) (d).

(3) If the member does not have a naturopath-patient relationship with the person to whom the drug is sold, the member must not sell the drug unless,

(a) at the time the drug is sold, the member possesses the prescription for the drug;

(b) the person who prescribed the drug is another member;

(c) the prescription contains all the information required under subsection 9 (3); and

(d) the member retains a copy of the prescription in the member's records.

(4) Paragraphs 5 to 9 of subsection (2) apply, with necessary modification, to the member mentioned in clause (3) (b).

(5) It is a further standard of practice of the profession that a member may only perform a controlled act described in subsection (1) if he or she has successfully completed,

(a) a course on prescribing that has been approved by the Council; and

(b) an examination on prescribing that is administered or approved by the Council.

(6) Despite anything in this section, a member may perform a controlled act described in subsection (1) if he or she does so while taking part in a course or examination required under clause (5) (a) or (b).

Mandatory referral

13. (1) If a patient's life is or may be at risk, it is a standard of practice of the profession that the member shall immediately call emergency services to transfer the patient to a hospital.

(2) If the patient's condition prevents the member from communicating a naturopathic diagnosis because the condition is beyond the scope of practice of the profession, it is a standard of practice of the profession that the member shall refer the patient to,

(a) a member of the College of Physicians and Surgeons of Ontario;

(b) a member of the College of Nurses of Ontario who holds a certificate of registration as a registered nurse in the extended class; or

(c) a member of another health profession College where the patient's condition would fall within that member's scope of practice under his or her health profession Act.

(3) If treatment of the patient's condition is beyond the scope of practice of the profession, it is a standard of practice of the profession that the member shall refer the patient to,

(a) a member of the College of Physicians and Surgeons of Ontario;

(b) a member of the College of Nurses of Ontario who holds a certificate of registration as a registered nurse in the extended class; or

(c) a member of another health profession College where the patient's condition would fall within that member's scope of practice under his or her health profession Act.

(4) If the treatment of the patient's condition requires diagnostic, monitoring or treatment related technology that is beyond the scope of practice of the profession, it is a standard of practice of the profession that the member shall refer the patient to,

(a) a member of the College of Physicians and Surgeons of Ontario; or

(b) a member of another health profession College where the diagnostic, monitoring or treatment related technology would fall within that member's scope of practice.

(5) If the patient or the patient's authorized representative asks the member to refer the patient to another member or a member of another health profession College, it is a standard of practice of the profession that the member shall immediately make the referral in accordance with the request of the patient or his or her authorized representative.

(6) It is a standard of practice of the profession that the member must immediately refer the patient to a member of the College of Physicians and Surgeons of Ontario or a member of the College of Nurses of Ontario who holds a certificate of registration as a registered nurse in the extended class if the patient's laboratory test result from a laboratory licensed under the *Laboratory Specimen Centre Collection Licensing Act* is a critical value test result.

(7) It is a standard of practice of the profession that the member must refer the patient to a member of the College of Physicians and Surgeons of Ontario or a member of the College of Nurses of Ontario who holds a certificate of registration as a registered nurse in the extended class if the response of a patient to the treatment offered by a member is not adequate and is not likely to improve based on alternative treatments available from the member, or if the patient's condition significantly deteriorates and is likely to continue to do so without a referral.

(8) Nothing in this section prohibits a member who has referred a patient from providing that patient with supportive or other health services within the member's scope of practice after the patient has been referred, as long as the member works in collaboration with the person to whom the patient was referred and the patient.

(9) In this section,

"critical value test result" means a laboratory test result that shows a marked deviation from the reference ranges, with no clear indication to the laboratory that these are expected deviations.

PART III
DELEGATION

Definitions

14. In this Part,

"delegatee" means a person to whom a controlled act is delegated; ("délégataire")

"delegator" means a person who delegates a controlled act. ("délégant")

Limits on delegation

15. A member shall not, except in accordance with this Part, delegate a controlled act or perform a controlled act that was delegated to him or her.

Responsibility

16. (1) A member who delegates a controlled act is responsible for the decision to delegate the controlled act.

(2) A member who performs a controlled act that is delegated to him or her is responsible for the decision to carry out the controlled act and for its performance.

Conditions before delegating

17. (1) A member shall ensure, before delegating any controlled act, that he or she,

(a) has the authority under the Act and its regulations to perform the controlled act himself or herself;

(b) has the knowledge, skill and judgment to perform the controlled act safely and ethically;

(c) has a naturopath-patient relationship with the patient for whom the controlled act will be performed;

(d) has considered whether delegation of the controlled act is appropriate, bearing in mind the best interests and needs of the patient;

(e) after taking reasonable steps, is satisfied that sufficient safeguards and resources are available to the delegatee so that the controlled act may be performed safely and ethically;

(f) has considered whether delegation of the controlled act should be subject to any conditions to ensure that it is performed safely and ethically and has made the delegation subject to conditions, if necessary;

(g) has put in place a communication plan between himself or herself and the delegatee that deals with the appropriate management of any adverse events that may occur as a result of the delegation.

(h) after taking reasonable steps, is satisfied that the delegatee is a person who is permitted to accept the delegation;

(i) after taking reasonable steps, is satisfied that the delegatee is 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; and

(j) after taking reasonable steps, is satisfied,

(i) that the delegatee has the knowledge, skill and judgment to perform the controlled act safely and ethically, where the delegatee is a member of a health profession other than the profession of naturopathy, or

(ii) that the delegation is appropriate for the patient and that the delegatee has the knowledge, skill and judgment to perform the controlled act safely and ethically where the delegatee is not a member of a health profession set out in Schedule 1 to the *Regulated Health Professions Act, 1991*.

(2) A member shall not delegate a controlled act that was delegated to him or her to perform.

(3) A member who has delegated a controlled act but has reasonable grounds to believe that the delegatee no longer has the ability to perform the controlled act safely and ethically shall immediately cease to delegate the controlled act to that delegatee and shall take measures to ensure that the delegatee ceases to perform any controlled acts previously delegated by the delegator but not yet completed.

How made

18. The delegation of a controlled act may be made orally or in writing.

Records, etc.

19. (1) A member who delegates a controlled act shall,

(a) ensure that a written record of the particulars of the delegation is available in the place where the controlled act is to be performed before it is performed;

(b) ensure that a written record of the particulars of the delegation, or a copy of the record, is placed in the patient's record at the time the delegation takes place or within a reasonable period of time afterwards; or

(c) record the particulars of the delegation in the patient record either at the time the delegation takes place or within a reasonable period of time afterwards.

(2) A record created under subsection (1) must include a copy of the communication plan required under clause 17 (1) (g).

Accepting delegation, etc.

20. (1) A member shall not accept the delegation of a controlled act unless the person delegating the controlled act was, at the time of the delegation, a member of another health profession set out in Schedule 1 to the *Regulated Health Professions Act, 1991* who is authorized to perform that controlled act by a health profession Act governing his or her profession.

(2) A member shall not perform a controlled act that was delegated to him or her by a person to whom the controlled act was delegated.

(3) A member shall only perform a controlled act delegated to him or her if, before performing the controlled act, the member ensures that he or she,

(a) has the knowledge, skill and judgment to perform the controlled act safely and ethically;

(b) has a naturopath-patient relationship with the patient for whom the controlled act is to be performed;

(c) has considered whether performing the controlled act is appropriate, bearing in mind the best interests and needs of the patient;

(d) after taking reasonable steps, is satisfied that there are sufficient safeguards and resources available to ensure that the controlled act can be performed safely and ethically;

(e) has no reason to believe that the delegator is not permitted to delegate that controlled act; and

(f) has ensured that any conditions have been met, if the delegation is subject to any conditions.

(4) A member who performs a controlled act that was delegated to him or her shall record the particulars of the delegation in the patient's record, unless,

(a) a written record of the particulars of the delegation is available in the place where the controlled act is to be performed;

(b) a written record of the particulars of the delegation, or a copy of the record, is present in the patient's record; or

(c) the particulars of the delegation have already been recorded in the patient's record.

Contents of record

21. Any record of the particulars of a delegation must include,

(a) the date of the delegation;

(b) the delegator's name, if the controlled act was delegated to the member;

(c) the delegatee's name, if the controlled act was delegated by the member; and

(d) the conditions, if any, applicable to the delegation.

Delegation of communication of diagnosis

22. It is a standard of practice of the profession that a member shall not delegate the controlled act described in paragraph 5 of subsection 4 (1) of the Act.

PART IV
INSPECTION OF PREMISES WHERE CERTAIN PROCEDURES ARE PERFORMED

Interpretation, etc.

23. (1) In this Part,

"designated member" means,

(a) the member designated for a premises in accordance with section 30, or

(b) where only one member performs or may perform a procedure in a premises, that member; ("membre désigné")

"inspector" means a person designated by the College to carry out an inspection under this Part on behalf of the College; ("inspecteur")

"premises" means any place where a member performs or may perform a procedure; ("locaux")

"procedure" means,

(a) any procedure by which any two or more drugs or substances listed in Table 2 or Table 5, in any combination, are mixed, reconstituted, or by any other means made into a customized therapeutic product by a member for the purpose of administration by intravenous injection to a patient, and includes the labelling of such a customized therapeutic product, or

(b) the administration of a customized therapeutic product described in clause (a) by intravenous injection to a patient by a member; ("acte")

"Type 1 occurrence" means, with respect to a premises,

(a) the death of a patient at the premises after a procedure was performed,

(b) the death of a patient occurring within five days after a procedure was performed at the premises,

(c) any referral of a patient to emergency services within five days after a procedure was performed at the premises,

(d) any procedure performed on the wrong patient at the premises,

(e) the administration of an emergency drug to a patient immediately after a procedure was performed at the premises,

(f) the diagnosis of a patient with shock or convulsions occurring within five days after a procedure was performed at the premises,

(g) the diagnosis of a patient as being infected with a disease or any disease-causing agent after a procedure was performed at the premises, if the member forms the opinion that the patient is or may have been infected as a result of the performance of a procedure; ("situation de type 1")

"Type 2 occurrence" means,

(a) any infection occurring in a patient in the premises after a procedure was performed at the premises,

(b) an unscheduled treatment of a patient by a member occurring within five days after a procedure was performed at the premises, or

(c) any adverse drug reaction occurring in a patient after a procedure was performed at the premises. ("situation de type 2") O. Reg. 415/16, s. 1.

(2) Anything that may be done by the College under this Part may be done by the Council or by a committee established under clause 94 (1) (i) of the Health Professions Procedural Code. O. Reg. 415/16, s. 1.

Standard of practice re procedures

24. It is a standard of practice of the profession that a member who practises the profession in a premises where procedures are performed shall comply with the requirements of this Part with regard to the reporting of Type 1 and Type 2 occurrences. O. Reg. 415/16, s. 1.

Reporting of occurrences

25. Every member shall report to the College, in the form and manner required by the College,

(a) every Type 1 occurrence that follows the performance of a procedure in the premises by the member or another member, with the report being provided to the College no later than 24 hours after the member learns of the occurrence; and

(b) the total number of Type 2 occurrences following the performance of procedures, with the report provided to the College by the designated member on an annual basis, together with, for every Type 2 occurrence that involved an infection, the type of infection. O. Reg. 415/16, s. 1.

Inspection

26. (1) All premises where a procedure is or may be performed by a member in connection with his or her practice are subject to inspection by the College in accordance with this Part. O. Reg. 415/16, s. 1.

(2) In carrying out an inspection of a premises under subsection (1), the College may also require any or all of the following:

1. Inspection, examination or tests regarding any equipment, instrument, materials or any other thing that may be used in the performance of a procedure.
2. Examination and copying of books, accounts, reports, records or similar documents that are, in the opinion of the College, relevant to the performance of a procedure in the practice of the member.
3. Inquiries or questions to be answered by the member that are relevant to the performance of a procedure.
4. Information that establishes whether a member who performs or may perform a procedure in a premises has met the standard of practice set out in section 24.
5. Direct observation of a member in his or her practice, including direct observation by an inspector of the member performing a procedure and performing a procedure on a patient. O. Reg. 415/16, s. 1.

Power of inspector

27. An inspector may, on the production of information identifying him or her as an inspector, enter and have access to any premises where a procedure is or may be performed by a member at reasonable times and may inspect the premises and do any of the things mentioned in subsection 26 (2) on behalf of the College. O. Reg. 415/16, s. 1.

Duty of member

28. (1) It is the duty of every member whose premises are subject to an inspection to,

(a) submit to an inspection of the premises where he or she performs or may perform a procedure in accordance with this Part;

(b) submit to being directly observed performing a procedure in his or her practice;

(c) promptly answer a question or comply with a requirement of the inspector that is relevant to an inspection under this Part;

(d) co-operate fully with the inspector who is conducting an inspection of a premises in accordance with this Part;

(e) provide the inspector with a copy of any report that was given to the College in accordance with clause 25 (a); and,

(f) co-operate fully with the College in accordance with this Part. O. Reg. 415/16, s. 1.

(2) A member shall not perform a procedure at a premises subject to an inspection under this Part where an inspector has been denied entry or access. O. Reg. 415/16, s. 1.

Direct observation

29. Where, as part of the inspection, an inspector directly observes the member performing a procedure on a patient, before the observation occurs, the inspector shall,

(a) identify himself or herself to the patient as an inspector appointed by the College;

(b) explain the purpose of the direct observation to the patient;

(c) inform the patient that information obtained from the direct observation, including personally identifiable information about the patient, may be used in proceedings under this Part or any other proceeding under the Act;

(d) answer any questions that the patient asks; and

(e) obtain the patient's written consent to the direct observation of the patient by the inspector. O. Reg. 415/16, s. 1.

Designated member

30. Where two or more members perform or may perform a procedure in a premises, the members shall,

(a) designate a member as the designated member for the premises, and immediately notify the College of the designated member's identity;

(b) immediately notify the College, on every occasion when a different member is designated as designated member for the premises, of the identity of the new designated member. O. Reg. 415/16, s. 1.

Requirements before using premises

31. (1) No member shall commence using any premises for the purpose of performing a procedure unless the member has previously given notice in writing to the College in accordance with subsection (5) of the member's intention to do so and the premises pass an inspection or pass an inspection with conditions. O. Reg. 415/16, s. 1.

(2) The College shall ensure that an inspection of the premises of a member referred to in subsection (1) is performed within 180 days from the day the College receives the member's notice. O. Reg. 415/16, s. 1.

(3) A member whose practice includes the performance of a procedure in any premises on the day this section comes into force shall give notice in writing to the College in accordance with subsection (5) within 60 days from the day this section comes into force, and the member may continue to use the premises for the performance of procedures until such time as the College has inspected the premises and delivered a report in accordance with section 33. O. Reg. 415/16, s. 1.

(4) The College shall ensure that an inspection of the premises of a member referred to in subsection (3) is performed within 24 months from the day this section comes into force. O. Reg. 415/16, s. 1.

(5) The notice submitted by the member required in subsections (1) and (3) shall include the following information, submitted in the form and manner required by the College:

1. The full name of the member giving the notice and the full name of the owner or occupier of the premises, if he or she is not the member who is required to give notice under this section.
2. The full name of any other member who is practising or may practise in the premises with the member giving the notice.
3. The name of any health profession corporation that is practising at the premises.
4. The full name of any other regulated health professional who is practising or may practise in the premises with a member at the premises, along with the name of the College where the regulated health professional is a member.
5. The full address of the premises.
6. The date when any member first performed a procedure in the premises or the proposed date when any member or another member intends to perform a procedure at the premises.
7. A description of any procedure that is or may be performed by a member or other members at the premises and of any procedure that may be delegated by the member or other members at the premises.
8. A description of any equipment or materials to be used in the performance of a procedure.
9. Any other information the College requires that is relevant to an inspection conducted at the premises in accordance with this Part. O. Reg. 415/16, s. 1.

Timing of inspections

32. All premises where a member performs or may perform a procedure are subject to an inspection by the College once every five years after its initial inspection or more often if, in the opinion of the College, it is necessary or advisable to do so. O. Reg. 415/16, s. 1.

Results of inspection

33. (1) After an inspection of a premises, the College shall determine, in accordance with the accepted standards of practice, whether the premises passes, passes with conditions, or fails the inspection. O. Reg. 415/16, s. 1.

(2) In determining whether a premises passes, passes with conditions or fails an inspection, the College may consider,

(a) the inspection results provided to the College by the inspector;

(b) information provided by one or more members who perform or may perform a procedure in the premises respecting the inspection, including the answers given by them in response to inquiries or questions asked by the inspector;

(c) the information contained in a notice given by a member under subsection 31 (1) or (3);

(d) any submissions made by a member or members practising in the premises that are relevant to the inspection; and

(e) any other information that is directly relevant to the inspection of the premises conducted under this Part. O. Reg. 415/16, s. 1.

(3) The College shall deliver a report, in writing and in accordance with section 39 of the *Regulated Health Professions Act, 1991*, to the designated member for the premises, within a reasonable time after the inspection is completed. O. Reg. 415/16, s. 1.

(4) Any report made by the College respecting an inspection of a premises where a procedure is or may be performed shall make a finding that the premises passed, passed with conditions, or failed the inspection and shall provide reasons where the premises passed with conditions or failed the inspection. O. Reg. 415/16, s. 1.

(5) Any report made by the College that makes a finding that the premises failed an inspection or passed with conditions is effective on the day when the report is received in accordance with section 39 of the *Regulated Health Professions Act, 1991*, by the designated member for the premises. O. Reg. 415/16, s. 1.

(6) The designated member who receives a report made by the College that finds that a premises failed an inspection or passed with conditions shall promptly provide copies of the report to all members who perform or may perform a procedure in the premises. O. Reg. 415/16, s. 1.

(7) A member shall not perform a procedure in a premises that fails an inspection until,

(a) the College delivers a report, in accordance with section 39 of the *Regulated Health Professions Act, 1991*, indicating that the premises passed a subsequent inspection, or passed with conditions; or

(b) the College substitutes a finding that the premises passed or passed with conditions, after considering the written submissions, if any, under subsection (9). O. Reg. 415/16, s. 1.

(8) A member shall not perform a procedure in a premises that passed an inspection with conditions except in accordance with the conditions set out in the report until,

(a) the College delivers a report, in accordance with section 39 of the *Regulated Health Professions Act, 1991*, indicating that the premises passed a subsequent inspection; or

(b) the College substitutes a finding that the premises passed the inspection, after considering the written submissions, if any, under subsection (9). O. Reg. 415/16, s. 1.

(9) A member may make submissions in writing to the College within 14 days from the day the designated member receives the report under subsection (5). O. Reg. 415/16, s. 1.

(10) The College may or may not elect to re-inspect the premises after receiving a member's written submissions, but no more than 60 days after a member provides his or her written submissions, the College shall do one or more of the following:

1. Confirm its finding that the premises failed the inspection or passed with conditions.

2. Make a report and find that the premises passed with conditions.

3. Make a report and find that the premises passed the inspection. O. Reg. 415/16, s. 1.

(11) Premises that fail an inspection or pass with conditions may be subject to one or more further inspections within a reasonable time after the College delivers its report, at the request of a member or any other person to whom the College gave the report, or at any time at the discretion of the College. O. Reg. 415/16, s. 1.

(12) Where, as a result of an inspection carried out under this Part, a report made by the College finds that a member's knowledge, skill or judgment is unsatisfactory, the College may direct the Registrar to refer the report to the Quality Assurance Committee. O. Reg. 415/16, s. 1.

(13) Where, as a result of an inspection carried out under this Part, a report made by the College finds that a member may have committed an act of professional misconduct or may be incompetent or incapacitated, the College may direct the Registrar to refer the report to the Inquiries, Complaints and Reports Committee. O. Reg. 415/16, s. 1.

TABLE 1
PRESCRIBED SUBSTANCES THAT MAY BE ADMINISTERED BY INHALATION

Substance	Limitations
Acetylcysteine	No limitation specified.
Glutathione	No limitation specified.
Ipratropium Bromide	Administered to a patient by the member in his or her office only in emergency circumstances. In an emergency, administer a maximum daily dose of 0.5 mg but only after the member has administered Salbutamol to the patient.
Salbutamol	Administered to a patient by the member in his or her office only in emergency circumstances. In an emergency, administer a maximum of two doses, each dose 2.5 mg.
Saline	No limitation specified.
Therapeutic Oxygen	No limitation specified.

TABLE 2
PRESCRIBED SUBSTANCES THAT MAY BE ADMINISTERED BY INJECTION

Substance	Route of Administration	Limitation
Acetylcysteine	Intravenous	Must be in combination with other amino acids.
Adenosine triphosphate	Intravenous	No limitation specified.
Alanine	Intravenous	Must be in combination with other amino acids.
Arginine	Intravenous	Must be in combination with other amino acids.
Aspartic Acid	Intravenous	Must be in combination with other amino acids.
Atropine	Intravenous	Administered to a patient by the member in his or her office only in emergency circumstances. In an emergency, administer 0.5-1 mg q3-5 min. Dose must be 0.5 mg or higher but must not exceed 2 mg.
Biotin	Intravenous	No limitation specified.

Calcium Chloride	Intravenous	No limitation specified.
Calcium Gluconate	Intravenous	No limitation specified.
Calcium Glycerophosphate	Intravenous	No limitation specified.
Carbohydrates in sodium chloride solution	Intravenous	No limitation specified.
Chromium	Intravenous	No limitation specified.
Copper Sulfate	Intravenous	No limitation specified.
Cupric Chloride	Intravenous	No limitation specified.
Dextrose Injection	Intravenous	No limitation specified.
Diphenhydramine Hydrochloride	Intravenous, Intramuscular	Administered to a patient by the member in his or her office only in emergency circumstances with a maximum dose of 100 mg.
Epinephrine Hydrochloride	Intramuscular	Administered to a patient by the member in his or her office only in emergency circumstances with a maximum dose of 1.5 mg.
Ferrous Sulphate	Intramuscular	Must be administered by z-track only.
Folic Acid	Intravenous, Intramuscular	No limitation specified.
Glutamine	Intravenous	Must be in combination with other amino acids.
Glutamic Acid	Intravenous	Must be in combination with other amino acids.
Glycine	Intravenous	Must be in combination with other amino acids.
Glutathione	Intravenous, Intramuscular	No limitation specified.
Histidine	Intravenous	Must be in combination with other amino acids.
Hydrochloric Acid	Intravenous	In ratio of 1:1000 or 1:500.
Isoleucine	Intravenous	Must be in combination with other amino acids.
L-Tryptophan	Intravenous	No limitation specified.
Lactated Ringer’s Solution	Intravenous	No limitation specified.
Leucine	Intravenous	Must be in combination with other amino acids.
Levocarnitine and its salts	Intravenous	No limitation specified.
Lysine	Intravenous	Must be in combination with other amino acids.
Magnesium Sulfate	Intravenous, Intramuscular	Must never be administered by the member for the treatment of eclampsia or pre-eclampsia.
Magnesium Chloride	Intravenous, Intramuscular	Must never be administered by the member for the treatment of eclampsia or pre-eclampsia.
Manganese	Intravenous	No limitation specified.

Methionine	Intravenous	Must be in combination with other amino acids.
Molybdenum	Intravenous	No limitation specified.
Ornithine	Intravenous	Must be in combination with other amino acids.
Phenylalanine	Intravenous	Must be in combination with other amino acids.
Potassium Chloride	Intravenous	In dosage form not more than 0.3 mEq/kg/hr. Must never be administered as a single agent or by intravenous push.
Potassium Phosphate	Intravenous	In dosage form not more than 0.3 mEq/kg/hr. Must never be administered as a single agent or by intravenous push.
Proline	Intravenous	Must be in combination with other amino acids.
Ringer's Solution (sodium, chloride, potassium and calcium)	Intravenous	No limitation specified.
Saline Solution	Intravenous, Intramuscular	No limitation specified.
Selenium	Intravenous	No limitation specified.
Serine	Intravenous	Must be in combination with other amino acids.
Sodium Bicarbonate	Intravenous	No limitation specified.
Sodium Iodide	Intravenous	Must be in combination with other minerals.
Sterile Water	Intravenous, Intramuscular	Must be in combination with other substances.
Strontium and its salts	Intravenous	No limitation specified.
Taurine	Intravenous	No limitation specified.
Threonine	Intravenous	Must be in combination with other amino acids.
Vanadium	Intravenous	Must be in combination with other minerals.
Viscum Album	Intravenous, Subcutaneous	No limitation specified.
Vitamin A	Intravenous	Maximum daily dose of 10,000 International Units.
Vitamin B1	Intravenous	No limitation specified.
Vitamin B2	Intravenous	No limitation specified.
Vitamin B3	Intravenous	No limitation specified.
Vitamin B5	Intravenous	No limitation specified.
Vitamin B6	Intravenous	No limitation specified.
Vitamin B12	Intravenous, Intramuscular	No limitation specified.
Vitamin C	Intravenous	Must administer no more than 15 g per day when patient's G6PD is deficient.

Vitamin D	Intravenous, Intramuscular	No limitation specified.
Vitamin E	Intravenous	No limitation specified.
Vitamin K1	Intramuscular	No limitation specified.
Zinc Chloride	Intravenous	No limitation specified.
Zinc Sulphate	Intravenous	No limitation specified.

TABLE 3
DRUGS THAT MAY BE PRESCRIBED

Drug	Limitations, routes of administration, dosages
Adenosine triphosphate	Only if prescribed for intravenous injection to be administered by the member in his or her office to the patient.
Calcium Chloride	Only if prescribed in injectable form for intravenous injection to be administered by the member to the patient.
Calcium Gluconate	Only if prescribed in injectable form for intravenous injection to be administered by the member to the patient.
Colchicine	Must not be prescribed unless the drug is botanical colchicine, compounded from the corm of colchicum autumnale.
Dextrose Injection	May only be prescribed when in concentrated solutions for intravenous injection to be administered by the member to the patient.
Digitalis Purpurea and its glycosides	Only if prescribed in conjunction with monitoring of patient's serum levels by member.
Estrogen (bioidentical)	Only if prescribed in topical or suppository form.
Folic Acid	Only if prescribed in oral dosage containing more than 1.0 mg of folic acid per dosage or, where the largest recommended daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1.0 mg of folic acid.
L-Tryptophan	Only if prescribed for patient's use in oral dosage form at a concentration of more than 220 mg per dosage unit or per daily dose. Recommended daily dose must not exceed 12g and must be provided. May be prescribed as a single ingredient intended for intravenous injection.
Levocarnitine and its Salts	Only if prescribed for the treatment of primary or secondary levocarnitine deficiency.
Nitroglycerin	Administered to a patient by the member in his or her office only in emergency circumstances and only for angina pectoris. Dosage: 1 to 2 metered doses (0.4 or 0.8 mg nitroglycerin) administered on or under the tongue, without inhaling. The mouth must be closed immediately after each dose (up to 3 doses in total, at least 5 minutes apart). A sublingual tablet may be used (0.3 or 0.6 mg for initial dose). Maximum dose of 1.8 mg.
Pancreatin	Only if prescribed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pancrelipase	Only if prescribed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pilocarpine and its salts	Must not be prescribed unless, 1. the drug is botanical pilocarpus, compounded from the leaves of pilocarpus microphyllus, 2. the member monitors his or her patient's drug levels during treatment with the drug and, 3. the drug is never prescribed to treat a patient with glaucoma.

Podophyllotoxin	Must not be prescribed unless, 1. the drug is botanical podophyllotoxin compounded from podophyllum peltatum and, 2. the drug is never prescribed to treat a patient with rheumatoid arthritis.
Progesterone (bioidentical form)	Only if prescribed in a topical or suppository form.
Rauwolfia	No limitation, etc., specified.
Thyroid	No limitation, etc., specified.
Vitamin A	Only if prescribed in oral dosage form containing more than 10,000 International Units of Vitamin A per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 10,000 International Units of Vitamin A.
Vitamin D	Only if prescribed in oral dosage containing more than 1,000 International Units of Vitamin D per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1,000 International Units of Vitamin D.
Vitamin K1	Only if prescribed in oral dosage when the maximum daily dose is more than 0.120 mg.
Vitamin K2	Only if prescribed in oral dosage when the maximum daily dose is more than 0.120 mg.
Yohimbine and its salts	Must not be prescribed unless the drug is botanical yohimbine, compounded from the bark of pausinystalia yohimbine.

TABLE 4
DRUGS THAT MAY BE DISPENSED

Drug	Limitations, routes of administration, dosages
Colchicine	Must not be dispensed unless the drug is botanical colchicine, compounded from the corm of the colchicum autumanle.
Digitalis Purpurea and its glycosides	Only if dispensed in conjunction with monitoring of patient's serum level by the member.
Estrogen (bioidentical)	Only if dispensed in topical or suppository form.
Folic Acid	Only if dispensed in oral dosage containing more than 1.0 mg of folic acid per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1.0 mg of folic acid.
L-Tryptophan	Only if dispensed for patient's use in oral dosage form at a concentration of more than 220 mg per dosage unit or per daily dose. Recommended daily dose must not exceed 12g and must be provided in 3 to 4 equally divided doses.
Levocarnitine and its salts	Only if dispensed for the treatment of primary or secondary levocarnitine deficiency.
Pancreatin	Only if dispensed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pancrelipase	Only if dispensed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pilocarpine and its salts	Must not be dispensed unless, 1. the dispensed drug botanical pilocarpus compounded from the leaves of pilocarpus microphyllus, 2. the member monitors his or her patient's drug levels during treatment with the drug and, 3. the drug is never dispensed to treat a patient with glaucoma.

Podophyllotoxin	Must not be dispensed unless, 1. the dispensed drug is botanical podophyllotoxin compounded from podophyllum peltatum and, 2. the drug is never dispensed to treat a patient with rheumatoid arthritis.
Progesterone (bioidentical form)	Only if dispensed in a topical or suppository form.
Rauwolfia	No limitation, etc., specified.
Thyroid	No limitation, etc., specified.
Vitamin A	Only if dispensed in oral dosage containing more than 10,000 International Units of Vitamin A per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 10,000 International Units of Vitamin A.
Vitamin D	Only if dispensed in oral dosage containing more than 1,000 International Units of Vitamin D per dosage or, where the largest recommended daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1,000 International Units of Vitamin D.
Vitamin K1	Only if dispensed in oral dosage when the maximum daily dose is more than 0.120 mg.
Vitamin K2	Only if dispensed in oral dosage when the maximum daily dose is more than 0.120 mg.
Yohimbine and its salts	Must not be dispensed unless the dispensed drug is botanical yohimbine compounded from the bark of pausinystalia yohimbine.

TABLE 5
DRUGS THAT MAY BE COMPOUNDED

Drug	Limitations, routes of administration, dosages.
Adenosine triphosphate	Only if compounded for intravenous injection.
Colchicine	Must not be compounded unless the drug is botanical colchicine compounded from the corm of colchicum autumnale.
Dextrose Injection	Only if compounded when in concentrated solution for intravenous injection.
Digitalis Purpurea and its glycosides	Only if compounded in conjunction with monitoring of the patient’s serum levels by the member.
Estrogen (bioidentical)	Only if compounded in topical or suppository form.
Folic Acid	Only if compounded in oral dosage containing more than 1.0 mg of folic acid per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1.0 mg of folic acid.
L-Tryptophan	Only if compounded for patient’s use in oral dosage form at a concentration of more than 220 mg per dosage unit or per daily dose. Recommended daily dose must not exceed 12g and must be provided in 3 to 4 equally divided doses. May also be compounded as a single ingredient intended for intravenous injection.
Levocarnitine and its Salts	Only if compounded for the treatment of primary or secondary levocarnitine deficiency.
Pancreatin	Only if compounded in a dosage that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pancrelipase	Only if compounded in a dosage that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.

Pilocarpine and its salts	Must not be compounded unless, 1. the drug is botanical pilocarpine, compounded from the leaves of pilocarpus microphyllus, 2. the member monitors his or her patient's serum levels during treatment with the drug and, 3. the drug is never compounded to treat a patient with glaucoma.
Podophyllotoxin	Must not be compounded unless, 1. the drug is botanical podophyllotoxin, compounded from podophyllum peltatum and, 2. the drug is never compounded to treat a patient with rheumatoid arthritis.
Progesterone (bioidentical)	Only if compounded in topical or suppository form.
Rauwolfia	No limitation, etc., specified.
Thyroid	No limitation, etc., specified.
Vitamin A	Only if compounded in oral dosage containing more than 10,000 International Units of Vitamin A per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 10,000 International Units of Vitamin A.
Vitamin D	Only if compounded in oral dosage containing more than 1,000 International Units of Vitamin D per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1,000 International Units of Vitamin D.
Vitamin K1	Only if compounded in oral dosage where the maximum daily dose is more than 0.120 mg.
Vitamin K2	Only if compounded in oral dosage where the maximum daily dose is more than 0.120 mg.
Yohimbine and its salts	Must not be compounded unless the drug is botanical yohimbine, compounded from the bark of pausinystalia yohimbine.

TABLE 6
DRUGS THAT MAY BE SOLD

Drug	Limitations, routes of administration, dosages.
Colchicine	Must not be sold unless the drug is botanical colchicine, compounded from the corm of colchicum autumnale.
Digitalis Purpurea and its glycosides	Only if sold in conjunction with monitoring of the patient's serum levels by the member.
Estrogen (bioidentical)	Only if sold in topical or suppository form.
Folic Acid	Only if sold in oral dosage containing more than 1.0 mg of folic acid per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1.0 mg of folic acid.
L-Tryptophan	Only if sold for patient's use in oral dosage form at a concentration of more than 220 mg per dosage unit or per daily dose. Recommended daily dose must not exceed 12g and must be provided in three to four equally divided doses.
Levocarnitine and its Salts	Only if sold for the treatment of primary or secondary levocarnitine deficiency.
Pancreatin	Only if sold in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pancrelipase	Only if sold in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.

Pilocarpine and its salts	Must not be sold unless, 1. the drug is botanical pilocarpine, compounded from the leaves of pilocarpus microphyllus, 2. the member monitors his or her patient's serum levels during treatment with the drug and, 3. the drug is never sold to treat a patient with glaucoma.
Podophyllotoxin	Must not be sold unless, 1. the drug is botanical podophyllotoxin, compounded from podophyllum peltatum and, 2. the drug is never sold to treat a patient with rheumatoid arthritis.
Progesterone (bioidentical form)	Only if sold in topical or suppository form.
Rauwolfia	No limitation, etc., specified.
Thyroid	No limitation, etc., specified.
Vitamin A	Only if sold in oral dosage containing more than 10,000 International Units of Vitamin A per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 10,000 International Units of Vitamin A.
Vitamin D	Only if sold in oral dosage containing more than 1,000 International Units of Vitamin D per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1,000 International Units of Vitamin D.
Vitamin K1	Only if sold in oral dosage where the maximum daily dose is more than 0.120 mg.
Vitamin K2	Only if sold in oral dosage where the maximum daily dose is more than 0.120 mg.
Yohimbine and its salts	Must not be sold unless the drug is botanical yohimbine compounded from the bark of pausinystalia yohimbine.

Français

TAB C

COPY
Sent by Canada Post on letterhead

December 4, 2015

Dr. Karim Dhanani, ND
1281 Stouffville Road
Richmond Hill, ON
L4E 3S5

Dear Karim,

RE: Intravenous Infusion Therapy (IVIT)

I am writing to you regarding the *Standard of Practice for Intravenous Infusion Therapy (IVIT)* and the *Standard of Practice for Prescribing.*[1]

According to the records of the College of Naturopaths of Ontario, you were certified by the Board of Directors of Drugless Therapy – Naturopathy to provide IVIT. Upon proclamation of the *Naturopathy Act, 2007* on July 1, 2015, you were permitted to continue to provide IVIT, with the limitations set out in our letter of July 23, 2015, until January 1, 2016. This was despite the fact that you had not met the *Standard of Practice for Prescribing*.

On January 1, 2016, the six-month grand parenting provision will expire. At that time, all naturopathic doctors who wish to perform IVIT as a part of the practice must have met the *Standard of Practice for Prescribing* which our records indicate that you have not yet met.

As a result, please be advised that effective January 1, 2016, your certification in IVIT is deemed to have lapsed. As such, on that date, you are no longer authorized to administer a prescribed substance by injection, including performing IVIT. In order to resume providing IVIT to your patients in the future, you must meet the both the *Standard of Practice for IVIT* and the *Standard of Practice for Prescribing,* both of which include successfully completing a College approved course and examination on IVIT.

In addition, you are not authorized to perform any of the following procedures:

- Administering a prescribed substance by inhalation;
- Prescribing a drug authorized in the General Regulation;
- Compounding a drug authorized in the General Regulation;
- Dispensing a drug authorized in the General Regulation; and
- Selling a drug authorized in the General Regulation.

---

[1] As outlined in the General Regulation made under the *Naturopathy Act, 2007*.

Please be further advised that the Professional Misconduct Regulation (Ontario Regulation 17/14) identifies the following as acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.

10. Performing a controlled act not that them member is not authorized to perform.

36. Contravening, by act or omission, a provision of the Act, the *Regulated Health Professions Act, 1991* or the regulations made under either of those Acts.

46. Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

47. Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession.

We trust that this information is helpful.

Sincerely yours,

Andrew Parr, CAE
Registrar and CEO

TAB D

The College of Naturopaths of Ontario

April 1, 2020

Sent via email to: dr.d@biologicalmedicine.com

Karim Dhanani
148 William F. Bell Parkway
Richmondhill, ON, L4S 0L7

Dear Karim,

Notice of Suspension– Failure to be insured

On **March 23, 2020** you were advised that your professional liability insurance on file was due to expire on **April 1, 2020.** Further, you were advised that if you did not obtain professional liability insurance by **April 1, 2020** your certificate of registration would be suspended.

Section 4(5) of the Registration Regulation states that it is a term, condition and limitation on every member's certificate of registration to maintain professional liability insurance in the amount and form as set out in the by-laws.

As of the date of this letter, I have received no indication that you have obtained professional liability insurance which meets the by-law requirements.

Your certificate of registration is now suspended in accordance with section 14(1) of the Registration Regulation under the *Naturopathy Act, 2007*, which states:

> "The Registrar may immediately suspend a member's certificate of registration if the Registrar becomes aware that the member is not in compliance with the condition set out in paragraph 5 of section 4. O. Reg. 84/14, s. 14 (1)."

As of the date of this letter you are no longer authorized to practise naturopathy, see or treat patients, or use the title "Naturopath", "Naturopathic Doctor", or "ND" or any abbreviation or variation in the province of Ontario.

Members suspended for failure to be insured must meet the requirements as set out in section 14(2) of the Registration Regulation under the *Naturopathy Act, 2007,* as follows:

> "If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that the former member,
>
> (a) has professional liability insurance coverage in the amount and in the form required under the by-laws;
> (b) has paid any fees required under the by-laws for lifting the suspension;
> (c) has paid any other outstanding fees, penalties or other amounts owing to the College;
> (d) will be in compliance, as of the anticipated date on which the suspension is to be lifted, with,
>
> (i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee,
> (ii) any outstanding orders issued by a panel of the Discipline Committee or Fitness to Practise Committee,
> (iii) any outstanding orders of Council or the Executive Committee,

(iv) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and

(v) any terms, conditions or limitations that were placed on the member's certificate of registration as a result of a direction of the Quality Assurance Committee; and

(e) has provided proof of professional liability insurance coverage in the amount and in the form required under the by-laws. O. Reg. 84/14, s. 14 (2)."

To reinstate your certificate of registration with the College you must provide the following:

1. Evidence of current professional liability insurance: The College must be provided with a copy of your certificate of insurance, issued to you by your insurance broker, as well as proof of payment of any required premiums. You must also log into the website and update their insurance information to reflect any and all changes to the insurance information currently listed.

2. Payment of the $247.00 + HST ($279.11) reinstatement fee, issued in accordance with Schedule 3 of the College by-laws: Payment can be made by logging into the College website, clicking on the cart in the top right-hand corner and following the prompts to pay by credit card, or by providing a cheque or money order made payable to the College of Naturopaths of Ontario.

Registration will be reinstated once the College has received and processed all required fees and information.

Please note that should you fail to reinstate within two years of the date of your suspension, your certificate of registration will be revoked on the day that is two years after the day it was suspended, in accordance with Section 16 of the Ontario Regulation 84/14, the Registration Regulation under the *Naturopathy Act, 2007* (excerpt enclosed).

In addition to the above, please also be advised that the College's Record Keeping Standard of Practice requires that you maintain past patient files and ensure patients have access to their files as needed.

Please use the attached to provide the College with the location of your patient records. If your patient files are stored in more than one location, please enter the details for each separately. We ask that this information be submitted to the College no more than thirty days from the date of this letter.

Sincerely yours,
College of Naturopaths of Ontario

Andrew Parr, CAE
Registrar & CEO

Encl: Section 19 of the College by-laws (excerpt)
Section 3 and 4 of the *Naturopathy Act, 2007* (excerpt)
Section 14 of the Registration Regulation (excerpt)
Section 16 of the Registration Regulation (excerpt)
Section 8 of the Record Keeping Standard of Practice (excerpt)
By-laws related to professional Liability Insurance

(EXCERPT)

19. PROFESSIONAL LIABILITY INSURANCE

19.01 Mandatory Insurance Coverage

Subject to article 19.03, all Members shall carry professional liability insurance that has the following characteristics:

(i) on a claims-made form that provides coverage to the full scope of practice of the profession, including the authorized acts, as outlined in sections 3 and 4 of the Act;
(ii) a minimum coverage amount of $2 million per claim;
(iii) a minimum coverage amount of $2 million aggregate level;
(iv) a deductible of no more than $1,000 per occurrence; and
(v) either from a provider who is licensed as an insurer with the Financial Services Commissioner of Ontario or in the form of a membership in a protective association acceptable to the Registrar that provides equivalent protection.

19.02 Additional Coverage for IV Infusion Therapy

In addition to the mandatory insurance coverage outlined in article 19.01, Members who meet the standard of practice for and who wish to incorporate Intravenous Infusion Therapy into their practice shall carry an additional amount of insurance as follows:

(i) additional coverage in the amount of $3 million per claim; and
(ii) additional coverage in the amount of $3 million aggregate level.

19.03 Enduring (Tail) Insurance

All Members who have practised in Ontario within the past five (5) years and immediately prior to ceasing to practice the profession, shall have enduring (tail) insurance to provide coverage for a least five (5) years after the they have ceased practising the profession.

Naturopathy Act, 2007

S.O. 2007, CHAPTER 10
Schedule P

(EXCERPT)

Consolidation Period: From July 1, 2015 to the e-Laws currency date.

Last amendment: 2009, c. 26, s. 17.

Scope of practice

3. 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. 2007, c. 10, Sched. P, s. 3.

Authorized acts

4. (1) In the course of engaging in the practice of naturopathy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. Putting an instrument, hand or finger beyond the labia majora but not beyond the cervix.
2. Putting an instrument, hand or finger beyond the anal verge but not beyond the rectal-sigmoidal junction.
3. Administering, by injection or inhalation, a prescribed substance.
4. Performing prescribed procedures involving moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Communicating a naturopathic 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.
6. Taking blood samples from veins or by skin pricking for the purpose of prescribed naturopathic examinations on the samples.
7. Prescribing, dispensing, compounding or selling a drug designated in the regulations. 2007, c. 10, Sched. P, s. 4 (1);.2009, c. 26, s. 17 (1).

Naturopathy Act, 2007

ONTARIO REGULATION 84/14
REGISTRATION
(EXCERPT)

Consolidation Period: From July 1, 2015 to the e-Laws currency date.

No amendments.

This is the English version of a bilingual regulation.

SUSPENSIONS, REVOCATIONS AND REINSTATEMENTS

Failure to be insured

14. (1) The Registrar may immediately suspend a member's certificate of registration if the Registrar becomes aware that the member is not in compliance with the condition set out in paragraph 5 of section 4. O. Reg. 84/14, s. 14 (1).

(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that the former member,

(a) has professional liability insurance coverage in the amount and in the form required under the by-laws;

(b) has paid any fees required under the by-laws for lifting the suspension;

(c) has paid any other outstanding fees, penalties or other amounts owing to the College;

(d) will be in compliance, as of the anticipated date on which the suspension is to be lifted, with,

(i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee,

(ii) any outstanding orders issued by a panel of the Discipline Committee or Fitness to Practise Committee,

(iii) any outstanding orders of Council or the Executive Committee,

(iv) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and

(v) any terms, conditions or limitations that were placed on the member's certificate of registration as a result of a direction of the Quality Assurance Committee; and

(e) has provided proof of professional liability insurance coverage in the amount and in the form required under the by-laws. O. Reg. 84/14, s. 14 (2).

Naturopathy Act, 2007

ONTARIO REGULATION 84/14 REGISTRATION (EXCERPT)

Consolidation Period: From July 1, 2015 to the e-Laws currency date. No amendments.

This is the English version of a bilingual regulation.

SUSPENSIONS, REVOCATIONS AND REINSTATEMENTS

Lifting of certain suspensions

16. If the Registrar suspends a member's certificate of registration under section 13 or 14 of this Regulation or under section 24 of the Health Professions Procedural Code and the suspension has not been lifted, the certificate is revoked on the day that is two years after the day it was suspended. O. Reg. 84/14, s. 16.

Standard of Practice:
Record Keeping
(Excerpt)

Introduction

The intent of this standard is to advise Members with respect to the expectations for record keeping in their practice. This standard applies to both written and electronic records as appropriate.

Definitions

Patient Record: Consists of the patient chart, appointment record and financial records.

8. Retention and Transfer of Patient Records

When retaining and transferring records, the Member takes reasonable measures to ensure confidentiality and security of information to prevent unauthorized access and maintain the record's integrity.

Performance Indicators

The Member:

- maintains the original chart unless it is requested by the College for a regulatory purpose or is required for legal purposes in which case a copy is retained by the Member;
- never provides any information concerning a patient to a person other than the patient or their authorized representative(s) without the express consent of the patient, an authorized representative, or as otherwise required by law;
- may charge a reasonable fee to reflect the actual cost of reproduction, the time required to prepare the material and the direct cost of sending the material to the authorized party. The Member shall not require prepayment of this fee. Non-payment of the fee is not a reason for the Member to withhold the information;
- retains and transfers records in a manner that ensures continued access by patients and the College.

The Member maintains and retains records for a period of at least 10 years after the date of the last entry. In the case of a minor, records are retained for at least 10 years following the patient's 18th birthday, regardless of the date of the last entry.

In the event of the death of a Member, the responsibility for the maintenance of the records lies with the estate, which is obliged to maintain those records as defined above. If the estate sells the practice to another Member, all records are transferred to the purchasing Member and are maintained as above.

TAB E

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capacity for health and well-being.

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Full Name	Phone	Email

CENTRE FOR BIOLOGICAL MEDICINE

Expertise You Can Count On

Our Chief Medical Director Dr. Dhanani, ND - regularly scours the globe to identify and integrate into our practice the best tools for your improved health. With us as your partner, you'll benefit from expertly trained staff, innovative technology, and proven treatment methodologies.

Your Guide to Supplements

Depending on your condition, we look for evidence of different types of toxins.

Your body has an amazing, natural ability to defend itself, and to flush toxins out of the system through sweat, saliva, urine, and stool. When these toxic substances are not released naturally, they cause disruptions.

We can identify a range of natural supplements that step in to assist.

As part of your treatment program, we may prescribe a number of highly effective, all-natural, alternative remedies to assist in your healing and long-term health management.

LEARN MORE

location

CENTRE FOR BIOLOGICAL MEDICINE

1281 Stouffville Rd.
Richmond Hill, ON L4E 3S5
Phone: 647-370-9912

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Vision

Our Promise

This journey is about you as an individual, and our entire team is committed to supporting you as it evolves.

When I first started my practice nearly two decades ago, it was my dream to help people heal by better understanding their bodies and themselves. It is my

expectations.

Of course, this journey is about you as an individual, and our entire team is committed to supporting you as it evolves. Working together, we can discover the hidden influences that debilitate your body and create a susceptibility to disease. We can then help to re-empower your body, restoring its natural capacity for health and wellbeing.

My staff and I are truly grateful for your role in supporting this centre to make a real difference in how people perceive and reap the benefits of holistic healthcare. Your journey will inspire so many others to take an active role in their own health. It is important to me that every single patient in our practice considers themselves a friend and partner. On behalf of myself and all of my staff, welcome.

Yours in health,

Dr. Karim Dhanani
BSc, BA, ND

We have moved to: 1281 Stouffville Road, Richmond Hill, L4E 3S5

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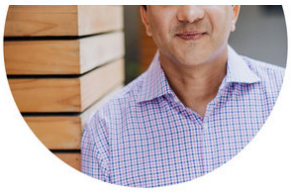
Team

Your Healthcare Team

"My guiding philosophy is based on treating all of my patients with humanity, recognizing them as complex individuals in constant physical, mental, and emotional engagement with themselves and the world around them,"



growing international reputation for treating chronic degenerative medical conditions. He founded the Centre for Biological Medicine in 2002 with a goal to combine science and compassion in medical practice.

Dr. Dhanani has travelled the globe to learn from the thinkers and institutions shaping the frontier of naturopathic medicine, integrating those insights into his own practice. His contributions to the field have earned him invitations to participate in research alongside other renowned professionals in biophysics and medicine around the world.

> “My guiding philosophy is based on treating all of my patients with humanity, recognizing them as complex individuals in constant physical, mental, and emotional engagement with themselves and the world around them,” says Dr. Dhanani. “With these principles deeply embedded in my practice, I apply the diligence, discipline and precision of a

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Trained at: Canadian College of Naturopathic Medicine

DR. CHELSEA SCHREINER

ND

With extensive clinical experience in environmental medicine, biological medicine, and bio-resonance therapies, Dr. Chelsea Schreiner applies a balanced approach to her work at the Centre for Biological Medicine that blends energetic and physical medicine. She draws on empathy and her unique understanding of the intricate patterns of the human body in her comprehensive approach to naturopathic medicine to promote truly holistic wellness in her patients.

> "I believe that, similar to nature's ecosystems, our inner ecosystems are made of highly complex interconnected elements. I use this natural wisdom and outside-of-box thinking as my guide to help my patients identify difficult-to-

to our bodies, we can achieve supportive healing at a deeper level."

Trained at: Canadian College of Naturopathic Medicine

DR. WINNIE SIU

ND

For four years, Dr. Winnie Siu has been working on the frontier of advanced treatments and assessments health issues related to toxins and toxicants — including asthma, allergies, chemical sensitivity, chronic fatigue, brain fog, fibromyalgia, anxiety, depression, hormonal imbalances, autoimmunity, and cancer. As one of her patients, you'll discover her deep passion for educating people on the ill effects of chemicals in our food, water, cosmetics, and household products.

Dr. Siu is not currently practicing with the Centre for Biological Medicine

Trained at: Canadian College of Naturopathic Medicine

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experience working and studying with renowned homeopathic doctors, Dr. Lamanna has gained a well-rounded holistic approach that she integrates into her practice. She has over seven years of clinical experience and is a very passionate individual who is motivated to become an integral component of each person's healing journey. Dr. Lamanna emphasizes the importance of addressing the root causes of "dis-ease" and utilizes safe and effective natural therapies, guided by the principles of biological medicine.

Trained at: Canadian College of Naturopathic Medicine

Contact Us

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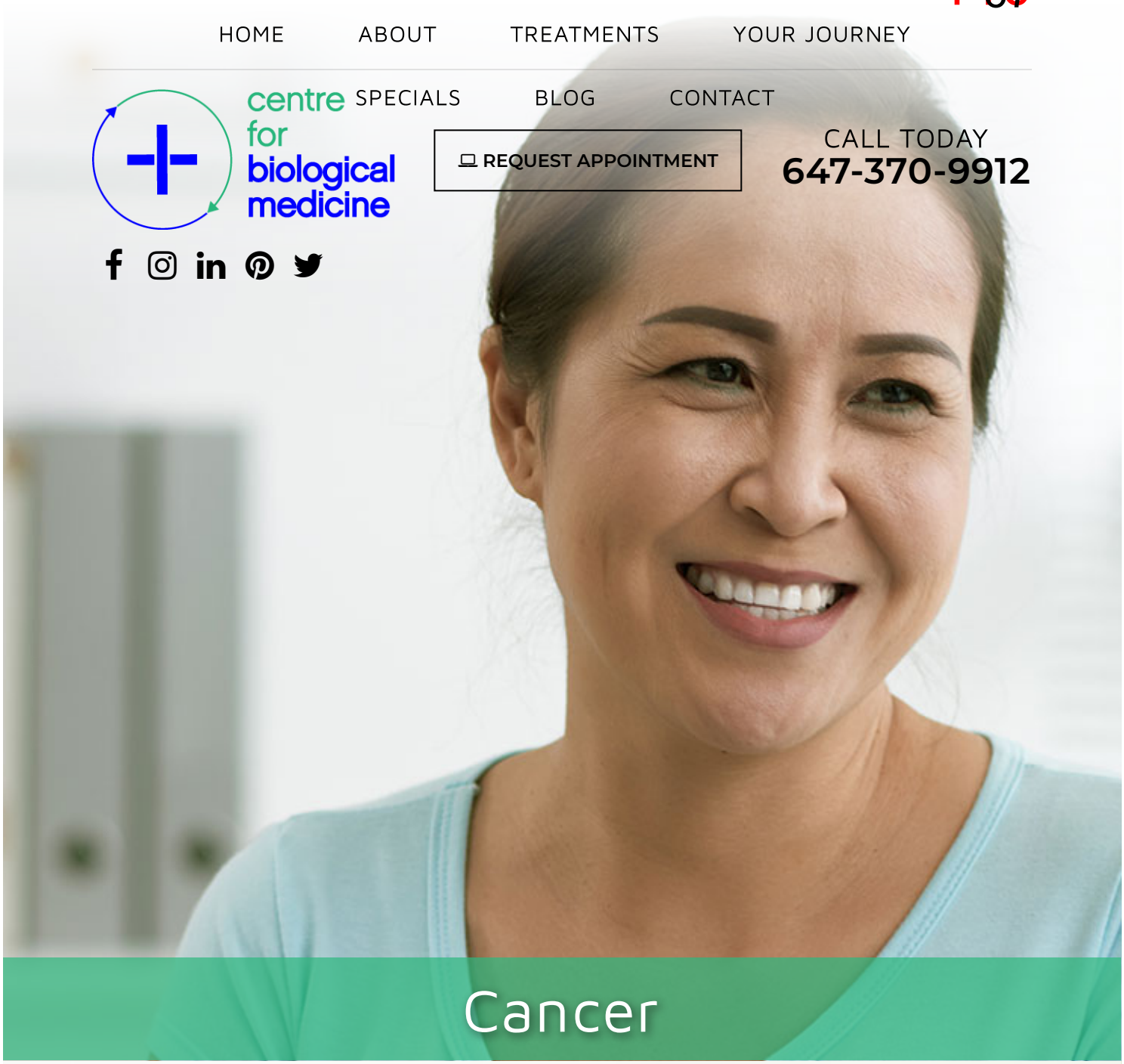

Cancer

Cancer is something that all of us are aware of. Many of us will be able to state that a friend or family member has been diagnosed with the disease. In some cases, there is treatment, and in other cases, it can be caught too late. Cancer can affect many aspects of our bodies, but knowing the early signs of the disease and seeking out treatment as soon as you can will be your best course of action. Many of us know the word cancer and what it is

about, but do you know how to spot the signs something isn't right and what you need to consider if you are diagnosed?

Dr. Karim Dhanani and the professionals at the Centre for Biological Medicine in Richmond Hill, ON want to help. If you suspect you have cancer, or if you know you have the disease and want to learn about the available treatment options, contact us today and schedule an initial consultation.

The Common Symptoms

As cancer can be something that can affect many parts of your body, it is important for you to look out for some of the warning signs. Oftentimes, the symptoms you experience could be similar to other issues and illnesses, but they are worth getting checked to make sure. Some of these symptoms and signs include:

- A lump – if you find a lump in an area where it shouldn't be, this could be a sign of a cancer tumour. It can, of course, be a swollen gland or anything else, but it is worth getting to know your body so you can spot when things aren't right.
- Headaches – if you are struggling with headaches that are intense, affect your eyesight, and cause other issues, then it could be worth having some tests done to check.
- Changes in your bodily functions – our bodies all function in a similar way, so if you notice any changes to your digestive system, the way you urinate or have bowel movements, or even changes to your immune system, hormones, or female/male health in general, then seek out some professional guidance.

The Associated Health Issues with a Diagnosis

Cancer is not only a physical thing that you have to deal with; there are also health issues that are often associated with anxiety, and often, the fright be... mental impact it will have on you and your health. Hearing the word cancer can often put the fear of life into you, which is understandable. It is important to understand the mental impact a cancer diagnosis can have, and to allow yourself time and treatment for that if needed.

The Benefits of Seeking Out Treatment

Cancer is an illness that is progressive and will continue to get worse unless treated, so if you do spot any signs or symptoms, they are worth getting checked so that a diagnosis can either be made or ruled out. Treatment will usually start very soon after a diagnosis, and the benefits of that can include better quality of life in the future, longer prospects of life, and potentially even curing the cancer so that you can end up in remission.

To get started, reach out to the team at the Centre for Biological Medicine in Richmond Hill, ON. Let us help you through this challenging time. Contact us today to schedule a consultation.

Contact Us

mast cells respond by releasing substances called mediators. These mediators cause inflammation, and this is designed to help heal your body from infection or injury. The same thing happens when you have an allergic reaction. The mast cells get to work to release these mediators to get rid of the thing that the body is allergic to.

How Mast Cell Activation Can Affect You

If you have mast cell activation, your cells will release meditators too frequently. This can cause issues in almost every system in your body. However, you will find the most commonly affected areas are your nervous system, skin, heart, and gastrointestinal tract. Symptoms can range from mild to life-threatening depending on the amount of mediators released. Just some of the symptoms you may experience include:

Sweating
Flushing
Running nose
Sneezing
Swollen tongue or lips
Trouble breathing
Low blood pressure
Nausea
Headache
Dizziness
Confusion
Extreme tiredness

Anaphylactic shock is possible in severe cases, and this is life-threatening as it causes a rapid drop in blood pressure

Treatment for Mast Cell Activation

There's no cure for MCAS, but there are ways to manage your symptoms. With proper diagnosis and treatment at the Centre for Biological Medicine, your symptoms may be controlled. You can also learn what factors trigger an episode in you, which can help you to avoid them and reduce the episodes that you must deal with on a daily basis.

Individual results can vary; however, getting treatment for MCAS could give you peace of mind and enable you to live a somewhat 'normal' life. Your symptoms may not disappear entirely, and you may not be able to stop every episode, but you should be able to greatly reduce the impact it has on you and your everyday life. The sooner you seek treatment for this condition, the sooner you will be able to start feeling better and even a little more back to normal.

Getting Started

Get in touch with Dr. Karim Dhanani and the team at the Centre for Biological Medicine in Richmond Hill, ON if you'd like information on mast cell activation syndrome and the available treatment options. We are proud to use cutting-edge technology in an environmentally safe and focused facility. Contact us today to schedule your consultation and get started!

Capabilities

These disorders can be caused by a variety of factors. Some may be due to imbalance in the womb, and others are due to a lack of proper nutrients and interaction during important stages of cognitive development. Substance abuse and physical injury may also be causes of a cognitive disorder.

Different disorders include:

- Dementia – a decline in a person's way of thinking, including memory loss, problems concentrating, and loss of thinking capabilities.
- Delirium – a change in thinking that develops over a short period of time and includes a loss of awareness of a person's surroundings, situation, and ability to think clearly.
- Amnesia – memory loss without a significant loss of other thinking abilities.

Potential Causes and Symptoms

Cognitive disorder signs vary according to the particular disorder, but some common signs and symptoms overlap in most disorders. Common symptoms include:

- Confusion over identity
- Impaired judgement
- Loss of short-term/long-term memory
- Confusion in general
- Poor coordination

Of course, there are many causes of the above disorders. Some to consider include:

- Brain tumors – they can grow and penetrate the areas of the body where they are found. Malignant tumors may grow and spread to other areas, even once they have been removed. A tumor may push up against the skull and cause issues with the area it is located in in the brain.
- Exposure to toxic substances – neurotoxins can affect the functioning of the brain, leading to dysfunction. The use of alcohol or drugs like cocaine or heroin can result in significant cognitive dysfunction or the development of a cognitive disorder.
- Lifestyle factors – not eating properly or exercising, alcoholism, etc. A simple B1 deficiency can cause issues with memory, and those issues can eventually become permanent if the diet is not overhauled and the deficiencies fixed.

The Benefits of Seeking Professional Treatment

Seeking professional treatment for a neurological disorder and declining cognitive capabilities can mean getting to the bottom of the cause, if it is not already known. It can be difficult to assess certain symptoms and conditions, as many of them overlap. Professional treatment typically means getting a faster diagnosis and perhaps being able to make some progress and recover. The sooner professional treatment is sought out, the more chance there is to make a permanent recovery. Even if there is no cure for the issue, professional treatment could help to get symptoms under control and allow the patient to live a higher quality of life overall.

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Treatments

Success Stories

Your Guide to Treatments & Assessments

All of our treatments and assessment tools at the Centre for Biological Medicine are personally and carefully selected by Dr. Dhanani and have long and respected records of success in hospitals and health institutions across the globe. Dr. Dhanani makes frequent research

treatments and assessments at your initial assessment, and some you may be introduced to at other stages of your personalized treatment program.

BECOME A PATIENT

> "Our focus is to explore and analyze your health at the cellular level — the cells themselves, the environment they're living in, and how they interact."
>
> **— Dr. Karim Dhanani**

Mora Nova Therapy

What It Is:

A german-engineered bio-resonance assessment and therapy machine used in the treatment of many health conditions. For example, it is germany's most recommended and proven treatment for allergies.

How it works:

Our machine:

1. Scans and assesses your body's electromagnetic waves against a catalogue of known healthy organ system frequencies.;
2. Uses bio-resonance technology to invert and neutralize your body's harmful frequencies and

acupuncture to restore the flow of qi (energy) throughout the body's meridians or energy highways.

Your benefits:

A balanced system: The frequencies the machine sends back to your body condition it to normalize healthy frequencies, restoring balance across your biological system.

Safety: German manufacturing standards are among the world's most stringent, with rigorous testing of all bio-resonance devices. The MORA NOVA is produced by one of Germany's longest standing original formulators of such devices.

Ionized Oxygen Therapy

What It Is:

A holistic therapy in which you inhale pure, medical grade oxygen that has been treated to produce either a negative or positive ionized charge on the oxygen. Generally, inhaling negative ions is known to create a relaxing effect while positive ions create a stimulating effect.

How it works:

1. Our Oxygen Ion 3000 device identifies your personal oxygen needs, testing for one of nine nervous system patterns to map your stress adaptation response. A clear understanding of this pattern allows us to

charge.

3. In some cases, your practitioner may add a homeopathic liquid remedy to your oxygen treatment to boost the healing process. The lungs have larger mucous membranes than those under your tongue, offering a more direct route into your system.

Your benefits:

- Immune system improvements
- Blood circulation improvements
- Stress reduction
- Energy and oxygen balance improvements
- Disease prevention

Weber Laser Therapy

What It Is:

Soft laser therapy is a highly researched and proven treatment in which a fibre optic laser focuses light to penetrate tissues for a precisely targeted treatment.

How it works:

Laser therapy can be applied either topically or intravenously, with light passing through an IV and sending regulatory signals to the cells directly within the body.

Your benefits:

- Pain reduction

Drinking Water Test

What It Is:

An analysis on a sample of your regular drinking water to determine any impacts it may be having on your health.

How it works:

1. Purity test: We use a device that sends a current through a water sample to measure how fast it travels. The faster the current travels (meaning there are less chemicals or heavy metals impeding it), the higher the purity.
2. pH test: Your body requires a very narrow pH range (between 7.35 and 7.43) to function optimally. The pH levels in drinking water should be slightly acidic (contrary to the alkaline water trend), allowing your body to maintain a balance within a healthy, slightly alkaline range.

Your benefits:

- An understanding of how your drinking water is affecting your health.

Bioelectronics Of Vincent (BEV) Test

What It Is:

A computerized analysis of your blood, urine, and saliva to determine the health your terrain and identify any imbalances.

1. pH: Levels of acidity and alkalinity
2. Resistivity: Levels of mineralization
3. Redox: Levels of hydrogen pressure

Your benefits:

- Detection of imbalances in your terrain before conditions become chronic or require more invasive medical procedures.

Darkfield Microscopy

What It Is:

An effective method for examining blood cells using a high-powered microscope specifically adapted to showcase your body's terrain.

How it works:

1. A small drop of blood is withdrawn from your fingertip and placed on a clean microscope slide covered with a glass coverslip;
2. The Darkfield microscope projects a 1,600x magnified image onto a monitor, providing you with a live, birds-eye view of the state of your terrain — including blood cells, bacteria, and other microorganisms.

Your benefits:

- A picture of your terrain's health, including nutritional markers (both micro and macro nutrients)

centre for biological medicine

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Our Approach

Your Journey, Is Unique & Our Approach Is Tailored To You.

At the heart of our holistic practice lie a few fundamental observations – that in most cases, the human body is born healthy, has an innate ability to heal itself, and its

So what's German Biological Medicine? It's the most technologically and scientifically rigorous kind of natural medicine there is. In the last half-century, doctors and scientists in Europe have caught onto this idea that fighting illness isn't just about keeping foreign germs and toxins out of the body – though that matters too. It's also about boosting your body's own immune capabilities, and this involves working with what those of us who practice Biological Medicine call the body's "terrain", the environment between your cells. So much of the body's dysfunction is caused by breakdowns in the cells' ability to communicate with one another, because of issues related to the conditions in this environment. Biological Medicine techniques study and map this terrain, and then apply advanced technologies to help restore it to its natural state – clean, healthy, and happy.

A new standard in naturopathic medicine

We've made it our mission to create an advanced and exploratory version of naturopathic medicine. What does that mean, exactly? Instead of focusing only on disease diagnosis and treating symptoms, we investigate and analyze the conditions within and around your body to identify the causes of disease — which we believe is the single most important factor in regaining health. As we work on your case, we consider all aspects of your body's health, including genetic variations and expression, hormones, neurotransmitters, gut health and infections, environmental exposures, lifestyle factors, and diet. Our environmentally and energetically clean clinic, set on two-

Our Chief Medical Director Dr. Dhanani, ND – regularly scours the globe to identify and integrate into our practice the best tools for your improved health. With us as your partner, you'll benefit from expertly trained staff, innovative technology, and proven treatment methodologies.

Your body's ability to heal itself

Any injury to your body, from a simple cut to something more complex, sets off a chain reaction aimed at self-restoration and preservation. This process occurs in your body's cells, which have an amazing capacity for regeneration — red blood cells turn over every four months, skin cells every week, and the cells of your small intestine every few days. Biological medicine seeks to activate cellular regeneration to boost the body's natural healing ability.

Your health & your terrain

Our focus is to explore and analyze your health at the cellular level — the cells themselves, the environment they're living in, and how they interact. We call your cells' environment the 'terrain,' and it affects cell development, function, and longevity. To explain in simple terms, think of your terrain as a fish bowl. If the water is clean, the fish (your cells) will be happy and healthy. If the water becomes cloudy, the fish's overall health declines. Rebalancing the water improves the health of the fish. Your overall health is rooted in a healthy terrain. By understanding your unique cellular terrain, we can hone

To us, our patients are more than just their bodies. That's why we take a holistic approach to your care, versus a purely anatomical one. Your emotional and energetic state have an extraordinary impact on your health. Backed by experience and decades of biological medicine research, we work to balance these energies and restore your health using government-approved German technology that is used in hospitals around the world.

Your role in your health journey

Your health isn't only in our hands — it's in yours. One of our primary goals is to educate and empower you to become an active partner in your own healing as we help you to identify the root causes of your ailments, and find the answers that have eluded you. We are committed to giving you the encouragement and support you need to feel informed and in control of your health journey.

Your holistic health — integration with current medical care

We know and understand that you likely have other healthcare partners — in conventional medicine or other areas of holistic medicine. Our goal is not to replace your current medical team, but to complement and bolster it. Healthcare is a collaborative effort. That's why we remain in close communication with your loved ones, caregivers, and medical practitioners, communicating any changes, updates or new insights on your protocol. It is important to us that your attending physician has reviewed any changes and given consent to treatments prescribed by

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Centre For Biological Medicine

1281 Stouffville Rd, Richmond Hill, ON

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3.4 ★★★½☆ 5 reviews

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Isabella Fitness
14 reviews · 2 photos
★★☆☆☆ 5 months ago
From the very beginning it was a bad experience. It took them months to finally meet with me via a phone call. During the entire call (90 minutes), I can hear him driving.

I had a consult with Dhanani on Oct 10th. He said I would get my recommendations and video recording by Oct 15th. I emailed the Customer Care email and they pushed it off to Dhanani. I emailed Dhanani and received no response. Can The call with Dhanani was great but everything else has been a huge disappointment.

Like

Kaela Vanderlugt
1 review
★★★★★ 7 months ago
Extremely happy with every appointment we've had over the last 1.5 years with dr. Schreiner! The staff is extremely friendly and helpful!! They use German technology and look at bloodwork which is more than most naturopaths!! Really really great place!

1

John O'Connor
1 review
★★★★★ a year ago
My 18 year old daughter's first appointment at the Centre revealed that she had and energetic age of 87. Not great for a kid wanting to head off to university. She took the year off - and with the guidance and expertise of Dr. Schreiner, … More

1

Noted for his innovations in treating chronic degenerative medical conditions, Dr. Dhanani established The **Centre for Biological Medicine** in Richmond Hill, ...

thebiomedcenter.com

American Center For Biological Medicine – America's health ...

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Karim Dhanani

Naturopath (/best-doctors/on/richmond-hill/naturopath/)

★★★☆☆ 32 reviews

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★ Rate Karim Dhanani

Staff ☆☆☆☆☆

Punctuality ☆☆☆☆☆

Helpfulness ☆☆☆☆☆

Knowledge ☆☆☆☆☆

Comment

Please leave a comment with more detail about your experience.

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Ratings for Karim Dhanani

Staff	Punctuality	Helpfulness	Knowledge
5	5	5	5

I've been a patient of Dr Karim Dhanani for 14 years. He is extremely knowledgeable , shortly after my second child was born I had abnormal bloodwork which specialists believed it to be Lymphoma after a CT showed enlarged nodes in my abdomen. Biopsies, scans and multiple Dr visits, it was Dr. Dhanani who suspected it was chicken pox virus which was dormant in my body until after the birth. It was him who treated me and within weeks symptoms and blood started to improve.
I'm so grateful to be a patient of a wonderful, personable and knowledgeable Dr.

Was this rating useful? 0 👍 flag | Submitted April 14, 2020

Staff	Punctuality	Helpfulness	Knowledge
4	5	5	5

I have been a patient of Karim Dhanani for over 12 years and think the man is marvellous. He delivers the highest professional care, the considerate attention to detail and excellent knowledge for all my medical concerns.

Was this rating useful? 2 👍 flag | Submitted December 7, 2019

Was this rating useful? 2 flag | Submitted [illegible], 2019

Staff	Punctuality	Helpfulness	Knowledge
5	4	5	5

I have been a patient of Dr. Dhanani for over ten years and have received only the highest professionalism, kind and considerate attention, and excellent care.

Was this rating useful? 1 flag | Submitted December 6, 2019

Staff	Punctuality	Helpfulness	Knowledge
5	4	5	5

I have been a patient of Dr Karim Dhanani for many years, and what a blessing he has been in my life.
I have always been met with the highest level of professionalism, wisdom and brilliance of the highest order, and unparalleled warmth and kindness. His level of knowledge in the field of Naturopathy, is unmatched by any other practitioner with whom I have consulted.
I highly recommend him to anyone who who is seeking a deep and knowledgeable approach to healing, from the inside out.

Was this rating useful? 1 flag | Submitted December 6, 2019

Staff	Punctuality	Helpfulness	Knowledge
2	1	1	5

From the very beginning it was a bad experience. It took them months to finally meet with me via a phone call. During the entire call (90 minutes), I can hear him driving.
I had a consult with Dhanani on Oct 10th. He said I would get my recommendations and video recording by Oct 15th. I emailed the Customer Care email and they pushed it off to Dhanani. I emailed Dhanani and received no response. Can The call with Dhanani was great but everything else has been a huge disappointment.

Was this rating useful? 0 flag | Submitted October 29, 2019

Staff	Punctuality	Helpfulness	Knowledge
1	1	1	5

I too paid a significant amount of money for DNA testing and consultation for my wife and myself. It's been 3 months and I've received no results nor a response from my emails to the Centre for Biological Medicine. Just today I received an email from the DNA Company that the Centre works with, telling me that they had a falling out and no longer work with the Centre.
I believe, based on the Ben Greenfield Podcast with Dr. Dhanani, that he's a knowledgeable health care professional. However, I can only assume that he's at best either an abysmal failure as an administrator or at worst a scam artist.

Was this rating useful? 3 flag | Submitted May 5, 2019

Staff	Punctuality	Helpfulness	Knowledge
1	1	1	1

I have paid over $700.00 for my DNA results on January 16th, still waitng for results. Nothing from the Center. I have been scammed! Very disappointed in Ben Greenfield in recommending.

Was this rating useful? 3 flag | Submitted April 4, 2019

Staff	Punctuality	Helpfulness	Knowledge
1	1	1	1

I paid $650 for a genetic test in November and still haven't received my results (its April now!!). No one is answering my emails. As a university student I forked out a chunk of my savings for this and I'm so disappointed I haven't received any results. P.s I'd give 0 for all of these ratings if I could!

Was this rating useful? 2 flag | Submitted April 4, 2019

Staff	Punctuality	Helpfulness	Knowledge
1	1	1	3

Still waiting for my results - sent mine roughly 10 weeks ago - no contact from clinic - my email has been left unanswered for over 2 weeks.....I would go somewhere else if I could do it again

Was this rating useful? 3 flag | Submitted March 27, 2019

Staff	Punctuality	Helpfulness	Knowledge
1	1	1	1

3 months ago, I paid for and submitted samples for 2 family members to receive genetic testing. I was told the results would be received in 8 weeks. I have not heard back from Dr. Dhanani or his staff after repeated attempts to call, email and text. This is a horribly run practice.

Was this rating useful? 3 flag | Submitted March 26, 2019

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Staff ☆☆☆☆☆

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Helpfulness ☆☆☆☆☆

Knowledge ☆☆☆☆☆

Comment

Please leave a comment with more detail about your experience.

★ Rate This Doctor

Ratings for Karim Dhanani

1 Staff	1 Punctuality	1 Helpfulness	3 Knowledge

karim dhanani although pleasant and knowledgeable enough when chatting to him, basically abandoned my care when I realized that his assistant naturopath had not even done the most basic of treatments with me, just paying over $200 each time for a) late appointments, and no apology b) my appt times were hurried c) inexperienced history and physical d) minimal assessment based on the condition i came with d) poor attitude from winnie sui and reception staff. are these NDs not held to any standard? they are in it for the money only. no passion or compassion and do not engender trust. to them you are just cash cow.

Was this rating useful? 3 👍 flag | Submitted July 2, 2018

3 Staff	1 Punctuality	3 Helpfulness	4 Knowledge

The ratings speak for themselves I feel. There is a requirement for someone to manage and stay on top of the Drs intent for treatment or you are forgotten.

Was this rating useful? 0 👍 flag | Submitted June 30, 2018

Staff	Punctuality	Helpfulness	Knowledge
2	1	4	5

A mixed bag indeed- some are willing to tolerate it, some don't. On the plus side: Dr. Dhanani is very knowledgeable in his field and has a large clinic with a good selection of modern equipment for diagnosis as well as for treatments, probably more than many other naturopathic clinics nearby. He is very communicative to the point of spending a lot of time chatting, which can be quite interesting when it is with you, but looses its appeal when you are the patient waiting way beyond your appointment time while he is again and again falling much behind schedule. The other Naturopathic Dr. in the same clinics who does the initial interview is very pleasant and kind, yet not chatty. Staff in the treatment area (chelation room etc) are also quite pleasant and respectful. My low rating is in reference to the reception area, rife with lack of professionalism, confusion, an extremely controlling person supervising it, denials or excuses when mistakes happen , all in all a negative force in this place.

Was this rating useful? 3 flag | Submitted November 13, 2017

Staff	Punctuality	Helpfulness	Knowledge
1	1	1	1

Take care of your property at 7905 Connecticut Ave in Cleveland, Ohio in the United States

Was this rating useful? 3 flag | Submitted May 31, 2017

Staff	Punctuality	Helpfulness	Knowledge
1	1	3	5

I agree with comment about staff at front desk. Can be somewhat rude and unprofessional at times. Constant delay in appointment times shows lack of respect for patients who are there on time for their appointments. Maybe scheduling needs to be looked at so patients are not waiting so long even when you are first patient of the day... still waiting to see him almost 30-45 minutes! Unfortunate his office organization is so poor, since he is a very knowledgeable doctor. Maybe he knows patients will put up with these things just to see him, but still shows lack of respect for people who are paying a lot of money to see him and are already suffering with health ailments.

Was this rating useful? 5 flag | Submitted May 2, 2017

Staff	Punctuality	Helpfulness	Knowledge
2	2	5	5

I have been seeing Dr. Dhanani for numerous years to get help with various health issues. He is always very polite, friendly and knowledgeable and willing to help me understand his rationale for certain treatments. He appears to invest a lot of time and money to keep up to date in his field. As others have commented, the visits are expensive, but that is unfortunately the norm when visiting naturopaths, none come cheap, and most don't offer the kind of tests or treatments Dr. Dhanani does.

One the minus side, there is a certain lack of professionalism and consideration as he tends to get carried away in conversation often unrelated to the actual visit and lets people wait in the waiting room for sometimes 1.5 hours or even more beyond scheduled appointment time. Some patients are waiting there with an empty stomach because of the requirement to fast before the appointment. Front desk can be disorganized, two of the staff members in particular, and are not well trained in their role, or perhaps they retain little? One of them can be short and rude. Best to listen carefully in the consultation room with Dr. Dhanani as to what and when and how he wants you to take certain supplements, otherwise you may not end up getting exactly what you are supposed to.
I put up with these minuses because I have high appreciation for Dr . Dhanani's treatment modality and knowledge and because I have not found a replacement.
.

Was this rating useful? 3

flag | Submitted October 7, 2016

5	5	5	5
Staff	Punctuality	Helpfulness	Knowledge

Dr. Dhanani has been successfully treating my ME/CFS and cancer diseases. In addition to his outstanding technical skills employing cutting edge, international, objective assessments and treatment protocols, Dr. Dhanani has the empathy and kindness so valuable in a health care professional. Following Dr. Dhanani's treatments has resulted in the most improvement since I experienced a severe exacerbation of the ME/CFS disease almost 11 years ago. Due to my ME/CFS disease and severe MCS (multiple chemical sensitivities), I went into anaphylactic shock with the first round of chemo therapy as was unable to continue. With Dr. Dhanani's expertise and guidance I maintain cancer free 6 1/2 years later. Dr. Dhanani has also successfully treated my son from California with his chronic disease. Constantly keeping up to date, Dr. Dhanani is routinely attending and presenting at international professional development conferences.

Was this rating useful? 4

flag | Submitted September 3, 2015

5	5	5	5
Staff	Punctuality	Helpfulness	Knowledge

In 2013 I was looking for a doctor who would help me to find the underlying cause of my medical problem. Conventional medical professionals were only there to treat the symptoms with pills with unpleasant side effects, and offered no solution or willingness to investigate and eliminate the source of my illness. My only prospect was: “Will I just have to live with it”?
Dr. Dhanani did go through the necessary tests, and upon his findings offered alternative, scientifically founded logical solutions (backed by several researches) with natural remedies, with no detrimental side effects. Dr. Dhanani is very knowledgeable, educating himself constantly with new discoveries. With up-to-date findings and methods, he also uses technology aiding better test results and treatments. Dr. Dhanani is a professional and conscientious, his bedside manners are commendable, his office provides healthy and pleasant environment and equipped with top quality instruments.
I wish that like Dr. Dhanani, more and more traditional medical professionals would treat for cure and prevention.

Was this rating useful? 3 flag | Submitted August 17, 2015

Staff	Punctuality	Helpfulness	Knowledge
5	3	5	5

I have been treated by Dr. Dhanani for many years and am very grateful for his dedicated care. He is committed to providing the best,
most up to date treatments for his patients by his continuing education. I have seen great improvement with a complicated and life debilitating illness. It is only because of the care he provides at his clinic that I have quality of life back! If only there were more like him, with his knowledge and compassion then the wait times to see him would not be so long.

Was this rating useful? 2 flag | Submitted August 10, 2015

Staff	Punctuality	Helpfulness	Knowledge
5	5	5	5

Dr. Dhanani has helped me through several bouts of illness, and I have found him to be thorough, knowledgeable, and compassionate. His advice is very measured and his treatments have proven to be highly effective without anything in the way of unpleasant side effects. Dr. Dhanani does not just treat symptoms: he takes a comprehensive view of illness and looks for the underlying cause of a problem. I have travelled from the United States specifically to seek out his care, and he has come into the office on his days off to accommodate my schedule. I have recommended Dr. Dhanani to friends and family, and I would not hesitate to do so again.

Was this rating useful? 3 flag | Submitted July 6, 2015

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Experts in Naturopathic and Biological Medicine, Health & Wellness

Dr. Karim Dhanani, B.Sc, B.A., ND

Dr. Karim Dhanani, B.Sc, B.A., ND, is a leading authority and practitioner of Biological Medicine whose reputation is rapidly gaining international attention.

Noted for his innovations in treating chronic degenerative medical conditions, Dr. Dhanani established The Centre for Biological Medicine in Richmond Hill, Ontario, Canada in 2002.

Since that time the clinic has established a distinctive international clientele drawing patients and professional consultation requests from around the world. Dr. Dhanani's vision to bring biological medicine to the forefront of the health care industry will undoubtedly continue to set him apart and give his work the recognition it deserves. In demand as a compelling speaker and experienced lecturer, Dr. Dhanani has appeared as a guest speaker at the Canadian School of Natural Nutrition, New Roots Herbal - Product Knowledge Seminars, Nature's Emporium Spring Detoxification Lectures and the Maclaughlin Senior Center.

More on Dr. Karim Dhanani

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My wife introduced me to Rejuvenate.
-Michael F.

I'm grateful to my friend for nudging me to try Biological Therapeutics Rejuvenate.
-Robert H.

Since I found Rejuvenate; I feel much more energized.
-Joy G.

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Dr. Dhanani gained his Naturopathic medical degree from the Canadian College of Naturopathy. Prior to gaining his degree, Dr. Dhanani graduated with honours from the University of Waterloo with a B.Sc and B.A. Since earning his Naturopathic Doctor designation he has taken part in specialized programs, locally and internationally to continue to build upon his skills. He has trained in Pharmacodynamics, Biochemistry, Functional Physiology, Neurology, Gastroenterology, Darkfield Analysis, Bio Electronics of Vincent, Nebulized Ionized Oxygen Therapy, Bio Resonance Therapy (MORA Therapy), Neurology, Homotoxicology, VEGA, Functional Medicine, and Oncology.

Dr. Dhanani is board certified and affiliated with the Ontario Association of Naturopathic Doctors (OAND), the Canadian Association of Naturopathic Doctors (CAND), the Board of Directors for Drugless Therapy in Naturopathy, the Occidental Institute Research Foundation, the Functional Medicine Institute, and the International Academy of Biological Dentistry and Medicine, American College of Advancement in Medicine, American Board of Anti-Aging and the International Society for Orthomolecular Medicine. He is also a Research Associate of the Occidental Institute Research Foundation and a member of the Institute for Functional Medicine.

Dr. Dhanani also holds certificates in: Biological Medicine for Research Associate as authorized by the Occidental Institute Research Foundation, Science Based Natural Therapies, Nutrigenomics, Nutritional Neuroendocrinology, Functional Endocrinology, Perimenopause/Menopause, Nutritional Support for Metabolic Biotransformation, Nutrigenomic Modulation of Inflammatory Disorders, Arthralgias, Coronary Heart Disease, PMS and Menopause-Associated Inflammation, 8 Core Factors of Optimal Wellness & Health Restoration and Parenteral Therapy as required by the Board of Directors of Drugless Therapy–Naturopathy.

He is published in a variety of magazines including: Vitality Magazine, Urban Male Magazine, Alive Magazine and regularly contributes to a column called "Cancer Corner" which appears in Human Spirit Magazine. He is also currently working on several enlightening publications discussing innovative nutriceutical products along with developing a series of articles on biological medicine geared for publication in medical journals and trade magazines.

Dr. Dhanani's vision is helping health care consumers, professionals and patients understand and appreciate the importance of Biological Medicine in the treatment of chronic degenerative disease will undoubtedly continue to set him apart and give his work the recognition it deserves. In April of 2006, Dr. Dhanani founded Biological Therapeutics Inc., an innovative company committed to bringing the highest quality and most scientifically advanced nutrition and prevention products to market. The company's mission is to introduce exceptional products that truly make a difference to the health and quality of life of its many valued customers.

"We believe that our life choices have a clear impact on personal well-being, as well as the health of our communities and our planet. Biological Therapeutics products support the body's natural ability to heal, helping to achieve a level of health and well being most people would never have thought possible."

– Dr. K. Dhanani

For more information, visit: www.biologicalmedicine.com

NEAREST LOCATION

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go

FAQs

Why is oxygen important?

Does Rejuvenate™ control or eliminate Free Radicals?

What are the ingredients inside Rejuvenate™ that make it the most effective Dietary Supplement?

Why is it so important?

More FAQs..

NEWS

Scientists Trace Diseases & Ailments to Mineral Deficiency

Biological Therapeutics Rejuvenate to be the only trace mineral support supplement bottled exclusively in MIRON violet-glass.

More News..

TESTIMONIALS

Since I found Rejuvenate; I feel much more energized.
-Joy G.

My wife introduced me to Rejuvenate.
-Michael F.

I'm very surprised at how much energy I seem to have.
-Nita H.

More Testimonials...

Website by Treefrog

 PRIVACY POLICY 1-866-702 CARE (2273) sales@biologicaltherapeutics.com TERMS & CONDITIONS SITE MAP

TAB F

The College of Naturopaths of Ontario

Core Competencies

Introduction

Naturopathic Doctors provide primary and adjunctive health care to people of all ages, focusing on the use of natural therapies to support and stimulate healing processes. Naturopathic Doctors promote health and educate patients about illness prevention and diagnose and treat diseases in a manner consistent with the body of knowledge and standards of practice of the profession.

Definitions

Naturopathic Diagnosis: A diagnosis made by a Naturopathic Doctor and communicated to a patient or patient representative.

Naturopathic Medicine: as defined in section 3 of the *Naturopathy Act, 2007* is the practice of naturopathy in the assessment of diseases, disorders and dysfunctions and naturopathic diagnosis and treatment of diseases, disorders and dysfunctions using naturopathic techniques to promote, maintain or restore health.

Naturopathic Medical Knowledge

The competent Naturopathic Doctor:

1. Integrates naturopathic philosophy, theory and principles with biomedical sciences in the care of patients and case management.

- Evaluates and integrates clinical knowledge within the context of naturopathic principles and philosophy in clinical practice.
- Formulates naturopathic diagnoses and treatment plans consistent with naturopathic philosophy and principles.

2. Develops, maintains and respects a comprehensive naturopathic medical knowledge base.

- Demonstrates knowledge of the history, philosophy and clinical sciences essential to the practice of Naturopathic Medicine.
- Demonstrates knowledge of the theory and practice of therapeutics including but not limited to botanical medicine, homeopathic medicine, traditional Chinese medicine and acupuncture, pharmaceuticals, physical medicine, clinical nutrition, and lifestyle counselling.
- Updates knowledge base continuously through the review of relevant research and ongoing continuing education.

3. Performs a health assessment, critically evaluates information and formulates naturopathic diagnoses.

- Gathers information necessary to formulate naturopathic diagnoses.
- Incorporates knowledge of the determinants of health and disease into assessment.

- Understands and is able to interpret results from laboratory tests, physical examinations, and other diagnostic tests.
- Integrates the patient's health profile, including but not limited to health history, physical examination, diagnostic testing and other relevant patient information, with naturopathic principles in formulating a diagnosis.
- Critically evaluates patient-related information in formulating naturopathic diagnoses.
- Integrates new information appropriately into clinical reasoning.
- Evaluates, reflects on and amends diagnoses and treatments based on patient outcomes.

4. **Ensures professional competence through ongoing self-assessment and professional development.**

- Integrates learning into evidence-informed practice.
- Recognizes limitations in knowledge, skill, judgment and scope of practice.
- Engages in ongoing professional development and learning.
- Maintains the skills to identify, appraise and utilize empirical, peer-reviewed research and other information sources.
- Self-assesses professional knowledge and skills regularly.

Inter and Intra-professional Practice and Collaboration

The competent Naturopathic Doctor:

1. Develops and maintains relationships with other regulated health care professionals, and other Naturopathic Doctors, in the care of patients.

- Demonstrates an understanding of the scope of practice of naturopathic medicine and other regulated health care professions.
- When authorized by the patient, collaborates with other regulated health professionals to support health promotion and illness prevention.
- Utilizes community resources in professional practice.
- Supports, and participates where appropriate, in the mentorship of students and peers.

Communication

The competent Naturopathic Doctor:

1. Communicates effectively.

- Articulates information clearly and concisely and in a timely manner, listens actively and responds appropriately.
- Collaborates with patients in shared decision-making.
- Provides information regarding diagnoses, treatment options, and opportunities for patient questions.
- Communicates appropriately with patients or their authorized representatives, colleagues, other health professionals, the community, the regulator, and other legal authorities.
- Requests from and provides to other health care professionals relevant patient information when authorized.
- Maintains patient confidentiality and privacy.
- Demonstrates sensitivity and respect for patient identity including but not limited to age, sex, race, ethnicity, disability, religion, social status, gender identity and sexual orientation.

- Ensures that all communications are professional.

Patient Care and Health Promotion

The competent Naturopathic Doctor:

1. Exemplifies the principle of doctor as teacher

- Teaches the principles of health promotion and illness prevention including but not limited to sustainable health and lifestyle practices, and the significance of environmental and behavioural factors on health.
- Educates the patient regarding the etiology and development of disease.
- Educates the patient about the contributing factors to disease and dysfunction and the ways in which they impact health.
- Educates the patient about treatment options, their potential risks, benefits, side effects, and likely consequences of not receiving the treatment.

2. Provides safe and effective patient care.

- Provides compassionate, ethical, effective and safe care.
- Utilizes naturopathic therapeutics safely and effectively including but not limited to botanical medicine, homeopathic medicine, traditional Chinese medicine and acupuncture, pharmaceuticals, physical medicine, clinical nutrition, and lifestyle counselling.
- Identifies, assesses, and communicates, the safety, efficacy, indications, contraindications, actions of and interactions between drugs, substances and therapies being used by or provided to the patient.
- Utilizes best practices and best available evidence, where applicable.
- Creates, implements, monitors and revises individualized treatment plans considering clinical outcomes, best practices, and patient needs.
- Clearly documents all discussions, assessments, diagnoses, treatments and interactions related to patient care.
- Recognizes personal limitations, adheres to scope of practice and makes appropriate referrals to other health care professionals when indicated.
- Maintains professional boundaries and refrains from conflicts of interest.

Practice Management

The competent Naturopathic Doctor:

1. Establishes, develops and manages their practice.

- Establishes and maintains an equitable and inclusive practice environment.
- Is knowledgeable of and complies with regulatory requirements related to practice management including but not limited to: maintaining records, fees and billing.
- Is knowledgeable of and complies with health and safety requirements related to practice management including but not limited to: Accessibility for Ontarians with Disabilities Act (AODA), Occupational Health and Safety Act, etc.
- Maintains appropriate liability insurance.

- Recognizes, discloses and manages any real or perceived conflict of interest.
- Identifies, assesses, develops and applies strategies and solutions to manage risk in clinical practice.
- Ensures all practice-related advertising and social media content is professional and in keeping with the standards of practice of the profession.

Legislation/Ethics

The competent Naturopathic Doctor:

1. Complies with all relevant laws and regulations.

- Complies with federal, provincial, and municipal legislation, regulations and bylaws.
- Understands and complies with the *Regulated Health Professions Act, 1991, Naturopathy Act, 2007* and all College regulations and standards of practice.
- Understands and complies with mandatory reporting requirements to the appropriate body/organization.

2. Demonstrates ethical conduct and integrity in professional practice and personal conduct.

- Practices with integrity and without prejudice.
- Abides by the naturopathic oath.
- Demonstrates accountability for practice decisions.
- Places the protection of the public ahead of self-interest.
- Ensures that all recommendations and actions are in the best interest of the patient.
- Recognizes and addresses ethical issues arising in practice.
- Establishes and maintains appropriate therapeutic relationships and professional boundaries.

Legislative Framework

Naturopathy Act, 2007
Regulated Health Professions Act, 1991

Approval

Original Approval Date: October 03, 2012
Latest Amendment Date: October 01, 2021

Disclaimer

In the event of any inconsistency between this document and any legislation that governs the practice of Naturopathic Doctors, the legislation shall govern.

The College of Naturopaths of Ontario

Standard of Practice:

Advertising

Introduction

The intent of this standard is to advise Members on the appropriate and acceptable methods of advertising that may be used as a part of their practice.

The College supports Members' use of appropriate advertising to communicate the type and availability of services to the public or other health care professionals so that potential and existing patients and referral sources can make choices based on their respective needs.

Definitions

Advertisement: Any message communicating information about a Member's practice and/or the professional services he/she offers, the content of which he/she controls or influences, directly or indirectly, which is expressed in any language with the intent to influence choice, opinion or behavior and communicated in any public medium to anyone.

Advertising is not the same as providing information to prospective referral sources or sending out health care notices and reminders.

Public Medium: Any form of communication that is, generally speaking, equally available to anyone who chooses to use it and that is directed to the public, or a specific subsection of the public rather than to an individual person or persons. For example radio, television, websites, flyers, and the yellow pages are all forms of public media. Emails targeted to individuals are not an acceptable advertising medium.

1. Advertising

The Member may use any public medium to advertise professional services offered within the scope of practice of Naturopathic Medicine to members of the public, or other health care professionals, to assist them in making informed choices about the health care services provided by Naturopathic Doctors.

The Member's advertisements are accurate, verifiable, comprehensible, professionally appropriate and in compliance with the standards of practice of the profession. The Member is always responsible for advertisements about his or her practice regardless of whether or not the advertisement is made by the individual Member. The Member takes reasonable steps to ensure that advertisements placed by others about his/her services meet these standards.

Performance Indicators

The Member ensures the information in advertisements is:

- accurate;
- true;
- verifiable by the Member;
- not misleading by either omitting relevant information or including non-relevant information;
- professional;
- comprehensible to its intended audience;
- in accordance with the generally accepted standards of good taste.

References to professional qualifications used in advertisements are consistent with the College's Standard of Practice for Restricted Titles.

Any reference to the cure of symptoms or diseases, or appealing to the public's fears does not meet the standard.

Professional services offered by a Member advertising in her/her capacity as a Naturopathic Doctor are within the scope of practice of Naturopathic Medicine.

Advertisements do not include anything that could be interpreted as intending to promote a demand for unnecessary services.

Reference to fees or prices used in advertisements meet the expectations for truth and accuracy described in this standard. The Member's advertisements may:

- display or distribute a fee schedule and/or explanation of the way fees are calculated;
- provide information about fees or charges in response to a request for this information;
- provide information on the funding models or insurance plans accepted;
- indicate the forms of payment accepted.

The Member ensures that advertisements do not include:

- any information that could be interpreted to be an endorsement by a Naturopathic Doctor including an expressed or implied endorsement or recommendation for the exclusive use of a drug, product or brand of equipment used in her/her practice;
- a guarantee of the success of the service provided;
- a comparative or superlative statement about service quality, products or people;
- a direct, indirect or implied testimonial by any patient, former patient or other person in respect of the Member's practice
- any references to third-party websites or publications that carry testimonials or endorsements of the Member.

The Member avoids directly or indirectly soliciting patients in person, by telephone, e-mail, or any other means of communication that is not considered to be a public medium. This does not prevent the Member from advertising to the general public or calling/emailing a patient to remind him or her of an upcoming appointment/service. Rather, the Member should not target advertising to individuals or use communication techniques that can pressure potentially vulnerable persons.

Related Standards & Guidelines

Conflict of Interest
Dual Registration

Fees and Billing
Restricted Titles
College of Naturopaths of Ontario's Guideline on Advertising

Legislative Framework

Professional Misconduct Regulation

Approval

Original Approval Date: October 15, 2012
Latest Amendment Date: December 6, 2017

Disclaimer
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The College of Naturopaths of Ontario

Standard of Practice:

Compounding

Introduction

The intent of this standard is to advise Members of the requirements to compound drugs or substances listed on Table 5 of the General Regulation safely, ethically and competently.

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.*

Definitions

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

Compounding: The process by which a member creates a drug or substance of unique properties by combining two or more existing drugs and/or substances.

Drug: For the purposes of this Standard of Practice, a drug 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 the purpose of sale. This does not include a health care professional who compounds a substance for the purpose of selling to a patient.

Substance: For the purposes of this Standard of Practice a substance is anything that is publicly available without a prescription and not listed on Tables 1, 2 or 5 of the General Regulation. This may include botanical tinctures, botanical powders or loose herbs, fluid/solid extracts, base creams, salves and ointments, homeopathic remedies, blank homeopathic pellets, pharmaceutical grade ethyl alcohol.

1. Competency

The Member has the knowledge, skill and judgment to compound drugs or substances safely, ethically and competently.

The Member does not use the authorized act of compounding as a means to bypass the federal drug review and approval system.

Performance Indicators

Prior to compounding drugs, the Member is in compliance with the Standard of Practice for Prescribing.

2. Safety Considerations

The Member will minimize the risks to the patient, self and others that are associated with the compounding of drugs and substances, before, during and after the procedure.

Performance Indicators

The Member:

- develops and applies current evidence-based infection control protocols to minimize risk factors for infection or contamination when compounding;
- when compounding a drug for injection, does so in accordance with applicable regulations, College policies and guidelines;
- when compounding drugs ensures the quality of the ingredients by using products produced from an authorized drug or active pharmaceutical ingredient approved for use in Canada;
- ensures 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 drug;
- ensures that he/she is appropriately trained and competent in relevant emergency procedures and has appropriate risk management processes in place to assist in managing any adverse reactions or complications;
- ensures that no drug or substance is made available for sale unless the expiry date for each drug or substance is at least 1 month past the date on which the patient is expected to finish taking the drug or substance;
- ensures that no expired drug or substance is made available for sale;
- ensures that the compounding is performed in an aseptic preparation area using aseptic techniques to minimize the risk of contamination;
- ensures cold chain management, where appropriate;
- ensures that the drugs or substances used have been obtained and stored in accordance with applicable laws; and
- ensures that all drugs and substances which are open and being used for the purposes of compounding are stored in a controlled-access area.

The Member has a Naturopathic Doctor-patient relationship with the patient for whom the compounded drug or substance is being made.

3. Compounding

The Member ensures good compounding practices are in place.

Performance Indicators

Before compounding a drug or substance, the Member considers the patient's condition, the risks and benefits and any other relevant circumstances specific to the patient.

The Member advises the patient that the drug may be compounded at a pharmacy.

The Member:

- ensures that the compounded drug provides a customized therapeutic solution for patient care and does not duplicate an approved drug. However, when there is a shortage or no supply of a commercially available drug and the Member determines the need for this drug, the drug may be compounded during the period of shortage;
- 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;
- ensures the tools and receptacles with which drugs or 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;
    - limits potential contamination of drugs or substances.
- ensures all packaging and containers used for drugs and substances are free of identified toxic substances (i.e. PVC or BPA), food grade, and stored in such a way as to avoid contamination; and
- provides the compounded drug directly to the patient or the patient's authorized representative.

4. Labeling

The Member ensures that all required information is included with all drugs or substances that are compounded.

Performance Indicators

The following information is included with all drugs or substances that are compounded. This information may be included in a label affixed to the product, or where space is limited, information may be provided on an accompanying sheet.

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

Related Standards & Guidelines

Consent
Delegation
Dispensing
Infection Control
Injection
IV Infusion Therapy
Prescribing
Record Keeping
CONO Policy on AED
CONO Policy on Laminar Air Flow Hood

Legislative Framework

General Regulation
Naturopathy Act, 2007
Professional Misconduct Regulation
Quality Assurance Regulation
Regulated Health Professions Act, 1991
Food and Drug Act
Occupational Health and Safety Act
Health Products and Food Branch Inspectorate Policy on Manufacturing and Compounding Drug Products in Canada POL-0051
Health Canada Drug Product Database
Environment Canada Toxic Substances List

Disclaimer
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The College of Naturopaths of Ontario

Standard of Practice:

Intravenous Infusion Therapy

Introduction

The intent of this standard is to advise Members of the requirements to perform Intravenous Infusion Therapy (IVIT) safely, ethically and competently.

Administering substances by IVIT 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 perform IVIT under the *Naturopathy Act, 2007, S.O. 2007, CHAPTER 10, Sched. P, s. 4.1.*

Definitions

Drug: For the purposes of this Standard of Practice, a drug is anything referred to in Table 2 of the General Regulation.

Intravenous Infusion Therapy (IVIT): Initiating, administering and terminating the application of drugs for therapeutic benefit through intravenous infusion.

1. Competency

The Member has the knowledge, skill and judgment necessary to administer a drug by IVIT safely, ethically and competently.

Performance Indicators

Prior to performing IVIT, the Member is in compliance with the Standard of Practice for Prescribing and has completed:

- A course on administering a drug by intravenous injection approved by the Council; and
- An examination on administering a drug by intravenous injection administered or approved by the Council.

2. Assessment and Administration

The Member conducts an assessment and formulates a working diagnosis based on subjective and/or objective findings, prior to performing IVIT.

The Member ensures appropriate administration of a drug by IVIT.

The Member ensures timely reassessment of the patient's progress and response treatment.

Performance Indicators

In addition to meeting the Standard of Practice for Performing Authorized Acts, the Member:

- assesses the patient for contraindications before performing IVIT;
- administers drugs for therapeutic purposes when it is clinically indicated;
- complies with the Standard of Practice for Compounding, where applicable, when reconstituting, diluting, mixing, preparing, packaging or labeling two or more drugs listed in Table 2 of the General Regulation for the purpose of administering a customized therapeutic product to a patient by IVIT;
- Only performs IVIT on pediatric patients when they have the specific knowledge, skill and judgment to do so;
- ensures that resources are available to manage potential outcomes of IVIT.

3. Storage of Materials

The Member ensures that all IVIT materials are stored safely and securely.

Performance Indicators

The Member:

- ensures that all IVIT supplies are current with regard to their expiry date;
- stores drugs requiring refrigeration in a dedicated refrigerator located in an area not accessible to patients;
- ensures that non-refrigerated drugs syringes, administration sets, IV bags, etc. are stored appropriately;
- ensures that drugs are labeled to indicate the date the seal was broken;
- ensures that expired drugs and damaged or open materials are discarded appropriately.

4. Labeling

The Member ensures that all required information is included with all drugs that are administered by IVIT.

Performance Indicators

The following information is included with all drugs that are administered by IVIT. This information may be included in a label affixed to the product, or where space is limited, information may be provided on an accompanying sheet.

- Member's name, title, address and telephone number;
- patient's name;
- name of drugs or substances, and manufacturer where applicable;
- date the drugs or substances were compounded;
- amount or percentage of each substance;
- expiration date;
- directions for the proper use of the drug or substance;
- any cautionary information about the drug or substance.

The following information is included on IVIT bag by affixing a removable label:

- patient's name or initials;
- date of IVIT.

The Member ensures that the removable label is disposed of in a secure manner, such that any identifying information is destroyed/unreadable.

Related Standards & Guidelines

Communicating a Diagnosis
Compounding
Consent

Emergency Preparedness
Infection Control
Injection
Performing Authorized Acts
Record Keeping
CONO Policy for AED
CONO Policy for Laminar Air Flow Hood

Legislative Framework

General Regulation
Naturopathy Act, 2007
Professional Misconduct Regulation
Regulated Health Professions Act, 1991
Occupations Health and Safety Act

Disclaimer
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The College of Naturopaths of Ontario

Standard of Practice:

Delegation

Introduction

The intent of this standard is to advise Members of the requirements with respect to delegation of controlled acts in their practice.

Definitions

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

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

Delegatee: a person to whom delegation is made.

Delegation: For the purposes of this Standard of Practice, delegation is a process whereby a member 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). A delegation is not a referral.

Delegating or accepting delegation of controlled acts is subject to any applicable college guidelines, standards and regulations.

Delegator: a person making the delegation.

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

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

1. Competency

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

Performance Indicators

The Member:

- only delegates a controlled act authorized to the profession in subsection 4(1) of the Naturopathy Act, 2007;
- possesses the knowledge, skill and judgment to perform the authorized act procedure;
- only delegates to another individual the performance of an authorized act that the delegator is capable of performing;
- only delegates an authorized act that forms part of his/her practice;
- never delegates the authorized act of Communicating a Diagnosis; and
- never delegates an exempted act (acupuncture).

2. Responsibility and Accountability

The Member is responsible and accountable for the performance of a delegated authorized act.

The Member only delegates to individuals who have the knowledge, skill and judgment to perform the delegated act.

Delegation may be written or verbal, but appropriate documentation must be maintained.

Performance Indicators

The Member:

- assesses the risk of harm and the potential benefit of the delegated procedure;
- ensures that the delegation is appropriate, bearing in mind the best interest of the patient;
- is satisfied that sufficient safeguards and resources are available so that the procedure may be performed safely and ethically;
- is satisfied that the delegatee is 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 and that the delegatee has the appropriate knowledge, skill and judgment to perform the authorized act;
- documents the date of the delegation and the conditions under which the delegation occurred;
- ensures that each delegation is for a specific procedure for a specific patient, to be delivered in a specific timeframe;
- ensures the competency of the delegatee at all times;
- ensures that the delegatee is appropriately covered by insurance to meet any liability which may arise from the performance of the delegated act;
- has put in place and documented a communication plan between himself or herself and the delegatee which deals with the appropriate management of any adverse events that may occur;
- is onsite or reasonably available to appropriately supervise the delegatee while the delegated act is being performed; and
- ensures that the delegation conforms with the delegatee's own College regulations, policies and guidelines.

3. Naturopathic Doctor – Patient Relationship

The Member delegates authorized acts procedures in the context of an existing Naturopathic Doctor-patient relationship.

Performance Indicators

The Member:

- conducts a complete assessment of the patient;
- informs the patient of the qualifications of the delegatee;
- obtains informed consent prior to the performance of the delegated act.

4. Receiving a Delegation

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

Performance Indicators

The Member ensures that the delegator has the authority and competence to perform and to delegate the controlled act.

The Member, before performing a delegated controlled act, ensures that:

- they have the knowledge, skill and judgment to perform the controlled act safely, competently and ethically;
- they have a Naturopathic Doctor-patient relationship with the patient;
- performing the controlled act is appropriate, bearing in mind the best interests of the patient;
- the controlled act can be performed safely and ethically and that there are sufficient safeguards and resources available; and
- any applicable conditions have been met.

The Member:

- ensures that receiving the delegation of the controlled act is appropriate considering:
    - the known risks and benefits of performing the procedure for the patient;
    - the predictable outcomes of performing the procedure;
    - the patient's wishes and consent;
    - the safeguards and resources available; and
    - any other relevant factors specific to the situation.
- maintains proper documentation of the process of delegation including:
    - the date and specific activities that were accepted by delegation;
    - the name, registration number, and discipline of the delegator;
    - the delegator's education and qualifications related to the delegated procedure;
    - any applicable conditions; and
    - the period of time that the delegation remains in force.

Related Standards & Guidelines

Acupuncture
Collecting Clinical Samples
Communicating a Diagnosis
Compounding
Consent
Dispensing
Infection Control
Inhalation
Injection
IV Infusion Therapy
Manipulation
Point of Care Testing
Prescribing
Record Keeping

Selling
Therapeutic Relationships and Professional Boundaries

Legislative Framework

General Regulation
Naturopathy Act, 2007
Professional Misconduct Regulation
Regulated Health Professions Act, 1991

Disclaimer
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The College of Naturopaths of Ontario

Standard of Practice:

Collecting Clinical Samples

Introduction

The intent of this standard is to advise Members of the requirements for collecting clinical samples safely, ethically and competently. This standard applies to the collection of samples for the purpose of point-of-care testing, internal examinations, and for testing as permitted under the Laboratory and Specimen Collection Centre Licensing Act

Definitions

Clinical Sample: for the purpose of this standard is a biological substance, such as blood, saliva or urine, collected from the patient or collected by the patient and provided for clinical analysis.

Equipment, Instruments and Supplies: devices used in the collection of clinical samples. They may be disposable or non-disposable materials.

1. Competency

The Member has the knowledge, skill and judgment necessary to collect clinical samples safely, ethically and competently.

Performance Indicators

Prior to collecting clinical samples, the Member:

- fulfills all requirements for maintenance of competence for performing the procedure (e.g., continuing education, College's Quality Assurance Program)

2. Collecting Clinical Samples

The Member ensures that appropriate clinical sample collection procedures are in place.

Performance Indicators

The Member:

- 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.
- ensures that any instrument or device used for collecting a sample is used solely for the purpose intended by the manufacturer and in compliance with the manufacturer's specifications;
- develops and maintain policies and procedures to anticipate, recognize, and minimize risks to patients, self

and others associated with collecting clinical samples;
- ensures that appropriate space is allocated to perform the procedure without compromising quality of work, safety of personnel, and patient care;
- ensures that all work areas, equipment and supplies are clean and well maintained and are available in sufficient quantities for their intended use in sample collection, stabilization, transport, and storage;
- ensures that any supplies used have not passed their expiration date;
- uses sterile single-use supplies and ensures they are never re-used;
- disposes of single-use equipment appropriately after each sample collection;
- establishes a process that regularly monitors and demonstrates the proper calibration and functioning of equipment and instruments used in clinical sample collection;
- wears appropriate personal protective equipment (which many include gloves, gowns, eye protection);
- has a protocol for addressing adverse events and recalls of equipment, instruments and supplies;
- ensures that all reusable equipment that comes into contact with a patient is appropriately cleaned and disinfected prior to each use;
- provides the patient with appropriate preparatory instructions with regard to sample collection (e.g., fasting, requirements for specific time of last dose of medication, requirements for collecting a sample at a precise time);
- has procedures in place for the safe collection, handling, storage, and transportation of samples to prevent contamination or deterioration; and
- ensures that an appropriate carrier is used if the sample requires transportation.

3. Labeling

The Member ensures that all required information is included with all clinical samples collected.

Performance Indicators

The Member ensures that clinical samples are labeled during or immediately after the collection procedure and in the presence of the patient.

The following information is included with all clinical samples collected. This information is included on a label affixed to the sample container in a manner that ensures that all the information will be visible.
- first initial and last name of the patient;
- date of birth or unique patient identifier;
- the date and time (where applicable) of collection; and
- the identity, or unique identifier, of the person who collected the sample.

3. Record Keeping

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.

Related Standards & Guidelines

Consent
Delegation

Infection Control
Internal Examinations
Performing Authorized Acts
Point of Care Testing
Record Keeping

Legislative Framework

General Regulation
Laboratory and Specimen Collection Centre Licensing Act
Naturopathy Act, 2007
Professional Misconduct Regulation
Regulated Health Professions Act, 1991
National Standard of Canada CSA-Z22870-07: Point-of-care testing (POCT) Requirements for quality and competency
National Standard of Canada CSA-Z316.7-12: Primary sample collection facilities and medical laboratories – Patient safety and quality of care – Requirements for collecting, transporting, and storing samples
Ministry of Health and Long-Term Care *Point-of-Care Testing Policy and Guideline for Hospitals with a Licensed Laboratory*
Guideline C-4: The Management of Biomedical Waste in Ontario (2009

Disclaimer
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The College of Naturopaths of Ontario

Standard of Practice:

Requisitioning Laboratory Tests

Introduction

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

Definitions

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

1. Competency

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

Performance Indicators

Prior to requisitioning the collection of specimens and laboratory tests, the Member:

- fulfills all requirements for maintenance of competence for performing the procedure (e.g., continuing education, College's Quality Assurance Program)

2. Requisitioning Laboratory Tests

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

Performance Indicators

The Member requisitions the collection of specimens and laboratory testing within the context of the Naturopathic Doctor-patient relationship.

The Member:

- informs the patient:
  - of the reason the test(s) is being ordered;
  - of the significance of the test(s);
  - that the laboratory test(s) is not OHIP insured; and
  - that they will be required to pay the cost of the test(s) and any associated fee(s) (e.g.

requisition/collection fees from the medical laboratory) incurred by the naturopathic doctor as well as an estimate of the total anticipated cost.
- ensures that requisitions for the collection of specimens and laboratory testing are completed on the appropriate form and include all required information to ensure accurate processing;
- ensures that requisitions for the collection of specimens and laboratory testing include any expected deviations that would be a critical value test result;
- ensures that the samples and/or laboratory tests being requisitioned are appropriate and necessary for the specific patient, taking into consideration:
  - the patient's health history;
  - a clinical assessment including but not limited to a medical history, physical examination and other relevant diagnostic testing or investigations; and
  - the differential diagnosis.
- requisitions the collection of specimens and laboratory testing in accordance with the *Laboratory and Specimen Collection Centre Licensing Act, 1990*;
- provides current contact information to the laboratory so that critical test results can be communicated both during and after office hours;
- provides the patient with appropriate preparatory instructions with regard to the specimen collection and laboratory test (e.g. fasting; requirements for specific time of last dose of medication);

3. Fees

The Member ensures fair and ethical fees and billing practices.

Performance Indicators

In addition to the College's Standard of Practice for Fees & Billing, the Member:

- may charge a reasonable fee for collecting non-blood specimens to be sent for laboratory testing, and itemize it on an invoice as "collection of specimen";
- may charge the patient for the cost of the test and any associated fee(s) (e.g. requisition/collection fees from the medical laboratory) incurred by the naturopathic doctor;
- does not charge a mark-up on the cost of the test and any associated fee(s) (e.g. requisition/collection fees from the medical laboratory) incurred by the naturopathic doctor;
- may charge a reasonable fee for the analysis of laboratory test results if it is done outside of a patient visit/consultation.

4. Test Result Management

The Member ensures appropriate follow-up on test results.

Performance Indicators

The Member:

- ensures that a system is in place to ensure appropriate follow-up on lab tests results;
- is available or accessible or has alternative arrangements in place to respond and act upon any critical value test results that are reported;
- informs the patient of the expected timeframe for the laboratory test results, and if and when they will contact the patient about the results;
- takes appropriate action if the result of a laboratory test that they order is outside the expected or normal range;
- refers a patient to a Physician or Registered Nurse in the Extended Class where a laboratory test result is a

critical value test result.

5. Record Keeping

The Member maintains records specific to laboratory testing.

Performance Indicators

In addition to the College's Standard of Practice for Record Keeping, the Member will document in the patient chart:

- requisitions for the collection of specimens from patients by an Ontario specimen collection centre and the performance of tests on that specimen in an Ontario laboratory;
- results for all requisitioned laboratory tests;
- discussions with patients explaining the results of the laboratory tests; and
- any action taken or initiated in response to a lab test result.

Related Standards & Guidelines

Collecting Clinical Samples
Communicating a Diagnosis
Consent
Emergency Preparedness
Fees and Billing
Infection Control
Internal Examinations
Point of Care Testing
Record Keeping

Legislative Framework

General Regulation
Laboratory and Specimen Collection Centre Licensing Act, 1990
Naturopathy Act, 2007
Professional Misconduct Regulation
Regulated Health Professions Act, 1991
Guideline C-4: The Management of Biomedical Waste in Ontario (2009)
Ontario Association of Medical Laboratories. Guideline for Reporting Laboratory Test Results

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The College of Naturopaths of Ontario

Standard of Practice:

Performing Authorized Acts

Introduction

The intent of this standard is to advise Members on how to establish and maintain appropriate therapeutic relationships and professional boundaries with patients.

The intent of this standard is to advise Members of the statutory requirements to perform the following authorized acts safely, ethically and competently.

- Putting an instrument, hand or finger beyond the labia majora but not beyond the cervix.
- Putting an instrument, hand or finger beyond the anal verge but not beyond the rectal-sigmoidal junction.
- Administering, by injection or inhalation, a prescribed substance.
- Performing prescribed procedures involving moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
- Taking blood samples from veins or by skin pricking for the purpose of prescribed naturopathic examinations on the samples.

This Standard does not apply to the authorized acts listed below. Please refer to the specific Standards of Practice for more information on the following authorized acts:

- Communicating a naturopathic 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.
- Prescribing, dispensing, compounding or selling a drug designated in the regulations

This Standard does not apply to Acupuncture, which is an exempted act.

Definitions

Authorized Act: means a whole or part of a controlled act set out in subsection 27(2) of the Regulated Health Professions Act that is authorized to the profession in subsection 4(1) of the Naturopathy Act.

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

1. Competency

The Member has the knowledge, skill and judgment necessary to perform the authorized act safely, ethically and competently, and to determine whether the patient's condition warrants the performance of the authorized act.

Performance Indicators

Prior to performing an authorized act, the Member will:

- achieve and maintain all prerequisites required for performing the procedure;
- fulfill all requirements for maintenance of competence for performing the procedure (e.g., continuing education, College of Naturopath's Quality Assurance Program).

2. Assessment and Treatment

Before performing an authorized act, the Member determines whether or not the patient's condition warrants the performance of the authorized act.

The Member performs an authorized act in accordance with all of the standards of practice of the profession.

Performance Indicators

The Member performs an authorized act within the context of the Naturopathic Doctor-patient relationship;

Before performing an authorized act, the Member:

- records the patient's health history;
- informs the patient about:
  - the purpose of the authorized act;
  - tThe risks inherent in performing it;
  - alternative treatments that the Member knows or ought to know are available within the practice of the profession;
  - treatments that the member knows or ought to know are available to the patient if he or she were to be treated by a member of another College under the Regulated Health Professions Act, 1991.
- receives an informed consent.

Before performing an authorized act, the Member determines whether or not the patient's condition warrants the performance of the procedure, having considered:

- the known risks and benefits to the patient of performing the authorized act;
- the predictability of the outcome;
- the safeguards and resources available in the circumstances to safely manage the outcome of performing the authorized act; and
- other relevant circumstances specific to the patient.

The Member ensures appropriate infection control procedures are in place at all times and that the authorized act is performed in an environment that is clean, safe, private and comfortable for the patient.

Related Standards

Acupuncture
Collecting Clinical Samples
Communicating a Diagnosis
Compounding
Consent
Delegation
Dispensing
Infection Control
Inhalation
Injection

Internal Examinations
IV Infusion Therapy
Manipulation
Point of Care Testing
Prescribing
Record Keeping
Selling
Therapeutic Relationships and Professional Boundaries

Legislative Framework

Naturopathy Act, 2007
General Regulation
Professional Misconduct Regulation
Quality Assurance Regulation
Regulated Health Professions Act, 1991

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COLLEGE OF NATUROPATHS OF ONTARIO - and - KARIM DHANANI

DISCIPLINE COMMITTEE OF THE
COLLEGE OF NATUROPATHS OF ONTARIO

**AGREED STATEMENT OF FACTS AND
ADMISSION OF PROFESSIONAL MISCONDUCT**

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