This is Exhibit # 2
In CONO vs. Karim Dhanani
(DC22-02) 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. DC22-02)

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 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.
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.
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. At the time of the events giving rise to this disciplinary prosecution, the Registrant had no prior history before the College's discipline committee.

Failure to co-operate fully with Investigators

6. Regulated health professionals are accountable to their regulator. Regulated health professionals are subject to a complaints and investigation system which allows

investigations to commence when there is concern that a registrant is engaging in professional misconduct or incompetence. It is agreed that regulators are expected to conduct these investigations in a fair manner so that relevant and necessary information can be obtained.

7. Registrants are required to co-operate fully with a College investigator. It is agreed that s. 76(3.1) of the *Health Professions Procedural Code* states that "a member shall co-operate fully with an investigator."

2020 Investigation

8. It is agreed that in or around November 2020 a College investigator asked the Registrant to attend for an interview. The Registrant agreed but subsequently refused to attend. Rather, the Registrant asked that the College investigator put any questions to the Registrant in writing and that the Registrant be permitted to answer those questions in writing. As a result of the Registrant's refusal to attend an interview, the investigator had to serve a summons on the Registrant to attend for an interview on or about January 8, 2021.

9. The Registrant did attend the interview on January 8, 2021. However, during the interview, it is agreed that the Registrant did not answer some of the questions posed by the investigator.

It is agreed that during the 2020 investigation, the Registrant failed to co-operate fully with the investigator**.***2021 Investigation*

10. It is agreed that despite being provided with an appointment of an investigator on or about July 9, 2021, and a summons on or about September 14, 2021, the Registrant initially refused to provide requested patient records to the investigator. Despite being provided with the statutory information about the authority of the College by the College Investigator and despite having a summons and notwithstanding the fact that the Registrant was a former member of the ICRC where such matters are discussed in detail the Registrant wished to take an opportunity to scrutinize the jurisdiction of the College to proceed with the 2021 investigation. After satisfying himself that the College indeed had the jurisdiction to proceed with the 2021 investigation, the Registrant was delayed delivering requested patient records to the investigator

11. It is agreed that the investigator asked the Registrant to attend for an interview and the Registrant asked that the investigator submit questions in writing.

12. It is agreed that the investigator sent the Registrant questions in writing on or about March 2, 2022, and that the Registrant refused to answer certain questions.

Performing unauthorized controlled acts

Administering Substances by Inhalation

13. The performance of controlled acts by registrants, including but not limited to prescribing drugs and administering substances by inhalation, is governed by Part II of Ontario Regulation 168/15 (the "General Regulation" and attached at **Tab "B**") made under the *Naturopathy Act, 2007*.

14. Subsection 5(4) of the General Regulation requires that in order to administer a specified substance by inhalation, a registrant must have met both:

    a. A course on Prescribing that has been approved by Council; and

    b. An examination on prescribing that is administered or approved by the Council.

15. It is agreed that the Registrant did not meet the requirements as set out in s. 5(4) and therefore was not authorized to administer substances by inhalation. Despite this, the Registrant proceeded to administer substances by inhalation to patients between 2015 and 2021.

16. Further, it is agreed that the Registrant did not inform patients or ensure that patients understood that the Registrant was not authorized to perform this controlled act.

17. Further, it is agreed that the Registrant did not advise patients to consult with a health professional who was authorized to perform this controlled act.

Prescribing Vitamin D

18. Table 3 of the General Regulation sets out the drugs that registrants are authorized to prescribe if they meet the prescribed standards. Vitamin D, in oral dosage containing more than 1,000 International Units per dosage, is a drug.

19. Subsection 9(5) of the General Regulation requires that in order to prescribe a drug, a registrant must have met both:

    a. A course on Prescribing that has been approved by Council; and

    b. An examination on prescribing that is administered or approved by the Council.

20. It is agreed that the Registrant did not meet the requirements as set out in s. 9(5) and therefore was not authorized to prescribe drugs. Despite this, the Registrant proceeded to prescribe Vitamin D over 1,000 IU to patients between 2015 and 2021.

21. Further, it is agreed that the Registrant did not inform patients or ensure that patients understood that the Registrant was not authorized to perform this controlled act.

22. Further, it is agreed that the Registrant did not advise patients to consult with a health professional who was authorized to perform this controlled act.

Consent

23. It is agreed that the Registrant did not obtain informed consent from patients when they administered inhalation therapy or prescribed Vitamin D over 1,000 IU as they failed to advise patients that they were not authorized to engage in such acts.

24. It is agreed that as of January 1, 2016, the Registrant was not authorized to administer IVIT. Despite this, it is agreed that the Registrant did so. The Registrant provided patients with a consent to treatment form that stated “Centre for Biological Medicine has a Registered Naturopathic Doctor/Assistant who is certified to perform intravenous therapy.” It is agreed that this was false. It is agreed that as a result, the Registrant did not obtain consent from patients to administer IVIT from January 1, 2016 onwards.

Advertising

25. It is agreed that the Registrant posted and permitted posting on the Clinic website that they were authorized to administer substances by inhalation.

Record Keeping

26. It is agreed that the Registrant failed to include the following in patient records:

    a. Evidence that the patient provided informed consent;

    b. Assessment and treatment plan; and

    c. Intake form and Health History.

Standards and Guidelines

27. 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 "C"):**

    a. Core Competencies;

    b. Advertising;

    c. Consent;

    d. Inhalation;

    e. Performing Authorized Acts;

    f. Prescribing;

    g. Record Keeping; and

    h. Scope of Practice.

28. 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): - A member shall not perform any controlled act under the authority of paragraph 1, 2, 3[1], 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

        Para 3 - Before performing the controlled act, the member must receive an informed consent from the patient or his or her authorized representative.

        Para 6 - The member must have the knowledge, skill and judgment,

            i. to perform the controlled act safely and ethically, and

[1] Administering, by injection or inhalation, a prescribed substance.

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

b. Section 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:

Para 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.

c. Section 5(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.

d. 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;

e. Section 9(2) – The following are standards of practice for the purposes of subsection (1)[2]:

Para 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.

Para 5 - The member must give a written prescription for the drug to the patient or his or her authorized representative.

f. 9(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.

[2] **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.

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.

g. 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,
    i. a course on prescribing that has been approved by the Council; and
    ii. an examination on prescribing that is administered or approved by the Council.

Acts of Professional Misconduct

29. 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. Consent;

        iv. Inhalation;

        v. Performing Authorized Acts;

        vi. Prescribing;

        vii. Record Keeping

        viii. Scope of Practice; and

        ix. Sections 3(1) paras 3, 6, 5(1) para 1, 5(2), 5(4), 9(2) para 3, 5, 9(4), and 9(5) of the General Regulation 168/15;

    b. **Paragraph 3** – Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic or other health-related purpose except,

        i. with the informed consent of the patient or the patient's authorized representative, or

        ii. as required or authorized by law;

    c. **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;

d. **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;

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

f. **Paragraph 23** – Failing to keep records in accordance with the standards of the profession.

g. **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;

h. **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;

   i. Section 4(2) of the *Naturopathy Act, 2007*;

   ii. Sections 2, 3(1), 5(1), 9(1) of the General Regulation 168/15; and

   iii. Section 76 of the Code;

i. **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

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

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

Acknowledgements

31. 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

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

The College of Naturopaths of Ontario

Standard of Practice:

Consent

Introduction

The intent of this standard is to inform Members of their obligations with respect to consent.

Definitions

Capacity: a person is deemed capable with respect to an intervention/decision if the person is able to understand the information relevant to making a decision about the intervention, and able to appreciate the reasonably foreseeable consequences of a decision, or lack of decision. People:

- are presumed capable unless there is information to lead the Member to think otherwise;
- may be capable with respect to one intervention/decision but not another;
- may be capable with respect to an intervention/decision at one time and incapable at another.

Consent: to acquiesce, agree, approve, assent and give permission to some act or purpose.

Consent and Capacity Board: an independent agency that deals with disputes over treatment decisions where a patient has been deemed not to be capable.

Informed Consent: a phrase used in law to indicate that the consent given by a person has been based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given.

Substitute Decision-maker: a person who makes decisions for someone who is incapable of making his/her own decisions, and who is authorized to give or refuse consent to an intervention on behalf of a person who is incapable of making a decision with respect to the intervention. See Appendix I.

1. Informed Consent

Consent is an ongoing process and not a singular event. To be valid, consent must be informed. The Member has a duty to ensure the patient has sufficient information to make valid decisions about his/her care.

Performance Indicators

The Member ensures that consent is obtained prior to:

- obtaining a case history;
- performing a physical examination/testing;
- initiating treatment;
- collecting personal health information in accordance with the *Personal Health Information Protection Act, 2004.*

To be valid, consent:

- relates to the proposed intervention;
- is informed;
- is voluntary;
- is not obtained through fear, misrepresentation or fraud.

The Member appropriately documents the discussion in the patient chart. Patients need to understand and appreciate the reasonable foreseeable consequences of their decisions, in order to give informed consent.

The Member ensures that the patient or substitute decision-maker understands the following with respect to the proposed course of action:

- the nature of the intervention;
- its expected benefits;
- the material risks and side effects;
- available reasonable alternatives;
- the likely consequences of not receiving the intervention;
- any associated costs; and
- the right to withdraw consent.

The Member discloses risks or side effects that are likely to occur as well as risks and side effects that can result in significant harm or death even though they are unlikely to occur.

The Member answers questions or addresses any special concerns of the patient or substitute decision-maker.

The Member ensures that the patient or substitute decision-maker understands the professional status of those providing professional services.

2. Consent to Assessment and Treatment

The Member ensures that informed consent is obtained from the patient or substitute decision maker at the start of and throughout the assessment and treatment process.

Performance Indicators

The Member discusses the following with the patient or substitute decision-maker as appropriate:

- scope and reason for the assessment and treatment;
- associated costs;
- the purpose and nature of the assessment and treatment including whether information will be obtained from other individuals;
- the potential benefits and limitations of the assessment and treatment and the likely consequences of not receiving the intervention;
- the expected outcomes of the assessment and treatment;
- the right of the patient or substitute decision maker to withdraw consent at any time.

The Member:

- provides an opportunity for the patient or substitute decision maker to ask questions and responds to them in a manner that helps the patient or substitute decision-maker understand.

3. Determining Capacity

The Member when obtaining consent, ensures that the patient understands the information provided and is capable of giving consent to assessment and/or treatment.

Performance Indicators

The Member:

- Assumes that the patient is capable of providing consent, unless there is information that would lead the member to think otherwise;
- Considers factors that may indicate that the patient is incapable;
- Utilizes interpreters, if necessary, to ensure that the patient understands the consent process;
- When there is an indication to do so, follows a process to determine capacity:
    - Gathers objective and subjective information to determine the patient's capacity to give consent;
    - Analyzes the information gathered to determine the ability of the patient to make the required assessment and/or treatment decision;
    - Does not make presumptions of incapacity based on:
        - Diagnosis of a psychiatric or neurological condition;
        - Communication impairment;
        - Disability;
        - Refusal of intervention;
        - Age;
        - Acute or Chronic Health Status;
        - The fact that there is a guardian or substitute decision-maker in place
- Engages the patient in a collaborative approach regarding the capacity process;
- Upon determining incapacity, communicates to the patient the finding of incapacity, the reasons and his/her right of a review of this finding with the Consent and Capacity Board;
- Upon determining incapacity, takes reasonable measures to confirm the substitute decision-maker, and informs the patient that the substitute decision-maker will make the final decision related to the naturopathic services;
- Utilizes the hierarchy of substitute decision-makers (Appendix 1), if a substitute decision-maker has not been identified;
- Involves the patient in discussions with the substitute decision-maker whenever possible.

4. Record Keeping

The Member documents the consent process.

Performance Indicators

In addition to the College's Standard of Practice for Record Keeping, the Member documents:

- that a discussion regarding consent took place and the patient understands the proposed assessment or treatments and their risks, limitations and benefits;
- any modifications to the consent;
- when consent was obtained through the use of an interpreter, alternate means of communication, or a substitute decision maker; the identity of the interpreter or substitute decision maker, the legal entitlement of the

substitute decision maker as applicable (documentation on file, copy of Power of Attorney for personal care provided, etc.);

- that the patient withdrew consent, why he/she did so, and what specifically was withdrawn.

Documentation can take either of the following forms:

- a note in the patient record; and
- a consent form, that is dated, signed, and witnessed.

Related Standards

Acupuncture
Compounding
Dispensing
Fees and Billing
Inhalation
Injection
Internal Examinations
IV Infusion Therapy
Manipulation
Record Keeping

Legislative Framework

General Regulation
Health Care Consent Act, 1996
Personal Health Information Protection Act, 2004
Professional Misconduct Regulation

Approval

Original Approval Date: October 15, 2012

Latest Amendment Date: December 6, 2017

Disclaimer

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Appendix I

The Health Care Consent Act, 1996 defines the hierarchy of substitute decision-makers as:

- the incapable person's guardian if the guardian has authority to give or refuse consent to the treatment;
- the incapable person's attorney for personal care, if the power of attorney confers authority to give or refuse consent to the treatment;
- the incapable person's representative appointed by the Consent and Capacity Board if the representative has authority to give or refuse consent to the treatment;
- the incapable person's spouse or partner (which need not be a sexual partner);
- a child or parent of the incapable person, or a children's aid society or other person who is lawfully entitled to give or refuse consent to the treatment in the place of the parent. This does not include a parent who has only a right of access and is not lawfully entitled to give or refuse consent to treatment. If a children's aid society or other person is lawfully entitled to give or refuse consent to the treatment in the place of the parent, this paragraph does not include the parent;
- a parent of the incapable person who has only a right of access;
- a brother or sister of the incapable person;
- any other relative of the incapable person;
- as a last resort, the Public Guardian and Trustee.

The College of Naturopaths of Ontario

Standard of Practice:

Inhalation

Introduction

The intent of this standard is to advise Members of the requirements to administer substances by inhalation safely, ethically and competently.

Administering substances by inhalation is a component of the controlled act: “Administering a substance by injection or inhalation” (*Regulated Health Professions Act, 1991, S.O. 1991, CHAPTER 18, s. 27*).

Members are authorized to administer substances by inhalation under the *Naturopathy Act, 2007, S.O. 2007, CHAPTER 10, Sched. P, s. 4.1.*

Definitions

Substances: for the purposes of this Standard of Practice, a substance is anything referred to in Table 1 of the General Regulation.

Inhalation: For the purposes of this Standard of Practice inhalation is the administration of any substance by mask, nasal cannula or aerosol inhaler.

1. Competency

The Member has the knowledge, skill and judgment necessary to administer a substance by inhalation safely, ethically and competently

Performance Indicators

Prior to administering substances by inhalation, the Member is in compliance with the Standard of Practice for Prescribing.

2. Assessment and Administration

The Member conducts an assessment and formulates a working diagnosis based on subjective and/or objective findings prior to administering a substance by inhalation.

Performance Indicators

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

- assesses the patient for contraindications prior to administering a substance by inhalation;
- administers a substance for diagnostic or therapeutic purposes when it is clinically indicated;
- complies with the Standard of Practice for Compounding, where applicable, when mixing, preparing, packaging or labeling two or more substances listed in Table 1 of the General Regulation for the purpose of administering a customized therapeutic product to a patient by inhalation;
- administers an emergency substance listed on Table 1 of the General Regulation only when necessary and only to stabilize the patient until emergency personnel can attend to the patient.

3. Equipment

The Member ensures that all equipment and supplies used for inhalation are stored and maintained appropriately.

Performance Indicators

The Member:

- stores and maintains equipment and supplies according to manufacturers' specifications;
- checks equipment on a regular basis for functional integrity;
- ensures equipment is calibrated by appropriately trained personnel;
- ensures that all equipment is appropriately cleaned, disinfected and/or sterilized as per current infection prevention and control standards;
- disposes of equipment in an appropriate manner.

If the requirements listed above conflict with the manufacturers' specifications, the Member follows manufacturers' specifications.

Related Standards & Guidelines

Compounding
Consent
Emergency Preparedness
Infection Control
Performing Authorized Acts
Record Keeping

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:

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

Disclaimer
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The College of Naturopaths of Ontario

Standard of Practice:

Prescribing

Introduction

The intent of this standard is to advise Members of the requirements to prescribe drugs and substances listed on Table 3 of the General Regulation safely, ethically and competently.

Prescribing is a component of the controlled act: "Prescribing, dispensing, compounding or selling a drug designated in the regulations." *(Regulated Health Professions Act, 1991, S.O. 1991, CHAPTER 18, s. 27).*

Members are authorized to prescribe a drug designated in the regulations under *the Naturopathy Act, 2007, S.O. 2007, CHAPTER 10, Sched. P, s.4.1.*

Definitions

Drug and Substance: For the purposes of this Standard of Practice a drug and/or substance is anything listed on Table 3 of the General Regulation.

1. Competency

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

Performance Indicators

Prior to prescribing drugs or substances, the Member will:

- achieve and maintain all prerequisites required for performing the procedure including the successful completion of:
  - a course on prescribing approved by the Council; and
  - an examination on prescribing administered or approved by the Council;
- fulfill all requirements for maintenance of competence for performing the procedure (e.g., continuing education, College's Quality Assurance Program).

2. Prescribing

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

Performance Indicators

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

Before prescribing a drug or substance, the Member:

- assesses the patient and conducts laboratory and diagnostic investigations as appropriate;
- determines that the patient's condition warrants prescribing the drug or substance, having considered the risks and benefits and other circumstances relevant to the patient;
- documents symptoms and/or conditions being treated;
- reviews the patient's available medication history.

The Member who prescribes drugs or substances:

- does so in compliance with any limitations and in accordance with the route of administration and dosage specifications included in Table 3 of the General Regulation;
- informs each patient that they have a choice where they can purchase the prescribed drug or substance;
- provides a written prescription;
- provides a verbal prescription in emergency situations only and documents the verbal order as soon as possible;
- documents the drug or substance prescribed in the patient record;
- provides relevant information about drugs or substances, including but not limited to risks, contraindications, and proper usage, to the patient and/or authorized patient representative; and
- notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.

When preparing a prescription for a drug or substance, the Member includes the following on the prescription:

- date;
- patient's name and address;
- prescribed drug or substance's name or scientific binomial, strength, dose and quantity to be dispensed;
- directions for use including the administration route, frequency, dose, duration and any special instructions;
- number of allowable refills; and
- prescriber's name, address, telephone number, signature, and College registration number.

After prescribing a drug or substance, the Member:

- monitors and documents the patient's response to the therapy;
- monitors, documents and reports adverse reactions;
- continues therapy, adjusts dosage or discontinues the therapy as appropriate; and
- consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.

When a Member continues a drug or substance initiated by another health care professional, the Member:

- provides ongoing assessment;
- monitors and documents the patient's response to therapy;
- continues therapy, adjusts dosage or discontinues therapy depending on the patient's response;
- informs the initiating health care professional of changes in therapy, where appropriate and with the patient's consent.

3. Record Keeping

The Member makes specific notations regarding prescribing drugs and substances.

Performance Indicators

In addition to the Standard of Practice for Record Keeping, the Member maintains in the patient record:

- a copy of the prescription;
- a record of any laboratory or other tests that the Member considered in making the decision to prescribe the drug or substance;
- the names and address 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.

Related Standards & Guidelines

Compounding
Conflict of Interest
Delegation
Dispensing
Record Keeping
Selling

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:

Record Keeping

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.

1. Appointment Records

The Member maintains an appointment record that is accurate, legible and comprehensive.

Performance Indicators

The Member maintains an appointment record that clearly and legibly identifies:

- Member's name, clinic name, address and telephone number;
- date and time of appointment;
- name of patient (minimum of last name and first initial); and
- duration of appointment.

The Member maintains and retains appointment 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.

2. Patient Financial Records

The Member maintains a financial record that is accurate, legible and comprehensive.

Performance Indicators

The Member ensures that financial records clearly and legibly record:

- name of treating Member, clinic name, address, telephone number;
- patient's name, address and telephone number;
- date of service;
- services billed;
- substances, drugs or devices dispensed;
- payment amount and method of payment; and

- balance of account.

The Member ensures that:

- patient financial records are clearly itemized;
- fees for naturopathic consultation are separated from all other fees;
- fees for supplements, injectable substances, devices, special testing, etc., are individually listed;
- receipts are issued for all payments and copies are maintained in the patient financial record.

The Member maintains and retains financial 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.

3. Patient Charts

The Member maintains a patient chart that is accurate, legible and comprehensive.

Performance Indicators

In all patient charts, the Member ensures:

- all written entries are made in indelible ink;
- the patient's name or patient number is recorded on each page;
- all entries are made in either English or French. Other languages may be used provided that English or French are also used;
- there is no highlighter used over writing;
- all written records are clearly legible;
- there are no blank spaces between entries;
- all pages are in chronological order, consecutively numbered and dated;
- a consistent format is used for recording the date;
- all chart entries are recorded as soon as possible after the patient interaction; and
- when other than generally accepted medical abbreviations are used, a legend of abbreviations or codes is available.

The Member ensures that all records contain:

- the patient's chief complaint(s);
- relevant health, family and social history;
- subjective information provided by the patient or their authorized representative;
- relevant objective findings;
- consent;
- results of any naturopathic examinations;
- an assessment of the information and any diagnosis;
- proposed treatment plan, including prescriptions and recommendations;
- relevant communications with or about the patient;
- the patient's reactions/feedback to treatment
- relevant information obtained from re-assessment;
- relevant referral and consultation information, where applicable; and
- indication of who made each entry and when the entry was made.

The Member records the following information related to the delivery of treatment:

- name and strength of all drugs and/or substances administered;
- dosage and frequency;
- date of administration;
- method of administration; and
- how treatment was tolerated.

The attending Member includes his/her registration number and signs the written record so that the treating ND is clearly identified.

The Member maintains and retains patient 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.

4. Electronic Records

The Member ensures that electronic records are maintained and retained in a safe and effective manner.

Performance Indicators

Electronic records are subject to the same security requirements as paper/written information. The Member ensures that, when patient records are maintained in an electronic system, the following criteria are met:

- the system provides a visual display of the recorded information;
- the system provides a means of accessing the record of each patient by the patient's name or other unique identifier;
- the system is capable of printing the recorded information in chronological order for each patient;
- the system maintains an audit trail that:
    - records the date and time of each entry for each patient;
    - preserves the original content of the record if changed or updated;
    - identifies the person making each entry or amendment; and
    - is capable of printing each patient record separately.
- the system provides reasonable protection against unauthorized or inappropriate access;
- the system is backed up at least each practice day and allows for the recovery of backed-up files or otherwise provides reasonable protection against loss of, damage to and inaccessibility of records;
- backed-up files are stored in a physically separate and secure area; and
- files are encrypted if they are transferred or transported outside of the facility.

When making the transition from paper to electronic records, the Member must:

- ensure the integrity of the data that has been converted into electronic form;
- verify that documents have been properly scanned;
- ensure that the entire patient record is intact upon conversion, including all attached notes and hand-written comments.

5. Storage of Charts

When storing patient charts, the Member takes reasonable measures to ensure patient confidentiality and security of patient information to prevent unauthorized access and maintain its integrity.

Performance Indicators

The Member:

- ensures all patient charts are secured;
- ensures sensitive information is never left unattended in an unsecured location;
- stores all patient charts alphabetically or numerically, such that a specific file can be easily identified and retrieved;
- maintains a separate chart for each patient; and
- ensures, if other practitioners also see the same patient, that the Member's electronic records can be individually retrieved.

6. Amendments to Patient Charts

The Member ensures that any amendments made to a patient chart are properly documented.

Performance Indicators

The Member ensures that:

- any amendment to a written chart is initialed, dated and indicates what change was made;
- all previous written entries remain legible;
- amendments are only to be in the form of additions and not erasure or overwriting;
- the original entry is available and legible;
- a patient chart is never re-written.

7. Privacy

The Member adheres to the Personal Health Information Protection Act, 2004 (PHIPA).

Performance Indicators

The Member obtains the patient's consent when collecting, using or disclosing personal health information unless provided otherwise by law.

The Member maintains patient confidentiality in the course of collecting, storing, using, transmitting and disposing of personal health information.

The Member identifies the Health Information Custodian (HIC) who establishes written policies and procedures relating to the collection, use, and disclosure of all personal health information. The patient is informed of who has custody and control of their personal health information and how their information will be managed.

All patients are made aware that other practitioners may have access to their charts and patients may choose to decline that access.

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.

If a Member relocates a practice he/she takes the patient records to the new location. If the practice ceases operation, the Member either appropriately transfers or maintains the original of all patient records as described above. Patients are notified in writing as to how they can obtain access to their patient records. The College is also notified and provided with a forwarding address for a minimum of ten (10) years.

In the event of a sale of the practice, all of the original records are transferred to the purchasing Member who maintains those records as described above. Where feasible (in some cases by newspaper notice) patients are notified, in writing, of the practice sale so that any patient who requires it may obtain a copy of their record. The College is also informed in writing of the sale and in whose care and control the original records will be maintained.

In all cases, the College is notified, in writing, of the forwarding address where the records are kept for a minimum of ten (10) years from the date of the last day of practice of the Member

9. Dispensing and Selling of Drugs and Substances

The Member creates and maintains appropriate records of the dispensing and selling of drugs and substances for a minimum of ten years.

Performance Indicators

The Member:

- records and maintains an inventory of drugs and substances purchased or received, including date of receipt;
- records the date drugs and substances are dispensed and/or sold;
- records the name of the person to whom the drugs and substances were dispensed and/or sold;

- maintains copies of prescriptions/recommendations from other Members or health care providers;
- maintains a log containing a record of distribution of each drug or substance dispensed to enable the Member to issue a recall of any dispensed drug or substance;
- maintains a record of any product recalls or alerts provided by the manufacturer or Health Canada; and
- maintains these records for a minimum of ten (10) years.

10. Disposing of Patient Records

The Member does not dispose of a record of personal health information unless their obligation to retain the record has come to an end.

Performance Indicators

When the obligation to retain records comes to an end, the records may be destroyed:

- paper or hard copy records must be disposed of in a secure manner such that the reconstruction of the record is not reasonably possible;
- Electronic records must be permanently deleted from all hard drives, as well as other storage mechanisms.
    - Hard drives must either be crushed or wiped clean with a commercial disk wiping utility.
    - Similarly, any back-up copies of the records must be destroyed.

The Members maintains a record of disposal dates, and names of patient whose records were disposed.

Related Standards

Consent
Dispensing
Fees and Billing
Prescribing
Recommending Non-Scheduled Substances
Selling

Legislative Framework

Personal Health Information Protection Act, 2004
Professional Misconduct Regulation

Approval

Original Approval Date: October 15, 2012
Latest Amendment Date: March 6, 2019.

Disclaimer

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

The College of Naturopaths of Ontario

Standard of Practice

Scope of Practice

Introduction

The intent of this standard is to advise Members with respect to the expectations concerning Members as providers of naturopathic services and as responders to general health-related questions.

Definitions

Act: means the *Naturopathy Act, 2007*.

Controlled Act: means any diagnostic or therapeutic procedure listed in section 27(2) of the Regulated Health Professions Act (RHPA) that is authorized to certain regulated health professionals in providing patient care.

DPRA: means the *Drug and Pharmacies Regulation Act, 1990.*

Public Domain: means any diagnostic or therapeutic procedure other than those listed in section 27(2) of the RHPA that any regulated health professional may utilize in the course of providing care.

RHPA: means the *Regulated Health Professions Act, 1991.*

1. Scope of Practice

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.

2. Controlled Acts

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.*

3. Diagnostic and Therapeutic Procedures

A Member shall take reasonable steps to ensure that any proposed diagnostic or therapeutic procedure to be used for the benefit of a patient relates to the naturopathic scope of practice.

In order to perform a diagnostic or therapeutic procedure, a Member shall:

- *achieve, maintain and be able to demonstrate clinical competency (e.g., examination, certification, or proof of training) in the diagnostic or therapeutic procedure.*

A Member shall obtain the patient's consent to the use of the diagnostic or therapeutic procedure, consistent with Standard of Practice for Informed Consent, that is:

- *fully informed;*
- *voluntarily given;*
- *related to the patient's condition and circumstances;*
- *not obtained through fraud or misrepresentation; and*
- *evidenced in a written form signed by the patient or otherwise documented in the patient health record.*

If a proposed diagnostic or therapeutic procedure does not fall within the naturopathic scope of practice and the knowledge, skill and judgment of a member, a Member should not use the diagnostic or therapeutic procedures in their professional capacity.

4. Responding to General Health-Related Questions

A Member is restricted from treating or advising outside the naturopathic scope of practice, when it is reasonably foreseeable that serious bodily harm may result by section 30 (1) of the RHPA as follows:

> *30 (1) No person, other than a member treating or advising within the scope of practice of his or her profession, shall treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from them.*

In responding to general health-related questions by patients that relate to controlled acts outside the naturopathic scope of practice (such as questions relating to a drug as defined in the DPRA not authorized to the profession, performing surgery and administering vaccinations), a member shall:

- *Advise the patient that the performance of the act is outside the naturopathic scope of practice and refer the patient to a health professional who has the act within his/her scope of practice;*
- *Respond in a professional, accurate and balanced manner in the context of providing primary health care to the patient consistent with the naturopathic scope of practice; and*
- *Encourage the patient to be an active participant in his/her own health care which allows the patient to make fully informed decisions concerning his/her health care.*

5. Offences

40 (1) Every person who contravenes subsection ... 30 (1) is guilty of an offence and on conviction is liable,

- *(a) for a first offence, to a fine of not more than $25,000, or to imprisonment for a term of not more than one year, or both; and*
- *(b) for a second or subsequent offence, to a fine of not more than $50,000, or to imprisonment for a term of not more than one year, or both.*

6. Mandatory Referral

A member is required under Ontario Regulation 168/15 to make a referral to another regulated health professional under the following circumstances:

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 a 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.*

7. Implications of Failure to Comply

A member is reminded that they may be the subject of an inquiry, complaint or report concerning the provision of naturopathic services or discussions related to general health-related questions from patients.

The Inquiries, Complaints and Reports Committee (ICRC), composed of elected (naturopath), appointed (public) and non-council (naturopath) committee members will review any inquiry, complaint or report to determine the member's compliance with all regulations and relevant standards of practice including this policy.

In exercising its discretion, the ICRC may consider if the discussions with the patient relating to general health-related questions were consistent with this policy, the regulations and standards of practice of the profession.

8. Legislative Context

In addition to the legislative provisions outlined above, members are reminded that the following are acts of professional misconduct under Ontario Regulation 17/14 (Professional Misconduct):

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

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic or other health-

related purpose except,

- *i. with the informed consent of the patient or the patient's authorized representative, or*
- *ii. as required or authorized by law.*

4. Failing to reveal the exact nature of a substance or treatment used by the member following a request by a patient or a patient's authorized representative to do so.

7. Recommending or providing treatment that the member knows or ought to know is unnecessary or ineffective.

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.

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.

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

11. Performing a controlled act that was delegated to the member by another person unless the member has the knowledge, skill and judgment to perform the controlled act.

23. Failing to keep records in accordance with the standards of the profession.

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.

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.

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.

37. Contravening, by act or omission, a law if,

- *i. the purpose of the law is to protect or promote public health, or*
- *ii. the contravention is relevant to the member's suitability to practise.*

48. Failing to make reasonable attempts to collaborate with the patient's other relevant health care providers respecting the care of the patient, where such collaboration is necessary for the patient's health, unless the patient refuses to consent.

Related Standards

Communicating a Diagnosis
Compounding
Consent
Dispensing
Fees and Billing
Injection

Internal Examinations
Intravenous Infusion Therapy
Performing Authorized Acts
Prescribing
Record Keeping
Recommending Non-Scheduled Substances
Selling

Legislative Framework

Naturopathy Act, 2007
Professional Misconduct Regulation
General Regulation
Regulated Health Professions Act, 1991
Drug and Pharmacies Regulation Act, 1990
Health Care Consent Act, 1996

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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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