

**Consultation on Currency Requirements
Feedback Report**

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Sections Commenting	1 - Definitions, 2 - Minimum Requirements, 4 - Practising the Profession – General Class Certificate
Definitions	This definition is sufficient.
Minimum Requirements	I am opposed to using patient contact hours as a measurement of requirement. On-going skill development within the profession means collaborative effort between practitioners and other health care providers. Patient contact hours are a fairly basic, surface level of screening for competency within the profession.
Currency Auditing	

Practising the Profession	I would say this is adequate from a basic screen of competency. There is more to advancing the profession than getting professionals to meet patient contact hours. There should be higher value places and potentially a strategy to assess professional collaboration and advancement of naturopathic medicine. Most NDs are private practice which separates us from the healthcare system and prevents collaborative learning.
Transition Period	
Evidence of Currency	
Currency Hours Not met	

3. Declaration and Signature

Declaration	I agree
Signed	

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2. Feedback

Sections Commenting	1 - Definitions, 2 - Minimum Requirements, 3 - Currency Auditing, 4 - Practising the Profession – General Class Certificate, 5 - Transition Period for Minimum Hour Requirements for Direct Patient Care, 6 - Evidence of Currency, 7 - Currency Hours not Met
Definitions	I'd like this to include research-participant interactions.
Minimum Requirements	I am fine with "each" three year cycle however it is my opinion that the minimum requirements do not make sense. Meaning that you cannot use the ND title if you do not practice? This is not consistent with the IDEA training that I just did (for CONO in fact). I think that this needs to be much more flexible, given the diversity of what NDs do and who we are. I do not think this is compromising patient safety as we have continuing education hours that we have to also meet. This requires more justification on behalf of the College - what other ND professions are stipulating this in North America?
Currency Auditing	

Practising the Profession	I think CE credits should count towards this. I think research-participant interactions should count towards this.
Transition Period	
Evidence of Currency	
Currency Hours Not met	

3. Declaration and Signature

Declaration	I agree
Signed	

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Sections Commenting	2 - Minimum Requirements, 4 - Practising the Profession – General Class Certificate, 6 - Evidence of Currency
Definitions	
Minimum Requirements	I agree with this with one caveat. Parental leaves, illness, and other exceptional circumstances should be considered within each three-year cycle. In these cases, provision for those situations should be considered in the "currency hours not met" scenario without having to go through the expense and time of peer and practice assessment. Perhaps a letter of explanation can be provided by the registrant.
Currency Auditing	

Practising the Profession	Team-based learning and interprofessional collaboration might not be captured well within the "administrative hours" of patient interactions. I recommend not removing "communication with colleagues regarding case management", or including them under the "e.g., billing or charting" of administration. Also, in academic institutions, live case taking may take place, and these should be considered part of practising the profession. I recommend that Clinical education that "Clinical education involving patient interaction or provision of professional services while teaching" not be removed.
Transition Period	
Evidence of Currency	Clinical research articles are ften derived/inspired from patient interaction. This should remain, as it enhances patient care - not only for their patients, but for patients seen by the profession. I would argue that this INCREASES their currency in patient care, making the registrant that participates in creating clinical research articles even more current in the clinical condition or therapeutic in naturopathic medicine.
Currency Hours Not met	

3. Declaration and Signature

Declaration	I agree
Signed	

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Sections Commenting	2 - Minimum Requirements, 6 - Evidence of Currency
Definitions	
Minimum Requirements	I am concerned that some part-time practices, including my own, don't meet the minimum hour requirement. I conducted an audit of my patient hours over the past 3 years and based on billable hours, I would not meet the minimum hours of 750 hours. I do not log my direct patient care research time but I estimate that I would meet the requirement if these hours are included. I also spend regular time over and above my continuing education requirements to ensure I'm up to date on the current standards of care for a variety of conditions I see in practice. I'm concerned that with the new requirements, that a practice like mine would no longer be feasible and I would be forced to leave the profession. I do agree maintaining competence among all members is very important but a variety of work arrangements should be reflected in these requirements. Many members, myself included, keep their practices smaller by design in order to balance other caregiving responsibilities in my life. I imagine there may be other members who <u>also keep their practices small in order to manage their own disabilities or health challenges.</u>
Currency Auditing	There should be provisions for members who would like or need smaller practices to demonstrate their competency in a reasonable way.

Practising the Profession	
Transition Period	
Evidence of Currency	I'm unclear if direct patient case research is included in the minimum 750 hours. If it is included, it seems like it could be onerous to log, record and submit these hours as evidence of meeting the requirement.
Currency Hours Not met	

3. Declaration and Signature

Declaration	I agree
Signed	

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Sections Commenting	2 - Minimum Requirements, 4 - Practising the Profession – General Class Certificate, 5 - Transition Period for Minimum Hour Requirements for Direct Patient Care
Definitions	
Minimum Requirements	Agree
Currency Auditing	

Practising the Profession	Agree
Transition Period	Agree- this would need to be very clear and fair to already newly registered members. I.e. for myself, I have been in practice for 2 years, and have been on maternity leave 2x and I am practicing part time. If this gets implemented, it would need to be fair to current members and be effective for onboarding of new registrants, and then be a gradual roll out that is implemented for current members once their 3 year cycle is completed, and in place for the following 3 year cycle.
Evidence of Currency	
Currency Hours Not met	

3. Declaration and Signature

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Signed	

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Sections Commenting	1 - Definitions, 4 - Practising the Profession – General Class Certificate, 7 - Currency Hours not Met
Definitions	Not sure the degree to which this is relevant to this process BUT it is important that this is known to potentially reflect group settings ... not just 1:1 encounters
Minimum Requirements	
Currency Auditing	

Practising the Profession	This is likely a small subset of registrants, but for those of us in full time teaching roles, this MAY be challenging. Supervising one clinic shift alone should manage to meet these requirements, especially if that registrant is also seeing patients privately. However, important to emphasize that teaching clinical reasoning and clinical skills does reinforce and maintain currency even if there is not a direct patient contact ... arguably, in some cases, better than folks seeing lots of patients, but using bad habits or poor medicine. Quantity does not necessarily equate to quality.
Transition Period	
Evidence of Currency	
Currency Hours Not met	As someone who focuses on other activities in the profession besides direct patient care, having a class that makes this clear without simply being "inactive" is important. An ND can be "active" without focusing on patient care ... this is an implicit message ... that NDs do and should engage in other activities related to the practice of medicine - teaching, scholarship, advocacy, policy, etc. We are still NDs, still current, and are filling important roles in the profession.

3. Declaration and Signature

Declaration	I agree
Signed	

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Sections Commenting	2 - Minimum Requirements, 4 - Practising the Profession – General Class Certificate, 5 - Transition Period for Minimum Hour Requirements for Direct Patient Care, 6 - Evidence of Currency
Definitions	
Minimum Requirements	This seems reasonable and clear.
Currency Auditing	

Practising the Profession	I feel that this is not helpful in achieving its goal - the maintenance of skill, knowledge, and competencies. I feel this puts particular Naturopaths at a disadvantage, as well as not addressing a decline in relevant medical knowledge over time. I believe that if CONO is concerned with keeping NDs up-to-date, an increase in CE requirements would be significantly more helpful in ensuring the profession stays relevant to new updates in our field. I also feel that including total research hours (not only specific to a patient case) within the 750 required hours would be beneficial not only in encouraging Naturopaths to stay relevant, but would also avoid putting NDs at a disadvantage who are struggling to build their practice, or NDs who can only afford to work reduced hours due to restrictions like parenthood, pregnancy, illness, or other personal obligations. In my experience it is not often NDs with fewer work hours that are lagging behind in research and relevancy, but NDs who have busy practices and have less time to update their knowledge. Of course I am generalizing and this is not always the case. However I feel that excluding total research hours as a portion of our 750 required hours and limiting this to exclusively patient care is putting additional pressure on NDs, shifting our focus towards the business aspect of practise rather than the research/education side, and as a result being not helpful in addressing the goals stated by the college.
Transition Period	I think the timeline is adequate for onboarding. I believe there is significant value in time spent doing additional research, whether or not it currently relates to an existing patient case. I feel it would be detrimental to shift these requirements in a way that could reduce this time spent. To have Naturopaths that would typically delve deep into research simply scratching the surface due to a forced shift in their priorities would not only be a shame, but would be detrimental to patient care, to the world of research and medical progression, and, most relevant in this consultation form, entirely against the goals of the college.
Evidence of Currency	I think this is reasonable and clear.
Currency Hours Not met	

3. Declaration and Signature

Declaration	I agree
Signed	

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Sections Commenting	1 - Definitions, 3 - Currency Auditing, 4 - Practising the Profession – General Class Certificate, 5 - Transition Period for Minimum Hour Requirements for Direct Patient Care, 6 - Evidence of Currency, 7 - Currency Hours not Met
Definitions	The definition is restrictive. A naturopathic doctor may also interact with patients outside of the patient visit, or supervise that interaction, without performing the defined activities. For example, where a patient has clarifying questions about management outside of the visit. Interactions such as these, which are not fully defined in the definition for "Patient Interaction," but are legitimate interaction when properly documents, may represent a significant amount of time over a three year period that is not being accounted for by this definition.
Minimum Requirements	
Currency Auditing	<p>-An explanation of the auditing process should be included in the policy (or as an appendix)</p> <p>-Auditing of Inactive Class registrants – The explanation states the wording change was made to prevent circumvention of currency hours audits. However, the policy should be interrogated for its fairness to registrants who need to move to inactive status for leaves from practice such as maternity care, health reasons, familial responsibilities, etc. By auditing the period surrounding the inactive period, CoNO subjects these practitioners to scrutiny not required of other general class registrants. It also does not account for life circumstances that may restrict practitioners from meeting currency requirements in all the three years.</p> <p>-Rolling three-year requirements mean that a practitioner who is practicing at the minimum of currency hours runs the risk of being below currency requirements when one year requires a reduction in practice hours. The policy change represents an unnecessarily restrictive conception of how currency hours impact safe and effective patient care. This is shortcoming of the policy in general.</p>

Practising the Profession	<p>-Removal of “including but not necessarily limited to providing direct patient care, within the scope of practice of the profession for the purpose of satisfying the currency requirements of section 6(1) of the Registration Regulation” is restrictive without rationale for how that restriction prevents harm to patients/public. The position that practitioner currency, which is meant to represent the ability for a practitioner to provide effective and safe care, is not based in evidence.</p> <p>- The removal of other alternate activities to contribute to currency hours (research, clinical education, communication regarding case management and mentoring) are unnecessarily restrictive to registrants. There is evidence to demonstrate that currency can also be maintained by engaging in the removed activities, along with direct patient care. Knowledge, skills and judgement to practice safely and effectively are maintain and enhanced by these adjunctive practices. There is no evidence presented to demonstrate the need to restrict the definitions and activities related to patient care as proposed.</p>
Transition Period	<p>-The currency audit process should be elaborated by CoNO as an appendix to the policy to provide members with detailed information.</p>
Evidence of Currency	<p>-The listing of what constitutes evidence of direct patient care is lacking breadth. Registrants may count patient case research as part of currency hours, yet there is no allowance for evidence or expression of how much research time will be allowed per patient interaction. Less experienced practitioners may spend as much time in patient care research as they do in patient visits. More experienced practitioners spend less time.</p> <p>-Confirmation of services provided, such as letters from patients, is inordinately intrusive.</p>
Currency Hours Not met	<p>-The options provided to registrants if currency requirements are not met are limited for practitioners who are continuing to practice but have not been able to meet currency hours on a consistent basis. For example, if 650 hours are met, would a practitioner be any less able to perform their duties? The refresher program option may be onerous and unnecessary for the practitioner to perform in a safe and effective manner.</p> <p>-Other work within the profession should be considered as practicing the profession if a practitioner is engaged in patient care but falling below threshold. Currency can be augmented through means in addition to direct patient care alone.</p> <p>-A provision for the first five years of practice should be incorporated to the policy, either allowing for fewer currency hours in total or allowing for additional methods of demonstrating currency.</p>

3. Declaration and Signature

Declaration	I agree
Signed	

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Sections Commenting	4 - Practising the Profession – General Class Certificate
Definitions	
Minimum Requirements	
Currency Auditing	

Practising the Profession	I agree that minimum of 750 hours of direct patient care over 3 year period is appropriate and will set a standard of practice.
Transition Period	
Evidence of Currency	
Currency Hours Not met	

3. Declaration and Signature

Declaration	I agree
Signed	

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First Name	
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Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Sections Commenting	7 - Currency Hours not Met
Definitions	
Minimum Requirements	
Currency Auditing	

Practising the Profession	
Transition Period	
Evidence of Currency	
Currency Hours Not met	NDs who practice on a part-time basis, or do more teaching or research, should be given the deemed up-to-date if their CME credits are achieved.

3. Declaration and Signature

Declaration	I agree
Signed	

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CoNO Registered	Yes
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Sections Commenting	2 - Minimum Requirements, 3 - Currency Auditing, 4 - Practising the Profession – General Class Certificate, 5 - Transition Period for Minimum Hour Requirements for Direct Patient Care, 6 - Evidence of Currency, 7 - Currency Hours not Met
Definitions	
Minimum Requirements	I disagree with the minimum requirements, as we are required to achieve continuing education credits, presumably to mitigate this risk.
Currency Auditing	

Practising the Profession	
Transition Period	I disagree with adding an additional requirement onto maintaining your general class.
Evidence of Currency	
Currency Hours Not met	I disagree with adding an additional requirement onto maintaining general class, as well as a fee being imposed onto currency hours not met. If the practitioner is unable to meet the minimum hours, the fee is a punitive measure that is only going to further financial burdens on practitioners.

3. Declaration and Signature

Declaration	I agree
Signed	

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Sections Commenting	6 - Evidence of Currency
Definitions	
Minimum Requirements	
Currency Auditing	

Practising the Profession	
Transition Period	
Evidence of Currency	I don't support removing practice aspects such as research time, clinical education and mentoring from the definition of practise hours. I think these are important aspects of a naturopathic practice and do consume a significant amount of practise time.
Currency Hours Not met	

3. Declaration and Signature

Declaration	I agree
Signed	

From: [Andrew Parr](#)
To: [Andrew Parr](#)
Subject: FW: Feedback for Currency Consultation (J Sparrow, ND, #1587)
Date: Thursday, February 1, 2024 9:41:15 AM

From: Sent: Wednesday, January 31, 2024 10:40 AM

To: General <general@collegeofnaturopaths.on.ca>

Subject: Feedback for Currency Consultation

Please accept my feedback submission for the proposed changes to Currency.

When I graduated from CCNM I, along with my classmates, took our oath, and it is to this that I look when I ponder about my role as a naturopathic doctor.

“I dedicate myself to the service of humanity as a practitioner of the art and science of naturopathic medicine.

By precept, education, and example, I will assist and encourage others to strengthen their health, reduce risks for disease, and preserve the health of our planet for ourselves and future generations.”

I believe that we can serve humanity and our communities in far more ways than the proposed allowable currency activities outlined within the General class, including the non-clinical title. These restrictions limit the impact naturopathic doctors can have in a variety of professions, organizations, and community groups. Naturopathic doctors are valued for their specific knowledge and skills relating to both direct patient care, community health, and planetary health on a larger scale. Limiting activities to certain settings also reduces the unique opportunities naturopathic doctors can access to make a living practicing their profession.

I believe it is also important to recognize the difficult economy we are all working in right now and to rely solely on income from individual patient visits can prove challenging, especially for those building their practices.

I believe we can provide safe, effective care to patients and expand our role in our communities, using our hard-earned naturopathic doctor titles, thereby positioning ourselves as leaders in the **service of humanity**.

Sincerely,

January 31, 2024

College of Naturopaths of Ontario
Attn: Ms. Erica Laugalys
Director, Registration & Examinations
Registration Committee

10 King Street East, Suite 1001
Toronto, Ontario
M5C 1C3

**Re: OAND Response to the Consultation on Proposed Changes to the Registration Policy –
Currency**

Dear Ms. Laugalys and Members of the Registration Committee,

The Ontario Association of Naturopathic Doctors (OAND) values the opportunity to respond to the Consultation on Proposed Changes to the Registration Policy - Currency. As you may know, the OAND represents 70% of Ontario's ND workforce and over 400 student members. In preparing this response, the OAND received valuable insights from our members as they highlighted their concerns and recommendations.

First, we would like to recognize that currency and quality assurance regulations are an important aspect of a robust, competent, and safe regulated health care profession. The naturopathic profession in Ontario is well-respected in the degree to which it upholds its regulations, with a small percentage of serious complaints, investigations, and concerns compared to other regulated primary care professionals in Ontario (CoNO 2021;2022;2023a).

Our response outlines our concerns about and the potential consequences of the proposed changes and includes our recommendations and references where indicated. Our response covers the following areas:

1. Justification for the Consultation
 - a. Addressing Patient Safety Concern
 - b. Impact on College Operations
 - c. Restriction of Activities that Contribute to Competency
 - d. Comparable Practices in Other Relevant Regulatory Frameworks
 - e. Non-Clinical Term, Condition or Limitation (TCL) Requirements

2. Impact to the Naturopathic Profession

- a. Diverse Professional Roles
- b. The Scope of Practice for NDs in Ontario
- c. Impact on Patient Care
- d. Impact on Parental and Other Leaves
- e. Disproportionate Impact on Women and Parents
- f. Disproportionate Impact on New Graduates
- g. Impact on Mentorship/Consulting on Cases with Colleagues

Justification for the Consultation

The majority of members who participated by providing feedback were concerned about the proposed changes to this policy (see Appendix C). In preparing our response for this consultation we analyzed numerous factors such as patient safety guidelines, other regulatory practices under the RHPA, and naturopathic regulations across Canada. Our response aims to be objective and comprehensive analysis with substantiated evidence that the proposed modifications will not promote safeguarding of public interest or promote safe and effective naturopathic practice and are therefore not justified. We have detailed our analysis below.

a. Addressing Patient Safety Concerns

The OAND and its members understand and support the intention of 6.(1) of the Registration Regulation (*Naturopathy Act, 2007*) to mitigate the public's risk from atrophy of knowledge and skill, and we support a robust and effective currency and quality assurance program. In assessing the last three CoNO annual reports, there have been no referrals to the Fitness To Practice committee. In 2022, less than 10% of registrants who underwent a peer and practice review fell below the standards in at least one component of the assessment, and 100% of these were resolved with satisfaction after referral to the Quality Assurance (QA) committee (CoNO, 2023a). Also, in 2022, 0.2% of registrants who completed their CE submissions were referred to the Inquiries, Complaints and Reports Committee (ICRC) for not complying with the QA program (CoNO, 2023a). In the past three years, there have been less than 10 ICRC decisions annually, requiring the undertaking of a Specified Continuing Education and Remediation (SCERP) program of any kind (CoNO 2021;2022;2023a). This analysis does indicate a trend regarding knowledge attrition within the profession.

b. Impact on College Operations

In the consultation documentation, CoNO refers to a random sampling of general class registrants demonstrating that most registrants already meet currency requirements (CoNO 2023b). We question the appropriateness of suggesting a major policy change to address outliers in the profession. We understand that the proposed changes seek to address concerns about professional portfolio audits of members registered in the general class, who are not involved in adequate direct patient care to successfully meet the QA portfolio requirements. This concern is already addressed as part of the Quality Assurance (QA) Regulation. If additional changes to address concerns are required, it follows that they be addressed within the QA regulations.

The consultation documentation also noted that the proposed changes are being considered in response to "registrant and staff feedback from the College's audit of practice hours conducted in April 2023, which highlighted the need for clearer requirements related to direct patient care hours and acceptable evidence of currency" (CoNO 2023b). The OAND annually receives numerous inquiries during the registration period (Feb 1- Mar 31) regarding a lack of clarity around what activities constitute practicing the profession and should be included in practice hour calculations. There is a lack of clarity regarding these specific practice activities and subsequent hour calculations and have suggested wording (see Appendix A) that could resolve these concerns. We contend that this is a matter of more precise terminology and education and does not merit a significant policy change.

c. Restriction of Activities that Contribute to Competency

The existing CoNO regulation on registration affirms that clinicians can maintain currency through non-clinical areas such as the administration of an educational program in naturopathy or a naturopathic clinic; naturopathic research; regulatory/government work; and/or natural health product development/promotion (CoNO, 2023c). This is in keeping with the definition of practicing the profession, as defined by the Ministry of Health (CoNO, 2023c). The proposed modifications dramatically change the activities that contribute to competency, singling out activities associated with direct patient care as the only relevant contributors to maintaining competency.

Research indicates that many activities beyond direct patient interactions are effective methods for practitioners to maintain their skills, knowledge, and judgement to provide safe and effective patient care (Greiner and Knebel, 2003). Research includes mentorship and consultation on clinical cases (Gibby *et al.*, 2021), research (Alsaywid *et al.*, 2019), continuing education and self-assessments (Greiner & Knebel, 2003), and collaborative teaching (Vázquez-García 2018) as valuable and effective ways to ensure competency and patient safety. In addition, activities such as research and training others are associated with reduced rates of knowledge attrition, irrespective of the practitioner's engagement in direct patient care (Kufe *et al.*, 2019). Removing these activities as relevant contributors to competency is detrimental to patient safety and the profession.

d. Comparable Practices in Other Relevant Regulatory Frameworks

As stated above, as part of our consultation response, we reviewed currency regulations across other healthcare professions under the RHPA, other regulated jurisdictions for naturopathic medicine in Canada, and primary care practitioners in other provinces (see Appendix B). Our review indicated that policies on currency vary widely in scope, with most professions having comprehensive metrics that include clinical and non-clinical activities.

The current CoNO policy is consistent with other professions under the RHPA with similar depth of scope and general practitioner roles. The proposed changes would position the naturopathic workforce in Ontario as one of the most restrictive, as it relates to currency activities. It is worth noting that in other jurisdictions across Canada, such as British Columbia, naturopathic doctors are not subject to currency hour requirements.

The proposed changes to the regulation are not consistent with those of medical doctors, nurses, and some other primary care professions in Ontario, which do not have hour- or visit-based currency requirements. In a discussion with CPSO staff, it was indicated that medical doctors play diverse professional roles beyond direct patient care. As such, imposing a set minimum of direct patient contact hours would unnecessarily restrict the profession (CPSO Registration Staff, Personal Communication, 2024). Given the rigorous training and scope of practice for NDs in Ontario and that NDs also undertake diverse professional roles like MDs, the OAND recommends maintaining the current, comprehensive metrics for currency.

e. The Non-Clinical Term, Condition or Limitation (TCL) Qualifier Requirement

The OAND is concerned about the requirements of the Non-Clinical TCL and the potential impact on the profession. Specifically, the requirement that registrants holding a non-clinical TCL must use the qualifier after their professional title. We are concerned that the profession was largely unaware of the requirement of this regulation until its recent enforcement. This policy is now being used as a remediation for practitioners who do not meet the proposed currency requirements. While non-clinical or non-practicing classes exist in other RHPs, no other surveyed profession (Appendix B) requires registrants, entering a non-clinical class, to use the qualifier when their title is used (i.e. Dr. Smith, ND (non-clinical)).

We were unable to ascertain how the requirement protects the public. Registrants are expected to behave professionally and ethically, in accordance with the regulator's standards and guidelines. The requirement to qualify the ND title with “non-clinical” can deter registrants from pursuing legitimate and important work in the naturopathic profession, such as in academia, research, government, and industry, because of the perceived devaluing of their professional designation. The OAND and its members strongly recommend that this requirement be removed from the registration policy.

Impact to the Naturopathic Profession

Based on a random sampling, CoNO asserts the proposed policy changes will not unduly impact most registrants (CoNO, 2023b). However, this position is not shared by the OAND and its members. The proposed changes may negatively impact registrants who are new graduates and building their practices, registrants who practise part-time, those with diverse roles in the profession, and registrants who take parental leave or other temporary leaves of absence from practice. Removing research, mentorship, and peer practice consultations as contributors to currency hours will hinder the development of practitioners and will negatively affect the profession. We have provided further context and recommendations below.

a. Diverse Professional Roles

As the world pivots towards evidence-informed practice to enhance patient outcomes in natural and complementary medicine, numerous NDs have expanded their roles beyond patient care (Aucoin et al., 2022). Based on our survey, a significant number of respondents confirmed that the proposed changes would impact their practice. Thanks to the industrious involvement of NDs in clinical research, product development, education, policy development and other areas beyond patient care, Ontario is home to the largest naturopathic medical education institute, with a reputation for high-quality education and research; Ontario also boasts the largest naturopathic workforce globally (Lloyd *et al.*, 2023). Education, research, policy and industry are integral to the provision of safe, effective and ethical care to Ontario patients. These activities support the continued development of the professional capacities of naturopathic doctors and the naturopathic profession in Ontario. This knowledge procurement and mobilization is essential to safe and effective patient care. The proposed changes to the definition of practising the profession present barriers to the positive development of these activities.

b. The Scope of Practice of NDs in Ontario

The CoNO consultation references the breadth of scope and general practitioner role afforded naturopathic doctors in Ontario. The nature of naturopathic practice is such that practitioners may focus their practice on a specific area, such as adjunctive cancer support or fertility, women's health, pediatrics, or complex chronic disease through in-person or virtual care, while others may take a more general practitioner role. The breadth of scope requires that a robust and effective currency and quality assurance program be in place to ensure registrants have the knowledge, skill, and judgment for providing safe patient care. Research shows that knowledge retention is highly influenced by individual learning needs and motivations in medical practitioners (Pandit 2022). Other professions have also considered that best practices for scholarship are not allocated to one realm, but should encompass discovery (research), application, integration, and teaching (Boyer, 1990; Gassick 2000; Cave 2005; Acorn and Osborne, 2013). We submit that restricting the metrics of currency to centre solely on patient

care hours is not consistent with evidence-based best practice and does not support naturopathic doctors to advance their skills and knowledge across their scope of practice. With respect to patient safety and quality health care, research and scholarship must remain an integral part of the definition of practising the profession.

c. Impact on Patient Care

The naturopathic profession is invested globally in advancing evidence-based care through research and education (Aucoin *et al.*, 2022; 2023; Leach *et al.*, 2022; Lloyd, Steeles and Wardle (eds), 2021). A recent national survey documents that a cohort of naturopathic doctors are actively engaged in the conduct of research (Aucoin *et al.*, 2019). These activities are vital to ensuring safe and effective naturopathic patient care and a well-informed naturopathic workforce; they are therefore critical to the mandate of the regulator. Clinician-scientists are essential contributors to the profession, engaging in research directly applicable to clinical practice, based on a comprehensive understanding of the needs and realities of real-world clinical care and effectively disseminating scientific findings to colleagues in a manner conducive to application (Morel and Ross, 2014; Lemoine 2008). Balancing roles as both a researcher/educator and part-time clinical practitioner is an effective method for staying abreast of evolving trends in clinical practice (Cave, 2005); however, it has been recognized that “The pressure on these professionals is immense as they cope with the demands of literally two jobs in one” (Lemoine 2008).

In the medical profession, clinician-scientists have been referred to as an ‘endangered species’ for several decades. Calls have been made for “professional regulatory bodies [to] nurture clinician–scientists rather than erect barriers” (O’Rahilly, 2023). The proposed changes may compel clinician-scientists to prioritize either research/education or clinical practice (Lemoine, 2008; O’Rahilly, 2023), potentially diminishing the availability of current naturopathic research critical to ensuring safe and effective patient care (Lemoine 2008). Research and academia are critical to knowledge mobilization within the naturopathic profession and a critical component of enhancing and ensuring safe naturopathic practice (Leach *et al.*, 2021; Aucoin *et al.*, 2022; Lloyd, Steeles and Wardle (eds), 2021).

d. Impact on Parental and Other Leaves

The OAND supports the proposed amendments to the currency auditing process for registrants who are inactive, and return to general class status. However, approximately 30% of respondents expressed concerns regarding practitioners who take temporary parental or other leaves of absence. Practitioners often elect to remain in the general class rather than move to the inactive class during leaves. Reasons for this include: the added cost of a class change, the short duration of leave, the need to maintain their clinic business, and/or consulting on patient cases with locums or other practitioners in their clinic. As previously mentioned, a temporary leave of absence (parental, caregiver, grief, injury, illness, etc.) can be accommodated through engagement in other effective practices to maintain skills and knowledge under the current policy. General class practitioners who

are engaged in some direct patient care within the currency cycle but do not meet the minimum hours due to temporary leave from practice and who otherwise meet their quality assurance requirements, risk being unnecessarily penalized by the proposed changes.

e. Disproportionate Impact on Women and Parents

Most naturopathic doctors identify as female (CoNO, 2023b) and are proportionately more career-restricted by parental leave, childcare responsibilities, and restrictions. It is well-known that nursing mothers and parents with young children will attend educational events and conferences. Under the current regulations, these practitioners can maintain currency by engaging in other appropriate activities in addition to direct patient care. Practitioners with young families may be unable to maintain practices that meet currency requirements within the proposed changes. We maintain that naturopathic doctors delivering patient care, who engage in diverse scholarship to maintain currency and meet the requirements of the professional portfolio, still deliver effective and safe patient care.

f. Disproportionate Impact on New Graduates

New graduates have the greatest potential risk of not meeting currency hours and the proposed changes may further increase this risk.

- I. Based on graduation and examination timetables, many graduates register for the first time with the College in the fall. If the currency cycle begins on January 1st of the initial year of registration, new registrants have approximately 26 months, rather than 36, to meet minimum currency requirements for their first currency audit.
- II. Professional surveys have reported that it may take at least five years for new practitioners to build up a practice to sustainable levels where other sources of income are not required (OAND Member Survey, 2021). The proposed policy changes will disproportionately impact new practitioners who are building their practices.

The OAND is concerned that the proposed changes may drive new graduates from Ontario to jurisdictions with less restrictive policies, impacting the sustainability of the profession in the province.

g. Impact on Mentorship/Consulting on Cases with Colleagues

Mentorship is critical to the sustainability and continued growth of new and experienced practitioners and a core value of naturopathic doctors. The proposed changes negate the benefit and importance of mentorship to the development of safe, effective, and ethical practitioners. The devaluing of mentorship by this policy change may reduce its practice within the profession, being displaced by a focus on the quantity of patient care hours rather than quality of time spent developing professional expertise through mentoring relationships. Our understanding is that the proposed changes stem from specific concerns regarding mastermind-type mentorship programs. As mentioned above, research shows that mentorship, specifically involving direct patient care cases, is an effective activity

that contributes to knowledge retention (Vázquez-García, 2018; Kufe *et al.*, 2019). The OAND proposes that specific types of mentorship or consulting continue to contribute to the minimum required currency hours.

Recommendations

The OAND contends that the proposed policy modifications of the Registration Policy – Currency are not warranted. Any concerns regarding members of the profession who do not meet the current currency guidelines can and should be addressed through the existing policies (Registration and Quality Assurance) and the restriction of the activities that constitute currency. We have provided additional suggestions to the policy to enhance clarity concerning the terminology and currency requirements (see Appendix A). As stated above, we stipulate the importance of academia, research and mentorship to the naturopathic profession and their role in ensuring safe practice and in protecting the public. Further to this, we urge removing the requirement to qualify the ND title with “non-clinical” as part of the regulations policy. We are happy to respond should you require further justification for any portion of the OAND’s consultation response.

Yours in collaboration,

The Ontario Association of Naturopathic Doctors

Please contact Tracy-Lynn Reside for any clarification, comments or concerns relating to this submission.

References

- Acorn, S., & Osborne, M. (2013). Scholarship in nursing: current view. *Nursing Leadership (Toronto, Ont.)*, 26(1), 24-29.
- Alsaywid BS, Abdulhaq NM. Guideline on writing a case report. *Urol Ann*. 2019 Apr-Jun;11(2):126-131. doi: 10.4103/UA.UA_177_18. PMID: 31040594; PMCID: PMC6476221.
- Aucoin M, Cooley K, Knee C, Tsui T, Grondin D. Naturopathy special interest group research capacity and needs assessment survey. *The Journal of Alternative and Complementary Medicine*. 2019 Feb 1;25(2):189-95.
- Aucoin M, Leach MJ, Cooley K. Evidence-based practice attitudes, skills, and usage among Canadian naturopathic doctors: A summary of the evidence and directions for the future. *CAND Journal*. 2021 Sep 30.v
- Aucoin M, Newton G, Leach M, Cooley K. Co-Design of an Evidence-Based Practice Continuing Education Course for Canadian Naturopathic Doctors. *Journal of integrative and complementary medicine*. 2023 Apr 21.
- Boyer, E. L. (1990). *Scholarship reconsidered: Priorities of the professoriate*. Princeton University Press, 3175 Princeton Pike, Lawrenceville, NJ 08648.
- Cave, I. (2005). Nurse teachers in higher education—without clinical competence, do they have a future?. *Nurse Education Today*, 25(8), 646-651.
- College of Naturopaths of Ontario (CoNO). (2021). *CoNO 2020/21 Annual Report*. <https://www.collegeofnaturopaths.on.ca/wp-content/uploads/2021/12/2021-Annual-Report-English-v3.pdf> . Accessed January 2024.
- College of Naturopaths of Ontario (CoNO). (2022). *CoNO 2021/22 Annual Report*. [collegeofnaturopaths.on.ca/wp-content/uploads/2022/11/2021-22-Annual-Report-EN.pdf](https://www.collegeofnaturopaths.on.ca/wp-content/uploads/2022/11/2021-22-Annual-Report-EN.pdf) Accessed January 2024.
- College of Naturopaths of Ontario (CoNO). (2023a). *CoNO 2022/23 Annual Report*. *CoNO-Annual-Report-2022-2023-EN.pdf* ([collegeofnaturopaths.on.ca](https://www.collegeofnaturopaths.on.ca)). Accessed January 2024.
- College of Naturopaths of Ontario. (2023b). Consultation on Proposed Changes to the Registration Policy – Currency. <https://www.collegeofnaturopaths.on.ca/news/consultations/current-consultations/proposed-changes-to-the-registration-policy-currency/>. Accessed January 2024.

College of Naturopaths of Ontario (2023c). *Information return: General class* - collegeofnaturopaths.on.ca, College of Naturopaths of Ontario. <https://www.collegeofnaturopaths.on.ca/wp-content/uploads/2020/11/2023-Information-Return-Guide-General-Class.pdf>. Accessed 24 January 2024.

Glassick, C. E. (2000). Boyer's expanded definitions of scholarship, the standards for assessing scholarship, and the elusiveness of the scholarship of teaching. *Academic Medicine*, 75(9), 877-880.

Gibby M, McKimm J. Burnout and attrition in surgical trainees: what can be done to prevent it? *Br J Hosp Med (Lond)*. 2021 May 2;82(5):1-9. doi: 10.12968/hmed.2021.0110. Epub 2021 May 31. PMID: 34076511.

Greiner AC, Knebel E, editors. Institute of Medicine (US) Committee on the Health Professions Education Summit Health Professions Education: A Bridge to Quality. Washington (DC): National Academies Press (US); 2003. Chapter 4, Current Educational Activities in the Core Competencies. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK221517/>

Kufe NC, Metekoua C, Nelly M, Tumasang F, Mbu ER. Retention of health care workers at health facility, trends in the retention of knowledge and correlates at 3rd year following training of health care workers on the prevention of mother-to-child transmission (PMTCT) of HIV-National Assessment. *BMC Health Serv Res*. 2019 Jan 29;19(1):78. doi: 10.1186/s12913-019-3925-4. PMID: 30696489; PMCID: PMC6352341.

Leach MJ, Aucoin M, Cooley K. Canadian naturopathic doctor engagement, preparedness, and perceptions of evidence-based practice: A national cross-sectional study. *Journal of Integrative and Complementary Medicine*. 2022 Dec 1;28(12):955-64.

Lemoine NR. The clinician-scientist: a rare breed under threat in a hostile environment. *Dis Model Mech*. 2008 Jul-Aug;1(1):12-4. doi: 10.1242/dmm.000752. PMID: 19048043; PMCID: PMC2561982.

Lloyd, I., Steel, A & Wardle, J. (eds.) 2021. *Naturopathy, Practice, Effectiveness, Economics & Safety*, Toronto, Ontario: World Naturopathic Federation.

Lloyd I, Cooley K, O'Reilly S, Saunders P. Retention and Registration Status of Naturopathic Doctors from Accredited Naturopathic Educational Programs in Canada – A Cross-Sectional Analysis. *CANDJ* [Internet]. 2023 Mar. 30 [cited 2024 Jan. 25];30(1):16-23. Available from: <https://candjournal.ca/index.php/candj/article/view/135>

Morel, Penelope A., and Gillian Ross. (2014) "The physician scientist: balancing clinical and research duties." *Nature immunology* 15, no. 12 (2014): 1092-1094.

O’Rahilly, S. (2023) Academic clinician–scientists risk becoming an endangered species. *Nat Med* 29, 2989 (2023). <https://doi.org/10.1038/s41591-023-02626-8>

Pandit AS (2022) Contemporary learning techniques for healthcare professionals: A narrative review. *Front. Educ.* 7:939809. doi: 10.3389/feduc.2022.939809

Vázquez-García M. (2018) Collaborative-group testing improves learning and knowledge retention of human physiology topics in second-year medical students. *Adv Physiol Educ.* 2018 Jun 1;42(2):232-239. doi: 10.1152/advan.00113.2017. PMID: 29616577.

Appendix A: OAND Comments and Recommendations: Proposed Changes to the Registration Policy (Currency)

Tracked Changes to Original	Clean Copy of Proposed Amended Provision		Intent/Explanation
Definitions			
New definition (did not exist)	“Patient Interaction”	Means a patient encounter that includes an assessment and/or diagnosis, treatment and/or monitoring of a patient or patient’s condition in accordance with the standards of practice of the profession.	To provide additional clarity around direct patient care activities, particularly for General class Registrants whose practise of the profession includes supervision of students or other NDs.
Currency			
Minimum Requirements			
<p>A Registrant who holds a General class Certificate of Registration is required to practise the profession for at least 750 hours over any each three-year period in order to maintain currency, in accordance with section 6(1) of the Registration Regulation.</p> <p>For the purposes of administering this program, the currency year runs from January 1st to December 31st annually.</p> <p>Year 1 of the three-year cycle begins on January 1st of the registration year in which the Registrant became registered.</p> <p>Registrants who do not meet the minimum 750 hours required at the end of any three-year reporting period must elect one of the following courses of remediation:</p> <ul style="list-style-type: none">• Complete a refresher program that has been approved by the Registration Committee.• Have applied for and completed a change to their class or registration from General to Inactive.• Have entered into an undertaking not to practise the profession, i.e., a non-clinical TCL.	<p>A Registrant who holds a General class Certificate of Registration is required to practise the profession for at least 750 hours over any each three-year period in order to maintain currency, in accordance with section 6(1) of the Registration Regulation.</p> <p>For the purposes of administering this program, the currency year runs from January 1st to December 31st annually.</p> <p>Year 1 of the three-year cycle begins on January 1st of the registration year in which the Registrant became registered.</p>	<p>Wording change to better reflect 6(1) of the Registration Regulation regarding the continuous three-year cycle.</p> <p>The deleted section regarding Registrants not meeting currency hours now appears under new section for “Currency Hours Not Met.”</p> <p>The OAND has no concerns regarding the proposed change in wording.</p> <p>Year 1 of the three-year cycle begins on January 1st <u>after</u> the Registrant became registered.</p>	

Tracked Changes to Original		Clean Copy of Proposed Amended Provision		Intent/Explanation
<p>Registrants who do not elect any of the above options will be referred to the Quality Assurance Committee by the CEO to undergo a Peer & Practice Assessment at their own cost.</p> <p>As per section 6(3) of the Registration Regulation, Registrants who have reported 0 practise hours over their three-year reporting period and who elect to either change their class of registration to Inactive, or enter into an undertaking not to practice the profession will be required to undergo a review by a panel of the Registration Committee at point of applying to return to the General class, or when seeking to have the terms of the undertaking expired, having not practised the profession in over two years.</p>				
Currency Auding (Formerly “Reporting Year”)				
<p>Reporting Year Currency Auditing</p>	<p>Except for a new General class Registrant who has not completed their initial three-year cycle, currency is audited annually for each preceding three-year period.</p> <p>The three-year reporting period is based on a Registrant’s year of initial registration. Registrants who at the time of their reporting period are registered in the Inactive class, or whose Certificate of Registration becomes inactive during their reporting period, (e.g., due to suspension) will have their three-year reporting period reset based on the year of their be audited on their practise hours for the year they return to the General class as well as their practise hours for the two years</p>	Currency Auditing	<p>Except for a new General class Registrant who has not completed their initial three-year cycle, currency is audited annually for each preceding three-year period.</p> <p>Registrants who are registered in the Inactive class, or who become inactive (e.g., due to suspension) will be audited on their practise hours for the year they return to the General class as well as their practise hours for the two years preceding their period of inactivity.</p>	<p>Wording change to add additional clarity and better reflect subsection 6(1) of the Registration Regulation regarding new Registrants being exempt from currency hour audits until they have completed their initial three-year cycle.</p> <p>Wording change to ensure continuous currency to practise the profession and prevent class changes from being used as a vehicle for circumventing currency hour audits.</p> <p>The proposed changes for registrants in their initial registration cycle do not adequately address the concerns raised about the impact of the proposed changes on new registrants.</p> <p>The OAND supports the amendment concerning the change to auditing processes for inactive registrants.</p>

Tracked Changes to Original		Clean Copy of Proposed Amended Provision		Intent/Explanation
	preceding their period of inactivity.			
Practising the Profession - General Class Certificate				
<p>Registrants holding a General class Certificate of Registration without a non-clinical TCL are expected to be actively practising the profession in the capacity of a clinical practitioner, including but not necessarily limited to providing direct patient care, within the scope of practice of the profession for the purpose of satisfying the currency requirements of section 6(1) of the Registration Regulation.</p> <p>To be considered practising the profession as a General class Certificate holder, a Registrant's currency hours must include as having met currency requirements, currency hours must include a minimum of 750 hours of direct patient care over each three-year period, (consultation/visit, assessment, treatment) and may include any of the following additional acquired through any of the following activities, or a combination thereof:</p> <ul style="list-style-type: none"> Research related to managing patient care (a specific case). Patient interactions, and any administrative activities (e.g., billing or charting) or patient case-specific research conducted in the course thereof. ClinicalSupervision of patient interactions. involving direct patient care. Clinical education involving patient interaction or provision of professional services while teaching. Communication with colleagues regarding case management. Mentoring. 		<p>Registrants holding a General class Certificate of Registration without a non-clinical TCL are expected to be actively practising the profession in the capacity of a clinical practitioner within the scope of practice of the profession.</p> <p>To be considered as having met currency requirements, currency hours must include a minimum of 750 hours of direct patient care over each three-year period, acquired through any of the following activities:</p> <ul style="list-style-type: none"> • Patient interactions, and any administrative activities (e.g., billing or charting) or patient case-specific research conducted in the course thereof. • Supervision of patient interactions. 		<p>Wording change to establish minimum direct patient care hour requirements over each three-year period and provide clarity regarding activities in which direct patient care hours can be accrued.</p> <p>The OAND recommends that following: Registrants holding a General class Certificate of Registration without a non-clinical TCL are expected to be actively practicing the profession, within the scope of practice of the profession for the purpose of satisfying the currency requirements of section 6(1) of the Registration Regulation.</p> <p>To be considered practicing the profession, the practitioner must be primarily engaged in activities included in the role of naturopathy as defined by the Ministry of Health. These activities must include direct patient care within the scope of practice of the profession.</p> <p>The role of naturopathy is defined as:</p> <ol style="list-style-type: none"> providing direct professional services and patient care (including practice-related administration); non-clinical teaching (in a classroom); clinical education or supervision, including consultations on specific case management and/or; naturopathic research. <p>We do not support the additional changes for reasons outlined in our submission.</p>

Tracked Changes to Original	Clean Copy of Proposed Amended Provision	Intent/Explanation
Transition Period for Minimum Hour Requirements for Direct Patient Care		
(new provision – did not exist)	<p>Starting April 1, 2027, currency audits of declared practise hours and activities for Registrants in the General class will include an assessment of whether the Registrant has accrued the required minimum number of direct patient care hours, as set out in this policy.</p> <p>Audits of currency hours and activities conducted prior to April 1, 2027 will require that a Registrant's practise of the profession include direct patient care hours, however, will not enforce a specified number.</p>	This onboarding provision sets out the date by which Registrants in the General class will be audited for specific direct patient care hours.
Evidence of Currency		
<p>The CEO may request evidence from a Registrant to support their declaration of currency hours. Appropriate evidence would depend on the nature of the Registrant's practice but may include the following:</p> <p>a) For a Registrant holding a General class Certificate of Registration:</p> <ul style="list-style-type: none"> • Appointment book/schedule. • Letter of employment, including hire date and hours worked per week/month. • Confirmation that the duties and responsibilities outlined in a job description were performed. • Confirmation of services provided, such as invoices, and/or letters from individual persons patients for whom direct services were provided. • Patient record/case notes. • Clinical research articles. • Clinical research articles. 	<p>The CEO may request evidence from a Registrant to support their declaration of currency hours. Appropriate evidence would depend on the nature of the Registrant's practice but may include the following:</p> <p>a) For a Registrant holding a General class Certificate of Registration:</p> <ul style="list-style-type: none"> • Appointment book/schedule. • Letter of employment, including hire date and hours worked per week/month. • Confirmation of services provided, such as invoices, or letters from patients for whom direct services were provided. • Patient record/case notes. 	<p>Wording changes for clarity and removal of evidence that were determined to be insufficient for substantiating clinical practise time and direct patient care.</p> <p>The OAND does not object to these changes. Additional evidence of currency documentation could be submitted, including but not limited to: Confirmation of consultation with colleagues over direct patient cases (letters, notes, invoices)</p>
Currency Requirements Not Met		
Registrants who do not meet the minimum 750 hours required currency requirements as set out in this policy at the end of any three-year reporting	Registrants who do not meet the currency requirements as set in this policy at the end of any three-year reporting period must	Wording change to provide additional clarity and be inclusive of direct patient care hour requirements.

Tracked Changes to Original	Clean Copy of Proposed Amended Provision	Intent/Explanation
<p>period must elect one of the following courses of remediation:</p> <ul style="list-style-type: none"> • Complete a refresher program that has been approved by the Registration Committee. • Have applied for and eCompleted a change to their class or registration from General to Inactive. • Have eEntered into an undertaking not to practise the profession, i.e., a non-clinical TCL <p>Registrants who do not elect any of the above options will be referred to the Quality Assurance Committee by the CEO to undergo a Peer & Practice Assessment at their own cost expense, as set out in Schedule 3 of the by-laws.</p> <p>As per section 6(3) of the Registration Regulation, Registrants in the General class who have reported 0 practise hours and/or 0 hours of direct patient care over their three-year reporting period and who elect to either change their class of registration to Inactive, or enter into an undertaking not to practice the profession, will be required to undergo a review by a panel of the Registration Committee at point of applying to return to the General class, or when seeking to have the terms of the undertaking expired, having not practised the profession in over two years.</p>	<p>elect one of the following courses of remediation:</p> <ul style="list-style-type: none"> • Complete a refresher program that has been approved by the Registration Committee. • Complete a change to their class or registration from General to Inactive. • Enter into an undertaking not to practise the profession, i.e., a non-clinical TCL. <p>Registrants who do not elect any of the above options will be referred to the Quality Assurance Committee by the CEO to undergo a Peer & Practice Assessment at their own expense, as set out in Schedule 3 of the by-laws.</p> <p>As per section 6(3) of the Registration Regulation, Registrants in the General class who have reported 0 practise hours and/or 0 hours of direct patient care over their three-year reporting period and who elect to either change their class of registration to Inactive, or enter into an undertaking not to practice the profession, will be required to undergo a review by a panel of the Registration Committee at point of applying to return to the General class, or when seeking to have the terms of the undertaking expired, having not practised the profession in over two years.</p>	<p>The OAND understands that direct patient care is required to maintain a general class license and that those wishing to maintain a general class registration without direct patient interaction must has a non-clinical TCL</p> <p>As stated in our submission, we strongly recommend the removal of mandatory use of the qualifier (non-clinical) when using the title of naturopathic doctor.</p>

Appendix B: A Selection of other Relevant Regulated Health Profession Currency Regulations

Professional College	Currency Hours	Additional information
College of Physicians and Surgeons of Ontario		Academic and other classes exist to accommodate. non-clinical qualifier NOT required
College of Nurses of Ontario	<i>Must be “practicing the profession” within the last three years, no minimum hours listed.</i>	No leave or inactive status/class Non-Practicing class (qualifier not required)
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	500 traditional Chinese medicine patient visits during every three-year period of being registered with the College.	
College of Optometry of Ontario	750 hours of direct patient care in every 3 years	
College of Audiologists and Speech-Language Pathologists	<i>750 hours of direct patient care or associated activities</i>	
College of Registered Psychotherapist of Ontario	<i>750 hours in the preceding three years</i>	“currency hours” means time spent doing any of a broad range of professional activities related to psychotherapy, including direct patient contact, record keeping and preparation in relation to direct patient contact, professional development, engaging in clinical supervision either as a supervisor or supervisee, conducting research in, or writing in, the field of psychotherapy, teaching psychotherapy, being employed as a manager in the field of

		psychotherapy and acting as a consultant in the field of psychotherapy.
College of Occupational Therapists of Ontario	600 hours	<ul style="list-style-type: none"> • Clinical and non-clinical combination as outlined in national guidelines: Occupational Therapy Expertise • Communication and Collaboration • Culture, Equity, and Justice • Excellence in Practice • Professional Responsibility • Engagement with the Profession
College of Respiratory Therapists of Ontario	1125 hours in preceding three years	Practicing the profession of respiratory therapy involves providing direct patient care services, diagnostic/assessment, therapeutic and rehabilitation services, as well as engaging in educational activities such as health promotion, counselling, and developing learning resources. It also includes administrative roles, policy/practice development, healthcare data collection, and influencing respiratory therapy practice and policy. Additionally, other activities like the sale of respiratory therapy-related products, research, and consultation on respiratory therapy and related care are part of the scope of practice.
College of Midwives of Ontario	100 total births every 5-year period	Adjusted Active Practice Requirements (APR) for new Graduates
College of Naturopathic Physicians of British Columbia	No minimum hours	QA program with CE credit cycle of 2 years
College of Physicians and Surgeons of Nova Scotia	450 office hours within any 6-month period within any 3-year cycle	

Appendix C: OAND Member Feedback re: Proposed Changes to the Registration Policy - Currency

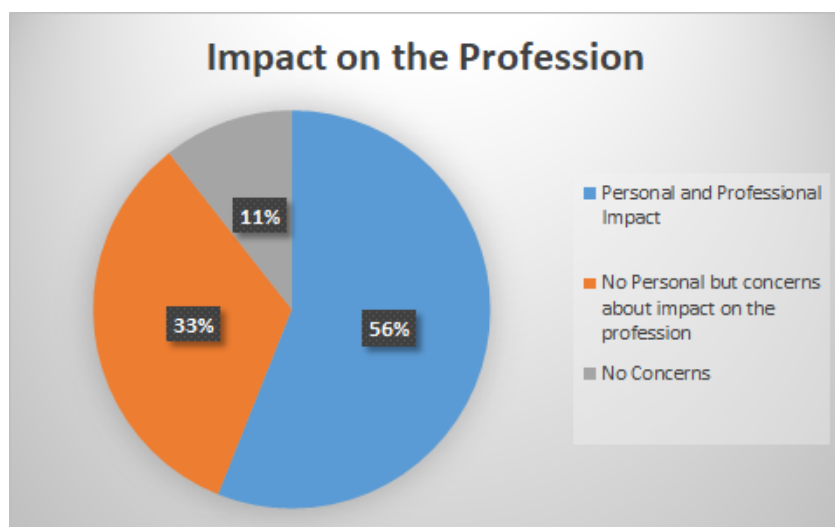


Figure 1: Impact assessment of OAND members who responded to feedback about the impact of the proposed changes to the registration policy – currency.

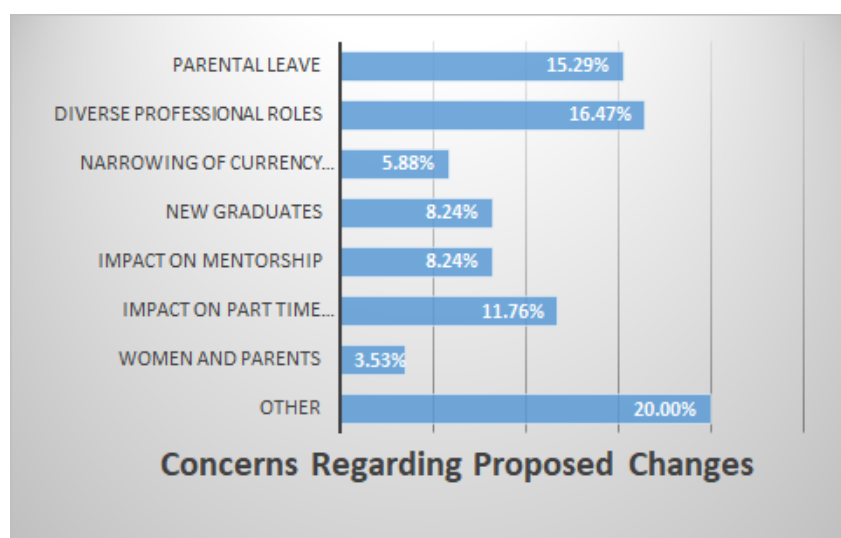


Figure 2: Member Concerns on Proposed Policy Changes

**Consultation on Currency Requirements
Feedback Report**

1. About the Person Submitting

First Name	Rahim
Last Name	Karim
Email Address	rkarim@ccnm.edu
Telephone	+1 (416) 498-1255
CoNO Registered	No
Registration Number	
Rep Organization	Yes
Organization Name	Canadian College of Naturopathic Medicine

2. Feedback

Sections Commenting	4 - Practising the Profession – General Class Certificate
Definitions	
Minimum Requirements	
Currency Auditing	

Practising the Profession	<p>CCNM notes CoNO's initiative to stipulate a minimum of 750 hours of direct patient care over each three-year period as outlined in the proposed changes to the Registration Policy and how these can be acquired. As an institution deeply invested in naturopathic medical education and collaboration, we welcome changes that reinforce high standards in patient care and professional development.</p> <p>CCNM supports CoNO's recognition of the diverse aspects of patient care, including certain administrative activities. For instance, our supervising naturopathic doctors undertake patient care administrative tasks such as preparing and reviewing case notes, coordinating care plans, and following up on patient progress. These activities, while administrative in nature, are integral to the comprehensive care of patients and the educational process of our students.</p>
Transition Period	<p>We recognize and value the role of supervision in clinical training, especially as we employ naturopathic doctors to supervise our students in fulfilling their clinical experience requirements. We would like to clarify that clinical education and training involving patient interactions or provision of professional services while teaching, remains a component of supervision of patient interactions. To this end, we request that CoNO clarify that all instances of supervising care accounts towards direct patient care hours. Such clarity would be invaluable in guiding employees and ensuring that their administrative contributions to patient care are appropriately recognized and accounted for in the context of the 750-hour requirement.</p> <p>Additionally, we wish to note the introduction of the "non-clinical TCL" qualifier under the 'Practicing the Profession – General Class Certificate' clause. Any further information on this specific addition, as it may have an impact on our operational framework would be appreciated.</p>
Evidence of Currency	<p>We appreciate CoNO's commitment to enhancing the quality of naturopathic practice and patient care. Clarifying that all instances of supervising care accounts towards direct patient care hours, particularly in educational settings providing clinical care within the wording, we believe, will allow the transition to these amended provisions be smooth and beneficial for all stakeholders involved.</p>
Currency Hours Not met	

3. Declaration and Signature

Declaration	I agree
Signed	