

WHITE PAPER NATUROPATHIC SPECIALIZATION

Over the course of the first decade as the regulatory authority for naturopathic doctors in Ontario, several questions have arisen with respect to the regulation of the naturopathic profession in Ontario. One of those questions that emerged even prior to proclamation of the *Naturopathy Act, 2007* was whether NDs in Ontario should be permitted to specialize.

This White Paper will explore many of the questions surrounding allowing specialization of the profession. Readers are reminded that **this is a fact-finding process** directed by the Council of the College; no decision has been made to act on any questions posed in this document. At the end of this consultation, the College Council will be informed of the consultation and the outcomes to provide direction on next steps, if any.

General Background to Specialization

Preliminary research suggests that specialization first emerged in medicine in the 19th century. It is understood that specialization emerged out of the broad scope of knowledge the medical profession had amassed and the degree to which the medical knowledge had itself become specialized such that one individual could not know all aspects of the profession. In 1929 the Royal College of Physicians and Surgeons of Canada (RCPSC) was established which resulted in the first two specializations being established, general medicine and general surgery.¹ As medical knowledge continued to grow, so too did the number of specializations available in the medical profession. Today, the RCPSC supports over 93 specialties, subspecialties, and areas of focused competency.²

Today in Ontario, four regulated health professions allow specialization, medicine, nursing, dentistry, and chiropractic. A fifth profession, Kinesiology, has established a framework to permit specialization but no specialties have yet been recognized.

General Approach to Specialization

Most of the professions approach specialization as an additional body of knowledge that is separate and distinct from that required at entry-to-practice to the profession. This is true for chiropractic, dentistry, and nursing. For example, to qualify for certification in nursing, an applicant must have 1,950 hours of experience in the nursing specialty or 300 additional hours of education

¹ Introduction to the Health Workforce in Canada – Physicians and Surgeons, Hadden, Lindsay, p4 ² Ibid.



and 1,000 hours of experience.³ In other words, they must be registered with their provincial regulatory authority and practicing the profession prior to gaining specialization. Similarly, the regulators in Ontario do not necessarily set the competencies necessary to become specialized but rather recognize certain certifying bodies for the purposes of allowed specialization. For example, certification examinations for nursing are delivered by the Canadian Nurses Association.

Medicine is slightly different in terms of how one becomes specialized. Medical school is typically accessed following completion of a university undergraduate degree, and the typical program is four-years, following which the first part of the entry examination (MCCQE) is completed. This is followed by a residency program in the desired specialty that lasts between two and six years. After the first year of residency, individuals must complete the second part of the MCCQE exam. Before being able to practice independently, individuals must have successfully completed their residency program and certifying examination offered by the CFPC for family medicine or RCPSC for all other specialties.⁴

Similarly to the nursing profession, chiropractors must attain post-graduate qualification in one or more areas of specialties and be recognized by the affiliated College as a fellow. The competencies for the specialties are set by the individual specialty Colleges and recognized by the Canadian Chiropractic Association. Individual provincial regulators then determine whether the specialty will be recognized.

In dentistry, specialties are recognized by the Canadian Dental Regulatory Authorities Federation (CDRAF). The CDRAF recognizes the <u>Royal College of Dentists of Canada</u> National Dental Specialty Examination as the body governing access to the specialties. The provincial regulatory bodies then allow their registrants to advertise that they are specialized in one of these approved areas.

Consideration 1: If CoNO were to consider developing an approach to allow or enable naturopathic specialization, should it do so on its own, in concert with the other naturopathic regulatory authorities in Canada or through the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA)?

Criteria for Specialties

The Canadian Dental Regulatory Authorities Federation established a Process for Recognition of a New Dental Specialty in April 2021. That process sets out four criteria for a specialty:

³ Canadian Nurses Association website, Initial Certification

⁴ Introduction to the Health Workforce in Canada – Physicians and Surgeons, Hadden, Lindsay, pps 9-11.



- **Sponsoring Organization** the specialty must originate from a sponsoring organization that is reflective of the specialty.
- **Body of Knowledge** the specialty must be a distinct and well-defined field which requires unique knowledge, skills, and competencies beyond the scope of practice of a general dentist and distinct from any other recognized specialty.
- **Need and Value** the specialty must directly benefit and improve oral health care and a substantial public need and demand for the specialty must be identified.
- Advanced Education University based education programs of at least two years beyond pre-doctoral curriculum must be available.

Although the College of Kinesiologist of Ontario does not recognize any specialties, the Council has established a framework for doing so. The criteria include:

- **Defined scope** the scope of the specialty requires advanced knowledge and skills that are recognized as part of the scope of practice of kinesiology and cannot be adequately represented to the public through the use of the Registered Kinesiologist title.
- **Evidence of Need** the applicant must document through evidence and studies that they actively contribute to the new knowledge in the field, actively contribute to professional education, actively contribute to research of the profession, and provide kinesiology services for the public not being met by general practitioners.
- **Impact on existing practice** recognition of the specialty will lead to advancements in practice, research and technology that serve the public interest by enabling more informed decision-making.
- Advanced education and training the organization must be accredited and must provide advanced education and training beyond that which is attained in the four- or five-year kinesiology degree.

Consideration 2 – If an approach to specialization were to be developed, which if any, of the following criteria should be included in the program?

- **Sponsoring organization** that there is a sponsoring organization that oversees the education and certification of training in the specialization.
- **Body of Knowledge** that there is a body of knowledge that is separate, distinct and in addition to the education and training of competencies for entry-to-practice.
- **Need and Value** there is evidence through research studies that the area of specialization will contribute to the overall health of Ontarian/Canadians, provide naturopathic services not provided through general naturopathic practitioners and contributes to research for the profession.
- **Impact** Evidence that the specialties will lead to advancements in practice, research, and technology without causing undo harm (financial or otherwise) to the general practice. In



other words, both the specialty(ies) and general practice can co-exist and support each other.

• Advanced education and training – the specialty must provide advanced education and training beyond that which is attained in the entry-to-practise naturopathic education program that is accredited by CNME.

Consideration 3 – Given that naturopathic medicine is a broad primary care profession, are there other criteria that should be considered within a program of naturopathic specialization?

Naturopathic Experience

Preliminary research suggests that there is no formal process for recognition of specialties in naturopathy in North America, although both the Association of Accredited Naturopathic Medical Colleges (AANMC) and the American Association of Naturopathic Physicians (AANP) recognize the following organizations that provide education and certification in specialty areas:

- American Association of Naturopathic Midwives
- Endocrinology Association of Naturopathic Physicians
- Gastroenterology Association of Naturopathic Physicians
- Homeopathic Academy of Naturopathic Physicians
- Institute of Naturopathic Generative Medicine
- Oncology Association of Naturopathic Physicians
- Pediatric Association of Naturopathic Physicians
- Psychiatric Association of Naturopathic Physicians
- National Association of Environmental Medicine

Many of these organizations are affiliates of the AANP.

An in-depth analysis has not been undertaken of each of these organizations; however, in general terms, most establish the additional education and training required to obtain a certification in the specialty supported by the organization and most deliver a certifying examination. This is not dissimilar to the approach taken by many of the other regulated health professions, such as nursing, chiropractic, and dentistry.

Consideration 4: Which, if any, of the following do you believe would meet the criteria set out in consideration 2 to enable the establishment of it as a specialty?

- Endocrinology
- Gastroenterology
- Homeopathy



- Generative
- Oncology
- Pediatrics
- Environmental
- Psychiatric*
- Midwifery*.

*Caveat

Notwithstanding Consideration 4, it is noted for readers that the legislative framework set out in the *Regulated Health Professions Act, 1991*, in particular the controlled or restricted acts set out in section 27(2), may impact the ability of certain specialties to be recognized even should a program be established. For example, paragraph 12 of section 27(2) establishes "Managing labour or conducting the delivery of a baby" as a controlled act. This controlled act is not authorized to the naturopathic profession in Ontario. As such, naturopathic midwifery may not be eligible for specialty status due to the legislation. This is assuming naturopathic midwifery is similar to the midwifery profession in Ontario and would perform these controlled acts.

A second example might be a psychiatric specialization as treating by means of a psychotherapy technique is also a controlled act not authorized to Naturopathic Doctors in Ontario.

These are some of the issues that would have to be considered should such a program be established in Ontario.

Impact on Regulation of the Profession

The prior consultation undertaken by the College explored several considerations with respect to the classes of registration, extended classes, and potential rostering concepts. We thank all who provided their feedback, all of which is being assembled for future consideration of the College and its Council.

A specialization program may also present alternative options to some of the approaches discussed in that earlier consultation. For example, rather than developing one or more "extended classes" of registration for those who meet the Standards of Practice for Therapeutic Prescribing and/or Intravenous Infusion Therapy, might these be assigned to a specialty within the practice? Might this also be true for certain controlled acts that are performed only by a small percentage of the profession, e.g., internal examinations and naturopathic manipulation?

Consideration 5: Should a program of specialization be considered as an alternate approach to the earlier discussions of extended classes of registration and rostering?



Consideration 6: Which of the following might be considered a specialty within the profession:

- Therapeutic prescribing
- IVIT
- Internal examinations
- Naturopathic manipulation.

A further area where a specialty program might impact the regulation of the profession relates to the drugs, substances and laboratory tests authorized to the profession. Given that most professions see specialization as an area of education and training above that for access to the profession, it may be possible to consider that access to some drugs and substances is provided only to those who have attained a specialization.

Consideration 7: If a specialization program were to be developed, should the drugs and substances authorized to the profession and the list of laboratory tests that can be ordered be further adapted to reflect this program?

An important note about Consultation Feedback

Through these consultations, the College is seeking the thoughts and opinions of the profession and the public. We are also seeking the opinion of our system partners, including the associations and the educational program. While the College respects all feedback it receives, an organization releasing documentation for use by the profession in creating a mass response to these preliminary consultations is counterproductive.

On the issues being raised, we are seeking to engage the profession and to hear from registrants using the ideas and creativity you may be able to bring to the equation. Having registrants reiterate the organization's position does not provide the College with the information we seek. It does, however, create a divide between the profession and the College when it is not necessary to do so.

Registrants may not always understand the reality, which is that while the College regulates the profession, it is also part of the profession. One of the conditions to regulation was and remains that the profession can provide the resources needed to support both a regulatory body and a professional association. The College needs registrants to support the College's work. Again, regulatory decisions are not made by the staff of the College but by the Committees established in the legislation and these are populated by the profession and the public.

In closing, we invite the profession and the public to review this consultation document and provide <u>your</u> opinion including those that may differ, in whole or in part, from the collective opinion of the profession.