

INFORMED

NEWSLETTER OF THE COLLEGE OF NATUROPATHS OF ONTARIO

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ND Perspectives: *the IVIT Inspection Program*

Imagine, after months of fatigue, pain and weight loss, you have been diagnosed with ulcerative colitis. You aren't able to get the nutrients you need through food or oral supplements so your naturopath has recommended Intravenous Infusion Therapy (IVIT) to bypass the digestive tract altogether. You trust your naturopathic doctor and have heard that IVIT has many benefits. Now imagine that you are sitting in a chair about to get that IVIT drip. As a patient, wouldn't you want to know that your naturopathic doctor and their premises are in compliance with the standards and requirements set by the College?

This spring, the College, along with its Members, marked a significant milestone: the one-year anniversary of the IVIT inspection program. The program, which officially launched on March 2, 2017, requires that all premises that offer or want to offer IVIT procedures and/or that compound drugs to make a customized therapeutic product for IVIT, must be registered with the College and inspected.

At the heart of the IVIT Inspection Program, is our mandate to ensure safe, competent and ethical naturopathic care for all Ontarians. Our trained volunteer inspectors are naturopathic

doctors who practice IVIT. They inspect facilities across the province, ensuring that they meet the criteria set out in the program, assessing such things as the physical environment, infection control procedures, emergency preparedness, and quality management. In the first year, this program inspected 50 premises. Of those, one failed and 49 have passed or passed with conditions. Before its inception, many naturopathic doctors had been offering IVIT treatments in their practice and some likely viewed the new Inspection Program as another hoop that they needed to jump through to provide what they see as a valuable treatment and what they have been trained to do. Some of these NDs may have opted not to register, relinquishing the ability to legally offer IVIT in their practices. The naturopaths who have registered and completed the inspection program have another perspective.

Dr. Kimberley Ramberan, ND, sees the inspection program as a way to uphold the *Standard of Practice for IVIT*, (as well as all of the [Inspection Program Requirements](#)) a treatment method that she has had both personal and professional success with. While a student of naturopathy, Dr. Ramberan was diagnosed with ulcerative colitis and her IVIT treatments positively impacted her healing.

ND PERSPECTIVES

Following successful completion of the IVIT Inspection Program, Dr. Ramberan continues to see the success of IVIT in her own practice, particularly with patients who, like her, suffer from digestive disorders. While preparing for the inspection can be “stressful”, her advice to naturopaths is to take a deep breath and realize that, while it is important to prepare and take it seriously, NDs are equipped with the tools needed to pass the inspection and deliver safe and effective treatment.

“At first, there was some ambiguity around the inspection, but it was actually straightforward. Everything related back to the manual and the inspector was there to assess the safety and conditions of the practice,” said Dr. Ramberan.

In Dr. Ramberan’s experience the inspection didn’t take an unrealistic amount of time and was professional at all times. As an IVIT practitioner and naturopathic doctor, the inspector was also highly relatable, taking some stress out of the process.

The Inspection Program ensures that the Program Requirements are being upheld, thereby protecting patients and ensuring naturopathic doctors are providing safe and competent care. Inspectors, all naturopathic doctors who practice IVIT, have the opportunity to travel across the province and meet with practitioners from communities large and small. For Dr. Jacqueline Colello, ND, being an inspector has been a very rewarding experience.

“I really enjoy the practice of IVIT and have had the opportunity to do it for a long time. Being an inspector allows me to share that IVIT experience with others and to help ensure that our membership moves forward in a positive manner. It is wonderful to see how IVIT has flourished.”

As an inspector, Dr. Colello has been impressed by how well prepared the naturopathic doctors she has met with have been. She advises people who have registered for the inspection to thoroughly review the manual and materials on the College [website](#), ensuring that their premises can meet the criteria.

“It can feel very stressful and daunting to have an inspection but what we are looking for is clearly outlined on the website. There aren’t any surprises. Overall, the premises I have inspected have prepared very well and I can see that a lot of effort has been made to uphold the standard of practice.”

To learn more about the IVIT Inspection Program or to register your premise, please refer to the [Inspection Program Handbook](#).

AT A GLANCE: the IVIT Inspection Program

What is it?

The IVIT Inspection Program is administered by the College of Naturopaths of Ontario to uphold the Inspection Program Requirements and to ensure that Ontarians receive safe, competent and ethical treatment.

Who needs to register their premises with the College and be inspected?

If intravenous injections and/or compounding for IVIT are performed by a Member of the College in your premises, then you must register to be inspected. If you only do non-IV injections, then you are not required to do so.

What is the first step?

All premises that were providing IVIT as of March 2, 2017 and are continuing to provide IVIT must currently be registered as an existing premises. If you wish to begin offering IVIT in your premise, you must first register with the College and pass an inspection. To register your NEW practice with the Inspection Program, complete the *Registering a New IVIT Premises Form* (under '[Forms](#)') and submit it either electronically or by mail. Note that you may not offer IVIT at a new premises until the registration and inspection have been completed and an outcome of a pass or pass with conditions is received.

Who are the inspectors?

The inspectors are all Members of the College who have the authority to perform IVIT, have been selected through an interview process, and who have completed an inspector training program.

What if I opt not to register my premises?

Unfortunately, there is no opt-out policy if your premises is compounding for or administering IVIT. You must be a part of the Inspection Program. All premises are inspected every five years. Premises that have not registered must stop all IVIT procedures immediately.

Have additional questions about the IVIT Inspection Program? Visit our [FAQ](#) page.

Regulatory Guidance:

10 ND practice tips

- 1 Your website is a form of advertising, as is information provided to the public through social media, and must comply with the [Standard of Practice for Advertising](#).
- 2 When you send a patient to another practitioner in your clinic it is a referral.
- 3 It is professional misconduct to allow another practitioner in the same clinic who also treats a patient of yours to use your registration number on the receipt for services they provided.
- 4 It is a conflict of interest to offer a patient a discount or other incentives when they refer someone to you as a patient.
- 5 A Member of the College who has the authority to perform IVIT may only provide these services in a premises that is registered with the College's Inspection Program.
- 6 When a registered IVIT premises moves location it must register as a new premises, undergo an inspection and receive an inspection outcome of a pass - or a pass with conditions - before being allowed to perform IVIT at the new site.
- 7 When an ND participates in a health fair, they cannot provide any type of assessment or treatment to those attending the fair. Members may only provide care in accordance with all the College's [regulations](#) and [standards of practice](#). For example, a naturopathic doctor-patient relationship must be established, informed consent must be obtained, patient privacy must be ensured and complete and proper records must be kept.
- 8 It is always the Member's responsibility to ensure they abide by all [regulations](#) and [standards](#) of the College. Even if a patient consents and signs a waiver, the Member is not to do something they know, or ought to know, is in contravention of the College's requirements.
- 9 The receipt for a visit where the patient received an injection must itemize the cost of the injectable separately from the cost of the consultation fee.
- 10 Applying HST when billing a patient is a business issue and not a regulatory issue. The [Canadian Association of Naturopathic Doctors](#) is the best resource to answer your HST questions.



For additional guidance, contact our Regulatory Education Specialist Dr. Mary-Ellen McKenna, ND (Inactive)
maryellen.mckenna@collegeofnaturopaths.on.ca or 416-583-6020.

Thinking of taking the Ontario Prescribing and Therapeutics Exam?



With a fall exam date set for October 28, 2018, now would be an ideal time for interested NDs to enrol in the pre-requisite online Prescribing and Therapeutics course.

While NDs have told us the course and the exam can be rigorous and challenging, they also talk about the incredible sense of accomplishment and pride they feel on completion, along with improved benefits for both their practice and their patients. They also appreciate broadening their scope to be able to legally and safely prescribe specific drugs and other substances outlined in the [General Regulation](#) of the *Naturopathy Act, 2007*, including prescription doses of vitamins A and D, folic acid, thyroid

Changes to the Ontario Prescribing & Therapeutics Exam policy

At its April meeting the College Council approved three key changes.

The exam is now available to 4th year students.

Students in the final year of CNME-accredited programs in Naturopathy who plan to register with the College of Naturopaths of Ontario following graduation, are eligible to enroll in the Ontario Prescribing and Therapeutics course and sit the Ontario Prescribing and Therapeutics examination.

NDs registered in other regulated Canadian jurisdictions may apply to sit the Ontario exam.

This will assist those regulators who, due to their smaller membership base, have been experiencing challenges in running the exam on a consistent basis and have requested our assistance.

Failure of one of the two components of the exam no longer necessitates having to retake both components.

The requirement to have to retake the exam in its entirety if a Member failed only one section was originally introduced by the

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medication, estrogen (bioidentical), and more.

The course takes about three – five months to complete. Because it is a self-study course, it can be started at any time. It includes a combination of online modules (about 30 hours), interactive webinars (up to 15 hours) and self-study time (approximately three to five hours per week). Naturopaths can complete the course at their own pace and on their own time without having to be away from their practice. Experience shows that rushing to finish the course is not recommended because it tends to reduce exam pass rates.

The exam is held in Toronto twice a year and includes both a written open-book component and an oral component. The exam is 5.25 hours long. It is currently only offered in Toronto in an effort to minimize the administrative and logistics costs associated with running it.

Online registration for the October 28 exam opens on September 17. Learn more about the [Standard of Practice for Prescribing](#), the course and the exam on our [website](#).

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transitional Council of the College to address concerns associated with the potential risk of skill atrophy in allowing a Member to repeatedly retake only a component of the exam.

Having now run eight sessions of the exam, the College is confident that a full retake of is not always necessary because the competencies being tested in the oral and written components of the exam overlap sufficiently that skill atrophy is not an immediate concern. There are some restrictions to the new exam retake policy so it is important for anyone seeking to re-attempt the exam to review the [Ontario Prescribing and Therapeutics Handbook](#) and familiarize themselves with exam retake eligibility criteria.

These changes have been introduced based on feedback and interest from the profession, students, and College stakeholder organizations. They are intended to reduce some of the barriers to taking the exam and increase Member compliance with the *Standard of Practice for Prescribing*. The changes will also help to ensure exam sustainability for those NDs who want to be able to practice to their full prescribing scope, and will continue to foster ongoing cooperative relationships with other regulated Canadian jurisdictions.

PROFESSIONAL CONDUCT



Discipline decision

Discipline is a critical aspect of self-regulation and maintaining the public trust. The College has the responsibility and the authority to investigate the breach of a regulation or a professional standard by a naturopath, take action and assess a range of appropriate penalties. Any decisions are made in the best interests of the public. Publishing summaries of the decisions in this newsletter is part of the transparency of the discipline process, and is intended to assist Members of the College in understanding what may constitute professional misconduct.

PROFESSIONAL CONDUCT

Member:**Rahim Kanji, registration #1939**

Summary of Allegations:

- Prescribing a drug, in particular Vitamin A over 10,000 IU, that the Member had no authority to prescribe;
- Failure to manage the risks of using that drug;
- Failure to obtain the patient's informed consent;
- Failure to identify vitamin A toxicity;
- Failure to maintain appropriate records when prescribing a drug;
- Failure to appropriately communicate with the patient.

The Agreed Statement of Facts and the Joint Submission as to Penalty and Costs had been agreed upon prior to the hearing. The Discipline Panel found that the Member committed acts of professional misconduct as admitted by the Member.

CHRONOLOGY**March 2015:**

Patient A became a patient of the Member in order to treat her acne. Patient A advised the Member that she was in a common law relationship and did not use birth control.

June 2015:

The Member prescribed 300,000 IU daily of Vitamin A for Patient A in accordance with naturopathic practice to treat acne.

Vitamin A in oral dosage form containing more than 10,000 International Units is included on the Prescription Drug List of the Food and Drugs Act. In accordance with the Drugless Practitioners Act, up until July 1, 2015, naturopaths were not authorized to prescribe or administer drugs listed as prescription drugs under the Food and Drugs Act.

The Member did inform Patient A of some of the potential side effects of the Vitamin A treatment. He documented that he discussed dry skin, dry hair, headache, nausea, vomiting, hair shedding and liver inflammation with Patient A. The Member, however, did not list all of the material risks, most notably birth deformities and acute and/or chronic Vitamin A toxicity.

The Member did not request Patient A to undergo pregnancy tests every month and advise him of the results, and did not advise

PROFESSIONAL CONDUCT

Patient A that she ought to be on birth control in advance of, and while on, the treatment until February 11, 2016.

November 2015:

Patient A had been on the treatment for five months. Her acne had completely resolved and she was suffering from dry skin. Instead of recommending a cessation or tapering of the treatment, the Member recommended that Patient A take fish oil and an enzyme test.

February 2016:

Patient A reported that her dry skin was worse, she was suffering from low grade back pain, and she had dry brittle hair. At the time, the Member failed to identify the symptoms of chronic Vitamin A toxicity and did not advise Patient A that she should cease the treatment. The Member recommended that Patient A reduce her Vitamin A intake to 250,000 IU until he could see the results of her blood work.

May 2016:

Patient A sent an email to the Member expressing concern with the care provided. The Member did not respond to this email as he felt that Patient A was threatening litigation and that she was no longer intending to seek the Member's services.

ORDER

The Discipline Panel imposed an order:

1. Requiring the Member to appear before the Panel to be reprimanded on a date to be scheduled.
2. Directing the Registrar to suspend the Member's certificate of registration for a period of six months, immediately following this hearing of the Discipline Committee.
3. Imposing the following specified term, condition and limitation on the Member's certificate of registration:
 - a. the Member shall successfully complete by November 30, 2018, to the satisfaction of the Registrar and at his own expense, the ProBe course in ethics and/or jurisprudence;
 - b. the Member shall successfully complete by November 30, 2018, to the satisfaction of the Registrar and at his own expense, the Medical Records Course at the University of Toronto; and
 - c. the Member shall successfully complete, to the satisfaction of the Registrar and at his own expense, up to three (3) meetings with a Regulatory Expert within twelve (12) months following the lifting of the suspension.

PROFESSIONAL CONDUCT

4. Requiring the Member to pay the College's costs fixed in the amount of \$13,000 on a schedule to be determined by the Registrar.

The Panel concluded that the proposed penalty was reasonable and in the public interest, and that it satisfied the principle of public protection.

Copies of the full discipline decisions are available on the [public register](#) in the Members' profiles. You can also review all decisions in the [resources section](#) of the College's website.

COLLEGE'S COSTS

Section 53.1 of the Health Professions Procedural Code provides that, in an appropriate case, a discipline panel may make an order requiring a member who the panel finds has committed an act of professional misconduct, to pay all or part of the College's costs and expenses. The panel awards costs on a case by case basis.

The following costs and expenses were incurred by the College in regard to this matter:

- Legal costs and expenses: \$23,418
- Other costs: \$2,392

Total cost to the College: \$25,810

As previously noted, the Panel ordered the Member to pay the College's costs fixed in the amount of \$13,000, which amounted to 50% of the College's costs.



What every ND should know: *key lessons from a recent Discipline Hearing*

By Andrew Parr, CAE, Registrar & CEO and
Mary-Ellen McKenna, ND (Inactive), Regulatory Education Specialist

A summary of the recent Discipline Hearing involving Dr. Rahim Kanji, ND can be found on page 8 of this issue of *iNformed*. That summary provides some details about the allegations and the facts of the case that resulted in a complaint and a subsequent finding of professional misconduct against Dr. Kanji, ND.

At the outset, the intent of this editorial is not to draw further attention to Dr. Kanji, ND in any way. By his own admission, mistakes were made and individual lessons have been learned from this process. We do wish Dr. Kanji, ND well when he returns to his practice.

The intent of this article is to educate College Members about what can and should be learned from this case. This case should be reviewed by all Members and, where necessary, practices amended.

Everybody knows that there are regulations, standards, and policies governing the practice of the profession. These are interpreted by various adjudicative bodies, including the Discipline Committee. As Dr. Kanji, ND has agreed not to appeal the findings and order

of the Discipline Panel in this matter, we can talk meaningfully about the interpretations given by the Discipline Panel to the College's regulations, standards and policies.

VITAMIN A IS A DRUG AT CERTAIN DOSAGES

Under the [Prescription Drug List](#) of the *Food and Drugs Act, R.S.C., 1985 c. F-27*, vitamin A is a drug when it is prescribed at an oral dosage of more than 10,000 international units (IU) per day. This finding of the Discipline Panel confirmed that this is the law and has been the law for some time.

Implications for Members: Members need to be aware of when natural health products, such as vitamins, become a prescription drug. The onus is on the Member to know this. You as the professional have to know before you use it in your practice. Members can get more information by reviewing the [General Regulation](#) made under the [Naturopathy Act, 2007](#) and the [table of authorized drugs](#). Note that vitamins A, D, and K, along with folic acid, become prescription drugs at certain daily dosages.

 WHAT EVERY ND SHOULD KNOW

PRESCRIBING A DRUG WHILE UNDER THE BDDT-N

Many naturopathic doctors are reported to have been “recommending” (which is really prescribing) vitamins at prescription drug level dosages while the Board of Directors of Drugless Therapy – Naturopathy (BDDT-N) was regulating the profession. The finding of the Discipline Panel confirms that prescribing a prescription drug prior to the proclamation of the *Naturopathy Act, 2007* was not permitted by law.

Implications for Members: Members need to inform themselves of the laws, regulations, standards and policies governing the profession and behave in accordance with them at all times. Under the *Drugless Practitioners Act*, it was expressly forbidden to “prescribe or administer drugs for use internally or externally...” section 7 of the *Drugless Practitioners Act, R.S.O. 1990, c.D.18* (DPA).

“EVERYONE WAS DOING IT” DOES NOT A JUSTIFICATION MAKE

In the Agreed Statement of Facts, it was noted that the Member believed that naturopathic doctors could prescribe drugs (such as vitamin A in oral doses higher than 10,000 IU) when the BDDT-N was the regulator as a result of him seeing other NDs do just that. The Member acknowledged his error and appreciated that under the BDDT-N he had no authority to

prescribe prescription drugs. This formed the basis for the finding of the Discipline Panel that he did commit professional misconduct.

Implications for Members: Members need to inform themselves of what the law is and to practise in compliance with the law. Just because everyone else was or is doing the same thing does not make it the standard of practice for the profession, i.e., standards cannot exist if they are in contravention of the law. Relying on improper standards or the behaviour of others will not be accepted by a Discipline Panel.

“I DIDN’T KNOW” IS ALSO NOT A JUSTIFICATION

As noted in the Agreed Statement of Facts, the Member may not have known what the rules were, particularly at the time of proclamation of the *Naturopathy Act, 2007*. The College’s position, which is consistent with other health regulatory Colleges in Ontario, is that the onus is on the Member to inform themselves of the applicable laws and to practise within those parameters. The onus is not on the College to tell each and every Member what the rules are by which they are governed. The College provides all of this information on its [website](#) so that Members can remain up to date on all legal requirements.

Implications for Members: The onus is clearly on you as a regulated health professional and naturopathic doctor to know the rules

WHAT EVERY ND SHOULD KNOW

governing you and the profession. If you don't, then you must take steps to inform yourself.

Please note that the College of Naturopaths of Ontario shared extensive information with the profession for many months prior to and leading up to proclamation of the *Naturopathy Act, 2007*. We provided detailed information about the new rules as they were coming into force and we have continued to do so since proclamation. We regularly feature articles in [iNformeD](#), in [News Bulletins](#) and on our website about topics intended to help Members understand and apply the rules in their practices. So if you don't know... reading our publications and visiting our website are good places to start your search for answers. The College's [Regulatory Education Specialist](#) is also available to help you find the information you are looking for.

INFORMED CONSENT

The [Health Care Consent Act, 1996, S.O. 1996](#) sets out the requirements for informed consent. This statute applied to all Registrants under the BDDT-N and applies to all Members of the College today. In addition, the College has a [Standard of Practice for Informed Consent](#) as well as a guideline to help Members incorporate it into their practices. This finding of the Discipline Panel confirms critical elements of what constitutes informed consent and what Members must do in order to meet the Standard.

Implications for Members: In order for a patient to have provided a valid consent to a treatment, the consent must: a) relate to the treatment, b) be informed, c) be given voluntarily, and d) not be obtained through misrepresentation or fraud.

Drilling down on item "b" in the paragraph above, the finding of the Discipline Panel reinforces that in order for consent to be informed, the Member must provide all of the following information to the patient:

- a) the nature of the treatment,
- b) the expected benefits of the treatment,
- c) the material risks of the treatment,
- d) the material side effects of the treatment,
- e) alternative courses of action, and
- f) the likely consequences of not having the treatment.

Failing to meet these requirements will constitute professional misconduct. Members are expected to document dialogues regarding informed consent so as to provide evidence that the informed consent was properly obtained. Note that documentation via a consent form provided with new patient intake forms that is signed before any treatment is proposed does not meet the above requirements.

 WHAT EVERY ND SHOULD KNOW

STANDARD OF PRACTICE FOR PRESCRIBING UNDER THE NATUROPATHY ACT, 2007

Under the *General Regulation* made under the *Naturopathy Act, 2007*, a Member cannot prescribe, dispense, compound or sell a drug, nor can a Member administer a substance by inhalation or injection, until they have met the [Standard of Practice for Prescribing](#). This finding of the Discipline Panel confirms that any Member who performs any of these controlled acts without having first met the standard, has committed an act of professional misconduct.

Implication for Members: By including the standard of practice in regulation, the College and the Ministry of Health and Long-Term Care intended to ensure its enforceability. Where in most cases a standard can only be enforced at discipline through expert testimony, including the standard in the regulation streamlined its enforceability. To be able to enforce the provision of the standard, all the College needs to do is to submit the regulation, show that a Member has not met the standard (passed the course and examination) and performed the controlled act. The Discipline Panel has confirmed that this is in fact the case.

It can also be extrapolated from this ruling that similar standards in the regulation will also be readily enforced at future panels of the Discipline Committee. For example, before a Member can perform intravenous

therapy, they must first meet the standard of practice for Intravenous Infusion Therapy (IVIT), namely successfully complete an IVIT course and examination as well as having met the *Standard of Practice for Prescribing*.

It is important to know that certain vitamins become prescription drugs at specified daily or single doses. For instance, all of the following become prescription drugs when used at more than the daily or single doses below:

- vitamin A over 10,000 IU per day,
- vitamin D over 1,000 IU per day,
- folic acid over 1 mg per day, and
- vitamins K1 and K2 over 0.120 mg per day.

These vitamins are recommended by many naturopathic doctors to patients in dosages below that which requires a prescription; however, Members must have met the *Standard of Practice for Prescribing* if they want to prescribe the same vitamins at the higher dosages indicated above.

In the same vein (no pun intended) vitamin B12 injections, both intravenously (iv) and intramuscularly (im), are also used by NDs. In order to administer B12 by an iv or im injection a Member must also first have met the standard of practice for prescribing – a standard that the Discipline Panel is clearly prepared to enforce as part of its mandate to protect the public.

WHAT EVERY ND SHOULD KNOW

MONITORING A PATIENT

Every naturopathic doctor has been well trained in how to monitor patient treatments. Where this can become challenging is that the monitoring required will vary depending on the treatment. Taking vital signs is commonly done by the profession but some treatments require specific testing as well. Naturopathic doctors have been provided access to laboratory testing for this very reason. Administering drugs will more often than not require that certain testing be performed before, during, and after treatment. The Discipline Panel has reinforced this principle in the finding of this matter. It accepted that certain minimum testing was required by the Member, in this case, pregnancy testing, as part of the monitoring regime.

Implications for Members: The implications of this ruling are quite broad. Knowledge, skill and judgment to perform a treatment or controlled act does not simply mean that a Member knows when and how to perform it, but also clearly means that the Member additionally knows and performs the necessary testing to monitor the patient and the appropriateness of the drug or treatment in any given case.

By extrapolation, there is a direct link to be made between informed consent and monitoring. If a treatment has certain material risks and side effects, the monitoring should include the appropriate means to determine

if those risks and side effects are occurring. Patients rely on their ND to guide them, and help them, and they rely on your knowledge of the treatment. Identification of the occurrence of a side effect or risk of harm is not the patient's responsibility, but rather, the responsibility rests with the Member.

ALTERING DRUG DOSAGE IS A NEW TREATMENT/PRESCRIPTION

Under the *General Regulation* made under the *Naturopathy Act, 2007*, there are standards of practise for what must occur when a Member prescribes a drug to a patient. These standards include what should be provided to the patient on a prescription and what should be included in the patient record. Many practitioners do not necessarily view a modification to an existing prescription as a new treatment or a new prescription. In the Agreed Statement of Facts, the College and the Member agreed that the modification of an original prescription resulted in a new prescription. The Discipline Panel accepted this joint position that altering a dosage or modifying an existing prescription is in fact a new treatment and requires a new prescription.

Implications for Members: Whenever a Member alters a dosage of a drug prescribed to a patient, they now must consider it a new treatment and a new prescription and they must comply with the standards of practice set out in the *General Regulation*.

WHAT EVERY ND SHOULD KNOW

RESPONDING TO PATIENTS

While every naturopathic doctor knows and is comfortable responding to their patients when things are going swimmingly, it is when the relationship becomes uncomfortable or rocky that there may be a temptation not to respond. When a patient becomes upset and perhaps even threatens to file a complaint or take legal action, according to this finding of the Discipline Panel, it is reasonably expected that a Member needs to respond, if only at minimum to acknowledge receipt of the patient's message. Failing to do so is considered conduct that is regarded by Members as dishonorable or unprofessional.

Implications for Members: Even in the most difficult of situations, it is imperative that regulated health professionals respond to their patients. Even if that response is to say "I understand your concerns" or "you do have a right to file a complaint with the College of Naturopaths of Ontario, here is the address...." As a professional, you must take the high road, you must respond in some way to the concerns of your patients.

OTHER IMPLICATIONS

In addition to the implications set out above, there are several other, broader implications resulting from this case. They include:

- If prescribing prescription drugs, which is a controlled act under the [Regulated Health Professions Act, 1991](#), was prohibited by

the *Drugless Practitioners Act*, so too were the related controlled acts of dispensing, compounding and selling a drug.

- Where a standard of practice for the use of a drug in practice does not exist, or where there is no evidence of the effects of the use of a drug in naturopathic practice, there is a general expectation that Members will consider evidence and practices from other similar drugs, including pharmaceuticals that are similar to vitamins. For example, using Vitamin A at high dosages, therefore being used for the "pharmaceutical effect", to treat acne can have a similar action and side effects as pharmaceuticals used to treat acne. A Member should never undertake a treatment of any kind for which they do not have the knowledge, skill and judgement to perform the treatment safely, competently and ethically. Regardless of what the law permits, the real fundamental principle of self-regulation is that a Member "polices" themselves. Specifically, you never do something that you are not capable of doing safely and in the best interests of the patient.

Finally, we do want to acknowledge that this matter was resolved through an uncontested hearing. This means that Dr. Kanji, ND and the College agreed to a set of facts and to a proposed penalty in the matter. While it is always a Member's right to require a full contested hearing, by not doing so in this case, Dr. Kanji, ND relieved the patient of the burden of testifying before the hearing and significantly shortened the hearing and costs to the College. His agreement to do so was considered in the final determination of penalty in this case.

WHAT EVERY ND SHOULD KNOW

KEY POINTS TO REMEMBER

- Members need to be aware of when natural health products, such as vitamins, become a prescription drug and Members must meet the *Standard of Practice for Prescribing* in order to be able to prescribe them to their patients.
- Prescribing a prescription drug under the BDDT-N, and prior to the proclamation of the *Naturopathy Act, 2007* in 2015, was not permitted by law. The controlled acts of dispensing, compounding and selling a drug were also not permitted.
- “Everyone was doing it” is not a justification. The onus is on Members to inform themselves and know the rules governing the profession in Ontario.
- Informed consent consists of specific, critical elements that Members must communicate to their patients in order to be deemed to have obtained proper consent and to have met the *Standard of Practice for Informed Consent*.
- Any Member who prescribes, dispenses, compounds or sells a drug, or who administers a substance by inhalation or injection without meeting the *Standard of Practice for Prescribing* is committing an act of professional misconduct.
- It is the Member’s responsibility to ensure they are using the appropriate means to monitor their patients and patient treatment plans.
- Altering a drug dosage is considered a new treatment and requires a new prescription.
- As a self-regulated professional, naturopaths must respond to the concerns of their patients.
- A Member must never undertake a treatment of any kind for which they do not have the knowledge, skill and judgement to perform the treatment safely, competently and ethically. This means never doing something you are not capable of doing safely and in the best interests of your patient.

Services in the public domain or “wearing two hats”

In this edition of the newsletter, we present and analyze a scenario based on a Registrar’s Report that illustrates the importance of maintaining the Standards of Practice of the profession. The intent is to help Members identify areas of potential concerns within their practice. By law, cases under investigation are confidential; therefore, details of the case below have been altered to respect confidentiality.



SUMMARY OF THE REPORT

The College of Naturopaths of Ontario received information suggesting that a Member of the College was advertising medical services that the Member was not authorized to perform, including aesthetic medical treatments (e.g., mesotherapy and removal of pigments, sun spots, birthmarks, skin tags, tattoos and spider veins), and administering intravenous and/or intramuscular injections prior to having met the Standards of Practice for Prescribing and for Intravenous Infusion Therapy (IVIT). As a result of concerns surrounding the nature of the services advertised on the Member’s website, and considering the high level of risk to the public, the Registrar, at the approval of the Inquiries, Complaints and Reports Committee (ICRC), commenced an investigation into the Member’s conduct.

During the investigation it was confirmed that the Member performed IVIT and intramuscular injections prior to having met the Standards of Practice as required by the [General Regulation](#) made under the [Naturopathy Act, 2007](#).

ICRC CORNER

Furthermore, the Member confirmed that in addition to naturopathic services, they offered cosmetic therapy services to clients, including mesotherapy, carboxy therapy, light therapy, laser therapy, sound therapy, micro-pigmentation, ultrasound/cavitation, cosmetic laser, Vasculyse, dermabrasion, carboxy treatment, permanent make-up, and platelet rich plasma. The Member stated that naturopathy and cosmetic services were provided as separate services with separate intakes, consents and invoices. The Member alleged that they did not hold themselves out to be a naturopathic doctor when providing cosmetic services, and that they were duly certified and qualified to perform each of these non-naturopathic, non-healthcare services.

Having reviewed the Member's advertising, the ICRC found, however, that the cosmetic services were advertised on the Member's professional naturopathic website and that the fee schedule posted on the website did not clearly distinguish between naturopathic and cosmetic services. The ICRC was concerned that this could be misleading to both patients and any insurance companies processing claims for the services provided.

OUTCOME

Upon completion of its investigation, the ICRC found the matter sufficiently serious to require that the Member appear before a panel of the ICRC for an Oral Caution, and that they successfully, at their own expense, complete the following Specified Continuing Education and Remediation Program:

1. Complete the College of Naturopaths of Ontario Jurisprudence Examination for naturopathic doctors;
2. Review the relevant sections of the [*Regulated Health Professions Act, 1991 \(RHPA\)*](#), *Naturopathy Act, 2007*, regulations made under these acts and the College's Standards of Practice and provide a report acceptable to the Registrar of the College, summarizing their understanding of the scope of practice for naturopathic doctors in Ontario, with an emphasis on the controlled acts that naturopathic doctors are authorized to perform; and
3. Attend one meeting with a College-approved practice supervisor who will review the Member's appointment records and select 10-15 patient files to ensure that the services/treatments offered by the Member are within the naturopathic scope of practice.



ANALYSIS

Performing IV and IM injections prior to having met the College's *Standard of Practice for IVIT* and the *Standard of Practice for Prescribing*.

The General Regulation and associated standards outline the requirements which must be successfully completed in order for a Member to meet and maintain the *Standard of Practice for IVIT*. Those requirements include:

- successful completion of a College approved course in Intravenous Infusion Therapy;
- successful completion of a College approved or administered examination in Intravenous Infusion Therapy.

Additionally, a Member of the College must also meet the *Standard of Practice for Prescribing* prior to being able to administer IVIT.

Similarly, members may not administer any drug or substance listed in Table 2 of the General Regulation by non-IVIT injection (IM, SubQ) until they meet the *Standard of Practice for Prescribing*.

In their response to the allegations, the Member admitted to offering B12 injections to their patients in contravention of the *General Regulation*. The Member, however, denied performing IVIT after the July 1, 2015 proclamation date, as they did not consider sclerotherapy to be IVIT.

The ICRC noted that sclerotherapy was in fact a form of IVIT, as it involved injecting a substance (typically a saline solution) directly into a vein. The ICRC was concerned that the Member knew, or ought to have known, that injecting saline into a vein contravened the College's *Standard of Practice for IVIT* along with the legislation and regulations that a Member of the profession is expected to abide by.

The Member was reminded that the following acts constitute misconduct as per the [Professional Misconduct Regulation](#):

- 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.
- Performing a controlled act that the Member is not authorized to perform.
- 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 their scope of practice.



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Mesotherapy

The RHPA sets out the following expectations:

27. (1) No person shall perform a controlled act set out in subsection (2) in the course of providing health care services to an individual unless,

(a) the person is a member authorized by a health profession Act to perform the controlled act; or

(b) the performance of the controlled act has been delegated to the person...

(2) A "controlled act" is any one of the following done with respect to an individual:

2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane...

5. Administering a substance by injection or inhalation.

Based on the above noted provisions, the ICRC views mesotherapy, which involves injecting substances below the dermis, as a controlled act. To consider the Member's provision of this treatment as outside the scope of the RHPA is completely contrary to the intent of the RHPA – which is to protect the public.

In addition to the legislation outlined above, the ICRC noticed that mesotherapy training centres and associations appear to recognize that mesotherapy should only be performed by regulated healthcare professionals.

Since the Member is not authorized to provide injections below the dermis, and was admittedly injecting substances not listed in Table 2 of the General Regulations, they were arguably committing an act of misconduct. The ICRC strongly considered referring this allegation to the Discipline Committee of the College. However, the Member's willingness to rectify their practices reassured the ICRC that the Member had finally gained the insight into their actions and that the concerns identified in the Report could be addressed through educational and remedial action.

Performing removal of pigments/sun spots, birth marks, skin tags, tattoos and spider veins

During the investigation it was confirmed that the Member performed the removal of pigments/sun spots, skin tags, tattoos, and spider veins. The ICRC was satisfied that the equipment used by the Member was licensed by Health Canada in accordance with section 36 of the [Medical Devices Regulation](#).

The ICRC, nevertheless, had concerns regarding the Member's provision of cryotherapy. While the ICRC recognizes that some forms of cryotherapy treatment are available over the counter for the public to use, the ICRC was concerned regarding the



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appropriateness of the Member's use of cryotherapy due to several inherent risks:

- Appropriate assessment and diagnosis are required in order to assess whether or not cryotherapy is an appropriate treatment for any skin condition, whether considered to be cosmetic or not.
- The potential use of cryotherapy to address certain skin conditions that could potentially be precancerous or cancerous bring with it risks, since naturopathic doctors don't have the ability to order appropriate diagnostic testing to adequately assess/diagnose some skin lesions.
- Naturopathic doctors may not have the necessary knowledge and skill to differentiate serious conditions such as basal cell carcinoma from what may appear to be a common mole. Furthermore, it may be outside of the scope of practice for a naturopathic doctor to treat basal cell carcinoma.

The ICRC urged the Member to exercise caution and to make appropriate referrals when indicated to minimize the risk of these potentially very serious concerns.

The ICRC also reminded the Member that they were responsible for ensuring that patients,

the public, the College, other healthcare professionals, and other relevant authorities understand when the services provided and billed for were naturopathic services.

BOTTOM LINE

As regulated healthcare providers, Members of the College must act in accordance with all of their professional and legal obligations.

In this case, it was the Member's understanding that if they had additional training in a certain therapy, they were allowed to "wear two hats" and perform a procedure that naturopaths are not authorized to perform, as long as the patient was aware that the therapy they received was not naturopathic.

The ICRC reminds Members, that being a regulated health care provider is not an option that Members can choose to put on hold at their convenience. Members of the College must be familiar with and abide by the legislation, regulations, and standards of practice governing the profession at all times. Performing services in contravention of the Standards of Practice puts the public at risk of harm, as naturopaths may not have the necessary knowledge and skill to perform the procedure, and as a result, puts the profession into disrepute.

COSTS TO THE COLLEGE

The investigation costs incurred by the College in regard to this matter were \$8,115.





Important changes:

Protecting Patients Act and Regulated Health Professions Act, 1991

New requirements affecting naturopathic doctors came into effect on May 1, 2018 based on amendments to the *Regulated Health Professions Act, 1991* (RHPA) as well as three new sets of regulations that were enacted. Our May [News Bulletin](#) outlined the requirements of the changes, as well as what they mean for NDs in practice.

Key changes include:

- the definition of who is a patient for the purposes of sexual abuse;
- immediate access to funding for patient counselling/therapy when sexual abuse is alleged;
- new mandatory reporting provisions, including the need to report any criminal or drug offences against a Member; and
- expanding the instances that require the mandatory revocation of a Member's registration certificate.

Note that as a regulated health professional, it is a naturopath's responsibility to ensure they are current on the rules that govern the profession.



Myth-busting:

What really happens when you contact CONO

The Ontario Association of Naturopathic Doctors commented in its AGM remarks that some of our Members are fearful of contacting us. We are pleased to republish a recent blog post by Andrew Parr, College Registrar and CEO, to dispel myths about what actually takes place when you reach out to us.

The College's Regulatory Education Specialist is available to Members who have questions about the standards and regulations of the College and how they relate to their practice. In 2017, the College received approximately 950 inquiries from Members, by e-mail and by telephone.

It is possible that some Members have questions and are uncertain as to what they should do in a particular situation yet won't call the College for fear that they will "get into trouble". While we can't guarantee that some inquiries might result in further and more formal follow up, I think it is important to understand the intent of this program.

The College provides the service of having a staff member designated to answer your questions in order to prevent Members from "getting into trouble". The best way to practice within the regulations and standards of practice set by the College is to have a clear understanding of what they are and the College is here to help you with that. The regulations

and standards can be complex and having a person who is knowledgeable walk through those with you can be a tremendous benefit. So we encourage Members to take advantage of this service.

A typical response by the Regulatory Education Specialist to an inquiry will involve all or a combination of the following:

1. Providing a clear "yes" or "no" answer to your question, For example:
 - "Yes you may conduct a visit via telemedicine". Or,
 - "No you cannot order that laboratory test, it is not on the list of allowed tests."
2. Clarifying the meaning of a regulation or standard of practice, or expanding on the yes or no response. For example:
 - "You may conduct a visit via telemedicine, however there are a number of issues you should first

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consider such as privacy, jurisdictional authority and professional liability insurance.” Or,

- “As a regulated health care professional you cannot choose when you are acting as an ND and when you aren’t when providing health care advice. This includes working in a health food store even though you don’t use your ND title.”
3. Sending you to a document with additional information regarding your question. For example:
- “There is an article entitled *Telemedicine: Providing Naturopathic Care at a Distance* in the [Regulatory Guidance](#) section of the website that will take you through the issues you should consider.”
 - “The [Conflict of Interest Guideline](#) has information about working in a retail setting that should answer your question.”

But what about those inquiries that require a more formal follow-up? This would only occur where the information being provided to the College suggests a Member is practising in such a manner that they may be placing patients at risk and where the Member is not responsive to the advice and recommendations they are receiving from the Regulatory Education Specialist.

In truth, Members would want the College to take action in these situations in order to uphold our public protection mandate. Addressing matters before there are serious repercussions to patients and the profession is good regulation and it works in both the public’s and the profession’s interests.

The College also benefits from these inquiries by identifying the common issues and misunderstandings within the profession. Much of the information provided to the Members through our [iNformeD](#) newsletter, bulletins and additional information posted on the website is a result of inquiries from Members. If one or two Members have the same question, it is extremely likely that there are many others wondering the same thing.

So the next time you are wondering if you should call or send an e-mail, go ahead and do it. You might be surprised by what a positive experience it can be for you, your colleagues and the profession on the whole.

Any questions? Contact our Regulatory Education Specialist, Dr. Mary-ellen McKenna, ND (Inactive), by [email](#) or phone at 416-583-6020.



Executive Committee Elections and Council Appointments

On April 25, 2018, the Council of the College of Naturopaths of Ontario held its annual Executive Committee Elections.

The following Executive members were acclaimed.

- Tara Gignac, ND, President
- Deborah Haswell, public member, Vice President
- Kim Bretz, ND, professional member-at-large
- Shelley Burns, ND, professional member-at-large
- Dianne Delany, public member-at-large

The Executive Committee exercises the full authority of the Council between meetings as well as overseeing strategic, governance and financial planning for the Council.

Statutory and Non-Statutory Committee Appointments

Also at its meeting, the Council appointed members of the Council and Members of the profession not on Council to serve on College committees. All appointments are for a one-year term.

Read more about committees on our [website](#), including their roles, responsibilities and terms of reference.

EXECUTIVE COMMITTEE ELECTIONS AND COUNCIL APPOINTMENTS

Audit Committee**COUNCIL ND**

Jordan Sokoloski, ND

COUNCIL PUBLIC MEMBER

Harpal Buttar

NON-COUNCIL ND

Elena Rossi, ND (Chair)

Discipline Committee/Fitness to Practice Committee**COUNCIL NDS**

Kim Bretz, ND
 Shelley Burns, ND
 Karim Dhanani, ND
 Tara Gignac, ND
 Rosemary Hnatiuk, ND
 Danielle O'Connor, ND
 Jordan Sokoloski, ND
 George Tardik, ND

COUNCIL PUBLIC MEMBERS

Harpal Buttar
 Dianne Delany
 Gail Goodman (Chair)
 Deborah Haswell
 Sam Laldin
 Scott Sawler
 Barry Sullivan

NON-COUNCIL NDS

Rick Olazabal, ND
 Vaishna Sathiamoorthy, ND
 Laure Sbeit, ND

Examinations Appeal Committee**COUNCIL ND**

George Tardik, ND (Chair)

COUNCIL PUBLIC MEMBER

Dianne Delany

NON-COUNCIL ND

Erin Psota, ND

Inquiries, Complaints and Reports Committee**COUNCIL NDS**

Kim Bretz, ND
 Karim Dhanani, ND

COUNCIL PUBLIC MEMBERS

Deborah Haswell
 Barry Sullivan

NON-COUNCIL NDS

Glenda Clark, ND (Retired)
 Sylvi Martin, ND
 Erin Psota, ND (Chair)

Inspection Committee**COUNCIL NDS**

Tara Gignac, ND
 Rosemary Hnatiuk, ND

COUNCIL PUBLIC MEMBERS

Sam Laldin
 Barry Sullivan

NON-COUNCIL ND

Sean Armstrong, ND (Chair)

Nominations and Elections Committee**COUNCIL ND**

Karim Dhanani, ND (Chair)

COUNCIL PUBLIC MEMBER

Gail Goodman

NON-COUNCIL ND

Gudrun Welder, ND

Patient Relations Committee**COUNCIL NDS**

Shelley Burns, ND (Chair)
 Danielle O'Connor, ND

COUNCIL PUBLIC MEMBER

Sam Laldin

NON-COUNCIL ND

Anthony Moscar, ND

Quality Assurance Committee**COUNCIL NDS**

Tara Gignac, ND
 Rosemary Hnatiuk, ND
 Jordan Sokoloski, ND

COUNCIL PUBLIC MEMBERS

Dianne Delany
 Barry Sullivan (Chair)

NON-COUNCIL NDS

Dielle Raymond, ND
 Elena Rossi, ND

Registration Committee**COUNCIL NDS**

Shelley Burns, ND
 Danielle O'Connor, ND (Chair)
 George Tardik, ND

COUNCIL PUBLIC MEMBERS

Gail Goodman
 Scott Sawler

NON-COUNCIL ND

Jacob Scheer, ND

Scheduled Substance Review Committee**COUNCIL NDS**

Kim Bretz, ND
 George Tardik, ND

COUNCIL PUBLIC MEMBERS

Harpal Buttar
 Deborah Haswell (Chair)

NON-COUNCIL NDS

J.J. Dugoua, ND
 Madeleine Elton, ND



Regulating the regulator: *Assessment of our Registration Practises*

In Ontario, fair access legislation requires regulatory bodies to have transparent, objective, impartial and fair registration practises. Just as Members of the profession are assessed by the College to ensure the provision of safe, competent and ethical care of Ontarians, so too is the College assessed to ensure its registration practises meet fair access requirements as set out in the Health Professions Procedural Code, under the *Regulated Health Professions Act, 1991*.

The monitoring and assessment of these registration practises is conducted by the Office of the Fairness Commissioner (OFC), which requires the bodies that regulate the professions and trades to review their own registration processes, submit reports about them, and implement the Commissioner's recommendations for improvement.

In addition to mandatory annual Fair Registration Practices reporting, the College underwent its first full assessment by the OFC in April of this year. Assessment areas included;

- whether and how often the College audits third party practices to ensure the organizations it hires to conduct

assessments of an applicant's knowledge and skill are compliant with College regulations, rules, requirements and Ontario legislation,

- how the College handles requests for accommodation, and
- whether or how the College makes information and services available in French.

As with any assessment, there are areas where the College has demonstrated commendable practises, and areas where improvement is needed, primarily with the assessment of international and non-CNME accredited applicants within the College's Prior Learning Assessment and Recognition (PLAR) program. Within the OFC's recommendations however, is an affirmation that the College's decision to move towards offering its own Biomedical and Clinical Sciences exams is an important step to ensuring that long-term fair registration practise principles and requirements can be met.

Once we have received the OFC's finalized report, we will post it on our website.

NEWS AND EVENTS

Read our latest blog posts!

- [Peer and practice assessments – separating fact from fiction](#)
- [Providing online naturopathic care – specific issues to keep in mind when considering an online patient visit.](#)
- [The “I Did Not Receive the Email” Defense Fails](#) – a guest post by our legal counsel reinforcing the responsibility of Members to read College communications.

Second Inspection Fee installment for existing premises is due by June 30.

Watch your email for an invoice and instructions on how to pay, coming May 31.

Is your contact information current?

It is your professional responsibility under the College by-laws to ensure we receive updates including, for example, changes to your preferred email address, home address, name, employer, practice location, and other details within 30 days of you making any changes. You can [login](#) to your member account from your desktop or mobile device.

Upcoming examinations**Ontario Intravenous Infusion Therapy Examination****Winter Session**

Exam Date:
December 2, 2018

- Registration Opens: October 22, 2018
- Registration Closes: November 12, 2018

Ontario Prescribing and Therapeutics Examination**Spring Session**

Exam Date:
June 10, 2018 (registration is now closed)

Fall Session

Exam Date:
October 28, 2018

- Registration Opens: September 17, 2018
- Registration Closes: October 9, 2018

Share your thoughts – open consultation.

The College is seeking input from stakeholders about proposed revisions to its Standards of Practice and Practice Guidelines. [Learn more.](#)