Consultation on Data Collection
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	Prescribing, Dispensing, Compounding and Selling Drugs, Administration of a Substance by Injection, Administration of a Substance by Inhalation, Additional Data Sets, General Feedback
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	This is data that can be collected from the pharmacies dispensing the medications. The drugs we prescribe are very limited and negligible to the practice of naturopathy. It adds additional unpaid work hours as an ND for prescribing patients with vitamin D or low risk prescriptions.
P,D,C,S Adverse Occurrences	Though I do agree with the need to get this information, however reporting every time a prescription does improve patient condition is misleading. Patient care is never one fold, there are many factors affecting it and might be difficult to conclude. In addition, many of the prescriptions are low risk and minimal adverse effects. This will add additional work on NDs with little benefit to our patient care. I agree to report "An emergency drug had to be administered to the patient" however I have not had or heard of such experience from fellow NDs.

Number of Injections Administered	It adds additional unpaid work hours as an ND for administering injections that are relatively low risk.
Injections Adverse Occurrences	It adds additional unpaid work hours as an ND for administering injections that are relatively low risk. I agree to report "An emergency drug had to be administered to the patient"
Number of Inhalations	It adds additional unpaid work hours as an ND for administering injections that are relatively low risk.
Inhalation Adverse Occurrences	It adds additional unpaid work hours as an ND for administering injections that are relatively low risk.
Types of Unscheduled Treatments	I think this is mainly relevant to IV therapy and see minimum use for injection/ prescriptions. Unless our scope is expanded to drugs that have known and documents side effects I find it to be extra work with little feedback on my patient care.
Types of Adverse Drug/Substance Reactions	I think this is mainly relevant to IV therapy and see minimum use for injection/ prescriptions. Unless our scope is expanded to drugs that have known and documents side effects I find it to be extra work with little feedback on my patient care.
Feedback on Mock up of form	

Feedback on Process	
General Comments	In regards to the purpose of this change "such as educational articles, training programs, regulatory guidance and regulatory education programming." I find that we do a lot of additional training and exams for things we learned during our training. Instead of thinking of adding additional training, focus on emphasizing it in the curriculum, update the prescribing course to be catered to NDs and our work with patients. I am unsure if other professions have any of these requirements even though they can access many more drugs. Unless CONO creates a system that is automated and doesn't require additional work by NDs, I suggest we do not add this to the annual registration.

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
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	General Feedback
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	
P,D,C,S Adverse Occurrences	

Number of Injections Administered	
Injections Adverse Occurrences	
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	
General Comments	This proposal seems a useful step in strengthening a renewed expanded-prescribing-scope effort. This data collection process is reasonable.

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
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	General Feedback
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	
P,D,C,S Adverse Occurrences	

Number of Injections Administered	
Injections Adverse Occurrences	
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	N/A

Feedback on Process	Very against this, a taxing amount of work and effort for a profession already struggling to financially earn a living practicing under Ontario's limited scope of practice.
General Comments	Please don't add more data collection work for us NDs, the outrageous amount of overhead and work for each patient to be licensed in Ontario (I previously practice in Nova Scotia, so do have a comparison) gas become cost limiting to the point where patient care is greatly suffering. The only way to implement this plan is to have NDs raise their fees 50-100% across the board, and thereby fail to provide care for so many in need.

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
Feedback Report

1. About the Person Submitting

First Name	
Last Name	
Email Address	
Telephone	
CoNO Registered	Yes
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Rep Organization	No
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2. Feedback

Sections Commenting	Prescribing, Dispensing, Compounding and Selling Drugs
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	This will take a lot of administrative time out of clinical practice. CONO has recently changed the requirement for 750 clinical hours in a reporting period, and with the addition of this administrative requirement, we must take into account a business owners time. Perhaps communication across committees in determining these requirements should be considered. Are there other regulated health professions that also require this type of reporting and tracking? Do medical doctors report on all of their prescriptions?
P,D,C,S Adverse Occurrences	Yes, I agree with this data collection in terms of adverse reactions.

Number of Injections Administered	
Injections Adverse Occurrences	
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	
General Comments	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
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	Administration of a Substance by Injection
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	
P,D,C,S Adverse Occurrences	

Number of Injections Administered	It is integral to know exactly the number of IV infusions so that when these data are analyzed the number could increase to satisfy the public needs
Injections Adverse Occurrences	A very useful work that can ascertain the integrity and the safety of the IV Infusion practice that does not only help the practitioners but also the service recipients (patients).
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	
General Comments	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
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	Prescribing, Dispensing, Compounding and Selling Drugs, General Feedback
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	As this has not been requested previously these estimates would be very difficult to ascertain and likely very inaccurate. For a registrant who has been prescribing since CONO came into being approx 8 yrs ago- this is difficult
P,D,C,S Adverse Occurrences	As for adverse outcomes - a drug not improving a situation being included in adverse occurrences may make it appear as more harm is coming from these interventions than is actually true. In most health research this is listed as a null outcome - not adverse. All other listed items are true adverse events.

Number of Injections Administered	
Injections Adverse Occurrences	
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	This data although important should mostly already be collected - especially the significant adverse events that are already required to be reported. The process seems to create a significant amount of work for the practitioner to go back through records and determine accurate #'s, especially with the highly encompassing adverse occurrences list.
General Comments	I do not suspect that this process will make therapeutic prescribing in ontario safer and as it is the college's duty to protect the public - which it already has systems in place for tracking risks with these interventions, I do not feel these steps provide any new protection. Sure this information would be interesting but I do not see how it further protects the public.

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
Feedback Report

1. About the Person Submitting

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Telephone	
CoNO Registered	Yes
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Rep Organization	No
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2. Feedback

Sections Commenting	List of Controlled Acts, Prescribing, Dispensing, Compounding and Selling Drugs, Administration of a Substance by Injection, Administration of a Substance by Inhalation, Additional Data Sets, General Feedback
Controlled Acts List	My colleagues in BC have been able to prescribe almost all pharmaceuticals for over a decade now with very little A/E reported. I feel that our scope needs to expand based on our education levels and safety profile. By us not being able to prescribe, we're sending many patients back to their MDs to prescribe which is putting a burden on the health care system. Patients are willing to pay for their health care to get better-we should be able to be utilized for this.
Number of Drugs Prescribed, Dispensed, Compounded and Sold	This would be so involved and time consuming. I would highly consider stopping this aspect of my practice as I wouldn't have time for this. I would also have to consider increasing my fees for my patients that require prescriptions. I feel that we are constantly being biased against as NDs. We're required to do all the schooling, CE hours (which is time consuming and costly), held to extreme standards and yet there is no trust there. Where are the biases coming from against our profession or our abilities to practice medicine. With the few items we are actually able to prescribe, this feels ridiculous at this point.We're trained professions that have been held to a higher standard with higher fees, high CE HOURS yet we keep being challenged and held to higher and higher standards.
P,D,C,S Adverse Occurrences	Including that the patients condition didn't improve is silly. What other professional is being held to a standard like this. Same reasons as above: this is a medical bias and I'm tired of being questioned on my abilities to practice medicine when I've undergone the training.

Number of Injections Administered	Too time consuming and unrealistic. Why are we being held to such different standards.
Injections Adverse Occurrences	Patients condition not improving: this is way too much to ask of us. I feel that what we submit for IV therapy is already much more than what other professionals in the medical field are held to by their collages.
Number of Inhalations	Same reasons as above. What other professionals are being held to this standard. Why us?
Inhalation Adverse Occurrences	Too much.
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	When we had IV regulations put in place almost 10 years ago: we were told that all medical professionals (ie nurses) were going to be held to the same standards. To date, we're the only Practitioners being held to the standards like this.
General Comments	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
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	Prescribing, Dispensing, Compounding and Selling Drugs, Administration of a Substance by Injection, General Feedback
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	This is a make work project for the ND and provides no valuable benefit to the patient. I do not want to be asked to provide this data at the expense of my time. Why does CONO need to know the NUMBER of drugs prescribed/sold or dispensed? Why is it any of CONO's business? I took the training, I discuss with my patient the risks and benefits and leave it up to the patient to decide. CONO has no right to ask for this information.
P,D,C,S Adverse Occurrences	Providing data collected by the ND - again is a make work project. This is totally unacceptable. Patients can also have adverse effects from acupuncture, botanical medicine, supplements etc - where do you draw the line? How do you know a patient went to the emergency room within 5 days of having a B12 injection for instance when there could be 5 other contributing factors? Again, as the ND, we will discuss the risks and benefit to the patient and have the patient decide. CONO wanting NDs to collect this type of data is total over-reach and not acceptable.

Number of Injections Administered	Having the College ask Registrants to provide data on substances administered by injection after we took all the necessary training - IS TOTALLY UNACCEPTABLE.
Injections Adverse Occurrences	-as above
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	Saying "While it is not intended that this process be punitive in nature" is EXACTLY what it is, this IS PUNITIVE in nature. This is a micromanaging of NDs practice. This is not acceptable.
General Comments	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
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	List of Controlled Acts, Prescribing, Dispensing, Compounding and Selling Drugs, General Feedback
Controlled Acts List	I do'nt want any further administrative burden or any more work to do, when prescribing. So, if you want to create a province wide pharmacy database, that automatically takes our prescriptions and links them to all pharmacists, that's fine, like they do in the states or B.C., but apart from that, we don't need the added extra step for your perceived need for safety. I would also like to get access to prescribing oral progesterone and testosterone, antibiotics, prucalopride and LDN.
Number of Drugs Prescribed, Dispensed, Compounded and Sold	No. we don't need to do this headache of an administrative step. you can create a province wide database with the pharmacy regulatory body if you'd like, and have everyone who prescribes have their prescriptions captured here, but no extra submission of information individually. that is ridiculous.
P,D,C,S Adverse Occurrences	No. we don't need to do this headache of an administrative step. you can create a province wide database with the pharmacy regulatory body if you'd like, and have everyone who prescribes have their prescriptions captured here, but no extra submission of information individually. that is ridiculous.

Number of Injections Administered	
Injections Adverse Occurrences	
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	
General Comments	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
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	List of Controlled Acts, Prescribing, Dispensing, Compounding and Selling Drugs, Administration of a Substance by Injection, Administration of a Substance by Inhalation, Additional Data Sets, General Feedback
Controlled Acts List	included in the letter i am forwarding
Number of Drugs Prescribed, Dispensed, Compounded and Sold	included in the letter I'm forwarding
P,D,C,S Adverse Occurrences	I am forwarding a letter

Number of Injections Administered	in the letter
Injections Adverse Occurrences	in the letter
Number of Inhalations	in the letter
Inhalation Adverse Occurrences	in the letter
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	
General Comments	please see the letter that will be emailed.... i thought there was a place to upload onto this form ... but i guessed wrong.

3. Declaration and Signature

Declaration	I agree
Signed	

[redacted]

College of Naturopaths of Ontario
10 King Street East, Suite 1001
Toronto, ON
M5C 1C3
Fax 416-583-6011
General@collegeofnaturopaths.on.ca

January 31, 2024

Re: Data Collection Feedback Form

- List of Controlled Acts
- Prescribing, Dispensing, Compounding and Selling Drugs
- Administration of a Substance by Injection
- Administration of a Substance by Inhalation
- Additional Data Sets
- General Feedback

To: Andrew Parr and College's Augmented consultation program

The proposed data collection relating to the standard of practice for therapeutic prescribing is turning the existing Type 1, Type 2 occurrences reporting into an information hunting exercise. It is a 180 degree turn from "report adverse affects" to "report everything we do". The system of reporting adverse reactions is in place and working. An extension of this to include adverse reactions to injection, inhalation, dispensing, compounding and selling drugs can be added to the infusions adverse reactions Type 1 and Type 2 occurrences. This would be a more natural progression for following patient safety.

This proposal is time consuming to provide the information on a yearly basis and doubling down on data that in itself is better understood by reporting adverse reactions that is already in place.

This is a "make work" for the Naturopathic Doctors.

This is not in the best interest of the patient. Risks and benefits are given to the patient prior to treatment. As we know there are risks and benefits with whatever we give or do with a patient. The risk in Acupuncture, Homeopathic medicine, Botanical medicine ALSO can all create adverse reactions in our patients. The added collection of data about various therapies in question in this consultation whether its higher risk or not, (which the Naturopathic Doctor would already know) may "wrongly" sway the Naturopathic Doctor to not provide the option to the patient even if there is a strong indication for the patient. The focus is better spent on educating the Naturopathic Doctor on the risk/benefits of various treatments rather than shunting the availability of treatments away from our patients.

In summary, the data collection that is proposed is creating more work for the Naturopathic Doctor without real added benefits (i.e. focus on educating the Naturopathic Doctor versus micro analyzing treatments and data harvesting). There is a system in place that is effective so focus on the more important issues of keeping Naturopathic Doctors focused on the optimal treatment required for the patient.

Respectfully

[redacted]

Consultation on Data Collection
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	General Feedback
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	
P,D,C,S Adverse Occurrences	

Number of Injections Administered	
Injections Adverse Occurrences	
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	I am concerned that the proposed data collection will be time consuming and onerous for registrants, and will take valuable time away from providing quality patient care. Typically most interactions with CONO (including the annual registration process, finding any information on the website, email correspondence, etc…) are already overly complicated. If the College really wants to use this data in the best interest of the public, as is their mandate, it must be a simple process.

Feedback on Process	
General Comments	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
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	List of Controlled Acts, Prescribing, Dispensing, Compounding and Selling Drugs, Administration of a Substance by Injection, Administration of a Substance by Inhalation, Additional Data Sets, General Feedback
Controlled Acts List	I agree with this list
Number of Drugs Prescribed, Dispensed, Compounded and Sold	It would be extremely difficult and time consuming to go back through all patient charts to review how many drugs were prescribed. This would require numerous hours of work to collect this data. If you did require this information, perhaps it can be implemented moving forward, so that practitioners are aware they need to track and can do so for a set period of time and then report? I also don't feel it would be an accurate representation for myself personally as I have been on maternity leave twice over the last 2 years so my numbers will be far lower than another practitioner practicing full time with prescribing rights.
P,D,C,S Adverse Occurrences	These are relevant. Again, if this is data you need collected, it should be done moving forward, instead of requiring practitioners to go back through files and give numbers from the past.

Number of Injections Administered	Again, it is okay to gather this information, but it should be prospective, so set a date that as of x date, all members should be tracking the number of injections, and then this can be reported with the renewals, or a form can be on the CONO Alinity App where you submit how many injections you did every 6 months or each year.
Injections Adverse Occurrences	Relevant, same feedback as above
Number of Inhalations	Same as above with the timeline for collecting data
Inhalation Adverse Occurrences	Relevant, same comments as above
Types of Unscheduled Treatments	Relevant
Types of Adverse Drug/Substance Reactions	Relevant
Feedback on Mock up of form	Looks good, there needs to be specific dates for this data collection, and it should be future data collection, not digging through past files.

Feedback on Process	It will take some time to implement this. It needs to be very clear to registrants when and how the data is to be collected, and very clear on what numbers need to be reported. This can then start to be tracked day to day for registrants. If you will require past data, that will be a major issue and there likely will not be accurate numbers as it would be enormously time consuming to go back through charts to count all prescriptions.
General Comments	Great idea, you need to have a clear start date (i.e. April 2024, after new registration starts), and be extremely clear with the exact numbers to track and when and how to report. I also would hope that this data is used by taking into account how many hours the member is actually working. For myself on maternity leave and working part time, my numbers will be low, compared to someone working full time for the year.

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
Feedback Report

1. About the Person Submitting

First Name	
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Telephone	
CoNO Registered	Yes
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Rep Organization	No
Organization Name	

2. Feedback

Sections Commenting	List of Controlled Acts, Prescribing, Dispensing, Compounding and Selling Drugs, General Feedback
Controlled Acts List	Curious why only therapeutic prescribing ... would be interesting to know about other controlled acts ... how many people are actively doing manips, and pelvic/rectal exams as well ... from a CNME/CCNM curriculum perspective, helpful to know the degree to which these are being used and should continue to be regulated in this profession.
Number of Drugs Prescribed, Dispensed, Compounded and Sold	For me personally, I prescribe very very little. The idea of reporting every incident sounds incredibly daunting, even an estimate ... it's not clear from your preamble why this is necessary ... have there been reports of harm/risk that are concerning enough to put this burden on the profession??
P,D,C,S Adverse Occurrences	This strikes me as much more manageable ... we should be reporting adverse drug/NHP reactions anyway, and hopefully the others are rare enough to be manageable. Lack of improvement or worsening strikes me as possibly very challenging to report, and perhaps reductionistic (non-naturopathic) ... given the whole-systems approach we tend to use, it may be unreasonable to expect clinicians to delineate what is not improving or worsening RELATED to a particular substance.

Number of Injections Administered	
Injections Adverse Occurrences	
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	
General Comments	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
Feedback Report

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First Name	
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CoNO Registered	Yes
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Rep Organization	No
Organization Name	

2. Feedback

Sections Commenting	Prescribing, Dispensing, Compounding and Selling Drugs
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	This is an almost impossible task that would be an immense burden on my practice. In my high volume practice it is possible that I prescribe 10 or more times in a day. Tracking each prescription, renewal, dose adjustment etc over the course of a year is an onerous and unnecessary task. We should be focusing our efforts on improving our prescription ACCESS, such as to oral progesterone and DHEA, rather than tracking something as mundane and useless as number of prescriptions. We should be focusing on improving the ability of our profession to prescribe SAFELY in line with current medical guidelines and practices.
P,D,C,S Adverse Occurrences	This is reasonable.

Number of Injections Administered	
Injections Adverse Occurrences	
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	
General Comments	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
Feedback Report

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Telephone	
CoNO Registered	Yes
Registration Number	
Rep Organization	No
Organization Name	

2. Feedback

Sections Commenting	Administration of a Substance by Injection
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	
P,D,C,S Adverse Occurrences	

Number of Injections Administered	I administer vitamin B12/folic acid IM injection only
Injections Adverse Occurrences	Never had any adverse reaction or side effects reported by patients
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	
General Comments	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
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2. Feedback

Sections Commenting	Prescribing, Dispensing, Compounding and Selling Drugs
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	Though I do not prescribe under my ND licence, as an MD prescriber, I would find this type of reporting process too arduous and time-consuming. Listing the type of Controlled Acts NDs use is perhaps useful and understandable, but to expect them to track each prescription, especially if actual data is expected, would require them to have some type of data collection in their EMRs (assuming they are using an EMR).
P,D,C,S Adverse Occurrences	This type of reporting should be mandatory.

Number of Injections Administered	
Injections Adverse Occurrences	
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	
General Comments	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
Feedback Report

1. About the Person Submitting

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CoNO Registered	Yes
Registration Number	
Rep Organization	No
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2. Feedback

Sections Commenting	Prescribing, Dispensing, Compounding and Selling Drugs
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	This would be incredibly hard to track accurately and would be a large burden to my practice.
P,D,C,S Adverse Occurrences	

Number of Injections Administered	
Injections Adverse Occurrences	
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	
General Comments	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
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	Prescribing, Dispensing, Compounding and Selling Drugs, Administration of a Substance by Injection
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	Firstly, is this something that is mandated to other health care professions with prescribing authority? (MDs, NPs, Dentists, etc) If no, why just our profession? I understand the rationale. It is important to provide evidence of safety if we are to be awarded a larger scope for prescribing. However, this seems quite excessive relative to demands put on other professions. However, if other professions have similar mandates, it would be helpful to have a consultation with members of those professions to help NDs develop an efficient system for tracking these numbers.
P,D,C,S Adverse Occurrences	firstly, is this something that is mandated to other health care professions with prescribing authority? (MDs, NPs, Dentists, etc) If no, why just our profession? I understand the rationale. It is important to provide evidence of safety if we are to be awarded a larger scope for prescribing. However, this seems quite excessive relative to demands put on other professions. However, if other professions have similar mandates, it would be helpful to have a consultation with members of those professions to help NDs develop an efficient system for tracking these numbers.

Number of Injections Administered	firstly, is this something that is mandated to other health care professions with prescribing authority? (MDs, NPs, Dentists, etc) If no, why just our profession? I understand the rationale. It is important to provide evidence of safety if we are to be awarded a larger scope for prescribing. However, this seems quite excessive relative to demands put on other professions. However, if other professions have similar mandates, it would be helpful to have a consultation with members of those professions to help NDs develop an efficient system for tracking these numbers.
Injections Adverse Occurrences	Is this not already completed with the Type 1/Type 11 occurrence forms?
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	
General Comments	

3. Declaration and Signature

Declaration	I agree
Signed	

Consultation on Data Collection
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	General Feedback
Controlled Acts List	
Number of Drugs Prescribed, Dispensed, Compounded and Sold	
P,D,C,S Adverse Occurrences	

Number of Injections Administered	
Injections Adverse Occurrences	
Number of Inhalations	
Inhalation Adverse Occurrences	
Types of Unscheduled Treatments	
Types of Adverse Drug/Substance Reactions	
Feedback on Mock up of form	

Feedback on Process	
General Comments	General Feedback has been provided via email from jgemmill@ccnm.edu. Thank you.

3. Declaration and Signature

Declaration	I agree
Signed	

January 31, 2024

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

Attn: Mr. Andrew Parr, CAE
Chief Executive Officer

Re: Consultation on Data Collection Relating to the Standard of Practice for Therapeutic Prescribing

Dear Mr. Parr,

The Ontario Association of Naturopathic Doctors (OAND) is pleased to respond to the consultation regarding data collection relating to the standard of practice for therapeutic prescribing. As you may know, the OAND represents 70% of the naturopathic workforce in Ontario, as well as over 400 student members. In preparing for this response, the OAND sought feedback, concerns and recommendations from members, which have been incorporated into our response.

We acknowledge that the standards of practice for the naturopathic workforce are designed to safeguard patient safety. Based on our analysis of the profession's adherence to standards, and the safety profile of the drugs and substances involved, we found no evidence on how the proposed modifications contribute to mitigating any existing or potential risks to patient safety.

The OAND response to this consultation covers the following areas:

1. Relevance to Patient Safety
2. Consistency Across Relevant Regulatory Frameworks
3. Timeliness of Reporting
4. Relevancy of Collected Data
5. Impact on the Profession and Patient Care

Relevance to Patient Safety

The current regulatory framework for naturopathic prescribing, particularly regarding the risk of intravenous infusion therapy (IVIT), has proven effective in ensuring the safe practice of naturopathic medicine in Ontario. In assessing the CoNO's last three annual reports, complaints involving the standard of IVIT, and injections are low, with the following incidents reported: 8 in 2019, 3 in 2020, 5 in 2021 and none in 2022. It was also reported that Type 1 and Type 2 adverse reaction events have not increased over time, and in 2022, there was a 0.2% rate of Type 2 occurrences in over 90,000 IVIT administrations (CoNO, 2023a).

A review of relevant safety data through PubMed indicates that the drugs and substances for injection in the *Naturopathy Act, 2007 (Table 2)* have numerous trials demonstrating high safety profiles and low adverse reactions, even when used in high does in children and adults with malignant disease and in critically ill patients (Zuzak *et al.,* 2018; Hoope *et al.,* 2021; Zhong *et al.,* 2022). Hence, the current level of oversight and reporting is appropriate to ensure patient safety and risk mitigation in the performance of IVIT.

The current body of research also demonstrates that the drugs and substances for inhalation (Table 1; *Naturopathy Act, 2007*) and injection (intramuscular) (Table 2; *Naturopathy Act, 2007*) are effective and safe. Vitamin B12 (Kaji *et al.* 2019), Vitamin D (Ataide *et a.,* 2021) and glutathione (Lana *et al.,* 2021) have well-studied safety profiles even at high doses and even when self-administered by patients (Tyler *et al.* 2022). As an example, B12 is used as the injected substance for educational purposes in training naturopathic medical students because of its safety profile and low incidence of adverse reactions. It is well-documented that localized drug-induced site reactions (pain and redness at the site) are rare (Ho *et al.,* 2004). Further, inhalation therapies using substances in Table 1 (*Naturopathy Act, 2007*) are often conducted at home and self-administered by patients due to their low risk (Lana *et al.,* 2021). It is within the ability and scope of NDs in Ontario to monitor and assess the need, efficacy, and safety of these interventions.

The drugs and substances accessible to naturopathic doctors in Ontario through oral or topical routes of administration (Table 3; *Naturopathy Act, 2007)* are also considered safe and effective. Topical hormones, estrogen (Fernandes *et al.,* 2018) and progesterone (Saunders *et al.,* 2020) are widely used, with excellent safety profiles with proper use, and mild, infrequent adverse reactions (Prior *et al.,* 2018; Files and King, 2020; Comini et al., 2023). Desiccated Thyroid Extracts (DTE) are also known to be well-tolerated and often preferred by patients with hypothyroidism due to their safety and low adverse reactions (Toloza *et al.,* 2020; Heim 2022). In particular, the profession takes a proactive approach to the evolving use of bioidentical hormone therapy. As an example, approximately 20% of OAND education sessions that have been approved for Category A credits by the CoNO Quality Assurance Committee (QAC) in the past 5 years, have involved bioidentical hormone prescribing and best practices to some extent.

The adverse reporting guidelines already in place for naturopathic doctors who meet the standard for prescribing and IVIT are adequate in ensuring patient safety and mitigating risk.

We maintain that the minimal risk associated with the drugs and substances that NDs have access to under the *Naturopathy Act, 2007,* do not warrant this level of reporting or oversight.

Consistency Across Relevant Regulatory Frameworks

An intention of umbrella legislative frameworks, such as the RHPA, is to protect the public and support safe practice by applying standards to health professionals governed equitably through legislation (Leslie *et al.*, 2021). We were unable to find the requirement for annual reporting, as proposed in this consultation, in other regulated professions under the RHPA that has a standard for prescribing, as proposed in this consultation.

Timeliness of Reporting

Timely reporting of adverse events is an essential component of risk monitoring, research, and patient safety (Tagne *et al.,* 2023). The existing reporting obligations for IVIT encompass the following: any negative reactions to the substance administered, including incidents occurring during and post-procedure, any unplanned treatments necessitated by a procedure, and potential infections at the procedure site. In all cases of mandatory reporting, timeliness of reporting is emphasized and is the standard across the RHPA. We strongly believe that the timeliness of reporting is the best practice and is consistent with the reporting guidelines across other regulated health professions.

Relevancy of Collected Data

It is unclear how the proposed program will enhance patient safety and how the aggregation of this information assists the college in regulating the profession. Information pertaining to patient safety is already collected through existing reporting guidelines and sharing this with the OAND may help with our advocacy efforts.

As you are aware, the OAND has been advocating for an expansion to the list of drugs that NDs can prescribe. The data required for these advocacy efforts includes information from surveys, requests from NDs, and reviews of prescribing scopes in other jurisdictions. Information on the typical use and safety outcomes from jurisdictions that have expanded prescribing rights will better inform stakeholders of the profession's performance in these areas. We contend that the data collected may not justify the resources expected from our members.

Impact on the Profession and Patient Care

As reported by CoNO (CoNO 2021; 2022; 2023a) there does not appear to be an increasing risk associated with the standard of prescribing. Should such an onerous task be placed on the profession, the OAND would expect precedent from other jurisdictions and clear evidence that an annual collection program is effective and warranted to enhance patient safety. Extraneous clinical documentation affects clinicians' time and resources, and leads to increased costs and decreased patient services (MacMillan 2016).

This level of detailed, aggregated information is not readily accessible based on the infrastructure used by most Ontario NDs and clinics to track patient records. In Ontario, at least 65% of NDs are estimated to operate as associates (OAND Member Survey, 2021). Clinic owners may have access to this level of information, but associates would not. There may be considerable challenges in mandating business owners, who may or may not be Naturopathic Doctors, to collect and report this level of information. There are also potential privacy implications to collecting this data, which were not addressed in the consultation documents (CoNO, 2023b).

Recommendations

There is clear evidence that the drugs and substances in the *Naturopathy Act, 2007,* are safe and effective. The existing regulatory policies effectively protect the public and ensure safe practice, as demonstrated by the low numbers of incidents and complaints, and an overall low occurrence of type 1 and type 2 adverse reactions. An annual reporting program does not align with best practices for ensuring patient safety as it does not provide timely reporting of adverse reactions and, therefore, may be ill-suited to informing regulations that protect the public. The onerous nature of the proposed data collection could negatively impact patient care, potentially leading to reduced services and increased costs. We are happy to provide further clarification or justification should you require it.

Yours in collaboration,

The Ontario Association of Naturopathic Doctors

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

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