



Questions and Answers from the 2022 AGM

At the recent Annual General Meeting, held online again this year we were pleased to welcome 761 attendees. We were, however, unable to answer the resulting large number of questions within the allocated time and have instead prepared this document.

A number of questions were duplicates and have therefore been consolidated and summarized under subject headings, so you may not find your questions worded exactly as submitted. If you see that your question has not been answered, please contact the College and we will provide an answer.

The College of Naturopathic Physicians (CNPBC) is established by Government under the *Health Professions Act* and the Naturopathic Physicians Regulations. Under this framework, the College is accountable to the public and the Ministry of Health, and not to registrants.

Registrants pay fees to CNPBC to be granted the opportunity to practice as naturopathic physicians in the British Columbia. These fees are the only source of income for CNPBC and must cover the costs associated with carrying out our legal mandate. These costs increase when the number of complaints increase, when there are lawsuits, when unexpected requirements are placed upon CNPBC, etc.

The following questions and answers should be viewed through the lens of the College's mandate, the protection of the public.

Pharmanet

1. Please remove the requirement for sharing our personal MSP number for Pharmanet access.

CNPBC does not have any authority around Pharmanet – we simply provide information to registrants on behalf of Pharmanet. Please contact Pharmanet directly with any concerns or questions.

2. How do we get access to Pharmanet?

Registrants will be receiving information from Pharmanet and Prime through the College newsletter. 'Prime' is the means to register for Pharmanet. We will send information out as soon as we receive it.

CNPBC's Role

- 3. I understand that the CNPBC's role is public protection. I also understand that the role of BCNA is advocacy on behalf of the profession. However, as a licensed registrant I feel very unheard by the government and their agencies. The BCNA recently advised that virtually every effort made to communicate with the government was ignored. How on earth can ignoring the concerns of a profession be consistent with public protection? Is there any role at all that the CNPBC can play in communication between the government and the profession? Can public members or the Registrar assist in conveying the frustration of registrants with government communications? To say your job is not advocacy is way too passive. Is the new board willing to stand up and articulate, negotiate and protect the integrity of our profession as a regulator?**

Thank you for your comments. You are correct that the College and BCNA have very different roles. The mandate and expectation of the College is outlined in legislation and as such, we are not able to speak for the profession. The role of the College under the HPA is to protect the public by:

- *determining registration requirements*
- *setting standards of practice*
- *recognizing education programs*
- *maintaining a register that everyone can search, and*
- *addressing complaints about their registrants*

Your questions fall within the role of the British Columbia's Naturopathic Doctors who indicate on their website that they are "the professional association for naturopathic physicians in BC. We act on behalf of and for the profession to promote the services provided by and the integrity and honour of the naturopathic profession".

Covid

- 4. Are there any updates on the mandates or masking requirements for NDs? If our professional mandate to our patients is to "First do no Harm" why would our profession support the use of an experimental Covid gene therapy that has no list of contents or ingredients and has no scientific data as to adverse effects or long-term side effects?**

Any updates that we receive from the Ministry of Health are communicated to registrants via the CNPBC newsletter and website. The latest update can be viewed [here](#).

As a College, our role is to protect the public through the regulation of naturopathic doctors. The authority and mandate have been granted to us through government. That authority does not extend to determining the appropriate approach to dealing with a pandemic. We are not epidemiologists but rely on the experts in the field to use their authority to determine how to

keep the public as safe as possible in a pandemic. Your concerns would be best addressed to the Provincial Health Officer.

5. Is there clear instruction on what we can say or write about covid 19, long haul covid 19 and covid 19 vaccination injury on the CNPBC website?

The College is working on a standard to address registrants' requirements when communicating regarding a novel virus or disease. In the meantime, please refer to the BCCDC for information.

Malpractice Insurance

6. Can we get malpractice insurance without being a member of CAND?

Yes, the CNPBC bylaws require that registrants have insurance but does not have a requirement of where it must be obtained.

- *Each full or temporary registrant must obtain and at all times maintain professional liability insurance with a limit of liability not less than \$1,000,000 per occurrence insuring against liability arising from an error, omission, or negligent act of the registrant.*
- *Each full or temporary registrant must obtain and at all times maintain professional liability insurance with a limit of liability not less than \$1,000,000 per occurrence insuring against liability arising from an error, omission or negligent act of any employees, agents, students, or volunteers who assist the registrant in the delivery of naturopathic medicine services.*

It is recommended that registrants consult with a professional, such as their lawyer or insurance broker to determine what level of insurance is adequate based on risk related to the care they are providing.

7. Do we have any obligation to be a member of CAND?

There is no obligation to be a member.

Amalgamation

8. What is your vision for our profession? How will we participate after amalgamation - boards, committees etc. How can we have input? What would happen if our College refused to amalgamate?

We do anticipate that amalgamation will occur at some point, but we do not know when or, for certainty, with which colleges. Once we have specifics on amalgamation and the colleges start working together towards amalgamation, we will be able to share more information. At this time no decisions have been made or discussion had with respect to the governance structure.

The decision to amalgamate is not within the College's legal authority but sits with the Ministry of Health.

Committees

9. Do committee members need to be actively practicing members?

No, they do not. Keep an eye on the newsletter for information about committee openings.

10. Why did the Standards of Practice Committee meet only 2 times with such an increase in complaints?

The Committee met less frequently during Covid but did a great deal of work in the two meetings they had leading to Board approval of the Scope of Practice Framework, Professional Standards, Scope of Practice Standards and Limits and Conditions on restricted activities.

Annual Meeting

11. Can we give advance notice of registrants that are running for board positions? Will this be redundant upon amalgamation.

The timelines for various parts of the election procedure are set out in the College Bylaws. Our intent was to send out information about our three nominees in our newsletter but with one of the three nominees withdrawing, there was no need for an election. Perhaps next year there will be more nominees and information will be provided in advance.

We don't know at this point how elections will be handled upon amalgamation.

12. Would you entertain online AGMs moving forward?

We will consider online an option next year given the amazing attendance this year. Managing questions with 761 participants online was challenging and we will need to consider how to manage questions better so that everyone feels heard.

Standards

13. What is the amount of time without doing a spinal manip/adjustment that an ND should then do CE in that specific area? Same question for PAPs.

There is no set amount of time. It is the duty of the registrant to ensure that they have the knowledge and competency to perform the activity. If there is concern that competence or knowledge has lapsed with time, then continuing education is required. This falls under the Professional Standards Accountability and Responsibility, Unique Body of Knowledge, and Competent Application of Knowledge.

14. Are there guidelines around how to communicate with MDs in the case of requesting bloodwork or imaging?

Yes - there is a guideline document on the website.

<https://cnpbc.bc.ca/wp-content/uploads/Laboratory-Testing-Referrals.pdf>

15. Are there any highlights that we should be aware of in regard to standards of practice with virtual medicine?

Please review the practice standard on telemedicine <https://cnpbc.bc.ca/wp-content/uploads/Standard-of-Practice-on-Telemedicine-March-20201.pdf>

16. Regarding Scope of Practice Standard (8) – Referrals, how do we reconcile this duty to refer with the fact that we have no referral rights with medical specialists? I am thinking about this in the case of patients who don't have a GP or a GP who isn't willing to refer to a specialist when one by my medical judgement is clearly indicated.

This is a difficult scenario that NDs can find themselves in. Interprofessional communication should take place directly; a patient should not be an intermediary in the dialogue between naturopathic doctor and medical doctor. NDs should obtain their patient's consent to write to the patient's medical doctor explaining his or her opinion as to the need for referral and document accordingly. If the MD continues to refuse, and sufficient concern exists, the ND could recommend having the patient see another MD.

17. Are there standards regarding the practice of Bowen?

There are no written standards to directly address Bowen Therapy. Please refer to the Professional and Scope of Practice Standards that apply to all naturopathic practices.

18. Can you speak to how paid group programs (live virtual or pre-recorded virtual) fit into scope of practice and whether this can be open to non-patients? Are there any standards/limits and conditions in place for this?

There is a Practice Standard: Group Setting that will be available soon that will outline the requirements for group treatment programs. In the meantime you can follow the guideline - <https://cnpbc.bc.ca/wp-content/uploads/Guideline-Treatment-in-Group-or-Public-Settings.pdf>. It is also important to identify the difference between a lecture to a group and providing recommendations and treatments. The latter requires meeting a practice standard.

19. Are “Natural Medicine Doctors” or “Doctors of Natural Medicine”/ “DNMs” allowed to practise in BC?

This is not a regulated health profession in BC. “Doctor” is a reserved title under the Health Professions Act, and there are many restricted activities under the Act and associated Regulations which can only be practised by registrants of certain regulated health professions. If

a DNM is using titles and/or practising in a way which may violate the Act, this should be reported to the College.

However, someone with the appropriate academic credentials (for example, a doctorate degree in natural medicine) may be permitted to use the title “Doctor of Natural Medicine” as long as they are not using their title in a misleading way or practising any restricted activities.

Specific Practices/Certifications

20. Do we have any updates on the application for iron IV?

It is currently being reviewed by the Board. No further information is available at this time.

21. Would you consider restoring B12 injections and perhaps others to basic ND scope of practice? What certifications do IM injections of vitamins require?

B12 intramuscular injections do require prescriptive authority, but do not require Advanced Injection Certification. The Provincial Drug Schedules Regulation lists all vitamins in injectable form as a Schedule I (requiring prescription). If you hold Prescriptive Authority, you are also authorized to perform Vitamin D IM injections. Professional and Scope of Practice Standards dictate that registrants would gain competency in this treatment prior to administering.

22. Has the CNPBC considered allowing micro needling to be allowed by a ND that has acupuncture and Advanced IV certification?

Micro needling falls under minor surgery and can be performed by any registrant as long as they meet the professional and scope of practice standards. It does not require additional certification.

23. How to get IV certification? Need Rx authority?

Details can be found here: <https://cnpbc.bc.ca/for-registrants/resources/certification-requirements/iv-therapies/>. In order to apply for and maintain certification in IV Therapy or IV & Chelation Therapies, naturopathic physicians must hold and maintain Certification in Prescriptive Authority.

24. There are no courses available for Mesotherapy and Photo rejuvenation and high frequency electromagnetic treatments at this moment, what would be the alternative solution?

The Quality Assurance Committee continues to review courses for certifications. Dr. Moon Sang Choi continues to offer his courses and can be contacted directly. Viattrex has also stated they plan to offer a course in the future.

25. I was given a park prescription ID and I do not have prescriptive authority. Does that mean I can't prescribe those?

With respect to the giving out the BC Parks Pass, why are only doctors with prescriptive authority allowed to give these passes given the nature of the "prescription". This is not something the College deals with, but it sounds interesting. Click [here](#) for further information.

26. Could you please clarify the reasoning why IV therapy certification is required for oral chelation?

Oral chelation falls under chelation, as it carries some of the same risks. IV & Chelation were joined due to the overlap that was seen in IV chelation and IV therapy. At this time IV Chelation remains required to practice any chelation including oral chelation.

27. Does the Acupuncture Certification require additional training or testing?

The Acupuncture Certification requirements can be viewed on the College's website here: [Acupuncture - CNPBC](#)

28. Does an ND need to have acupuncture certification to bill acupuncture as an ND service if they have a dual license as a registered acupuncturist?

Yes. If you are billing a service as an ND, you must be qualified to offer that service as an ND. A dually licensed ND without acupuncture certification could provide acupuncture services under their registered acupuncturist license, but their advertising, interactions with the patient, and billing should all reflect this division of services so that it is clear where their authority to perform the service comes from.

29. Can DHEA/Prasterone or testosterone be included in the scope of practise?

Prasterone and testosterone are schedule IV drugs under the federal Controlled Drugs and Substances Act. Naturopathic Doctors are not permitted to prescribe these substances, and this is not something the College has the authority to change at this time.

30. Are off label uses for drugs allowed?

Yes, off-label prescriptions are allowed if the prescribing ND has the professional competence and knowledge to use the drug safely and in the patient's best interest. Part of the informed consent process in a case like this would include the ND informing the patient that this would be an off-label use of the drug and ensuring that the patient understands the risks and potential side effects before the drug is prescribed. Registrants are always required to adhere to the [Scope of Practise Standards](#).

31. Do we have any updates on liquid rhinoplasty from the aesthetic committee following their last meeting and when this moratorium may be lifted?

The Aesthetic Subcommittee recommendations have been approved by the Quality Assurance Committee and in April were approved by the Board. The Subcommittee is now actively working on an implementation process for the recommendations. I don't have a specific date to give to you, but I anticipate communication of the recommendations and requirements will be shared in the next few months.

32. Can we also do immunotherapy injections?

Yes, NDs are authorized to conduct desensitizing treatment for allergies that involve injection.

33. Does PRP injection require pharmacy?

Yes, administration of PRP injections to the face and other skin areas for aesthetic purposes and Advanced Injections (PRP into joints) both require certification in Prescriptive authority as well as certification of the specified area of practice.

34. What if you were trained at a college that does not include acupuncture in the curriculum (i.e.: not Boucher)? Does that individual need to do acupuncture training?

Yes - the requirements for getting acupuncture certification are outlined on the website.

35. Is HGH is out of our prescriptive authority?

This is a Schedule 1 drug that is approved for use by NDs in BC.

36. Do I understand correctly - that we are prohibited from writing instructions for requesting X-rays, ultrasounds, or MRIs?

Naturopathic physicians are authorized by the Naturopathic Physicians Regulation to order X-rays and ultrasounds. However, ultrasound may only be used for information purposes within a naturopathic physician's office. For diagnostic purposes, ultrasound testing must be performed under the auspices of a radiologist and test results must only be interpreted by a radiologist for such diagnostic purposes. Naturopathic physicians do not take responsibility for final interpretation of diagnostic imaging studies. In many cases, due to current policies, this may require the naturopathic physician to refer their patient to a family or general practice M.D. who is authorized to make a referral to a radiology clinic in BC. Naturopathic physicians are not currently authorized to order CT (CAT) scans or MRIs under the Naturopathic Physicians Regulation.

Delegation

37. What are the requirements with respect to writing orders or delegating? (being on site? orders to nurses for Botox injections (cosmetic and therapeutic)/ Need to have IV certification to order another individual to perform?)

Delegation and orders are not currently permitted. We are working on a Practice Standard which will address the issue of orders and delegation. The Practice Standard will likely be completed and approved by the Board in the fall.

38. Did I understand correctly that delegation/orders is the stumbling block to getting access to referral to imaging?

No. That is a separate issue.

Continuing Education/ROSS

39. When discussing the goals of CEs to increase practice competency, uphold standard of practice and maintain current evidence-based practice, maybe it's time we evaluate the way we currently deliver and monitor our CEs. Is the way we currently mandate CEs to be completed by NDs (aka weekend seminars with attendance) really evidence based? Does this improve competency of NDs? Does this actually improve their competence or the care or outcome of patients? I think up to date research has really called this into question. It may be time to re-evaluate the evidence behind creating an evidence-based practice for NDs.

This need has been recognized at the strategic level. Modernizing Standards and Procedures is part of the College's Strategic Plan for 2019-2025. One of the action items is "reviewing and simplifying continuing education and certifications". The Health Professions Act directs colleges "to establish and maintain a continuing competency program to promote high practice standards amongst registrants;" This is what our goal is, and the process will involve evaluation, research, feedback, etc.

40. Pre-approved CE listed on ROSS - please explain/is Currency now considered equal to CE hours for Certifications?

Only Category F and G require pre-approved courses. These can be found on the ROSS website. With respect to Category E CE, registrants may be exempt from 2hrs of CE per certification CE requirements upon providing evidence of currency in a specified aspect of practice. Two (2) hours of continuing education in Category E may be claimed for every fifty (50) treatments performed as a practising registrant who is certified in the aspect of practice.

41. Looks like the CE information requires updating re: dates - specifically. This may be particularly confusing for new registrants.

Yes. The College is aware of the need to update the dates for the ROSS. A request has been submitted to the company that manages those updates, and we await their update. At this time, anything updated into the ROSS will be correctly applied to the 2022-23 CE period, despite the incorrect listed dates.

42. Can the CNPBC please kindly consider providing CE hours for the AGM and CE so that we can have record of it to be also used for CE hours in other jurisdictions?

Yes, if you require this for another jurisdiction, please email the College.

43. How do you document competency for oral chelation (i.e., using the monthly tracking forms, IV chelation would be the date you administer but how about when using oral forms)?

Thank you for your question, this question will be brought to the QAC for review.

Treating Patients Outside of BC

44. What are the rules regarding treatment of patients in another province/jurisdiction, or patients who have travelled from another province/jurisdiction? What about when the ND is outside of BC?

Typically, the location of the patient at the time services are rendered will determine which jurisdiction's rules apply. Regardless of where the patient is from, the rules of the province or jurisdiction they are located in at the time they are seeing the ND will apply, whether services are delivered in person or by telemedicine.

The ND is expected to inform themselves of the rules of any jurisdiction they practice in, and to abide by those rules. In regulated jurisdictions, this typically requires the ND to be registered with the regulator of that jurisdiction.

In provinces or countries where the practise of naturopathic medicine is not regulated by the government, rules may vary, and it is the responsibility of the ND to know those rules prior to offering services there.

NDs who are temporarily out-of-province may treat their patients in BC by telemedicine, but again should inform themselves of the rules of any jurisdiction they will be providing telemedicine from, particularly in the case of an extended out-of-province stay.

NDs must also be careful not to practise or advertise in a way that might make it appear they are a registrant of another jurisdiction.

NDs should also check with their insurer regarding how their coverage may be affected when they travel outside of BC and provide telemedicine to a patient back in BC.

45. Is Whitehorse considered part of BC for medical purposes?

Whitehorse is in the Yukon Territory which is a separate jurisdiction from BC and is not regulated by CNPBC. Registrants are expected to know the rules of any jurisdiction they wish to practise in, and to follow those rules.

46. Can an ND see a patient outside of BC as a health care practitioner, but not as an ND?

The rules of the jurisdiction in which the patient is located will apply in this scenario. An ND may provide services in another jurisdiction if they hold the required qualifications and/or registration status to do so based on that jurisdiction's rules. Likewise, they may provide health services in that jurisdiction which do not require any qualification or registration status as long as the services to be provided do not put the ND at odds with CNPBC's scope of practise or other provisions of the Bylaws, Codes of Conduct and Ethics, Regulations or Standards of Practise. It is the ND's responsibility to know the rules of any jurisdiction they practise in, and to abide by those rules.

Advertising

47. Is advertising of discounts a code of conduct issue? What about giving free treatment without advertising it?

Advertising of discounts on naturopathic services has the potential to induce patients to treatment which may not be in their best interest. It also has the potential to bring the profession into disrepute by framing your professional services as consumer products rather than medical procedures. Section 22 of the Code of Ethics requires that NDs only offer diagnostics and treatment services which are necessary for the well-being of the patient.

Section 8(f) of the Code of Conduct prohibits NDs from exercising undue influence over a patient, including by the promotion of the sale of services for the financial gain of the ND. While there is a valid place for advertising of naturopathic services that respects the interests of patients and the public at large, a balance must be struck between advertising information that supports the best interests of the patient versus advertising that puts the financial interests of the practitioner first. For more information, see the [Guideline on Advertising and Improper Inducements to Treatment](#)

Note that this does not preclude you from offering a discount or not charging a service to a patient when they come for their appointment. It is the advertising of discounts which has the potential to create problematic perceptions or improper inducements.

48. Can NDs offer a gift card or discount for naturopathic services? What about a naturopathic consult only? What about discounts on products?

NDs are permitted to provide free consultation appointments, and to advertise the same. However, these appointments should not be advertised as being on discount, as this has the potential to bring the profession into disrepute by framing medical services as a consumer product. Section 22 of the Code of Ethics requires that an ND only recommend services which are necessary for the well-being of the patient, and advertising discounts has the potential to conflict with this duty, or to create a perceived conflict with it.

Gift cards should not be offered for naturopathic diagnostics, treatments, or consults, as this is equivalent to advertising a discount. Note that this does not preclude you from offering a discount or no-charging a service to a patient when they come for their appointment. It is the advertising of discounts which has the potential to create problematic perceptions or improper inducements.

Example: “Dr. X, ND, offers free consultations for new patients” is an acceptable advertisement. “Dr. X, ND, is offering free/discounted consultations for the next 10 patients to sign up for an appointment” is not an acceptable advertisement.

Discounts on non-prescription consumer products such as skin care products, foam rollers, or vitamin C supplements are generally permitted as these are not naturopathic medical services, and are available to the general public outside the context of their doctor-patient relationship with you. If you are unsure about whether a discount you wish to offer would be considered a violation of the advertising policy, ask yourself whether the discount could be an improper inducement, or could reasonably be perceived as such.

49. Can ND services be offered as a silent auction item where the value of the service is clearly stated?

This would depend on the services being offered, and how they are presented. The key question is “could this offer function as an improper inducement, or be perceived as such?” A naturopathic consult being offered as an auction item for charity is unlikely to be an improper inducement, but a course of treatment or round of diagnostic testing is different. For example, if the auction allows someone to win a course of Botox injections at a discounted price, or allows the auction winner to transfer their prize of a free diagnostic test to someone else to use, this has the potential to be an improper inducement.

50. What specific issues has the College investigated related to advertising?

Common subjects of advertising investigations include violations of:

- *section 2.1(b) of the Advertising Policy (failure to use “ND” or “Naturopathic” in written materials each time an individual naturopathic doctor is mentioned)*
- *section 3.1(d) of the Advertising Policy (unverifiable statements in advertising)*
- *section 3.2(e) of the Advertising Policy (advertising with testimonials)*
- *section 6.1(a) of the Advertising Policy (advertising services which require certification from the College)*

51. What does the College do about registrants who violate the advertising rules?

The College has software tools which help scan registrant websites and social media pages for potential advertising violations. Due to the limitations of these tools, and limited staff resources

to monitor advertisements, the College is not able to proactively capture every advertising violation, so registrants are encouraged to report any concerning advertisements to the College. This can be done without making a formal complaint, allowing the reporting ND to maintain their anonymity by submitting screenshots and/or links to webpages to the College for review.

52. Do Google reviews for clinics or practitioners fall under the category of testimonials?

Registrants should not solicit Google reviews or other third-party site reviews from their patients, but if a patient decides to leave a review on a third-party site which is outside the control of the registrant, this is not considered a testimonial advertisement for the purposes of the College's Advertising Policy.

53. Advertising Policies: Are B12 and NAD+ considered compounded medications, and therefore can we or can we not "advertise" these as therapies (injection, IV)?

Advertising compounded products, including IV vitamin therapies and Platelet Rich Plasma therapy, as treatment to the public is not permitted. Health Canada's POL-0051: Policy on Manufacturing and Compounding Drug Products states that any advertising of a compounded product would be deemed an advertisement for sale of an unlicensed drug product, which is prohibited. It is Health Canada's position that a compounded product or compounding service may not be advertised to the public.

The definition of compounding from POL-0051: The combining or mixing together of two or more ingredients (of which at least one is a drug or pharmacologically active component) to create a final product in an appropriate form for dosing. It can involve raw materials or the alteration of the form and strength of commercially available products. It can include reformulation to allow for a novel drug delivery. Compounding does not include mixing, reconstituting, or any other manipulation that is performed in accordance with the directions for use on an approved drug's labelling material.

As such B12 and NAD+ would not be compounded medication when used alone.

54. Can the College review the guidelines of advertising IV Therapy and aesthetic products?

Registrants should review [this communication from September 24, 2020](#) regarding the advertisement of compounded products. This [follow up communication from May 19, 2021](#) is also relevant.

Products used in IV therapy will generally be considered compounded drug products which are not permitted for advertisement to the general public, per Health Canada. This means that while registrants are permitted to advertise that they offer IV therapy, they are not permitted to advertise specific IV recipes/compounded products, or advertise IV therapy in relation to the treatment of specific conditions.

Regarding aesthetic products such as Botox, registrants are permitted to advertise the brand name, generic name and common name of the product, and its price per given quantity of the product. Registrants are not permitted to advertise these products in relation to the treatment of specific conditions.

Legal/Criminal Record Checks

55. What is the lawsuit that was mentioned at the AGM?

The College has been named as a defendant, along with the Province of BC, in a lawsuit launched by a registrant earlier this year. The lawsuit is in relation to orders made by the Provincial Health Officer to address the Covid-19 pandemic, as well as The College's [Immunization Standard](#), and communications issued by the College in relation to Covid. Public documents relating to the lawsuit can be accessed online by searching the BC [Civil court proceedings database](#).

56. Is there any means by which a registrant may address a defamatory review on a third-party platform that is untrue or unfair?

This would be an issue to take up with independent legal counsel. The College does not have any authority to review or remove a review of a registrant's business on a third-party platform.

57. Can the Board provide an email reminder for registrants for criminal record checks prior to expiration?

Registrants can log into the Registrant Online Self Service portal at any time to see when their current criminal record check expires. Registrants are also reminded of their expiry date during the registration renewal process each year. Because registrants' criminal record check expiry dates are unique to each individual, the College does not have the spare resources to send out email reminders for each registrant.

Inquiry Committee/Complaints

58. How long does it typically take to hear from the Inquiry Committee if an investigation letter has been sent to an ND and the ND has provided their response?

This is heavily dependent on the Inquiry Committee's volume of work at any given time, and the urgency of the file. A file which engages a public safety concern would be treated with more urgency than a file that involves a minor advertising concern, for example. It also depends on whether additional investigative steps are necessary for the Inquiry Committee to reach its decision. Depending on these and other factors, the time frame can vary from a few weeks to several months. If registrants who are subject to an investigation by the Inquiry Committee wish to get an update on their file, they can contact the Director of Inquiry and Discipline at ldorner@cnpbc.bc.ca for an update at any time.

59. How can I report an unlicensed practitioner?

Report this to the College's Director of Inquiry and Discipline at ldorner@cnpsc.bc.ca

60. Does the College have any recommendations to registrants to avoid getting complaints?

The best advice for all registrants is to stay informed of the contents of the Naturopathic Physicians Regulation, the College Bylaws and Code of Conduct and Ethics, and Standards of Practise, Policies and Guidelines. These can all be viewed under the [Legislation and Bylaws section of the CNPBC Website](#).

The Advertising Policy is of particular importance here, given the disproportionate number of investigations that focus on registrant advertising.

Regarding standard of care complaints, a robust informed consent procedure is the best tool for preventing or mitigating many of the issues that the College is asked to investigate. Any registrant can be subject to a complaint, and the fact that a complaint has been made does not necessarily mean the registrant has done anything wrong, so there is no way to guarantee that a registrant will not be subject to a complaint at some point. However, a registrant who has the requisite knowledge, competency and training for their area of practise, and has thoroughly documented their conversation with the patient where they have been informed of the risks, possible side effects, benefits and alternatives to any proposed course of treatment, will be in a good position to avoid standard of care complaints, or to mitigate the effects of a complaint in the event that one is made against them.

61. Are there any trends in the subject matter of standard of practise complaints?

These types of complaints are highly fact-specific in each case, and thus are difficult to group into sub-categories or trends.

62. If a patient asks for allergy testing to be billed as a naturopathic consult so it is covered by extended health insurance, is this permitted?

Any service you provide should be billed accurately. It is professional misconduct under section 8(d) of the Code of Conduct to knowingly submit a false or misleading account of services rendered. This means that if services are provided which go beyond the scope of a naturopathic consult, your bill should reflect this.

63. Can we see complaint data broken down further?

Unfortunately, the College's ability to break down complaint data into sub-categories is limited by two factors. One is the size of the data set. Because naturopathic medicine is one of the smaller regulated health professions in BC, the College runs the risk of identifying individuals or

disclosing confidential information if complaint data is broken down into smaller sub-categories. Information related to complaints and compliance investigations under the Health Professions Act is required to be kept confidential except in limited circumstances where the College may order some information to be published in accordance with the Act.

The other limiting factor is that all data reports related to College complaints and investigations must be manually produced by staff. The electronic system the College uses to manage investigation files does not allow for the automatic generation of data reports, and the operational needs of the College require a balance to be struck between producing reports which support its regulatory mandate and allocating limited staff and other resources to the areas they are most needed.

Financial/Fee Issues

64. Why would salaries be secret?

To protect the privacy of individuals

65. Explain the salary increase.

Breakdown of the increase:

Employees working full time hours in 2021 vs starting part way through 2020

Impact: \$176,000

An example will illustrate the concept here. Person A works for the college and is paid a salary of \$1,000 per month. Person A starts work in September 2020 and so her/his salary cost for 2020 is three months salary or \$3,000. Person A continues to work full time in 2021 and her/his salary cost is \$12,000. There are a number of employees that fall within this category and the accumulated change from 2020 to 2021 is \$176,000

Performance increases

Impact: \$20,000

Performance increases were applied to individuals that have performed at a level that was not reflected by their current salary.

Interim CEOs

Impact: \$20,000

During the period before a new, permanent CEO was hired and during the transition phase, an interim CEO was in place that cost \$20,000.

New CEO

Savings: \$2,000

The cost of the new CEO is marginally less of the combined costs of the CEOs in place for 2020

“New”

Savings: \$8,200

The “new” category represents the net effect of the additions to the staff complement vs the staff that were not replaced during the year. Overall, there was a net savings of \$8,200.

The rationale for changing the composition and mix of staff: reducing burden of managing back-office functions to be able to focus on achieving strategic goals, answering changes in regulatory frameworks and additional expectations placed on regulators etc.

66. Will registrant fees be affected by amalgamation?

Registrants will be affected by the amalgamation, if in no other way than to have a regulator that is not solely focussed on regulating Naturopathic Physicians. However, specific impacts (such as on fees) are unknown at this time.

67. Speaking for myself, with a small rural practice, the fees for license, as well as malpractice which gets higher as practitioners are driven to more bizarre practices to make a living, are making it impossible for me to keep my license. Reducing these expenses should be a top priority.

Controlling expenses is always front and centre during discussions of the Board, Finance and Administration committee and within management

68. This seems like it should be transparent information for those of us paying the salaries. Unimaginable that the expenses for regulating a small profession would be 1.6 million. Please, un-bloat this profession. The fees are too burdensome for many of us.

Noted and the Board, Finance and Administration committee and management are aware of the impact of fees on Registrants

69. How about a 10% discount for seniors?

All registrants of the college share equally in the burden of regulating the profession.

70. Is there a milestone or threshold that would achieve an economy of scale other than having a single health regulator? Could you explain how an economy of scale would benefit NDs?

There isn't an easy formula to apply to this scenario to produce an exact answer. Investing in modern and efficient systems together with streamlined processes can help smaller organizations become more efficient but the required investments are high. Sharing costs over a couple or few colleges make those investments more affordable and sometimes allows for efficiencies.

71. Why do registrants whose license is inactive have to pay the same registration fee as the ones practicing and generating income? To me this is very unfair.

Fee exemptions are available for those that qualify under certain circumstances

72. Do we have an idea of the financial position of the other colleges?

Financial statements are available on individual college websites. We have looked at them but have not yet undertaken any financial modelling as there is uncertainty as to amalgamation partners.

73. What will happen to our bank account and assets upon amalgamation? Will reserves be earmarked as funds specific to NDs?

All assets, liabilities and reserves are transferred into the new entity for the benefit of all registrants of the newly formed college.

74. There has been a near doubling of the profession size since I joined in 2007. Is there any thought that the cost of registration will ever decrease with profession size increase, or should we expect/plan/budget for continued increases yearly in fees?

Highly unlikely that registration fees will decrease in an independent college unless the burden and expectations of regulation are significantly reduced.

75. Do we suspect that registration fees will typically go down after amalgamation? or stay the same? or increase?

Based on the experience of the BCCNM amalgamation, fees are unlikely to drop in the near term after any future amalgamation.

76. Is there any way that CNPBC could implement a monthly payment system for yearly fees?

Unfortunately, this would require complex and expensive development of our system. The process is also very administratively challenging to manage on a month-to-month basis.

We will bring this ask forward once amalgamation discussions get started.

77. There is a significant lawsuit against the College by 60 or so NDs in our profession. Do the costs for fighting this lawsuit come from dues? Will we then expect a dues increase?

The net costs of fighting the lawsuits will come from registration fees. However, the College does have some insurance cover for the defence of lawsuits, and it is expected that the majority of costs for this case will be covered by that insurance policy.

Renting Office Space

78. Can we rent out office space to an MD or RN for them to provide services which are outside the scope of practise for NDs?

Yes, you can rent out space to other healthcare practitioners. They can provide medical services under their own licenses and their own authority. They cannot provide a service on behalf of an ND if that service is a restricted activity under the Health Professions Act, or an activity which is outside the ND's scope of practise.