



**COLLEGE OF NATUROPATHIC
PHYSICIANS OF
BRITISH COLUMBIA**

ANNUAL REPORT

**ANNUAL GENERAL MEETING
April 4, 2009**

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CNPBC BOARD of DIRECTORS and STAFF

| | | |
|--|---|---|
| <p><u>PRESIDENT</u> Lorne Swetlikoff, ND 501- 1367 West Broadway Vancouver BC V6H 4A7 (604) 738-2111 (B) (604) 738-5515 (F) (604) 837-1112 (C) e-mail: lornes@shaw.ca</p> | <p><u>BOARD MEMBER</u> Stefan Kuprowsky, ND 105, 335 Wesley Street Nanaimo, BC V9R 2T5 (250) 755-9123 (B) (250) 754-9114 (F) (250) 247-7330 (H) e-mail: drk@ecomedspace.com</p> | <p><u>BOARD MEMBER</u> Richard Meyer 5342 Alderley Road Victoria, BC V8Y 1X8 (250) 356-8498 (B) e-mail: Richard.Meyer@gov.bc.ca</p> |
| <p><u>BOARD MEMBER</u> Gregg Turner 1159 Finlayson Street Victoria, BC V8T 2T8 (250) 380-0702 (B) e-mail: solutioninnovators@shaw.ca</p> | <p><u>BOARD MEMBER</u> Janet McGregor 561 Tory Place Victoria, BC V9C 3S3 (250) 391-1430 (B) e-mail: janetmcgregor@shaw.ca</p> | <p><u>BOARD MEMBER</u> Karen Parmar, ND #202 - 23242 Mavis Ave. Box#39 Fort Langley, BC V1M 2R4 (604) 888-8325 (B) (604) 888-8365 (F) (604) 881-0075 (H) e-mail: drkparmar@telus.net</p> |
| <p><u>BOARD MEMBER</u> Ken Wiesner PO Box 582, 19 Chase Rd. Christina Lake, BC V0H 1E0 (250) 447-9362 (H) e-mail: kdwiser@sunshinecable.com</p> | <p><u>BOARD MEMBER</u> Chris Spooner, ND #1-2908 31st Avenue Vernon, BC V1T 2G4 (250) 275-1672 (B) (604) 275-1674 (F) (604) 541-0047 (H) e-mail: drchris Spooner@gmail.com</p> | <p><u>REGISTRAR & CEO</u> Howard Greenstein B.Sc. (Hon.), M.A., M.B.A. 1698 West 6th Avenue Vancouver, BC V6J 1R3 (604) 688-8236 (B) (604) 688-8476 (F) e-mail: registrar@cnpbc.bc.ca</p> |
| <p><u>EXECUTIVE ASSISTANT</u> Debbie Ferreira 1698 West 6th Avenue Vancouver, BC V6J 1R3 (604) 688-8236 (B) (604) 688-8476 (F) e-mail: office@cnpbc.bc.ca</p> | | |

CNPBC COMMITTEES and ADVISORY GROUPS

Discipline Committee

Chair – Janet McGregor
Ph – (250) 391-1430
Email – janetmcgregor@shaw.ca

Members – Ingrid Pincott, Ted Sleigh

Examinations Committee

Chair – David Bayley
Ph – (604) 986-9191
Email – drbayley@shaw.ca

Members – Kelly Farnsworth, Heli McPhie,
Sanjay Mohan-Ram, Gail Renard, Nigma Talib

Finance and Administration Committee

Chair – Chris Spooner
Ph – (250) 275-1674
Email – drchrispooner@gmail.com

Members – Howard Greenstein,
Kelly Farnsworth

Inquiry Committee

Chair – Richard Meyer
Ph – (250) 356-8498
Email – Richard.Meyer@gov.bc.ca

Members – David Bayley, Heather Marinaccio

Inspectors – Eric Chan, Lisa Connoly, Bill
Russell, Gregg Turner, Karina Wickland,
Tawnya Ward

Patient Relations Committee

Chair – Cathryn Coe
Ph – (604) 514-8555
Email – doctor_coe@yahoo.ca

Members – Karrin Fairman-Young, Alison
Vandekerkhove

Patterns of Practice Committee

Chair – Karen Parmar
Ph – (604) 888-8325
Email – drkparmar@telus.net

Members – Garrett Swetlikoff, Janet McGregor

Advisory Groups to the Patterns of Practice Committee

Acupuncture

Advisor – Paul Levendusky

Bio-Oxidative - Ozone

Advisor – Deborah Phair
Members – Jacob Keyzer, David Wang

Chelation

Advisor – Garrett Swetlikoff

Dispensary

Advisor – Deborah Phair

Hyperbaric

Advisor – Stefan Kuprowsky

Manipulation

Advisor – Hal Brown

Obstetrics

Advisor – Cathy Carlson-Rink

Prolotherapy

Advisor – Garrett Swetlikoff

Registration Committee

Chair – Howard Greenstein
Ph – (778) 991-8731
Email – registrar@cnpsc.bc.ca

Members – Janet McGregor, Sanjay Mohan-
Ram

***Advisory Groups to the Registration
Committee***

Bylaws

Advisor – Penny Seth-Smith

FNPLA

Advisor – Sherry Ure

NABNE

Advisor – Sherry Ure

Quality Assurance Committee

Chair – Stefan Kuprowsky

Ph – (250) 755-8123

Email – drk@ecomedspace.com

Members – Tasreen Alibhai, Gregg Turner

***Advisory Groups to the Quality
Assurance Committee***

Physicians Relations

Advisor – Lorne Swetlikoff

Members – Debbie Ferreira, Janet
McGregor

ANNUAL GENERAL MEETING - AGENDA

April 4, 2009

TIME: 1:30 PM – 4:30 PM

**LOCATION: Robson Square
800 Robson Square
Vancouver, BC**

- | | |
|-------------|--|
| 1:30 | 1. <u>CALL MEETING TO ORDER –</u> 1.1. Introduction of Board Members |
| 4:40 | 2. <u>ACCEPTANCE OF 2009 AGM AGENDA –</u> |
| 1:45 | 3. <u>ADOPTION OF MINUTES OF 2008 AGM –</u> |
| 1:50 | 4. <u>REPORTS –</u> 4.1 Read (a) President (b) Registrar/Registration (c) Finance (d) Quality Assurance (e) Inquiry |
| 2:50 | 4.2 Grouped motion 4.2.1 Discipline 4.2.2 Examining 4.2.3 Patterns of Practice 4.2.4 Patient Relations |
| 2:55 | 5 <u>AWARDS –</u> L. Swetlikoff |
| 3:15 | 6 <u>ELECTIONS –</u> Pending Vacancies: 6.1 2 Year Term 6.2 2 Year Term |
| 4:00 | 7 <u>OTHER BUSINESS –</u> 7.1 Naturopathic Physicians Regulations – L. Swetlikoff/H. Greenstein |
| 4:30 | 8 <u>ADJOURNMENT</u> - Next AGM, April 2009 |

ANNUAL GENERAL MEETING - MINUTES

April 3, 2008

TIME: 9:05 AM – 12:00 PM

LOCATION: Hyatt Regency Vancouver
655 Burrard Street
Vancouver, BC V6C 2R7

- 9:05 2. CALL MEETING TO ORDER –
2.1. Introduction of Board Members by Lorne Swetlikoff, President
- 9:15 5. ACCEPTANCE OF 2008 AGM AGENDA – Agenda Accepted As Presented
- 9:25 6. ADOPTION OF MINUTES OF 2007 AGM – Minutes Adopted As Presented
- 9:30 7. REPORTS –
8.1 Read
(f) President
Q – How important is it to integrate naturopathic medicine into the healthcare system?
A – The health care system needs to value naturopathic healthcare and view it as an primary healthcare.
Q – What steps are being taken to make naturopathic care fundamental in the healthcare system?
A – The CNPBC is working toward gaining prescribing rights and lab access.
Q – Is there a timeline to teach students proper prescribing practice?
A – The CNPBC will begin with submitting proposed regulation and bylaw amendments to the Ministry of Health which will need to be posted for a period of time for feedback, once passed, the CNPBC has appointed specialists in pharmacy education to develop a course to upgrade doctors to the prescribing schedule.
Q – Will lab access be the same as that of general practitioners or specialists?
A – It is likely ND's will be given the privileges equivalent to general practitioners.
Q – Will lab access be covered by MSP?
A – Presumably, yes.
Q – If pharmacology was to be part of the education process and board exams, wouldn't this be beneficial in the process?
A – Yes, institutions currently teach pharmacology but the CNPBC will need to upgrade all ND's that are currently registered.
Q – Will those that practiced in the US where they could prescribe need to take the course in order to prescribe?
A – Such cases will need to be reviewed on an individual basis.

Motion From the Floor: That the President's report be accepted as presented.

Motion Carried

(g) Registrar/Registration

Q – Is the profession ready to take on complete care and will referral privileges be granted?

A – All is in progress but such things will follow subsequent to the approval and implementation process.

Motion From the Floor: That the Registrar's report be accepted as presented.

Motion Carried

(h) Finance

Q – Is it possible to reduce the amount of the utility bill.

A – No, that is not possible at this time.

Motion From the Floor: That the Finance Committee report be accepted as presented.

Motion Carried

(i) Quality Assurance

Q – Is it possible to create and alternate course/test for those that wish to administer oral chelating only?

A – The Patterns of Practice Committee will be asked to review this.

Q – Which certification does hydrogen peroxide IV fall under?

A – Bio-oxidative Therapies

Motion From the Floor: That the Quality Assurance Committee report be accepted as presented.

Motion Carried

(j) Inquiry

Motion From the Floor: That the Inquiry Committee report be accepted as presented.

Motion Carried

10:30

8.2 Grouped motion

- 8.2.1 Discipline
- 8.2.2 Examining
- 8.2.3 Patterns of Practice
- 8.2.4 Patient Relations

Motion From the Floor: That the above reports be accepted as presented.

Motion Carried

10:40

9 AWARDS – K. Farnsworth

- 9.1.1 Public Service – Janet McGregor
- 9.1.2 Committee Contribution – Nigma Talib
- 9.1.3 Regulatory Function – Deborah Phair
- 9.1.4 Board and Committee Contribution – Stefan Kuprowsky

- 11:00** | **10 ELECTIONS – Pending Vacancies:**
 - 10.1 **2 Year Term** – Chris Spooner elected
 - 10.2 **2 Year Term** – Lorne Swetlikoff elected
- 11:45** | **11 OTHER BUSINESS –** No other business brought forward
- 12:00** | **12 ADJOURNMENT - Next AGM, April 2009**

President's Report

I am pleased to present the President's Report for the 2009 AGM. The College began the 2008 year with high expectations on the heels of the Throne Speech commitment to deal with our prescribing and laboratory access issues. Along with addressing this commitment the College remained busy fulfilling its regulatory mandate in a climate of rising registrant numbers and increasing public demands. Like all Health Colleges in British Columbia, the CNPBC has the authority to govern the professional practice of our registrants in the public interest. One of our key functions is to ensure that registrants practice competently and ethically. We administer public complaint processes and enforce regulations, bylaws, and all College policy. Committees of the College Board are designated to carry out specific work of the board.

The College Board members, committee members, and staff expend a great deal of effort into this process and I would like to thank them all for their work and dedication to the effective operation of the College. For a small organization I am extremely proud of the outcomes that we are able to generate and I am impressed with the quality of the individuals that serve this College.

It is well known that professional health regulation in British Columbia has undergone significant regulatory reform over the past years. These reforms were guided by the Health Professions Councils (HPC) report called "Safe Choices" - A New Model for Regulating Health Professions in British Columbia delivered to the government in March 2001. Most of the 26 regulated health professions to date have had their individual statutes repealed and brought under the umbrella legislative framework of the Health Professions Act.

On May 29, 2008 The Health Regulations Amendment Act, 2008 (Bill 25) received royal assent and this bill made a number of important and sweeping changes to the Health Professions Act. For instance the

regulation making power was transferred from the Lieutenant Governor in Council to the Minister of Health Services; likewise, a Health Professions Review Board consisting of public appointees was established to deal with appeals. Leading up to the passing of Bill 25 the College in coordination with other Health Colleges was vigorously involved in putting forth amendments that in the end were incorporated into the final bill. This process took significant effort by our College staff. Subsequently, the College has been very busy implementing these far reaching changes into our operations and in a timely manner.

The College was specifically engaged by the Ministry of Health Services to update and negotiate the revisions to our scope of practice reforms. The two main areas of work included a scope of practice statement and restricted activities. In October 2008, the Minister of Health Services approved the revision to our regulations to include a new definition of naturopathic medicine and a revised titles regulation.

Following this we embarked on the detailed negotiations encompassing the restricted activity list. Restricted activities (formerly called reserved actions) are a narrowly defined list of invasive, higher risk activities that must not be performed by any person in the course of providing health services, except members of a regulated profession that has been granted specific legislative authority to do so, based on their education and competence.

The final report of the HPC (2001) did not accurately reflect the training and education of the naturopathic physician and as such the years that followed included many arguments and papers submitted by the College and the BCNA to demonstrate the gaps in that report. This past fall, a draft restricted activity list was presented to the College by the Ministry. The list was much better than that found in the "Safe Choices" document and reflected many of those restricted activities that were argued by the CNPBC and BCNA over the years. However, significant activities were not

included and it took serious efforts on the part of the CNPBC to ensure that all the restricted activities that are within the scope of training of the naturopathic physician were included. In the end a good regulation was posted and supported by the College.

Concurrent to these efforts the College was busy developing the regulatory platform for the services noted in the Throne Speech, specifically prescribing and laboratory access. Once the regulations are passed, ND's in BC will be granted prescribing authority after the board has approved a certification process as well as set appropriate standards, limits and conditions in order to regulate prescribing and diagnostic services by registrants.

On December 5, 2008, Howard and I met with the College of Physicians and Surgeons, the College of Pharmacists and various department representatives from the Ministry of Health in a forum to introduce the regulatory platform for the first time to them and have discussion around how they could support this process.

On December 12, 2008, the Ministry gave notice of proposed amendments to the Naturopathic Physicians Regulation, and the College of Naturopathic Physicians gave notice of proposed bylaw amendments related to the proposed Regulation.

Subsequent to posting of these regulations for public input the Ministry had received over 600 letters of positive support by the public. The CNPBC provided the Ministry a detailed response to every single inaccurate point raised by the CPSBC and BCMA and worked extensively with the government to address them over the subsequent months. For instance, a subcommittee of the Pharmacy and Diagnostic Referral Committee reviewed all 1095 drugs on Schedule 1 and restricted those considered outside the primary care role.

In the end, this process required full engagement by the College with the Ministry of Health Services. We believe that these regulations will pass within the next few weeks, marking a historic and deserved

event in the practice of our profession in BC and Canada.

Lastly, on a separate issue, Howard and I participated in two meetings, one in Toronto and one in Victoria, on revising our Mutual Recognition Agreement (MRA). The MRA intent is to establish an agreement that satisfies each jurisdiction when processing interprovincial transferring ND's. The MRA will need to be in line with the recently passed Agreement on Internal Trade (AIT) and may result in it being used only as a guideline for the approval process of transferring patients. We will be signing off on it in June 2009.

It has been a pleasure serving as your College President.

Respectfully submitted by,

Dr. Lorne G. Swetlikoff, B.Sc., ND
CNPBC President

Registrar/CEO's Report

First, I would like to take this opportunity to thank Dr. Lorne Swetlikoff and members of the Board for their support to me as Registrar and CEO this year. I also want to thank all Committee chairs and members for their dedicated contributions and collegiality in our work together. Debbie Ferreira has continued to be outstanding in her role and it has been a pleasure developing an effective team with her.

This has been an exciting and challenging year. Dr. Swetlikoff and I, with the Board's strong support, have been on a continuing mission to articulate and finalize the details of the implementation of prescriptive authority and the full and appropriate scope of practice for naturopathic physicians. We have been fortunate in having as our primary liaison within the Ministry of Health, Mr. Daryl Beckett, Director of Professional Regulation. We have spent many hours explaining and negotiating with Mr. Beckett regarding the future of regulation for BC ND's. We currently await announcements concerning our proposed revisions to the

Naturopathic Physicians Regulation and College bylaws. At the same time, Dr. Swetlikoff and I have participated in the negotiation of a new Mutual Recognition Agreement (MRA) and we are dealing with the impact of new Agreement on Internal Trade (AIT) provisions.

Richard Meyer, who was appointed as Chair of the Inquiry Committee mid-year in 2007, continued to provide leadership in refining and developing the Inquiry Committee's policies and procedures. Revisions to the Health Professions Act will result in far-reaching impact upon Inquiry Committee procedures and will challenge the College in terms of meeting all of the demands within existing resources.

2008 continued as a busy year for the Quality Assurance Committee chaired by Dr. Stefan Kuprowsky,, since a great deal of preparatory work needed to be done to bring the College's Quality Assurance practices in line with leading edge practices in the health regulation field.

Together with the Finance and Administration Committee, under the leadership of Dr. Kelly Farnsworth and Dr. Chris Spooner, we continued to implement and monitor the new chart of accounts and QuickBooks system for the College, to improve financial accountability and facilitate financial reporting to the Finance Committee and the Board. The College has again retained the firm of BDO Dunwoody, which is one of the major accounting firms in Canada, with considerable experience in public sector and not-for-profit organizations, to undertake the annual financial review and provide related accounting advice. We will be continuing with further development of financial systems within the College.

The Patient Relations Committee has developed a Code of Conduct and Code of Ethics and related materials which will be edited and approved by the Board shortly.

The Patterns of Practice Committee has been active in developing policy for Hyperbaric Oxygen Therapy.

While I have had less opportunity thus far to work directly with some of the other College committees, I am committed to providing support to all College committees and have had good communications with committee Chairs.

The Health Regulatory Organization (HRO) has continued to be a valuable forum for health regulatory issues and we were able to work collaboratively with various health professions in communicating on legislative issues with Ministry of Health staff in Victoria.

Following the Speech from the Throne, which was made shortly before last year's AGM, which specifically referenced the government's intention to proceed on prescriptive rights and laboratory access for naturopathic physicians, there was much work to do in 2008. The 2008 fiscal year involved a great deal of change and challenge and at the time of writing, we are cautiously optimistic that 2009 will usher in a new era for naturopathic medicine and new challenges for regulation of the profession.

Respectfully Submitted,

Howard Greenstein, B.Sc., M.A., M.B.A.
Registrar & CEO

Finance Committee

The most visible change to the Finance Committee this year was the appointment, by the Board, of Dr. Chris Spooner, ND to the Chair of the Finance Committee on November 25th, 2008. Dr. Kelly Farnsworth, ND has stepped down as Chair, but continues as a committee member along with public member, Ken Wiesner. Dr. Farnsworth has set a remarkable example of commitment and service to the profession. His persistence and determined efforts have ensured that the College is on solid financial ground. He has devoted

countless hours to the profession with his work on the Board and the Finance Committee through both good times and bad. I would like to thank Dr. Farnsworth for his years of service and dedication in what can be often be a challenging and difficult position.

I would also like to recognize the diligent work of both Mr. Wiesner and our Registrar, Mr. Howard Greenstein. Mr. Wiesner has many years of experience in municipal finance and administration and brings an important perspective to the Finance Committee. Mr. Greenstein has been an invaluable asset to the committee. His experience and attention to detail have assisted the committee immeasurably. Without his efforts, the tasks assigned to the finance committee would be significantly more difficult.

This past year has again seen much growth and promise for our profession with numerous significant developments. These include the Mutual Recognition Agreement, the Agreement on Internal Trade and new legislative initiatives regarding changes to bylaws and regulations, specifically, the pending prescriptive rights authority and extension of lab privileges.

With these responsibilities come the increased costs associated with regulation and up-grading the profession to ensure safety of the public. To meet the increased expenses associated with these items a raise in our professional dues to \$1500.00 per year was required. This was forecast two years ago and the Board made the decision then to incrementally increase our dues over the two-year period.

The major projected increases in expenses that have necessitated the increase in fees can be attributed to: development of the new Pharmacopoeia and Diagnostic Referral Committee; costs associated with prescriptive rights which include contracting pharmacists to up-grade courses and exams for the profession, government consultation for this process and increased costs of regulation; upgrading of computer

equipment and consultation for access to Pharmanet; Quality Assurance and practice reviews with anticipated changes to remuneration for Inspectors; increases in staff salaries and anticipated hiring of extra CNPBC staff for this year; an expected increase to the Contingency fund; renovation of the office to accommodate our CEO and extra staff; and increased legal costs regarding new HPA amendments, proposed bylaw revisions and the revised Naturopathic Physicians Regulation.

This past year we continued to retain the accounting firm Lam Lo Nishio to maintain the routine book-keeping utilizing the QuickBooks system. For the 2007 and 2008 fiscal year-ends, BDO Dunwoody, LLP was appointed as accounting firm for the College. BDO Dunwoody prepared the financial statements for this AGM and has provided a number of recommendations, notes and addenda regarding further compliance to new accounting regulations. The most significant of these is a change in how the shared CNPBC/BCNA office "purchase agreement" is reported in the financial statements.

Through this winter, the CNPBC and BCNA have looked at this agreement and how it currently addresses each of their needs. The structure gives the BCNA 63.4% ownership while the CNPBC owns 36.6%. Each organization shares expenses and space on a 50% basis.

As the new chair of the finance committee I am committed to ensuring that the prudent financial stewardship established by Dr. Farnsworth and demanded by the Board and registrants of the College, continues so as to ensure that our profession is in the best possible financial position to institute the monumental legislative changes that are pending. The changes to the ND scope of practice are the culmination of decades of activism and dedicated efforts by many committed individuals. To put the magnitude of these changes and the efforts of all those involved in perspective, consider that Dr. Gerry Farnsworth, one of the early Board members, was working with

government on these issues over half a century ago, in the 1950's. It is possible that all those years of hard work, by so many are finally coming to fruition.

The future looks bright and I look forward to the coming year.

Respectfully submitted,

Dr. Chris Spooner, ND
Chair, Finance Committee

Registration Committee

During 2008, the number of registrants increased so that by the end of 2008, there were 302 full registrants and 52 non-practising registrants for a total of 354 registrants. There were 16 new licenses granted in the 2008 calendar/fiscal year, from 24 applications for registration. 4 were not activated by the end of 2008. The number of registrants continues to grow annually. The calibre of applicants has continued to be generally outstanding.

The Registration Committee dealt with issues in 2008 that required careful analysis, judgment and legal consultation. There were a number of trends both here in BC and nationally which impinged upon decision-making required of the Registration Committee in addition to the framework of the Health Professions Act and the College bylaws.

Due to the TILMA agreement between BC and Alberta, other trade agreements and Mutual Recognition Agreements (MRA), there is an increasing emphasis on evaluation of competencies and the development of methodologies to enable health regulatory bodies to assess competencies of applicants rather than relying solely upon educational credentials. This is particularly important where recognized educational equivalencies are not available, as for international applicants. Such assessment is resource intensive.

The MRA for naturopathic physicians was being re-negotiated during 2008. We were

able to make use of our experience with the Registration Committee in negotiating that agreement.

Changes to NABNE/NPLEX in 2008 were as follows:

NPLEX Part 1 - In August 2008 the Biomedical Science series examinations were combined into a single examination that will cover the topics of anatomy, biochemistry, microbiology, immunology, pathology and physiology.

NPLEX Part 2 - In August 2007 the Core Clinical Science series examinations were combined into a single examination that covers both the diagnostic and treatment topics including physical & clinical diagnosis, laboratory diagnosis & diagnostic imaging, emergency medicine, botanical medicine, pharmacology, physical medicine, clinical nutrition, homeopathy and psychology. Note that homeopathy is no longer a Clinical Add-On exam and has been integrated into the Core Clinical Science exam.

The new Agreement on Internal Trade (AIT) provisions will impact inter-provincial transfer agreements. Dr. Swetlikoff and I attended a number of national meetings concerning the AIT, MRA and their impact upon registrations and we have been maintaining close liaison with other health professions through the Health Regulatory Organization (HRO) regarding these important registration issues.

Special thanks go to Janet McGregor, public board member and Dr. Sanjay Mohan Ram for their dedication and contributions to the Registration Committee.

Respectfully Submitted,

Howard Greenstein, B.Sc., M.A., M.B.A.
Chair, Registration Committee

Quality Assurance Committee

The QAC has continued to have another busy and productive year. The core committee members have remained the same including public member Gregg

Turner and Dr Tasreen Alibhai, ND. We also added the participation of Dr Michael Lederman, ND, who joined us this year as an Advisor to the committee. Our Registrar, Mr. Howard Greenstein, has also been an ex officio member of this committee and has contributed valuable feedback during the year.

This year our activities have been focused on background preparations in anticipation of Prescriptive Rights. Early in the year, we were active in developing QA policies for the Prescriptive Rights document, which was sent to the government. In a similar manner to the Nurse Practitioners who recently received Prescriptive Rights, the government was looking for a more vigorous QA program to ensure compliance with guidelines and patient safety. We researched numerous Quality Assurance Programs in other health professions within Canada and internationally. We also met with the BC Pharmacists to get their direct feedback on their experiences in developing and initiating a new QA program for their members. We also attended a workshop offered to all the health professions in BC concerning the latest research and trends in Quality Assurance Programs.

The key idea in all the QA programs among the health professions is centered on the theme of Continual Professional Development or CPD.

CPD means that health professionals are continually seeking to improve their clinical knowledge and skills individually as a health care provider and collectively as a profession. Research has shown that individuals learn best when they are active participants in the planning and implementation of their learning programs such as Continuing Education. However, health professionals are often not the best judge of their weaknesses or deficiencies in their professional skill set. Therefore, professionals tend to focus their learning on what they do best and tend to ignore areas they actually need to improve in.

Therefore; for CPD to be effective for health professionals, it needs to become part of the culture of the profession and the individual professional. It also needs to include some sort of feedback system or assessment, so that doctors know what areas they need to focus on.

With these needs in mind, we have come up with a 3-part CPD program to enhance our existing Quality Assurance programs and to satisfy the mandate that is necessary to implement Prescriptive Rights to the BC naturopathic profession. The 3 parts are the Self-Review, Peer Review and Practice Review.

The Self-Review is essentially a questionnaire-guided evaluation of one's own practice. This form will be completed by each naturopathic doctor every December or January at the time of dues payment. The questions are meant to stimulate thoughtful reflection on where you would like or need to guide your continuing educational activities for the coming year. Using the information gathered, you will come up with your own Learning Plan for the year. In this way, each doctor will choose the most appropriate CE programs for their individual CPD needs. The completed questionnaire along with the Learning Plan and copies of CE credits will be kept by the doctor in a special binder called the CPD Portfolio.

The next step after completing the Self-Review is to meet with a like-minded colleague and together complete a Peer Review for each naturopathic doctor. The Peer –Review is review and discussion of your practice with another naturopathic doctor who provides feedback and observations, in order to enhance the Self-Review process. The discussion is guided using a set of questions and topics provided by the QAC. Also included in the Peer Review is going over the Office Check List, to ensure that minimum professional office standards are being maintained. Using the information gathered from the Peer Review, one's Learning Plan may or may not need to be changed. Each participant will sign off

on a form that will be added to the CPD Portfolio.

We anticipate the time needed will be about an hour to complete both steps. The QAC has reviewed the questions many times. However, the QAC welcomes feedback to the process and we anticipate modifying the forms over time as we gain experience in this new methodology. Early site testing of the Self Review and Peer Review indicate that it is a valuable and worthwhile exercise for those willing to put some effort into the process.

The Practice Review is a more formal review process. A reviewer ND will come to your office, go over the Office Checklist with you, look at your CPD Portfolio, and then go over a few files with you. The purpose is to see if prescribing patterns are consistent with the diagnosis and laboratory findings. The format is a case discussion based on chart review. There are three ways by which a Practice Review can be initiated. The first may be initiated if the BC Pharamnet prescription review flags any irregular prescribing patterns. The second is if the Inquiry Committee orders it. The third case is based on a random audit by the QAC. The Practice Review will be booked in advance at a time convenient to both the doctor and ND Reviewer. A Report will be made to the CNPBC and there will be an opportunity to discuss the report. The purpose is to help the doctor make any improvements if needed, especially in regards to patient safety and appropriate prescribing practices. This is not a punitive process, but is designed to prevent problems from arising in the naturopathic practice and to facilitate the ongoing continual professional development of all the NDs in BC. Depending on the number of Practice Reviews ordered by the CNPBC, you can expect to have a Practice Review once or twice during your career as a naturopathic physician.

Again, it has been my pleasure to serve the profession as Chair of the Quality Assurance Committee.

Respectfully submitted,

Dr. Stefan Kuprowsky, ND
Chair, Quality Assurance Committee

Inquiry Committee

First, and foremost, I would like to thank the Committee members, inspectors and staff for the work they have done to make this Committee work.

Since the last Annual General Meeting, out of nineteen cases that have been received by the Registrar eight cases have gone to the Committee for resolution.

Significant legislative changes will directly and significantly impact the way the Inquiry Committee carries out its mandate.

On November 1, 2008, new sections of the British Columbia Health Professions Act came into force including section 39.3 which requires notification to the public of certain actions taken by the Inquiry Committee. To comply with these new requirements, the Inquiry Committee is in the process of revising its deliberation process to provide procedural fairness to respondents and complainants, to develop policy to guide when publication should occur, and develop a process for drafting adequate reasons for publication.

On October 17, 2008, the Health Professions General Regulation was passed under the Health Professions Act. Section 7 of the regulation sets a 120 day period, from the date a registrar receives a complaint, to the date which the complaint is to be disposed. Non compliance may result in the suspension of the Inquiry Committee's jurisdiction over the matter in favour of the Health Professions Review Board.

On March 16, 2009 sections 50.54 to 50.65 of the Health Professions Act were brought into force establishing the right of review to the Health Professions Review Board of certain registration decisions, Inquiry Committee disposition decisions and delayed Inquiry Committee investigations.

These changes require more time and resources from the College. One of the areas that needs resources is the investigation of complaints. This is a skilled and time consuming activity which has to be done within a tight time frame. In order to ensure compliance with the mandate, training is being set up for the inspectors. In order to support the College I would encourage registrants to consider becoming an inspector for the Inquiry Committee. Good inspectors are critical to the running of an effective Inquiry Committee.

Respectfully Submitted,

Richard J. Meyer
Chair, Inquiry Committee

Discipline Committee

The Discipline Committee is pleased to report that no citations were issued in the 2007 year.

Respectfully submitted by,

Dr. Karen Parmar, ND
Chair, Discipline Committee

Examination Committee

The Examination Committee reviews and updates the BC Jurisprudence exam and Oral practical exams at least twice a year.

The Jurisprudence Exam tests new naturopathic doctors and naturopathic doctors transferring from other jurisdictions. To pass this exam they must have thorough knowledge of The Health Professions Act, The College By-Laws, Ethics, Jurisprudence, and which areas of practice require Board Certification.

The Oral practical exams tests new candidates for competency in the use of instruments, physical exam skills, orthopedic exam skills, manipulation skills, use of the BC emergency medical kit and differential diagnosis. As you all are aware by now, there have been legislative changes in the past year that will affect the

Health Professions Act and the College Bylaws.

The Examination Committee has been following these changes closely to make sure the study material given to licensing candidates reflects those changes when they are finally enacted. We have also upgraded the BC jurisprudence exam questions to reflect the new legislation. The new exam questions will be incorporated once the legislative changes become law.

Fifteen candidates took the Oral and jurisprudence exams in August 2008. All passed with an average grade in the 90's%.

Six candidates took the Oral exams in February 2009 and all six passed with an average grade of 93%. Six candidates sat for the BC Jurisprudence exam. The average grade was 85%.

Six naturopathic doctors transferred from other jurisdictions and wrote the BC Jurisprudence exam.

Respectfully submitted,

Dr. David Bayley, ND
Examination Committee Chair

Patterns of Practice Committee

The POP Committee reviewed several courses for Part B of the chelation certification process. Of the ones submitted, the following list has been approved for Part B.

- ACAM (Edta Chelation for Cardiovascular Health)
- Dr. Bob White's Chelation Course
- Dr. Michael Prytula's Chelation Course
- Dr. Virginia Osborne's Chelation Course

Part C has been removed from the approval process. The above courses have written exams. Members are deemed proficient and competent to practice chelation upon completion of any of the above courses. Please remember that one needs to be certified in chelation therapy to practice any form of chelation (oral, transdermal, suppository, etc.).

There have been revisions to Hyperbaric Oxygen Therapy requirements for certification and site upgrades. Health Canada has recently announced that all private hyperbaric facilities need to have Health Canada approved chambers. This information has been passed on to our registrants. There are several other changes to requirements. Please see the CNPBC website for the complete update.

ACLS (Advanced Cardiac Life Support) training is now mandatory for all physicians practicing IV Therapies, Chelation Therapies, Prolotherapy, and Hyperbaric Oxygen Therapy. Doctors have until June 2010 to complete this training. Doctors need to stay current and complete a one day refresher course every three years. For information on upcoming courses, please contact Glenn at the BCNA.

Respectfully submitted by,

Dr. Karen Parmar, ND
Chair, Patterns of Practice Committee

Patient Relations Committee

The Patient Relations Committee is working towards establishing a Code of Ethics and a Code of Conduct for the Naturopathic profession, both of which are currently being reviewed and revised by the CNPBC Board. More specifically, the committee is examining how to implement educating the public and ND's alike on professional misconduct, including sexual misconduct, through online sources and in print. As our profession continues to make strides within our scope of practice, making these educational materials available to both doctors and patients is necessary. Special thanks to Karrin Fairman-Young, ND, Alison Vandekerkhove, ND, June Coe, RDH, and board member Ken Wiesner for your hard work and interest in this committee.

Respectfully submitted by,

Dr. Cathryn Coe, ND
Chair, Patient Relations Committee