

**Scope of Practice for Naturopathic Physicians:
Standards, Limits and Conditions for Prescribing, Dispensing and
Compounding Drugs**

May 27, 2010

Standards, Limits and Conditions Draft Framework

ACKNOWLEDGEMENTS:

The College of Naturopathic Physicians of British Columbia gratefully acknowledges the College of Registered Nurses of British Columbia (CRNBC) for permission to use material from “Scope of Practice for Nurse Practitioners (Family), Standards, Limits and Conditions”, CRNBC, April 2007; for their pioneering efforts in this area of health regulation and for their generous assistance.

The College also wishes to acknowledge the extensive support and collaboration received from the College of Pharmacists of BC (CPBC). Their support and assistance has been invaluable.

The CNPBC looks forward to ongoing collaboration with these and other health regulatory Colleges in the implementation of prescriptive authority for naturopathic physicians.

CNPBC Standards of Practice

CNPBC is responsible under the Health Professions Act for setting standards of practice for its registrants.

Scope of Practice Standards

Scope of Practice Standards set out standards, limits and conditions related to the scope of practice for naturopathic physicians. (See Appendix A.)

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Introduction

The Government of British Columbia introduced and approval was granted for revisions to the Health Professions Act, Naturopathic Physicians' Regulation (B.C. Reg. 449/99) and the Bylaws of the College of Naturopathic Physicians of British Columbia in 2009, which will enable the implementation of prescriptive authority for naturopathic physicians in BC.

The legal authority for the practice of naturopathic medicine is set out in the Naturopathic Physicians Regulation, under the Health Professions Act. (See Appendix A.)

Naturopathic physicians must meet requirements for ongoing registration, including meeting continuing competency and quality assurance requirements. These requirements are currently undergoing further development in concert with the current initiative.

This document includes the standards, with limits and conditions, specific to the scope of naturopathic physician practice for prescribing, dispensing and compounding medications.

Section A – Prescribing, Dispensing and Compounding Drugs

PART 1 – STANDARDS

Prescribing Standards

STANDARD 1

Naturopathic physicians prescribe drugs within the limits of the naturopathic physicians' scope of practice and individual competence within that scope of practice.

STANDARD 2

Naturopathic physicians prescribe from provincial Drug Schedules I, II and III in accordance with the BC Pharmacists, Pharmacy Operations and Drug Scheduling Act and the federal Controlled and Drug Substances Act and Regulation and the College of Naturopathic Physicians of British Columbia (CNPBC) Prescribing Standards, Limits and Conditions.

STANDARD 3

Naturopathic physicians prescribe medications in accordance with ethical, legal and professional standards of drug therapy.

STANDARD 4

Naturopathic physicians engage in evidence-based prescribing and consider best practice guidelines and other relevant guidelines when prescribing for clients, including when recommending other therapies.

STANDARD 5

Naturopathic physicians may write prescriptions for clients (when required for reimbursement by insurance plans or to meet provincial regulations) for nutritional supplementation, appliances and devices and for drugs found in Schedules II and III. (Drugs listed in Schedules II and III do not legally require a prescription).

STANDARD 6

Naturopathic physicians are solely accountable for their prescribing decisions.

STANDARD 7

Naturopathic physicians participate in the Canadian Adverse Drug Reaction Reporting Program.

STANDARD 8

Naturopathic physicians meet the following expectations when prescribing drugs:

- Completes prescriptions accurately and completely including the following information (Bylaws to the Pharmacists, Pharmacy Operations and Drug Scheduling Act and Regulations):
 - date of issue;
 - name and address (if available) of client;
 - name, strength and dosage form of the substance and the quantity prescribed and quantity to be dispensed (Note: If the prescriber intends to prohibit generic substitution, it must be done in accordance with section 30 (1) and (3) of the Pharmacy Act);
 - directions for use – refers to the frequency or interval or maximum daily dose, route of administration and the duration of drug therapy;
 - directions for number of allowable refills and interval between refills (Note: While it is not legally required, if a prescription includes more than one drug, any drug that may be refilled must be clearly identified. If all drugs on a multiple prescription are to be refilled, identify the number of allowable refills for each drug); and
 - prescriber's name, address, telephone number and signature including unique naturopathic physicians identifier/number.

Note: Other elements, not legally required but that might be considered when prescribing include: indicating if a child resistant container is not indicated; indicating the use of the drug; noting client age, date of birth and weight if the client is on either end of the extreme of their weight range; and/or including special instructions, such as "take with food."

Note: A prescription may be telephoned to the pharmacist (unless prohibited by legislation) and must include the prescription information outlined above.

Note: A prescription may be transmitted by facsimile (fax) to a pharmacy, provided that the following requirements are met (Pharmacy Act):

- the prescription must be sent only to the pharmacy of the client's choice with no intervening person having access to the prescription authorization;
- the prescription must be sent directly from the prescriber's office or directly from a health institution for a patient of that institution, or from another location providing that the pharmacist is confident of the prescription legitimacy;
- the prescription must include all information listed above and in addition must include:
 - time and date of transmission;
 - name and fax number of the pharmacy intended to receive the transmission; and
 - Documents the prescription on the client record.

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- Provides educational information to clients about prescription and non-prescription drugs that includes information regarding:
 - the expected action of the drug and expected duration of therapy;
 - the importance of compliance with prescribed frequency and duration of the drug therapy;
 - potential side-effects;
 - signs and symptoms of potential adverse effects (e.g., allergic reactions) and action to take if they occur;
 - potential interactions between the drug and certain foods, other drugs or substances;
 - specific precautions to take or instructions to follow; and
 - recommended follow up.
 - Monitors and documents the client's response to drug therapy. Based on the client's response, the naturopathic physician may decide to continue, adjust or withdraw the drug, or to consult with a pharmacist, another naturopathic physician or with an MD in accordance with the CNPBC standards for naturopathic physician and MD consultation.
 - When client care is shared with an MD, conjointly determines with the MD processes for access to the client's health record for purposes of treatment decisions and communication.
 - Stores blank prescriptions in a secure area that is not accessible to the public and does not provide any person with a blank, signed prescription.
 - Does not prescribe for them self or become involved in self-care (subject to development of CNPBC policies).
 - If other options are not available, may prescribe for family, friends or peers, provided the client/provider relationship is established and documented (subject to development of CNPBC policies).
 - When receiving information from a pharmaceutical representative, independently verifies the information obtained.

Dispensing Standards (Drugs)

STANDARD 1

Naturopathic physicians dispense medications only in situations in which a pharmacist is not available or accessible, and/or it is in the best interest of the client to do so. *

STANDARD 2

Naturopathic physicians acquire, store, dispense and dispose of drugs in accordance with provincial and federal legislation and regulations, and standards and guidelines for best practice. Naturopathic physicians who dispense drugs other than drug samples or small quantities of medications must receive approval from the CNPBC to be designated as a dispensing practitioner (Full). Once approved, a dispensing practitioner must meet standards required of pharmacists (see College of Pharmacists of BC Framework of Professional Practice, see Appendix C) and will be subject to monitoring regarding these standards. Registrants should consider carefully the commitment of time, resources and personal involvement of the registrant that meeting such standards will require before making application for such approval. Such authorization will rarely be granted. Factors such as extreme geographic isolation and lack of alternative sources for required substances will be considered.*

(* Notwithstanding Standard 1 and 2 above, naturopathic physicians may continue to dispense botanical and other medicinal preparations which are not Scheduled items in accordance with their historical scope of practice, professional training and qualifications, subject to such standards, limits and conditions that may be issued by the College from time to time. There is also a specific protocol for scheduled "Historical Use" items found in Standard 3 below.)

STANDARD 3

A number of substances which were historically used by naturopathic physicians, but which have since become scheduled items (e.g.-digitalis) are listed in Appendix B. Dispensing manufactured naturopathic medicines containing the "historical use" agents in Appendix B is only appropriate when such preparations are not readily available through local pharmacies. Dispensing is only authorized in such situations. All relevant standards for labeling, record keeping and security, as per the College of Pharmacists of BC Framework of Professional Practice (Appendix C) must be met. (Registrants should consider carefully the commitment of time, resources and personal involvement of the registrant that meeting such standards will require before dispensing such items.)

The list of historically used scheduled items approved for use under this standard, including vitamins, minerals, amino acids and some botanicals, may be found in Appendix B.

STANDARD 4

Botanical preparations that contain scheduled agents must be treated as scheduled items. Naturopathic physicians using these botanicals must meet all applicable standards for prescribing, dispensing and/or compounding scheduled substances, notwithstanding that such items may have been used in practice historically by naturopathic physicians. The exception is that botanicals on the "historical use" list in Appendix B may be prepared (compounded; e.g.-tinctures) and dispensed by the naturopathic physician, so long as the preparation contains the appropriate strength, dosage and duration for safe individual use and all labeling and charting requirements are met.

STANDARD 5

Naturopathic physicians meet the following expectations when dispensing drug samples, including samples of historical use substances, or small quantities of medication to their clients (see College of Pharmacists guidelines for further details).

- The prescription label (or envelope) indicates (Pharmacists, Pharmacy Operations and Drug Scheduling Act and Regulations):
 - client's name;
 - drug name, strength where appropriate, and dosage;
 - direction for use;
 - quantity dispensed;
 - date dispensed;
 - prescribing number of prescriber; and
 - initials of naturopathic physician distributing the drug and the location from which the drug is dispensed, including name, address and telephone number.

Note: Any other information required by good pharmacy practice (not in the Act) is affixed, such as: expiry date; when applicable; or appropriate special circumstances/auxiliary labels (e.g., shake well).

- When indicated, the drug is dispensed in a child resistant container.
- The label can be easily read by the client or client's guardian or representative.
- The drug is handed directly to the client or the client's guardian or representative.
- Client education is provided and includes assessment of the client's level of understanding regarding the drug, including but not limited to the:
 - Purpose of the drug;
 - Dosage regime and instructions required to achieve the intended therapeutic response, expected benefits and side-effects, storage requirements; and
 - Written medication information.
- The transaction(s) is accessible and recorded on an individual prescription profile and/or client record each time a drug is dispensed. The profile will include:
 - client name, address, phone number, date of birth, gender and , when available, allergies and idiosyncratic responses and personal health number assigned by the BC Ministry of Health;
 - date dispensed;

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- name, strength, dosage of drug and quantity dispensed;
 - duration of therapy;
 - directions to patient; and
 - signature and unique identifier of the naturopathic physician dispensing the drug.

Standard 6

Naturopathic physicians who do not meet these standards and other standards that may be issued by the CNPBC regarding dispensing from time to time may be subject to disciplinary action and/or revocation of privileges by the College.

Compounding Standards (Drugs)

Definition: Per Naturopathic Physicians Regulation, 2009:

“ "compound" means

(a) in respect of a drug, to mix with one or more other ingredients, and

(b) in respect of a therapeutic diet, to mix two or more ingredients; “

STANDARD 1

Naturopathic physicians will utilize the services of compounding pharmacies whenever feasible when compounding is required.

STANDARD 2

Registrants who wish to be compounding practitioners (Full) must meet all standards and principles in Appendix C, Framework of Professional Practice. This category (Full) is not intended for most registrants and will only be granted in exceptional circumstances.

Compounding involving scheduled items presents considerable risk and therefore registrants should only consider becoming compounding practitioners (Full) where there are no acceptable alternatives such as the use of compounding pharmacies. Compounding involving scheduled items for in-office therapeutic use should only be performed by naturopathic physicians who are certified in practices where there are well-established protocols for such use (e.g.- chelation, prolotherapy).

Naturopathic physicians who wish to assume the responsibilities of a compounding naturopathic physician (Full) must apply to the CNPBC in writing regarding their rationale and specific needs for requiring compounding in their practice and providing assurances that they will meet all College of Pharmacists of BC compounding standards. Such authorization (Full) will rarely be granted.

STANDARD 3

Naturopathic physicians are permitted to compound “Historical use” items noted in Appendix B for authorized in-office procedures (e.g.- chelation- adding vitamins to chelation IV bag. See certification reference under Standard 4 below.). Please note that, due to the definitions above, even adding water to a scheduled item constitutes compounding. This limited “historical use” authorization to “compound” is for in-office procedures only. Medicines for patients' use outside the clinic that require the compounding of scheduled items must generally be obtained via a prescription filled by a pharmacy. (Exceptions may be found under Standard 5 below.)

STANDARD 4

Naturopathic physicians who are required to use more than one scheduled substance simultaneously (i.e.- compounding) in order to meet the requirements of an established treatment protocol (e.g.- chelation, prolotherapy, ozone therapy) are authorized to do so for in-office procedures only. See Appendix D for further details. See www.cnpbc.bc.ca/Docs-Forms-Policies.html , under “Certification Requirements for All Specialty Therapies”

STANDARD 5

Compounded substances may not be sold to patients for out of office use unless there is no viable compounding pharmacy alternative AND the naturopathic physician has been approved as a Dispensing Practitioner (full) by CNPBC and the registrant meets all NAPRA and CPBC standards and principles for compounding. Further, any such transaction must follow CNPBC pricing guidelines in this regard. A

maximum charge of 15 % above cost to cover overhead for scheduled items is approved, to reduce the possibility of any conflict of interest or the perception of a conflict. Exception:

An exception for “historical use” items in Appendix B is noted here. Compounded medicines involving “historical use” scheduled items and unscheduled substances are authorized for dispensing, so long as such items are not readily available through local pharmacies. See (Appendix B) and Dispensing Standard 4 above.

STANDARD 6

Naturopathic physicians who do not meet these standards and other standards that may be issued by the CNPBC regarding compounding from time to time may be subject to disciplinary action and/or revocation of prescribing, dispensing or compounding privileges.

PART II – LIMITS AND CONDITIONS

Naturopathic physicians prescribe drugs approved for sale as outlined in the BC Pharmacists, Pharmacy Operations and Drug Scheduling Act and the federal Food and Drug Act and Regulations, and in accordance with CNPBC's Standards for Prescribing and Dispensing Drugs.

Naturopathic physicians within certain contexts of practice may require broader prescriptive authority than what is permitted in the limits and conditions. Such groups of naturopathic physicians will apply to the CNPBC multidisciplinary Pharmacopoeia and Diagnostic Procedures Committee to expand their prescribing authority. The committee will set standards and other requirements, such as educational preparation, that specific groups of prescribers must meet to be approved for expanded authority.

Naturopathic physicians will have authority to request "Special Authority" medications ** with the exception of two situations:

- They will not have "Special Authority" privileges for prescribing those drugs that have been designated for physician specialist only; and
- They will not have "Special Authority" privileges for prescribing medications that are excluded for use by naturopathic physicians.

NOTE: Under the federal Controlled Drug Substances Act and Regulations, naturopathic physicians do not have authority to prescribe narcotics and controlled drugs, including benzodiazepines and other targeted substances. While this may be reviewed at some time in the future, this is the current legal situation.

Please note that certain classes of drugs are federally controlled and are not available for prescribing by naturopathic physicians in BC. See Appendix E for a link to a complete listing of federally controlled substances.

LIMITS AND CONDITIONS

Naturopathic physicians are authorized by the Naturopathic Physicians Regulation under the Health Professions Act to prescribe Schedule I drugs as specified in the Drug Schedules Regulation 9/98 of the Pharmacists, Pharmacy Operations and Drug Scheduling Act, except for drugs excluded as per the Naturopathic Physicians Regulation and drugs excluded in the CNPBC limits and conditions.

- 1) Drugs to be excluded from the scope of practice of naturopathic physicians as per the Naturopathic Physicians Regulation are found in Appendix F.
- 2) Additional drugs excluded in accordance with the CNPBC limits and conditions are listed below:

Antibiotics with narrow therapeutic index

Note: No antibiotic may be administered in any parenteral form.

Amikacin and its salts and derivatives
Amphotericin B and its salts and derivatives
Apramycin and its salts
Atovaquone
Aztreonam and its salts
Bacitracin and its salts and derivatives (for parenteral use only)
Candididin and its salts and derivatives
Carbomycin and its salts and derivatives
Caspofungin and its salts and derivatives
Cefoperazone and its salts and derivatives
Cilastatin and its salts
Colistin and its salt and derivatives
Dalfopristin and its salts
Dihydrostreptomycin and its salts and derivatives
Enrofloxacin
Ertapenem and its salts
Gentamicin (excluded for parenteral use only)
Grepafloxacin and its salts and derivatives
Hetacillin and its salts and derivatives
Imipenem and its salts and derivatives
Marbofloxacin and its salts and derivatives
Mecillinam and its salts and derivatives
Mezlocillin and its salts and derivatives
Oxacillin and its salts and derivatives
Quinupristin and its salts
Streptomycin and its salts and derivatives
Tazobactam and its salts and derivatives
Ticarillin and its salts and derivatives
Tobramycin and its salts and derivatives (excluded for parenteral use only)
Trovafoxacin and its salts and derivatives
Vancomycin and its salts and derivatives
Virginiamycin and its salts and derivatives
Voriconazole

Antiviral agents

Foscarnet sodium
Ganciclovir and its salts
Idoxuridine
Ribavirin
Valganciclovir and its salts and derivatives

Botulinum toxin types A & B

Antineoplastic Agents

Cyproterone and its derivatives
5-Fluorouracil (excluded for intravenous use only)
Hydroxyurea
Vinblastine and its salts
Vincristine and its salts
Vindesine and its salts
Vinorelbine and its salts
Note: Periwinkle alkaloids in naturopathic preparations are allowed but shall not be used as chemotherapeutic agents

Anticonvulsants

Lamotrigine and its salts
Methoin (mephenytoin) and its salts
Oxcarbazepine
Phenacemide
Primidone
Topiramate
Trimethadione
Valproic acid and its salts
Vigabatrin and its salts and derivatives

Note: the following agents are only allowed for the management of pain:

Carbamazepine
Gabapentin and its salts and derivatives
Pregabalin

Disease Modifying Agents

The following agents are allowed for continuation therapy only:

Azathioprine
Methotrexate

The following agent is allowed for chelation therapy purposes only:

Penicillamine

Emergency Medicine Agents

Amrinone and its salts
Bosentan and its salts and derivatives
Digoxin immune Fab (ovine)
Dobutamine and its salts
Drotrecogin
Fomepizole and its salts
Hetastarch and its derivatives
Leucovorin and its salts
Milrinone and its salts
Physostigmine salicylate (except preparations for oral or topical use only)

Sodium nitroprusside and its salts

Endocrine Agents / Endocrine Diagnostic Agents

Gonadorelin and its salts
Gonadotropin
Mepacrine and its salts
Metyrapone and its salts
Nafarelin and its salts and derivatives
Pegvisomant
Protirelin
TRH analog
Quinagolide and its salts
Sermorelin and its salts
Terlipressin and its salts
Triiodothyropropionic acid
Trilostane

Certain agents used for 'Emergency Purposes Only'

The following agents are authorized only for in-office emergency use. All other indications for these agents are not allowed:

Adenosine
Amiodarone
Atropine
Dopamine
Procainamide
Propafenone
Verapamil

Parenteral iron products

Iron (excluded for parenteral use only)

Agents dealing with Acute Perinatal Care

Beractant
Colfosceril and its derivatives
Nitric oxide
Poractant alfa

Obstetrical Agents Out-Patient Setting

Carbetocin and its salts
Oxytocin
Ritodrine and its salts

Ophthalmic Agents

Agents used for the treatment of iritis or glaucoma agents:
Bimatoprost and its derivatives
Brimonidine and its salts
Carbachol
Dipivefrin
Dorzolamide
Ecothiophate
Levobunolol
Methazolamide
Pilocarpine
Unoprostone

Topical corticosteroids:
Dexamethasone (excluded for ophthalmic use only)
Prednisolone (excluded for ophthalmic use only)

Micellaneous ophthalmic preparations;
Pegaptanib
Trifluridine
Verteporfin

Antiparkinsonism Agents

Benserazide and its salts
Biperiden and its salts
Entacapone
Tolcapone

Antipsychotic Agents

Acepromazine and its salts
Butaperazine and its salts
Chlorpromazine and its salts
Chlorprothixene and its salts
Clozapine and its salts
Flupenthixol and its salts and derivatives
Fluphenazine and its salts
Haloperidol
Lithium and its salts in doses > 150mg equivalent of lithium carbonate
Loxapine and its salts
Mesoridazine and its salts
Methotrimeprazine and its salts
Olanzapine and its salts
Pericyazine and its salts
Perphenazine and its salts
Pimozide
Pipotiazine and its salts
Prochlorperazine and its salts
Promazine and its salts
Quetiapine and its salts
Remoxipride and its salts
Risperidone and its salts
Tetrabenazine and its salts
Thiethylperazine and its salts
Thioridazine and its salts
Thiothixene and its salts
Trifluoperazine and its salts
Triflupromazine and its salts
Trimeprazine and its salts
Zuclopenthixol and its salts and derivatives

Antiarrhythmic agents

Bretylium tosylate
Disopyramide and its salts
Esmolol and its salts
Flecainide and its salts

Ibutilide and its salts and derivatives
Isoproterenol (isoprenaline) and its salts
Methoxamine and its salts
Mexiletine and its salts
Procainamide and its salts
Propafenone and its salts
Quinidine salts
Sotalol and its salts
Tocainide and its salts
Verapamil and its salts

Antitubercular agents used for other infections

Isoniazid

Thrombolytic, Hemostatic and Anti-platelet Agents

Alteplase and its salts and derivatives
Aminocaproic acid
Aprotinin
Argatroban and its salts and derivatives
Bivalirudin
Danaparoid and its salts and derivatives
Enoxaparin and its salts
Eptifibatid and its salts
Reviparin and its salts
Streptokinase/streptodornase
Tenecteplase and its salts and derivatives
Tirofiban and its salts and derivatives
Tranexamic acid

New drugs approved for sale in Canada

Any drug approved that is in a category in which all drugs in that category are approved for ND prescribing, the new agent shall be automatically approved.

Any drug newly approved by Health Canada that is in a category in which NOT all drugs in that category are approved for ND prescribing, the new agent shall go to the PDR Committee for review.

Any drug newly approved by Health Canada that is in a category in which all drugs in that category are restricted by regulations or by the PDR Committee shall be automatically be restricted.

If there is any doubt regarding the status of a new drug approved for sale in Canada, please contact the CNPBC office.

Diagnostic Testing Standards

To ensure patient safety, all naturopathic physicians who are authorized to prescribe must have access to and appropriately utilize laboratory and other diagnostic testing in the assessment, treatment and monitoring of patients receiving prescription drugs. Currently, naturopathic physicians in BC must continue to utilize laboratory and other diagnostic testing as available in order to ensure patient safety in accordance with best practices and their professional judgement.

CNPBC will issue further detailed Standards, Limits and Conditions regarding diagnostic testing at such time as such services become widely accessible within BC following consultations with the Ministry of Health Services and the College of Physicians and Surgeons of BC.

Section B – Physician Consultation and Referral

PART 1 – STANDARDS

Consultation and collaboration with other health care providers is an essential component of safe, appropriate and integrated prescribing practices. Naturopathic physicians initiate discussion, collaboration, consultation with and/or refer to other members of the health care team in a timely and appropriate manner.

Consultation, including referral, as used in these Standards, refers to a specific request to or by an MD to become involved in the care of a client with respect to prescribing. The responsibility to consult with or refer to a medical doctor lies with the naturopathic physician and is made in collaboration with the client. A naturopathic physician may also seek consultation with or transfer care to an MD at the request of the client.

Consultation may result in one of the following levels of physician involvement:

The MD provides an opinion and recommendation to the naturopathic physician who continues to have primary responsibility for the health care of the client;

The MD assumes concurrent responsibility for some aspects of the care, and the MD and naturopathic physician together clarify who is assuming responsibility for the various aspects of the client's care, including coordination of the overall care; or

The care of the client is transferred to the MD who then assumes primary responsibility for the care.

The naturopathic physician documents the request for and outcome of the consultation or referral.

Transfer or sharing of care occurs after discussion and agreement among the client, the referring naturopathic physician and the MD.

Standards

STANDARD 1

The naturopathic physician consults or refers to an MD when the client's health condition or needs are such that:

- the diagnosis and plan of treatment is beyond the knowledge, skill and judgment of the naturopathic physician to determine;
- the care that is required is beyond the naturopathic physician's competencies and scope of practice;
- sign(s), symptom(s) or report(s) or diagnostic or laboratory tests suggest that a client's condition is destabilizing or deteriorating and is beyond the ability of the naturopathic physician to manage; or
- the anticipated outcomes of therapy are not realized and further treatment is beyond the ability of the naturopathic physician to manage, or the target symptoms are not responding to treatment.

STANDARD 2

The naturopathic physician communicates and consults with or refers to MD's by:

- clearly presenting the reason for and the level of urgency of the consultation or referral;
- describing the level of MD involvement requested at the time a referral is made;

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- determining the availability of the MD to provide the consultation in a timely and appropriate manner;
 - ensuring that the MD has appropriate access to the client's relevant health information;
 - confirming with the MD, following the consultation, the level of MD involvement; and
 - documenting the request for and outcome of the consultation or referral.
 - communicating information regarding the discontinuation of medications that were initiated by the MD.

STANDARD 3

The naturopathic physician and the consulting MD conjointly establish methods for communicating about their mutual client's health condition and treatment decisions in situations in which client care is shared.

PART II – LIMITS AND CONDITIONS

Naturopathic physicians can make referrals to family physicians. Due to current limitations that exist in MSP coverage, naturopathic physicians should not refer directly to medical specialists. Referrals to family physicians should be made in such circumstances and the family physician can make any required specialist referrals at their discretion.

Appendices

Appendix A

THE NATUROPATHIC PHYSICIANS REGULATION

The Naturopathic Physicians Regulation is available online at: http://www.health.gov.bc.ca/leg/notice/naturopathic_medicine.html and it sets out, among other things:

- reserved titles for naturopathic physicians;
- a scope of practice statement;
- restricted activities for naturopathic physicians
- prescriptive drug exclusions

RESERVED TITLES

The Regulation states that only registrants of the College of Naturopathic Physicians of British Columbia may use the titles “naturopath”, “naturopathic physician” and “naturopathic doctor”. The Regulation also identifies that registrants may use the titles “doctor” and “physician”, the use of which is limited by the CNPBC bylaws.

SCOPE OF PRACTICE

Scope of practice refers to the activities that naturopathic physicians are educated and authorized to perform. These activities are:

- established through the legislated definition of naturopathic medicine and restricted activities
- further articulated by Standards, Limits and Conditions set by the CNPBC.

Under the Regulation, a registrant of CNPBC may practice naturopathic medicine, which is defined as “the health profession in which a person provides the services of prevention, assessment and treatment of an individual's diseases, disorders and conditions using education and naturopathic techniques, therapies or therapeutics to stimulate or support healing processes and promote, maintain or restore the overall health of the individual”;

STANDARDS, LIMITS AND CONDITIONS

The Health Professions Act and the Naturopathic Physicians Regulation give CNPBC authority to establish, monitor and enforce standards, limits and conditions for naturopathic physicians' practice.

Standard: A desired and achievable level of performance against which actual performance can be compared. It provides a benchmark below which performance is unacceptable.

Limits and Conditions: A limit is the point at which something must end. The Pharmacopoeia and Diagnostic Referral (PDR) Committee develops and recommends naturopathic physicians' standards, limits and conditions for approval by the CNPBC Board.

Appendix B

Approved “Historical Use” Scheduled Botanicals, Vitamins, Minerals, and Amino Acids

Botanicals

Apiol, oil of parsley
Atropa belladonna
Colchicum autumnale
Digitalis lanita and purpurea
Rauwolfia serpentina
Veratrum album and viridie

Vitamins

Folic acid in doses >1mg
Vitamin A > 10,000iu oral per oral dose
Vitamin B12 with intrinsic factor
Vitamin D > 1000iu per dose
Vitamin K
Parenteral vitamins

Minerals

Calcium and its salts for parenteral use
Chromium and its salts for parenteral use
Copper and its salts for parenteral use
Fluoride and it salts
Lithium and its salts in doses equivalent to $\leq 150\text{mg}$ lithium carbonate
Magnesium and its salts for parenteral use
Manganese and its salts for parenteral use
Potassium and its salts for parenteral use
Selenium and its salts for parenteral use
Silver and its salts
Sodium chloride for parenteral nutrition
Sodium fluoride
Iodine and its salts for parenteral use
Strontium and its salts
Zinc and its salts for parenteral use

Amino Acids

Amino acid solutions for parenteral use
Amino acids sold as single entities
Pancreatic enzymes

Appendix C

College of Pharmacists of BC Framework of Professional Practice may be found at:

http://www.bcpharmacists.org/legislation_standards/provincial_legislation/framework_of_professional_practice.php

Appendix D

Use of more than one scheduled item for advanced practices

Naturopathic physicians who are certified in chelation, prolotherapy, bio-oxidative therapies or other advanced practices are authorized to compound and use more than one scheduled substance if this is

required by an established treatment protocol. Examples of such situations follow. Established treatment protocols may involve the use of the following scheduled items:

Chelation

injectable vitamins/minerals as covered in Appendix B

Intravenous Therapy

injectable vitamins/minerals and amino acids as covered in Appendix B

Prolotherapy

Authorized Anaesthetics

Dextrose

Sodium Morrhuate

P2G (Phenol, glycerin, dextrose)

Growth Hormone

Hyaluronic Acid Injectable

Glucosamine sulfate injectable

Bio-oxidative therapy

Heparin

sodium citrate

Other therapeutic protocols may emerge which require the simultaneous use of multiple scheduled items for in office procedures. These will be reviewed by the College for approval.

Appendix E

Classes of Controlled Substances under the Controlled Drugs and Substances Act (CDSA)

The classes of substances briefly described below are federally controlled under the CDSA. They are not authorized for prescribing or use by naturopathic physicians in BC.

The expression "controlled substance" means a substance included in Schedule I, II, III, IV or V. For a detailed listing of federally controlled substances and the language of the CDSA, check the CDSA and related Government of Canada websites, such as: <http://laws.justice.gc.ca/en/C38.8/>

or alternative websites such as:

<http://www.canlii.org/en/ca/laws/stat/sc-1996-c-19/latest/sc-1996-c-19.html>

- Schedule I: narcotic drugs such as opium, morphine and cocaine.
- Schedule II: cannabis, hashish, cannabinoil, etc.
- Schedule III: stimulants such as amphetamines, hallucinogenics, such as mescaline, LSD and DET, and sedatives such as methaqualone, commonly called quaalude.
- Schedule IV: among others, anabolic steroids (including testosterone), hypnotics such as barbiturates and benzodiazepines.
- Schedule V: enumerates other substances that may be abused.
- Schedule VI: precursors, which produce no effects on the mind but can be converted or used to produce designer drugs, "simili-drugs" or substances contained in the schedules under Canada's international obligations under the *Single Convention on Narcotic Drugs* (1961) and the *Vienna Convention* of 1988.
- Schedules VII and VIII: concerning application of penalties for cannabis offences.

Appendix F

Drug exclusions per the Naturopathic Physicians Regulation may be found on the Ministry of Health website at:

http://www.health.gov.bc.ca/leg/notice/naturopathic_medicine.html

Schedule

[en. B.C. Reg. 156/2009, s. 4.]

Excluded Schedule I Drugs

Acetohexamide	Chlorisondamine and its salts
Adalimumab	Choriogonadotripin alfa
Adefovir	Cinacalcet and its salts
Agalsidase alfa	Cisplatin
Aldesleukin	Cladribine and its salts
Alemtuzumab	Clobazam and its salts
Alfentanil	Clonazepam and its salts
Alkyl nitrites	Clorazepic acid and its salts
Alprazolam	Codeine when prescribed as a single entity or when included in a preparation containing 60 mg or more per dosage unit
Altretamine	Cyclophosphamide
Amifostine and its salts	Cycloserine
Aminogluthethimide	Cyclosporine
Aminopterin and its salts	Cytarabine and its salts
Aminopyrine and its derivatives	Dacarbazine
Amprenavir and its salts and derivatives	Daclizumab
Amsacrine and its salts	Dactinomycin
Anagrelide and its salts	Daunorubicin and its salts
Anakinra and its salts and derivatives	Delavirdine and its salts
Anastrozole	Desflurane
Ancestim	Dexrazoxane and its salts
Anileridine	Diazepam and its salts
Anti-thymocyte globulin	Didanosine and its salts and derivatives
Atazanavir and its salts	Diethylstilbestrol and its derivatives
Atracurium besilate	Dihydrotachysterol
Auranofin	Dinoprostone and its salts and derivatives
Aurothioglucose	Docetaxel and its derivatives
Basiliximab	Doxacurium chloride
Bevacizumab	Doxercalciferol and its derivatives
Bicalutamide	Doxorubicin and its salts
Bleomycin	Droperidol and its salts
Bortezomib	Edrophonium chloride
Bromazepam and its salts	Efavirenz
Buprenorphine	Emtricitabine
Buserelin and its salts	Enflurane
Busulfan	
Butalbital	

Butorphanol	Enfuvirtide
Cabergoline and its salts	Epirubicine and its salts
Capecitabine and its salts and derivatives	Erythropoietin
Carboplatin	Estazolam and its salts
Carmustine	Estramustine and its salts
Cetorelix and its salts	Etanercept
Cetuximab	Ethambutol and its salts
Chlorambucil and its salts and derivatives	Ethchlorvynol
Chlordiazepoxide and its salts	Ethionamide and its salts
Ethoheptazine and its salts	Leuprolide and its salts
Etoposide and its derivatives	Levallorphan and its salts
Exemestane	Levamisole and its salts
Fenfluramine and its salts	Levorphanol
Fentanyl	Lincomycin and its salts and derivatives
Filgrastim	Linezolid and its salts
Flucytosine	Lomefloxacin and its salts
Fludarabine and its salts and derivatives	Lomustine
Flumazenil	Lopinavir
Fluorouracil and its derivatives for parenteral use only	Loracarbef and its salts and derivatives
Flurazepam and its salts	Lorazepam and its salts
Flutamide	Mazindol and its salts
Follicle stimulating hormone	Mecamylamine and its salts
Formestane and its salts and derivatives	Mechlorethamine and its salts
Fulvestrant	Melanoma therapeutic vaccine
Gallamine triethiodide	Melphalan
Ganirelix and its salts and derivatives	Menotropins (human)
Gefitinib	Meperidine (pethidine)
Gemcitabine and its salts	Mercaptopurine
Glatiramer and its salts	Meropenem and its salts and derivatives
Gold and its salts	Mesna
Goserelin and its salts	Metaraminol bitartrate
Halazepam and its salt	Methadone
Halofantrine and its salts	Methaqualone
Halothane	Midazolam and its salts
Hydrocodone (dihydrocodeinone)	Midodrine and its salts
Hydromorphone (dihydromorphone)	Miglustat
Hydroxychloroquine and its salts	Mitomycin and its salts
Idarubicin and its salts	Mitotane (o,p'-DDD)
Ifosfamide	Mitoxantrone and its salts
	Mivacurium chloride

Imatinib and its salts	Molgramostim
Imiglucerase	Morphine
Indinavir and its salts	Muromonab-CD3
Infliximab	Mycophenolic acid and its salts and derivatives
Interferon	Nalmefene and its salts
Iproniazid and its salts	Nelfinavir and its salts
Irinotecan and its salts	Neostigmine salts
Isoflurane	Netilmicin and its salts and derivatives
Ivermectin and its derivatives	Nevirapine and its salts
Kanamycin and its salts and derivatives	Nikethamide
Ketamine and its salts	Nilutamide
Ketazolam and its salts	Nitrazepam and its salts
Lamivudine and its salts	Normethadone
Laronidase	Octreotide
L-Asparaginase	Oxazepam and its salts
Leflunomide and its salts	Oxycodone
Letrozole	Paclitaxel and its derivatives
Palivizumab	Streptozocin
Pamidronic acid and its salts	Succinylcholine and its salts
Pancuronium and its salts	Sufentanil
Pegfilgrastim	Suxamethonium chloride
Pemetrexed and its salts	Tacrolimus and its derivatives
Pentamidine and its salts	Tegafur and its salts
Pentazocine	Temazepam and its salts
Pentolinium tartrate	Temozolomide and its salts
Pentostatin and its salts	Teniposide
Perflutren	Tenofovir and its salts and derivatives
Phentolamine and its salts	Thalidomide
Pipobroman	Thiocarlide
Porfimer and its salts	Thioguanine
Pralidoxime and its salts	Thiotepa
Prazepam and its salts	Tiludronic acid and its salts
Prodilidine and its salts	Tipranavir and its salts
Propofol	Topotecan and its salts
Propoxyphene	Toremifene and its salts
Pyrazinamide	Trastuzumab
Pyridostigmine bromide	Treosulfan
Raltitrexed and its salts and derivatives	Treprostinil and its salts
Rasburicase	Tretamine
Rifabutin and its salts	Triazolam and its salts

Riluzole and its salts
Ritonavir
Rituximab
Rocuronium bromide
Rofecoxib
Saquinavir and its salts and derivatives
Sargramostin
Sevelamer hydrochloride
Sirolimus and its derivatives
Sodium aurothiomalate
Stavudine

Trimethaphan camsylate
Trimetrexate and its salts
Troglitazone
Tubocurarine and its salts
Valrubicin and its derivatives
Vecuronium bromide
Viomycin and its salts and derivatives
Zalcitabine and its salts
Zidovudine
Zoledronic acid and its salts and derivatives