Government of Northwest Territories
Gouvernement des Territoires du Nord-Ouest

PROPOSED KEY ELEMENTS

Naturopathic Profession Regulation

July 2016 | www.hss.gov.nt.ca

If you would like this information in another official language, call us.

English

Si vous voulez ces informations en français, contactez-nous.

French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

Tłı̨chǫ yatı k’ę̀ę̀. Dı wegodı newǫ dè, gots’o gonede.

Tłı̨chǫ

ʔerıhtł’ís Dëne Sųłıné yatı t’a huts’elkër xa beyáyatı theɔ́ą ɔat’e, nuwe ts’ën yółtı.

Chipewyan

Edı gondı dehgáh got’ı̨e zhatıé k’ǫ́ǫ́ edatł’éh enahddhę nıde naxets’ǫ́ edahłí.

South Slavey

K’áhshó got’ı̨ne xədə k’é hederı ɔedı̨htl’é yerınıwę nídé dúle.

North Slavey

Jii gwandak izhii ginjìk vat’atr’ijąhch’uu zhit yinohthan jì’, diits’àt ginohkhìi.

Gwich’in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.

Inuvialuktun

ᑖᒃᑯᐊ ᑎᑎᖅᑲᐃᑦ ᐱᓕᒍᐃᖅᑎᑦ ᐃᓄᒃᑎᑐᓕᖅᓯᒪᓕᓂᑎᒃ, ᐅᕐᓂᑎᓐᓄᑦ ᐅᖅᑲᓕᔪᓐᓇᖅᑐᑎᑦ.

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

1-855-846-9601

OVERVIEW

The Department of Health and Social Services is seeking feedback from professionals and the public on the proposed key elements that will form the future Naturopathic Profession Regulation.

All feedback is welcome and may be submitted by: **Wednesday, August 31, 2016.**

Attn: Comments on Proposed Naturopathic Profession Regulation
Policy, Legislation and Communications
Department of Health and Social Services
Government of the Northwest Territories
PO Box 1320
Yellowknife, NT X1A 2L9

Email: NP_Regulation@gov.nt.ca
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The following key elements table includes the proposed provisions for the future Naturopathic Profession Regulation. The proposed key elements are based on the regulation of the Naturopathic Profession in other Canadian jurisdictions, while also giving careful consideration to the legislative framework established by the *Health and Social Services Professions Act* and the regulation capacity of the Department.

The Naturopathic Profession is currently regulated in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, and Nova Scotia.

The Department welcomes all comments and suggestions on the proposed key elements. Let us know what you think and if you have any questions.

BACKGROUND

- The *Health and Social Services Professions Act* ('HSSPA') is an 'umbrella' Act that will regulate a number of different health and social services professions. The Act sets the general requirements that will apply to each profession, such as the responsibilities of the Registrar, registration and renewal procedures, appeal processes, and the handling of complaints/discipline.
- A copy of the HSSPA is available on the Department's website: www.hss.gov.nt.ca
- The profession-specific regulations will cover all the **specific** requirements related to each profession. For example: protected titles, training, education, and continuing competency.
- Together, the HSSPA and profession-specific regulation address the details associated with licensing professionals.
- Each profession will have their own separate regulation under the HSSPA.
- The HSSPA was passed in the Legislative Assembly in March 2015. A copy is available on the Department's website for reference.
- **Important Note:** The HSSPA and the Naturopathic Profession Regulation will not address issues related to insured services and hospital privileges. The HSSPA and the Naturopathic Profession Regulation address the standards required in order to obtain and maintain a valid naturopathic professional licence in the NWT.

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KEY ELEMENT	**PURPOSE**	**PROPOSAL**	**ADDITIONAL INFORMATION**
Categories of Registration / Licence	Some professional regulations will have different categories of registration and licensing to help differentiate before levels of education, training, and scope of practice.	The Naturopathic Practitioner Regulation will have the following categories: • Naturopathic Practitioner – Regular • Naturopathic Practitioner – Expanded (IV Therapy, Prescriptive Authority, or both)	• The 'Regular' category of registration and licence allows individuals who meet the registration requirements (and renewal requirements) to practice as a Naturopathic Practitioner in the NWT. • The 'Expanded' category of registration and licence allows individuals who meet the certification requirements (see Appendix B and Appendix C) to provide additional services, such as IV therapy. • **Note:** There is no student or provisional register proposed for the NWT. In order to use a protected title under this Regulation, you must meet the full eligibility requirements for a licence.
Protected Titles	Title protection reserves certain titles/words for individuals who meet the established registration and licensing requirements. This ensures only those who hold a valid NWT licence can present themselves as Naturopathic Practitioners to both employers, patients, and the public.	The following titles are protected: "Naturopathic Practitioner" "Naturopathic Doctor" and the initials "N.D." "Naturopathic Physician" "Naturopath" "Doctor of Naturopathic Medicine" and the initials "N.M.D" "Doctor of Naturopathy"	• These titles are in addition to the prohibited activities covered under the HSSPA, including: *S.7(1) No person, other than a registered member of a designated profession, shall:* *a) Hold him/herself out as, or imply or represent that s/he is a registered member of that profession;* *b) Use a sign, symbol or title reserved in the Regulations for member of the designated profession or imply that s/he is a registered member of that profession; or* c) *Use any sign, symbol or title similar to one referred to in paragraph (b), or use any other word or designation, abbreviated or otherwise, to imply that s/he is a registered member of the profession.*

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Protected Title Requirement	A protected title requirement helps the public better understand the services offered by a professional.	The title “Doctor” and the abbreviation “Dr” must be used in connection with the term “Naturopathic”. For example: *Dr. John Doe, Naturopathic Practitioner* *Jane Doe, Doctor of Naturopathic Medicine*	• The term ‘Doctor’ is protected under the NWT’s *Medical Professions Act*. In order to help ensure members of the public can differentiate between the services of a Medical Practitioner and a Naturopathic Practitioner, it is important to distinguish between “Doctor of Medicine” and “Doctor of Naturopathic Medicine”.
Scope of Practice	Defining a scope of practice or partial scope of practice allows for increased public understanding about what services the profession provides. Similar scopes of practice can be shared among different professions as long as the practice is not defined as “exclusive”.	A Naturopathic Practitioner can provide 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. The Scope of Practice may also include, but is not limited to, the services included in Appendix D.	• The Scope of practice is **not** exclusive (other professions, both regulated and unregulated, may provide these services). • Naturopathic Practitioners who wish to prescribe, dispense, compound, or administer by injection or inhalation the drugs listed under their Scope of Practice must successfully complete an approved course, in addition to the regular eligibility requirements, in order to meet the Standards of Practice for their profession.
Standards of Practice	Standards of practice set the minimal acceptable level of practice for the profession. In addition, they also provide guidelines for professionals to assess their own practice, establish criteria for the assessment of complaints about the practice of the professional, and inform the public about reasonable expectations of the profession’s practice.	Standards of Practice for the Naturopathic Practitioner profession are included in Appendix L.	• Standards of Practice are based on those found in Ontario’s General Regulation under the Naturopathy Act. They have been modified to work with the proposed key elements.

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Code of Ethics	A code of ethics provides guidance and assists Naturopathic Practitioners in meeting their professional obligations. All Naturopathic Practitioners are governed by the Code of Ethics.	The Canadian Association of Naturopathic Doctors' *Guide to Ethical Conduct of Naturopathic Doctors* will be adopted, as amended from time to time, as the Code of Ethics under this Regulation.	• A breach of the Code of Ethics is one example of unprofessional conduct, as defined under the HSSPA. • Please refer to Appendix K for a copy of the Canadian Association of Naturopathic Doctors' *Guide to Ethical Conduct of Naturopathic Doctors*. • While the *Guide* was developed in 1994, it remains applicable to the modern day practice of naturopathic medicine and can easily be integrated into NWT practice. Saskatchewan and Manitoba have adopted the *Guide*, while Ontario and British Columbia's Codes are consistent with the *Guide*.

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Naturopathic Practitioner—Regular **Eligibility Requirements**	Eligibility requirements establish the minimum prerequisites for registration as a Naturopathic Practitioner. Eligibility requirements ensure everyone with a licence has the same basic knowledge of the profession.	An individual is eligible to be registered and licensed as a Naturopathic Practitioner—Regular, if s/he meets the following: a) S/he: i. Is registered and entitled to practice as a Naturopathic Practitioner in a province or territory in accordance with an Act; **OR** ii. has graduated from a Canadian naturopathic education program accredited by the Council on Naturopathic Medical Education and has successfully completed the Naturopathic Physician Licensing Examinations within two years immediately preceding date of application for registration. b) S/he holds a valid certification in adult and infant cardiopulmonary resuscitation from a program that complies with guidelines set by the Heart and Stroke Foundation of Canada or other satisfactory guidelines. c) S/he provides proof s/he is eligible to work in Canada. d) S/he submits a criminal record check that has been completed within six months of the date the application is received. e) S/he provides proof of professional liability insurance, issued by a company licensed to carry on business in Canada.	• The eligibility requirements are in addition to those already required under the *HSSPA* (see section 11(2) of the Act for details, such as proof of identity and evidence of good character). • Eligibility for a registration and a licence in the NWT through option (ii) is limited to Canadian education programs only. Individuals who have graduated from a program outside of Canada must seek licensure from another province prior to registering in the NWT, even if the program has been accredited by the Council on Naturopathic Medical Education. • For a list of Canadian naturopathic education programs accredited by the Council on Naturopathic Medical Education, please see Appendix A. • The Council on Naturopathic Medical Education (‘CNME’) is accepted as the program accrediting agency for naturopathic medical education by, among other organizations, the Canadian Association of Naturopathic Doctors and by the North American Board of Naturopathic Examiners (‘NABNE’). • The Naturopathic Physician Licensing Examinations (NPLEX) are administered by the North American Board of Naturopathic Examiners (‘NABNE’). There are two parts to the exams. Part 1 is completed after an individual’s second year of study, and Part 2 is completed after the fourth year of study. • According to the Heart and Stroke Foundation of Canada, the required certification in adult and infant cardiopulmonary resuscitation is the Basic Life Saver for Healthcare Provider (C). • The minimum professional liability requirement for Naturopathic Practitioner—Regular is $2 million.

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Naturopathic Practitioner—Expanded **Eligibility Requirements**	Additional eligibility requirements for a Naturopathic Practitioner's expanded scope of practice (IV therapy certification, prescription authority certification, or both) will ensure everyone with a licence in this registration/licensing category has the same basic knowledge.	An individual is eligible to be registered and licensed as a Naturopathic Practitioner—Expanded, if s/he meets the following: a) All the eligibility requirements listed under Naturopathic Practitioner—Regular; b) Proof of additional professional liability insurance, issued by a company licensed to carry on business in Canada; and c) Valid certification from a program approved by the Minister in IV therapy, prescription authority, or both.	• Additional minimum professional liability requirement for Naturopathic Practitioner—Expanded is $3 million (for a total of $5 million). • For a list of the approved programs for IV therapy certification, please see Appendix C. • For a list of the approved programs for prescriptive authority certification, please see Appendix B.
Fees	All Naturopathic Practitioners must pay a fee for registration and licensure.	Fees included in the Regulation will include: - The initial registration and licensing fee - The annual licensing renewal fee - The late fee for a licence renewal (Note: the late fee for a licence renewal is in addition to the annual licensing fee [i.e. must pay both]).	• The initial registration and licensing fee is a one-time cost. • Renewal fees must be paid on an annual basis.
Licence Expiry	Renewing a licence ensures Naturopathic Practitioners are maintaining a standard level of competence in their profession. It is important to note that if a Naturopathic Practitioner does not renew their licence within six months of expiry, they will be required to meet the initial eligibility requirements in order to obtain a new licence.	All Naturopathic Practitioner licences expire and must be renewed annually.	• Under the HSSPA, a professional can renew their licence for up to 6 months after expiry, after which s/he must apply for a new licence (i.e. s/he must apply as if registering for the first time). • Note: a Naturopathic Practitioner can only provide services with a valid licence (i.e. if the licence expires and is not renewed for four months, the individual cannot practice as a Naturopathic Practitioner or use a protected title during those four months).

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Naturopathic Practitioner—Regular **Renewal Requirements**	Renewal requirements ensure Naturopathic Practitioners maintain a standard level of competence in the profession.	An individual is eligible for a Naturopathic Practitioner—Regular licence renewal if s/he meets the following: a) She/he provides statements regarding: i. The location where she/he provides services; ii. Whether she/he has been convicted of an offense in the last year; and iii. Whether she/he holds a licence in any other jurisdiction. b) She/he has met the continuing competency requirements; c) S/he holds a valid certification in adult and infant cardiopulmonary resuscitation from a program that complies with guidelines set by the Heart and Stroke Foundation of Canada or other satisfactory guidelines; and d) S/he provides proof of professional liability insurance in an amount that is at least the minimum level of coverage required and that is issued by a company licensed to carry on business in Canada.	• The renewal requirements are in addition to those already required under the *HSSPA* (see section 14(2) of the Act for more details, such as the requirement to inform the Registrar of any investigation, proceeding or finding of in respect of the applicant's conduct or competence). • The minimum professional liability requirement for Naturopathic Practitioner—Regular is $2 million.

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KEY ELEMENT	**PURPOSE**	**PROPOSAL**	**ADDITIONAL INFORMATION**
Naturopathic Practitioner—Expanded **Renewal Requirements**	Renewal requirements ensure Naturopathic Practitioners maintain a standard level of competence in the profession.	An individual is eligible for a Naturopathic Practitioner—Expanded licence renewal if s/he meets the following: a) All of the requirements listed under Naturopathic Practitioner—Regular Renewal Requirements; b) Proof of additional professional liability insurance, issued by a company licensed to carry on business in Canada, and c) Valid certification from a program approved by the Minister in IV therapy, prescription authority, or both.	• Additional minimum professional liability requirement for Naturopathic Practitioner—Expanded is $3 million (for a total of $5 million). • For a list of the approved programs for IV therapy certification, please see Appendix C. • For a list of the approved programs for prescriptive authority certification, please see Appendix B.
Continuing Competency	Continuing competency requirements help ensure Naturopathic Practitioners maintain a standard level of competence.	Naturopathic Practitioners must complete 20 hours of continuing education each year in order to meet their continuing competency requirements. Of the 20 required hours: a) a minimum of 10 hours from Category A ;and b) a maximum of 10 hours from category B must be completed. Note: A Naturopathic Practitioner needs *at least* 10 hours from Category A, but can also earn their full 20 hours from Category A if they choose to (i.e. Category B is optional to meet the required hours). Additional hours cannot be banked or carried over into the next year. A schedule for the continuing education requirements has been developed. See Appendix J.	• Upon renewal, applicants will be required to sign a statutory declaration stating they have completed the continuing competency requirements for the year. If, at the time of licence renewal, a Naturopathic Practitioner has not been on the register for a full year, the Registrar will have discretion to waive the full requirement. • Naturopathic Practitioners will be required to keep a log book noting their completion of continuing competency requirements. Naturopathic Practitioners may be asked to submit their log sheets from time to time. • A Naturopathic Practitioner can be audited on their continuing competency requirements at any time. • The schedule listing the approved forms of continuing competency are included as Appendix J. • Required CPR certification for a licence renewal does not count towards continuing competency hours.

APPENDIX A- CANADIAN NATUROPATHIC EDUCATION PROGRAMS ACCREDITED BY THE COUNCIL ON NATUROPATHIC MEDICAL EDUCATION

- Boucher Institute of Naturopathic Medicine—Naturopathic Medicine Program (New Westminster, BC)
- Canadian College of Naturopathic Medicine—Naturopathic Medicine Program (North York, Ontario)

APPENDIX B – PRESCRIPTIVE AUTHORITY CERTIFICATION APPROVED COURSES

- The Prescribing Upgrade Course offered by the Boucher Institute of Naturopathic Medicine; or
- The Ontario Prescribing and Therapeutics online course offered by the College of Naturopaths of Ontario

APPENDIX C – IV THERAPY CERTIFICATION APPROVED COURSES

- Fundamental and Clinical Applications of IV Nutrient Therapy course: taught by Dr. Virginia Osborne, ND and Dr. Paul Anderson, DN, International IV Nutritional Therapy.
- IVIT Certification course: taught by Dr. Eric Marsden, ND and Dr. Ruth Ann Baron, ND, Ontario Association of Naturopathic Doctors.
- IV Basic Procedures Course: taught by Dr. Michael Prytula, ND, NaturoMedic TM (NaturoMedic.org).
- IV Therapy Course: taught by Dr. Stefan Kurpowsky, ND at the Boucher Institute of Naturopathic Medicine.
- Intravenous Therapy Certification Course, Dr. Paul Saunders, ND at the Canadian College of Naturopathic Medicine.

APPENDIX D – GENERAL SCOPE OF PRACTICE

(Not all-encompassing)

A Naturopathic Practitioner may, if they are trained and competent to do so, perform the following activities:

1. To insert or remove an instrument, devices, hand, or finger beyond the labia majora but not beyond the cervix.

2. To insert or remove an instrument, devices, hand, or finger beyond the anal verge but not beyond the rectalsigmoidal junction.

3. Moving the thoracic, lumbar, and sacral joints of the spine and the cervical joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.

4. Communicating a naturopathic diagnosis identifying, as the cause of a patient's symptoms, a disease, disorder or dysfunction that may be identified through an assessment that uses one or more of the following naturopathic techniques:
    a. The patient's health history.
    b. The findings of an objective patient evaluation, including a physical examination of the patient.
    c. The results of any relevant tests or investigations.

5. Taking blood samples from veins or by skin pricking.

6. A Naturopathic Practitioner may prescribe medications listed in Table 3 of Ontario's General Regulation under the *Naturopathy Act* (see Appendix E)
[**Note**: *the Naturopathic Practitioner requires proper certification to provide this service in accordance with the Standards of Practice*).

7. A Naturopathic Practitioner may dispense drugs listed in Table 4 of Ontario's General Regulation under the Naturopathy Act (see Appendix F).
[**Note**: *the Naturopathic Practitioner requires proper certification to provide this service in accordance with the Standards of Practice*).

8. A Naturopathic Practitioner may compound drugs listed in Table 5 of Ontario's General Regulation under the *Naturopathy Act* (see Appendix G).
[**Note**: *the Naturopathic Practitioner requires proper certification to provide this service in accordance with the Standards of Practice*).

9. A Naturopathic Practitioner may administer the prescribed drugs listed in Table 1 of Ontario's General Regulation under the *Naturopathy Act* by inhalation (see Appendix H).
[**Note**: *the Naturopathic Practitioner requires proper certification to provide this service in accordance with the Standards of Practice*).

10. A Naturopathic Practitioner may administer the prescribed drugs listed in Table 2 of Ontario's General Regulation under the *Naturopathy Act* by injection (see Appendix I).

[**Note**: *the Naturopathic Practitioner requires proper certification to provide this service in accordance with the Standards of Practice*).

Where the scope of practice described in the Regulation is inconsistent with a law of Canada respecting the sale, dispensing, compounding, prescribing or injection of a drug or other substance, including a drug or substance related to a targeted substance, the law of Canada shall prevail and the provisions of this Part, to the extent they are inconsistent with that law, shall not apply.

APPENDIX E – DRUGS THAT MAY BE PRESCRIBED

Note: Table 3 of Ontario's General Regulation under the Naturopathy Act will be adopted under the NWT's Naturopathic Practitioner Regulation, as amended from time to time.

Drug (prescribed)	Limitations, routes of administration, dosages
Adenosine triphosphate	Only if prescribed for intravenous injection to be administered by the Naturopathic Practitioner in his or her office to the patient.
Calcium Chloride	Only if prescribed in injectable form for intravenous injection to be administered by the member to the patient.
Calcium Gluconate	Only if prescribed in injectable form for intravenous injection to be administered by the member to the patient.
Colchicine	Must not be prescribed unless the drug is botanical colchicine, compounded from the corm of colchicum autumnale.
Dextrose Injection	May only be prescribed when in concentrated solutions for intravenous injection to be administered by the member to the patient.
Digitalis Purpurea and its glycosides	Only if prescribed in conjunction with monitoring of patient's serum levels by member.
Estrogen (bioidentical)	Only if prescribed in topical or suppository form.
Folic Acid	Only if prescribed in oral dosage containing more than 1.0 mg of folic acid per dosage or, where the largest recommended daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1.0 mg of folic acid.
L-Tryptophan	Only if prescribed for patient's use in oral dosage form at a concentration of more than 220 mg per dosage unit or per daily dose. Recommended daily dose must not exceed 12g and must be provided. May be prescribed as a single ingredient intended for intravenous injection.
Levocarnitine and its Salts	Only if prescribed for the treatment of primary or secondary levocarnitine deficiency.

Drug (prescribed)	Limitations, routes of administration, dosages
Nitroglycerin	Administered to a patient by the member in his or her office only in emergency circumstances and only for angina pectoris. Dosage: 1 to 2 metered doses (0.4 or 0.8 mg nitroglycerin) administered on or under the tongue, without inhaling. The mouth must be closed immediately after each dose (up to 3 doses in total, at least 5 minutes apart). A sublingual tablet may be used (0.3 or 0.6 mg for initial dose). Maximum dose of 1.8 mg.
Pancreatin	Only if prescribed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pancrelipase	Only if prescribed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pilocarpine and its salts	Must not be prescribed unless, 1. the drug is botanical pilocarpus, compounded from the leaves of pilocarpus microphyllus, 2. the member monitors his or her patient's drug levels during treatment with the drug and, 3. the drug is never prescribed to treat a patient with glaucoma.
Podophyllotoxin	Must not be prescribed unless, 1. the drug is botanical podophyllotoxin compounded from podophyllum peltatum and, 2. the drug is never prescribed to treat a patient with rheumatoid arthritis.
Progesterone (bioidentical form)	Only if prescribed in a topical or suppository form.
Rauwolfia	No limitation, etc., specified.
Thyroid	No limitation, etc., specified.
Vitamin A	Only if prescribed in oral dosage form containing more than 10,000 International Units of Vitamin A per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 10,000 International Units of Vitamin A.

Drug (prescribed)	Limitations, routes of administration, dosages
Vitamin D	Only if prescribed in oral dosage containing more than 1,000 International Units of Vitamin D per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1,000 International Units of Vitamin D.
Vitamin K1	Only if prescribed in oral dosage when the maximum daily dose is more than 0.120 mg.
Vitamin K2	Only if prescribed in oral dosage when the maximum daily dose is more than 0.120 mg.
Yohimbine and its salts	Must not be prescribed unless the drug is botanical yohimbine, compounded from the bark of pausinystalia yohimbine.

APPENDIX F – DRUGS THAT MAY BE DISPENSED

Note: Table 4 of Ontario's General Regulation under the Naturopathy Act will be adopted under the NWT's Naturopathic Practitioner Regulation, as amended from time to time.

Drug (dispensed)	Limitations, routes of administration, dosages
Colchicine	Must not be dispensed unless the drug is botanical colchicine, compounded from the corm of the colchicum autumanle.
Digitalis Purpurea and its glycosides	Only if dispensed in conjunction with monitoring of patient's serum level by the member.
Estrogen (bioidentical)	Only if dispensed in topical or suppository form.
Folic Acid	Only if dispensed in oral dosage containing more than 1.0mg of folic acid per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1.0 mg of folic acid.
L-Tryptophan	Only if dispensed for patient's use in oral dosage form at a concentration of more than 220mg per dosage unit or per daily dose. Recommended daily dose must not excede12g and must be provided in 3 to 4 equally divided doses.
Levocarnitine and its salts	Only if dispensed for the treatment of primary or secondary levocarnitine defitiency.
Pancreatin	Only if dispensed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pancrelipase	Only if dispensed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pilocarpine and its salts	Must not be dispensed unless, 1. The dispensed drug botanical pilocarpus compounded from the leaves of pilocarpus microphyllus, 2. The member monitors his or her patient's drug levels during treatment with the drug and, 3. The drug is never dispensed to treat a patient with glaucoma.
Podophyllotoxin	Must not be dispensed unless, 1. The dispensed drug is botanical podophyllotixin compounded from pdophyllum peltatum and, 2. The drug is never dispensed to treat a patient with rheumatoid arthritis.
Progesterone (bioidentical	Only if dispensed in a topical or suppository form.

Drug (dispensed)	Limitations, routes of administration, dosages
form)	
Rauwolfia	No limitation, etc., specified.
Thyroid	No limitation, etc., specified.
Vitamin A	Only if dispensed in oral dosage containing more than 10,000 International units of Vitamin A per dosage or, where the largest daily dosage would, if consumed by a a patient, result in the daily intake by that patient of more than 10,000 International Units of Vitamin A.
Vitamin D	Only if dispensed in oral dosage containing more than 1,000 International Units of Vitamin D per dosage or, where the largest recommended daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1,000 International Units of Vitamin D.
Vitamin K1	Only if dispensed in oral dosage when the maximum daily dose is more than 0.120 mg.
Vitamin K2	Only if dispensed in oral dosage when the maximum daily dose is more than 0.120 mg.
Yohimbine and its salts	Must not be dispensed unless the dispensed drug is botanical yohimbine compounded from the bark of pausinystalia yohimbine.

APPENDIX G – DRUGS THAT MAY BE COMPOUNDED

Note: Table 5 of Ontario's General Regulation under the Naturopathy Act will be adopted under the NWT's Naturopathic Practitioner Regulation, as amended from time to time.

Drug (compounded)	Limitations, routes of administration, dosages
Adenosine triphosphate	Only if compounded for intravenous injection
Colchicine	Must not be compounded unless the drug is botanical colchicine compounded from the corm of colchicum autumnale.
Dextrose Injection	Only if compounded when in concentration solution for intravenous injection.
Digitalis Purpurea and its glycosides	Only if compounded in conjunction with monitoring of the patient's serum levels by the member.
Estrogen (bioidentical)	Only if compounded in topical or suppository form.
Folic Acid	Only if compounded in oral dosage containing more than 1.0 mg of folic acid per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1.0mg of folic acid.
L-Tryptophan	Only if compounded for patient's use in oral dosage form at at concentration of more than 220 mg per dosage unti or per daily dose. Recommended daily dose must not eexceed 12g and must be provided in 3 to 4 equally divided doeses. May also be compounded as a single ingredient intended for intravenous injection.
Levocarnitine and its Salts	Only if compounded for the treatment of primary or secondary levocarnitine defitiency.
Pancreatin	Only if compounded in a dosage that provides more than 20,000USP unites of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pancrelipase	Only if compounded in a dosage that provides more than 20,000USP unites of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pilocarpine and its salts	Must not be compounded unless, 1. the drug is botanical pilocarpine, counpunded from the leaves of pilocarpus microphyllus, 2. The member monitors his or her patient's erum levels during treatment with the drug and, 3, the drug is never compounded to treat a patient with glaucoma.

Drug (compounded)	Limitations, routes of administration, dosages
Podophyllotoxin	Must note be compounded unless, 1. The drug is botanical podophyllotoxin, compounded from pdodphyllum mpeltatum and, 2, the drug is never compounded to treat a patient with rheumatoid arthritis.
Progesterone (bioitendical)	Only if compounded in topical or suppository form.
Rauwolfia	No limitation, etc., specified.
Thyroid	No limitation, etc., specified.
Vitamin A	Only if compounded in oral dosage containing more than 10,000 International Units of Vitamin A per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 10,000 International units of Vitamin A.
Vitamin D	Only if compounded in oral dosage containing more than 1,000 International Units of Vitamin D per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1,000 International Units of Vitamin D.
Vitamin K1	Only if compounded in oral dosage where the maximum daily dose is more than 0.120mg
Vitamin K2	Only if compounded in oral dosage where the maximum daily dose is more than 0.120mg.
Yohimbine and its salts	Must not be compounded unless the drug is botanical yohimbine, compounded form the bark of pausinystalia yohimbine.

APPENDIX H – PRESCRIBED SUBSTANCES THAT MAY BE ADMINISTERED BY INHALATION

Note: Table 1 of Ontario's General Regulation under the Naturopathy Act will be adopted under the NWT's Naturopathic Practitioner Regulation, as amended from time to time.

Substance (administered by inhalation)	Limitations
Acetylcysteine	No limitation specified.
Glutathione	No limitation specified.
Ipratropium Bromide	Administered to a patient by the member in his or her office only in emergency circumstances. In an emergency, administer a maximum daily dose of 0.5 mg but only after the member has administered Salbutamol to the patient.
Salbutamol	Administered to a patient by the member in his or her office only in emergency circumstances. In an emergency, administer a maximum of two doses, each does 2.5mg.
Saline	No limitation specified.
Therapeutic Oxygen	No limitation specified.

APPENDIX I – PRESCRIBED SUBSTANCES THAT MAY BE ADMINISTERED BY INJECTION

Note: Table 2 of Ontario's General Regulation under the Naturopathy Act will be adopted under the NWT's Naturopathic Practitioner Regulation, as amended from time to time.

Substance (administered by injection)	Route of Administration	Limitation
Acetylcysteine	Intravenous	Must be in combination with other amino acids
Adenosine triphosphate	Intravenous	No limitation specified.
Alanine	Intravenous	Must be in combination with other amino acids.
Arginine	Intravenous	Must be in combination with other amino acids.
Aspartic Acid	Intravenous	Must be in combination with other amino acids.
Atropine	Intravenous	Administered to a patient by the member in his or her office only in emergency circumstances. In an emergency, administer 0.5-1mg q3-5min. Dose must be 0.5mg or higher but must not exceed 2 mg.
Biotin	Intravenous	No limitation specified
Calcium Chloride	Intravenous	No limitation specified
Calcium Gluconate	Intravenous	No limitation specified
Calcium Glycerophosphate	Intravenous	No limitation specified
Carbohydrates in sodium chloride solution	Intravenous	No limitation specified
Chromium	Intravenous	No limitation specified
Copper Sulfate	Intravenous	No limitation specified
Cupric Chloride	Intravenous	No limitation specified

Substance (administered by injection)	Route of Administration	Limitation
Dextrose Injection	Intravenous	No limitation specified
Diphenhydramine Hydrochloride	Intravenous, Intramuscular	Administered to a patient by the member in his or her office only in emergency circumstances with a maximum dose of 100 mg.
Epinephrine Hydrochloride	Intramuscular	Administered to a patient by the member in his or her office only in emergency circumstances with a maximum dose of 1.5 mg.
Ferrous Sulphate	Intramuscular	Must be administered by z-track only
Folic Acid	Intravenous, Intramuscular	No limitation specified.
Glutamine	Intravenous	Must be in combination with other amino acids.
Glutamic Acid	Intravenous	Must be in combination with other amino acids.
Glycine	Intravenous	Must be in combination with other amino acids.
Glutathione	Intravenous, Intramuscular	No limitation specified.
Histidine	Intravenous	Must be in combination with other amino acids
Hydrochloric Acid	Intravenous	In ratio of 1:1000 or 1:500
Isoleucine	Intravenous	Must be in combination with other amino acids.
L-Tryptophan	Intravenous	No limitations specified
Lactated Ringer's Solution	Intravenous	No limitations specified
Leucine	Intravenous	Must be in combination with other amino acids
Levocarnitine and its salts	Intravenous	No limitations specified

Substance (administered by injection)	Route of Administration	Limitation
Lysine	Intravenous	Must be in combination with other amino acids
Magnesium Sulfate	Intravenous, intramuscular	Must never be administered by the member for the treatment of eclampsia or pre-eclampsia
Magnesium Chloride	Intravenous, Intramuscular	Must never be administered by the member for the treatment of eclampsia or pre-eclampsia
Manganese	Intravenous	No limitation specified
Methionine	Intravenous	Must be in combination with other amino acids
Molybdenum	Intravenous	No limitation specified.
Ornithine	Intravenous	Must be in combination with other amino acids.
Phenylalanine	Intravenous	Must be in combination with other amino acids.
Potassium Chloride	Intravenous	In dosage form not more than 0.3 mEq/kg/hr. Must never be administered as a single agent or by intravenous push.
Potassium Phosphate	Intravenous	In dosage form not more than 0.3 mEq/kg/hr. Must never be administered as a single agent or by intravenous push.
Proline	Intravenous	Must be in combination with other amino acids.
Ringer's Solution (sodium, chloride, potassium and calcium)	Intravenous	No limitation specified.
Saline Solution	Intravenous, Intramuscular	No limitation specified
Selenium	Intravenous	No limitation specified
Serine	Intravenous	Must be in combination with

Substance (administered by injection)	Route of Administration	Limitation
		other amino acids
Sodium Bicorbonate	Intravenous	No limitation specified.
Sodium Iodide	Intravenous	Must be in combination with other minerals.
Sterile Water	Intravenous, Intramuscular	Must be in combination with other substances.
Strontium and its salts	Intravenous	No limitation specified
Taurine	Intravenous	No limitation specified
Threonine	Intravenous	Must be in combination with other amino acids.
Vanadium	Intravenous	Must be in combination with other minerals.
Viscum Album	Intravenous, Subcutaneous	No limitation specified.
Vitamin A	Intravenous	Maximum daily dose of 10,000 International Units.
Vitamin B1	Intravenous	No limitation specified.
Vitamin B2	Intravenous	No limitation specified.
Vitamin B3	Intravenous	No limitation specified.
Vitamin B5	Intravenous	No limitation specified.
Vitamin B6	Intravenous	No limitation specified.
Vitamin B12	Intravenous, Intramuscular	No limitation specified.
Vitamin C	Intravenous	Must administer no more than 15g per day when patient's G6PD is deficient
Vitamin D	Intravenous, intramuscular	No limitation specified.
Vitamin E	Intravenous	No limitation specified.
Vitamin K1	Intramuscular	No limitation specified.

Substance (administered by injection)	Route of Administration	Limitation
Zinc Chloride	Intravenous	No limitation specified.
Zinc Sulphate	Intravenous	No limitation specified.

APPENDIX J – SCHEDULE FOR CONTINUING COMPETENCY REQUIREMENTS

Naturopathic Practitioners will be required to complete 20 hours of continuing education each year.

Of the 20 required hours:

c) a minimum of 10 hours from Category A ; and
d) a maximum of 10 hours from category B must be completed.

Note: A Naturopathic Practitioner needs at least of 10 hours from Category A, but can earn their full 20 hours from Category A if they want to.

Required CPR certification for a licence renewal does not count towards continuing competency hours.

CATEGORY A **(Minimum of 10 hours from this category are required)**
Annual general meeting of the Canadian Association of Naturopathic Doctors or any other provincial/ territorial naturopathic regulatory body or association, including the Northwest Territories Association of Naturopathic Doctors.
Educational conferences, courses, seminars, or workshops offered by the Canadian Association of Naturopathic Doctors, or any other provincial/territorial naturopathic regulatory body or association, including the Northwest Territories Association of Naturopathic Doctors.
Educational conferences, courses, seminars, or workshops offered by nutraceutical or pharmaceutical companies, or other naturopathic organizations related to naturopathic medicine that are specifically designed to enhance the professional develop of regulated members.
Registration and completion of university, college, or post-secondary courses designed to increase knowledge or skill in an area directly related to naturopathic medicine.
CATEGORY B **(Maximum of 10 hours from this category)**
Committee or board service to the Canadian Association of Naturopathic Doctors, or any other provincial/territorial naturopathic regulatory body or association, including the Northwest Territories Association of Naturopathic Doctors.
Committee or board service to an educational institution or naturopathic medicine.
Teaching and preceptorships to students of naturopathic medicine.
Presentation of continuing education courses or seminars to other regulated members or health care professionals.
Research or writing of books, papers or abstracts directly related to naturopathic medicine.

Self-directed learning, including reading journals, books, internet articles or websites directly related to naturopathic medicine. Note: No more than five of the maximum 10 hours can be completed through the self-directed learning option of continuing education.

APPENDIX K – CODE OF ETHICS FOR NATUROPATHIC PRACTITIONERS

Developed by the Canadian Association of Naturopathic Doctors, May 1994

Primary Purpose

The Naturopathic Physician's primary purpose is to prevent disease, to promote health, and to restore, maintain and optimize health and wellbeing through individualized patient care and public education.

Principles of Naturopathic Medicine

The Naturopathic Physician will practice the art, science and spirit of the profession to the best of his/her ability and judgement following these principles of naturopathic medicine.

The Naturopathic Physician:

1. Shall endeavour to first, do no harm; to provide the most effective health care available with the least risk to his/her patients at all times (Primum Non Nocere).
2. Shall recognize, respect and promote the self-healing power of nature inherent in each individual human being (Vis Medicatrix Naturae).
3. Shall strive to identify and remove the causes of illness, rather than to eliminate or suppress symptoms (Tolle Causum).
4. Shall educate his/her patients, inspire rational hope and encourage self-responsibility for health (Doctor as Teacher).
5. Shall treat each person by considering all individual health factors and influences (Treat the Whole Person).
6. Shall emphasize the condition of health to promote well-being and to prevent diseases for the individual, each community and our world (Health Promotion, the Best Prevention).

Responsibilities to the Patient

The Naturopathic Physician:

7. Will practice in a manner that is above reproach and will take neither physical, emotional nor financial advantage of the patient.
8. Shall maintain competence in naturopathic medicine and strive for professional excellence through constant assessment of personal strengths, limitations and effectiveness and by the advancement of professional knowledge.
9. Will recognize his/her professional limitations and when indicated recommend ot the patient that additional opinions and/or services be obtained.
10. Will agree that a patient has the right to accept or reject any health care recommended.
11. Shall safeguard a patient's right to privacy and only disclose confidential information when either authorized by the patient or mandated to do so by law.
12. Will ensure, when acting on behalf of a third party, that the patient understands the naturopathic physicians legal responsibilities to the third party before proceeding with the examination.

13. Will recommend only diagnostic procedures and treatment that is believed necessary for the well-being of the patient. The naturopathic physician will exchange such information concerning these findings that is necessary for the patient to reach a decision.
14. Will, upon a patient's request, supply the information that is required to enable a patient to receive any benefits to which the patient may be entitled.
15. Will be considerate of the anxiety of the patient's next-of-kin and cooperate with them in the patient's interest.
16. Will recognize the responsibility of a naturopathic physician to render care to any person regardless of colour, religion, sexual orientation or political belief.
17. Shall, except in an emergency or as required by law, have the right to refuse to accept a patient.
18. Will render all possible assistance to any patient where an urgent need for naturopathic care exists.
19. Will, when the patient is unable to give consent and an agent of the patient is not available to give consent, render such therapy as the naturopathic physician believes to be in the patient's best interest.
20. Will, if absent, ensure the availability of care to his/her patients if possible.
21. Will, once having accepted a patient, continue to provide services until thy are no longer required or until arrangements have been made for the services of another suitable practitioner.
22. May withdraw from the responsibility for the care of a patient provided that the patient is given adequate notice of that intention.
23. Will inform the patient when personal morality or religious conscience prevention the naturopathic physician from recommending some forms of therapy.
24. Will ensure, before initiating clinical research involving humans, that proper recognized ethical protocol is followed.
25. Will consider, in determining professional fees both the nature of the service provided and the ability of the patient to pay, and will be prepared to discuss the fee with the patient.

Responsibilities to the Profession

The Naturopathic Physician:

26. Will recognize that the profession demands integrity and dedication from all its members.
27. Will strive to participate in professional activities at the national, provincial and local level in order to advance the standards of care, the body of knowledge and the public awareness of naturopathic medicine.
28. Will recognize that self-discipline of the profession is a privilege and that each practitioner has a continuing responsibility to merit the retention of that privilege.
29. Will behave in a way beyond reproach and will report to the appropriate professional body any conduct of a colleague, which might generally be considered unbecoming to the profession.
30. Will enter into a contract with an organization only if it will allow maintenance of professional integrity.

31. Will only offer to a colleague a contract, which has terms and conditions equitable to both parties.
32. Will recognize a responsibility to give the generally held opinions of the profession when interpreting knowledge of a scientific nature to the public.
33. Will, when professing an opinion, which is contrary to the generally held opinion of the profession, so indicate and will avoid any attempt to enhance his/her own professional reputation.
34. Will build a professional reputation based on ability and integrity and will only advertise professional services or make professional announcements as permitted by legislation or by the provincial naturopathic licensing authority.
35. Will avoid advocacy of any product when identified as a member of the naturopathic medical profession.
36. Will avoid the use of secret remedies.
37. Will request the opinion of an appropriate practitioner acceptable to the patient when diagnosis or treatment is difficult or obscure or when the patient requests it.
38. Will, having requested the opinion of a colleague, make available all relevant information and, providing the patient consents, indicate clearly if the consultant is to continue with the care of the patient.
39. Will co-operate with those individuals who in the opinion of the naturopathic physician may assist in the care of the patient.
40. Will make available to appropriate practitioners, upon the request of the patient, a report of pertinent findings and treatment of a patient.

Responsibilities to Society

The Naturopathic Physician:

41. Will strive to improve the standards of medical care and promote health and safety for the individual, the public and the global community.
42. Will recognize the responsibility as a witness to assist the court in arriving at a just decision.

APPENDIX L – STANDARDS OF PRACTICE FOR NATUROPATHIC PRACTITIONERS

Based on the Standards of Practice included in Ontario's General Regulation under the Naturopathy Act

General

1. The Registered Member must have knowledge of and comply with the laws and regulations governing the practice of naturopathic medicine in the Northwest Territories ('NWT').

2. The Registered Member must have a naturopathic practitioner-patient relationship with the patient and, before providing a service, must record the patient's health history.

3. Before providing a service, the Registered Member must inform the patient about,
    a) the purpose of the service,
    b) the risks inherent in performing it,
    c) alternative treatments that the Registered Member knows or ought to know are available within the practice of the profession, and
    d) treatments that the Registered Member knows or ought to know are available to the patient if he or she were to be treated by another health professional licensed by an Act in the NWT.
4. Before providing a service, the Registered Member must receive an informed consent from the patient.

5. Before providing a service, the Registered Member must determine that the patient's condition warrants the provision of the service, having considered,
    a) the known risks and benefits to the patient of providing the service,
    b) the predictability of the outcome,
    c) the safeguards and resources available in the circumstances to safely manage the outcome of providing the service, and
    d) other relevant circumstances specific to the patient.
6. The Registered Member must ensure that appropriate infection control procedures are in place at all times and that any and all services are provided in an environment that is clean, safe, private and comfortable for the patient. Where applicable, this environment must meet the requirements established under the *Personal Service Establishment Regulation* under the NWT's *Public Health Act*.

7. The Registered Member must have the knowledge, skill and judgment,
    a) to provide services to the patient safely and ethically, and
    b) to determine whether the patient's condition warrants performance of a specific service.

Internal Exams

8. It is a standard of practice of the profession that a Registered Member may only:

a) Put an instrument, hand or finger beyond the labia majora but not beyond the cervix; or

b) Put an instrument, hand or finger beyond the anal verge but not beyond the rectal-sigmoidal junction

for one or more of the following purposes:

i. Examining the patient in the course of an assessment or to formulate a naturopathic diagnosis.

ii. Treating the patient with naturopathic treatments or remedies.

iii. Taking or collecting a specimen.

Administering Substances by Injection or Inhalation

9. A Registered Member who administers substances by inhalation and who, in doing so, mixes, prepares, packages, or labels two or more substances specified under the Regulation for the purpose of administering a customized therapeutic product to a patient by inhalation must comply with all the standards of practice set out in the 'Compounding a Drug' section of this document, with any necessary modifications.

10. A Registered Member who administers substances by injection and who, in doing so, reconstitutes, dilutes, mixes, prepares, packages, or labels two or more substances specified in the Regulation for the purpose of administering a customized therapeutic product to a patient by injection must comply with all the standards of practice set out in the 'Compounding a Drug' section of this document, with any necessary modifications.

11. A Registered Member may only administer a substance by injection or inhalation if s/he has valid Prescriptive Authority certification from a course approved by the Minister.

12. A Registered Member may only administer a substance by intravenous injection if s/he has valid Prescriptive Authority certification from a course approved by the Minister and valid certification in IV Therapy from a course approved by the Minister.

13. A Registered member may administer substances by injection or inhalation if s/he does so while taking part in a course approved by the Minister.

Moving the Thoracic, Lumbar, and Sacral Joints of the Spine and the Cervical Joints of the Spine

14. The Registered Member must use only one or more of the following low amplitude thrust procedures when he or she manipulates a patient's cervical joints of the spine:
    a) Supine lateral flexion.
    b) Supine rotary.
    c) C2-C7 seated rotary.

15. The Registered Member must not move the joints of the spine if, at the time the movement is proposed,

a) The patient has or may have one or more of the contraindications listed below, or

b) The Registered Member is in doubt about the accuracy of the patient's health status or health history respecting any of the contraindications listed below.

16. The contraindications mentioned are the following:
    a) Anomalies, including dens hypoplasia, unstable os odontoideum adn similar diseases, disorders or dysfunctions.
    b) Acute fracture.
    c) Spinal cord tumour.
    d) Acute infection of the spine, including osteomyelitis, septic discitis, and tuberculosis of the spine.
    e) Meningeal tumour.
    f) Haematomas, whether spinal or intracanalicular.
    g) Malignancy of the spine.
    h) Frank disc herniation with accompanying signs of progressive neurological deficit.
    i) Basilar invagination of the upper cervical spint 9vertebrobasilar ischemia).
    j) Symptomatic Arnold-Chiari malformation of the upper cervical spine.
    k) Dislocation of a vertebra.
    l) Aggressive types of benign tumours, such as an aneurismal bone cyst, giant cell tumour, osteoblastoma or osteoid osteoma.
    m) Internal fixation/stabilization devices.
    n) Neoplastic disease of muscle or other soft tissue.
    o) Positive Kernig's or Lhermitte's signs.
    p) Congenital, generalized hypermobility.
    q) Syringomyelia.
    r) Hydrocephalus of unkowns aetiology.
    s) Diastematomyelia.
    t) Cauda equine syndrome.
    u) Any other disease, disorder, or dysfunction that the Registered Member knows or ought to know in the relevant circumstances of the patient is also considered a contraindication.

Communicating a Naturopathic Diagnosis

17. The Registered Member must only communicate a naturopathic diagnosis if he or she meets all of the following standards of practice:
    a) The Registered Member must have a naturopath-patient relationship with the patient.
    b) The Registered Member must have the knowledge, skill and judgment to perform the controlled act safely, accurately and ethically.

Taking Blood Samples from Veins or by Skin Pricking

18. The Registered Member must only take blood samples from veins or by skin pricking for the purpose of:
    a) assessing the patient's health status,
    b) communicating a naturopathic diagnosis, or
    c) monitoring or evaluating the patient's response to treatment.

19. Subject to #3 in this section, the Registered Member must only perform the specified naturopathic examination on a patient's blood sample using a Class III medical device that has been approved by Health Canada.

20. Where no Health Canada approved Class III medical device exists for the purpose of performing a specified naturopathic examination, but another Health Canada approved medical device exists that can be used for the purpose, the Registered Member must use such a device, in accordance with the purpose intended by the manufacturer of the device, and in accordance with the manufacturer's instructions.

21. The Registered Member must ensure that any instrument or device used for taking, collecting or examining a blood sample is used solely for the purpose intended by the manufacturer of the device and in compliance with the manufacturer's specifications.

22. The Registered Member should only take a blood sample from a patient for the purposes of the following tests:
    a. BTA Bioterrain Assessment.
    b. Glucose.
    c. Live blood cell analysis.
    d. Hemoglobin – A1C.
    e. Mononuclear Heterophile Antibodies (monospot).
    f. Fatty acids, free.
    g. Blood Group – ABO and RhD.

Prescribing a Drug

23. The Registered Member must have a naturopath-patient relationship with the patient for whom the drug is prescribed.

24. The Registered Member must prescribe the drug for therapeutic purposes only.

25. The Registered Member must possess sufficient knowledge, skill and judgment respecting the drug and the patient's condition to prescribe the drug for the patient.

26. The Registered Member must have determined that the patient's condition warrants prescribing the drug, having considered the known risks and benefits to the patient of prescribing the drug and other circumstances relevant to the patient.

27. The Registered Member must give a written prescription for the drug to the patient.

28. The Registered Member must notify the patient's other health professional who is licensed in the NWT, if any, within a reasonable time that the Registered Member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.

29. Where a limitation, a route of administration, or a dosage is indicated in the column opposite the drug in the Regulation, a Registered Member must only prescribe that drug in compliance with the limitation and in accordance with the route of administration and dosage specified.

30. A Registered Member who prescribes a drug to a patient must ensure that the following information is recorded on the prescription:
    a) The name and address of the patient for whom the drug is prescribed.
    b) The name, strength (where applicable) and quantity of the prescribed drug.
    c) Directions for the use of the drug, including its dose, frequency, route of administration and any special instructions.
    d) The name, signature, address, telephone number and registration number of the Registered Member issuing the prescription.
    e) The date the prescription was issued by the Registered Member.
    f) The number of refills that the Registered Member authorized, if applicable.
    g) Any other information required by law.

31. A Registered Member who prescribes a drug under this section must maintain a patient record that includes details of the Registered Member's rationale for his or her decision to prescribe the drug to the patient and the following information, if applicable:
    a) A copy of the prescription that the Registered Member gave to the patient.
    b) A record of the results of any laboratory or other tests that the Registered Member considered in making the decision to prescribe the drug.
    c) The names and addresses of the patient's other health professional(s) who are licensed in the NWT, the date on which the Registered Member notified those other providers about the prescription and the method by which the notification occurred.

32. A Registered Member may only prescribe a drug if he or she has a valid Prescriptive Authority certification from a course approved by the Minister.

Dispensing a Drug

33. Unless #44 applies, the Registered Member must have a naturopath-patient relationship with the patient for whom the drug is dispensed.

34. The Registered Member must dispense the drug for therapeutic purposes only.

35. Unless #44 applies, the Registered Member must provide the drug directly to the patient.

36. The Registered Member must advise the patient that the drug may be available at a pharmacy.

37. The Registered Member must have the knowledge, skill and judgment to dispense the drug safely and ethically.

38. The Registered Member must have ensured that the drug has been obtained and stored in accordance with any applicable laws.

39. The Registered Member must have ensured that the drug has not expired and will not expire before the date on which the patient is expected to take the last of the drug.

40. Where a limitation, a route of administration, or a dosage is indicated in the column opposite the drug in the Regulation, a Registered Member must only dispense that drug in compliance with the limitation and in accordance with the route of administration and dosage specified.

41. The Registered Member must dispense a reasonable quantity of the drug having regard to the patient's condition, availability of the drug, and the patient's ability to obtain the drug elsewhere.

42. The Registered Member must ensure that the container in which the drug is dispensed, or, if there is insufficient space on the container, a document attached to the container, lists the following information:
    a) An identification number, if applicable.
    b) The Registered Member's name and title.
    c) The name, address and telephone number of the place from which the drug is dispensed.
    d) The identification of the drug as to its name, its strength (where applicable) and, if available, its manufacturer.
    e) The quantity of the drug dispensed.
    f) The date the drug is dispensed.
    g) The expiry date of the drug, if applicable.
    h) The name of the patient for whom the drug is dispensed.
    i) The directions for use of the drug, including its dose, frequency, route of administration and any special instructions.

43. The Registered Member must retain a copy of the information set out above (#42) in the patient's record, and, if applicable, a copy of the prescription required under #44(d).

44. If the Registered Member does not have a naturopath-patient relationship with the person for whom the drug is dispensed, the member must not dispense the drug unless,

a) at the time the drug is dispensed, the Registered Member possesses the prescription for the drug;

b) the person who prescribed the drug is another Registered Member;

c) the prescription contains all the information required under #30; and

d) the Registered Member retains a copy of the prescription in the member's records.

45. A Registered Member may only dispense a drug if he or she has a valid Prescriptive Authority certification from a course approved by the Minister.

Compounding a Drug

46. The Registered Member must have a naturopath-patient relationship with the patient for whom the drug is compounded.

47. The Registered Member must have the knowledge, skill and judgment to engage in the compounding of a drug safely, competently, and ethically.

48. Before compounding a drug, the Registered Member must have considered the patient's condition, the risks and benefits to the patient, and any other relevant circumstances specific to the patient.

49. The Registered Member must ensure that compounding a drug is performed in an aseptic preparation area using aseptic techniques to minimize the risk of contamination.

50. The Registered Member must provide the compounded drug directly to the patient.

51. Where a limitation, a route of administration, or a dosage is indicated in the column opposite the drug in the Regulation, a Registered Member must only compound that drug in compliance with the limitation and in accordance with the route of administration and dosage specified.

52. The Registered Member must compound the drug for the purpose of providing a customized therapeutic solution for a particular patient.

53. The Registered Member must advise the patient that the drug may be compounded at a pharmacy.

54. The Registered Member must only compound a drug when a supply of a Health Canada-approved commercially prepared product that meets the patient's needs is not reasonably available.

55. The Registered Member must have ensured that the drugs or other substances used in the compounding have been obtained and stored in accordance with any applicable laws.

56. The Registered Member must have ensured that the drugs or other substances used in the compounding have not expired and will not expire before the date on which the patient is expected to take or use the last of the compounded drug.

57. The Registered Member must ensure that the container holding the compounded drug, or if there is insufficient space on the container, a document attached to the container, lists the following information:
    a) An identification number, if applicable.
    b) The Registered Member's name and title.
    c) The name, address and telephone number of the place where the drug was compounded.
    d) The identification of the drugs, substances and any other ingredients used in the compounding, their names and strength and, if available, their manufacturer.
    e) The amount or percentage of each of the drugs, substances and any other ingredients used to make the compounded product and the quantity of the compounded product in the container.
    f) The date that the compounded drug was prepared and the date that the compounded drug was dispensed to the patient.
    g) The expiry date of the compounded drug.
    h) The name of the patient for whom the drug was compounded.
    i) The directions for the storage and use of the compounded drug, including its dose, frequency, route of administration and any special instructions.
58. The Registered Member must retain a copy of the information described above in the patient's record.

59. A Registered Member may only compound a drug if he or she has a valid Prescriptive Authority certification from a course approved by the Minister.

Mandatory Referral

60. If a patient's life is or may be at risk, the Registered Member must immediately call emergency services to transfer the patient to a hospital.

61. If the patient's condition prevents the Registered Member from communicating a naturopathic diagnosis because the condition is beyond the scope of practice of the profession, the Registered Member must refer the patient to an appropriate health professional licensed under an Act in the NWT.

62. If treatment of the patient's condition is beyond the scope of practice of the profession, the Registered Member must refer the patient to an appropriate health professional licensed under an Act in the NWT.

63. If the treatment of the patient's condition requires diagnostic, monitoring or treatment related technology that is beyond the scope of practice or access of the profession, the Registered Member must refer the patient to an appropriate health professional licensed under an Act in the NWT.

64. If the patient asks the member to refer the patient to another Registered Member or a health professional licensed in the NWT, the Registered Member must immediately make the referral in accordance with the request of the patient.

65. The Registered Member must immediately refer the patient to an appropriate health professional licensed under an Act in the NWT if the patient's laboratory test result shows a marked deviation from the reference ranges, with no clear indication to the laboratory that these are expected deviations (i.e. 'a critical value test result').

66. The Registered Member must refer the patient to an appropriate health professional licensed under an Act in the NWT if the response of a patient to the treatment offered by a Registered Member is not adequate and is not likely to improve based on alternative treatments available from the Registered Member, or if the patient's condition significantly deteriorates and is likely to continue to do so without a referral.

67. Nothing in this section prohibits a Registered Member who has referred a patient from providing that patient with supportive or other services within the Registered Member's scope of practice after the patient has been referred, as long as the Registered Member works in collaboration with the person to whom the patient was referred and the patient.