

Profile of a Profession: Naturopathic Practice

Holly J. Hough, PhD
Catherine Dower, JD
Edward H. O'Neil, PhD

Center for the Health Professions
University of California, San Francisco

September 2001

A report funded by The Arkay Foundation



Profile of a Profession: Naturopathic Practice

Holly J. Hough, PhD
Catherine Dower, JD
Edward H. O'Neil, PhD

Center for the Health Professions
University of California, San Francisco

September 2001

A report funded by The Arkay Foundation



Acknowledgements

The authors gratefully acknowledge the numerous individuals, institutions and organizations who provided information for this report. We also thank those who reviewed a draft of the study, including Angela Burr-Madsen, Nan Dunne Boggs, Jeffrey Goin, Linda Page, Susie Hale, Pamela Snider, Nita M. Resler and John Weeks.

This study was funded by a grant from The Arkay Foundation.

Any views contained in this study are those of the authors and not necessarily those of the reviewers, contributors or funder.



© 2001 Center for the Health Professions, University of California, San Francisco. All materials subject to this copyright may be photocopied for the non-commercial purpose of scientific or educational advancement.

Suggested citation style: Hough H, Dower C and O'Neil E. *Profile of a Profession: Naturopathic Practice*. San Francisco, CA: Center for the Health Professions, University of California, San Francisco. 2001.

The Center for the Health Professions

The mission of the Center for the Health Professions is to assist health care professionals, health professions schools, care delivery organizations and public policy makers respond to the challenges of educating and managing a health care workforce capable of improving the health and well being of people and their communities.

The Center is committed to the idea that the nation's health will be improved if the public is better informed about the work of health professionals.

Table of Contents

Table of Tables	vi	
Forward	ix	
Introduction	1	
 Chapter One: Naturopathic Medicine		
Defining and Describing Naturopathic Medicine	7	
Safety and Efficacy of Naturopathic Medicine	14	
Government Regulation and Private Sector Recognition of Naturopathic Medicine	19	
Education and Training of Naturopathic Physicians	40	
Proactive Practice Model and Viability of Profession of Naturopathic Medicine	47	
 Chapter Two: Naturopathy		
Defining and Describing Naturopathy	53	
Safety and Efficacy of Naturopathy	57	
Government Regulation and Private Sector Recognition of Naturopathy	60	
Education and Training of Naturopaths	65	
Proactive Practice Model and Viability of Profession of Naturopathy	74	
 Chapter Three: Health Care Professionals Using Naturopathic Modalities		77
 Appendix A: AANP Definition of Naturopathic Medicine and Guidelines of Naturopathic Medical Practice		81
Appendix B: Standards of Practice – Canadian Naturopathic Association		102
Appendix C: State and Provincial Regulatory Contacts		108
Appendix D: Brief history of naturopathy		110
Appendix E: Complementary and alternative health care client bill of rights, Minnesota		111
References		114

Table of Tables

Table 1: Number of licensed naturopathic physicians in states and provinces, 2000.	12
Table 2: Estimated number of naturopathic physicians affiliated with the American Association of Naturopathic Physicians (AANP) or the Canadian Naturopathic Association (CNA) and practicing in states and provinces that do not license naturopathic physicians, 2001.	13
Table 3: Student enrollment at schools of naturopathic medicine, 2000-2001.	14
Table 4: Sample results of studies of various naturopathic interventions for various illnesses/conditions.	18
Table 5: Requirements for obtaining a license in states and provinces regulating naturopathic medicine by licensing naturopathic physicians, 2000.	20
Table 6: NPLEX requirements in states and provinces regulating naturopathic medicine, 2000.	25
Table 7: Legal scope of practice for naturopathic physicians in those states regulating naturopathic medicine by licensing naturopathic physicians, 2000.	27
Table 8: Legal scope of practice for naturopathic physicians in Canadian provinces regulating naturopathic medicine, 2000.	28
Table 9: Name of board, board structure, and continuing education requirements for naturopathic physicians in those jurisdictions regulating naturopathic medicine by licensing naturopathic physicians.	30
Table 10: Statutory law in states not regulating naturopathic medicine through licensure of naturopathic physicians.	34
Table 11: Schools providing education and training for naturopathic physicians.	43
Table 12: Schools of naturopathic medicine, and accreditation and licensing organizations for each school, where appropriate.	46
Table 13: National professional associations for naturopathic physicians and criteria for membership.	50
Table 14: National professional associations for affiliated specialties of naturopathic medicine.	51
Table 15: Number of individuals certified by the ANMCAB as American Board Certified Naturopathic Physicians and American Board Certified Naturopaths.	55
Table 16: Nonexclusive list of schools of naturopathy, student enrollment, and, if applicable, estimated number of students graduating in 2001.	56

Table 17: Nonexclusive list of schools providing education and training for naturopaths, 2000.	66
Table 18: Nonexclusive list of schools of naturopathy, and accreditation and licensing organizations for each school, where appropriate.	72
Table 19: National professional trade associations for naturopaths and criteria for membership, 2000.	76
Table 20: Nonexclusive list of schools providing education and training in naturopathy for health professionals, i.e., individuals holding a doctorate or health practitioner license (M.D., D.O., D.C., L.Ac., D.D.S, D.V.M., Ph.D., P.A., R.N., or an equivalent degree).	78
Table 21: Nonexclusive list of national professional trade associations, with criteria for membership, for health care professionals providing naturopathic care.	80

Forward

The following case study is an effort to test a model* developed by the UCSF Center for the Health Professions to assess how non-traditional clinical practices move toward becoming traditional health care professions. The template of questions that makes up the model was applied to naturopathic practice in the United States; some information about naturopathic health care in Canada is also included.

The model's broad issue areas and more specific questions provide general guidelines for assessing naturopathic practice and its various subgroups of practitioners. The template does not include any quantitative measuring units. As such it cannot be used as a tool to decide the value of one modality or practice group over another. Rather, its value lies in eliciting the information that consumers, educators, policy makers, insurers and others—each with their own set of interests—might use to evaluate an emerging profession. It provides a context for assessing naturopathic health care and other new professional practices in a way that can ensure both access and safety for the public.

In testing the model, it was apparent that we could not obtain answers to all the template's questions and that some question areas were not answerable. Notably, it was not within the scope of this project to determine whether naturopathic practice measures up to the competencies developed by the Pew Health Professions Commission and referenced in the template. The competencies are subjective elements of individual professionals and cannot be easily answered for an entire profession although they may provide guidance to professional leaders and educators.

* Dower C, O'Neil E, Hough H. *Profiling the Professions: A model for evaluating emerging health professions*. San Francisco, CA: Center for the Health Professions, University of California, San Francisco. September 2001.

Introduction

Naturopathic health care encourages the self-healing abilities of the individual primarily through the education and promotion of natural, non-toxic therapeutic methods and modalities. This healing tradition relies on a rich set of practices and therapies that can be both distinctive from and complementary to mainstream allopathic or osteopathic medicine.

Compared to allopathic medicine, one of the traditions of the naturopathic approach has been to be more accepting of various methods and thus has been less regimented and formal. Today, however, as complementary and alternative medicine methods are more generally accepted, in growing demand and showing evidence of efficacy, there are some growing pains within this tradition as various sub-groups within the field seek to distinguish themselves, maintain the past or protect what is perceived as professional prerogatives. All of these developments are quite natural and have been a part of the professionization process in other parts of health care for over one hundred years.

For the purpose of this study we have identified three groups that have interests in sustaining naturopathic methods of practice. While they have a much in common they also have distinguishing characteristics that are obvious to varying degrees to themselves and others. Each is valuable and fills a different niche in a system of health care, particularly one in which relatively safe practices are chosen by consumers based on efficacy criteria that the consumers themselves evaluate. The differences between the groups are significant enough for us to attempt to answer the questions in the model template for each group separately.

The first group will be called **naturopathic physicians** for this study. This group has focused much of its energy in attempting to make more formal the processes by which a student moves through the study of naturopathy and achieves the status of becoming a physician.

As such, there is a formal curriculum of 4 years of study in the schools that have aligned themselves with this approach. Until recently the group had a national accrediting body and has taken great strides in standardizing entry to the profession as they define it, improving evidence-based research, and seeking formal recognition by state accreditation bodies. This group places great value on such standardization and improvement of practice that have been a part of the tradition of many other health professional such as allopathic physicians, dentists, and podiatrists in the twentieth century.

The second group is the large number of what we will call **naturopaths**. This group maintains the strictest definition of natural healing and does not incorporate surgical, non-natural pharmaceutical or obstetrical care into their practice. They may focus their work on one or more of the various modalities that comprise naturopathic healing. They have a much more varied set of pathways for entry into practice and training ranges from self instruction and apprenticeship to formal course of study. The group places great value on the independence and responsiveness that such values afford.

A third group is also part of the current situation. These are practitioners of medicine, dentistry or nursing that are licensed under their traditional pathway, but have come to “add” **naturopathic modalities** to their practice. The level of preparation for these practitioners is wide ranging from little to full blown courses of study, with most seeming to fall on the side of less formal acquisition of this knowledge. As a group, these individuals represent several different, licensed allopathic professions and are not of one voice on naturopathy issues. Members of this group may share the values and interests of both other groups. They tend to value independence and practice freedom with regards to naturopathy but within the structured framework their allopathic licenses provide.

A situation such as this in which two radically different sets of values are at play will create tensions, concerns and confusion. Not surprisingly, that describes the naturopathic landscape in the US today (in contrast to Canada, where both groups exist in relative peace). While the

term “naturopathic physician” is largely reserved for those who have gone to a 4-year program, both groups have educational programs that offer “ND” (Naturopathic Doctor) degrees and some members of both groups call themselves naturopathic “doctors”. In the minority of states that license naturopathic physicians, the titles “naturopathic physician”, “naturopathic doctor”, and even “naturopath” may be protected by statute for those who have completed the 4-year medical school-model programs. Elsewhere, members of the group we are calling naturopaths may call themselves naturopaths, traditional naturopaths, naturopathic practitioners, or naturopathic consultants.

Both camps have wrapped themselves in the traditions of Benedict Lust as the founder of the practice. As the claim to being most “traditional” is beyond the ability of the authors to decide, we grant that each has and is welcome to its own interpretation of tradition.

Beyond tradition each camp wants some legal and/or regulatory protection from the other. These interests should take a back seat to the interests of the public. There are three issues of importance to the public that would seem to need to be addressed by any efforts to regulate these professions. First, as the analysis that follows will establish, these two bodies of practice, both sharing the same name, are separating along the set of values that are mentioned above. They embrace different practice philosophies and approaches to care. The public should be able to readily distinguish one group from the other. We have suggested above that the group that values formalization and systemization be called naturopathic physicians. Although the other group has a great variety of practices in its camp it would be best if all of them were called the same thing, we have suggested naturopaths. This second title avoids the use of the word doctor, as this implies a more formal and systematic course of study, regardless of which tradition one works in. This group has some who have met such stringent requirements, but many others that have not. Because it values its freedom more than standardization, it would seem appropriate that it take this more general title.

The second regulatory concern should be assurance of the public's safety. This needs to be balanced with the opportunity for access, the third regulatory concern. In most cases there should be little that prevents an individual from making a decision to seek a naturopathic provider's assistance. Because many of the aspects of the practice are non-invasive, the public's protection while not absolutely assured is not grossly endangered. To put this more positively, the public has felt itself well positioned to make its own judgments about consuming naturopathic therapy, and this right of access should continue. However, when naturopathic practice does become more invasive it is important that adequate regulatory safeguards protect this dimension of the public's interest.

What follows is our case study of naturopathic practice. Not surprisingly the part of the practice that desires standardization and formalization has produced more information that is verifiable and of a standard form. The other part of the profession that values its freedom and innovation is more difficult to capture and describe. We have done our best trying to recognize the value of each approach and to point to ways in which each can live with the other in a way that serves the public and enriches the practice.

Chapter One: Naturopathic Medicine

Section **A** Defining and Describing Naturopathic Medicine

How is the profession described and defined? What do members of the profession do and how do they provide care? What is the range of care provided? What is the profession's history and philosophy? How big is the professional workforce?¹

Description and Definitions

Naturopathic medicine is a comprehensive system of health care within the complementary and alternative medicine world that incorporates many modalities. Naturopathic physicians encourage the self-healing abilities of the individual through the education and promotion of therapeutic methods and modalities. “Naturopathic practice blends centuries-old knowledge of natural, nontoxic therapies with current advances in the understanding of health and human systems.” (Bastyr University Catalog, 1999/2000) Naturopathic physicians are typically trained in a wide array of alternative therapies including herbology, homeopathy, massage, hydrotherapy, physical medicine, behavioral medicine, Traditional Chinese medicine, Ayurvedic medicine, acupuncture, and nutrition therapy, as well as clinical practices such as minor surgery, pharmacology and obstetrics.

The American Association of Naturopathic Physicians (AANP), the primary professional association for naturopathic physicians, defines naturopathic medicine as

“...a distinct system of primary health care — an art, science, philosophy and practice of diagnosis, treatment and prevention of illness. Naturopathic medicine is distinguished by the principles upon which its practice is based. These principles are continually reexamined in the light of scientific advances. The techniques of naturopathic medicine include modern and traditional, scientific and empirical methods.” (AANP, 1998)

¹ For a complete list of questions, see Dower et al., *Profiling the Professions: A Model for Evaluating Emerging Health Professions*. UCSF Center for the Health Professions, 2001.

The Canadian Naturopathic Association defines naturopathic medicine as

“...a distinct system of primary health care that uses natural methods and substances to support and stimulate the body’s self-healing process. It provides a complete, individualized and coordinated approach to health care integrating modern scientific knowledge with traditional and natural forms of medicine. Naturopathic medicine is the art and science of disease diagnosis, treatment and prevention using natural therapies including:

- Botanical medicine
- Clinical nutrition
- Hydrotherapy
- Homeopathy
- Naturopathic manipulation
- Traditional Chinese medicine/Acupuncture
- Prevention and lifestyle counseling” (Canadian Naturopathic Association, 2000)

History and tradition

Like naturopaths, naturopathic physicians trace their history to Benedict Lust as the founding father of the profession (Baer, 1992; Cody, 1985). In the late 19th and early 20th centuries, Lust expanded upon European water cure and herbal therapies to develop a comprehensive system of health care and philosophy of health. Members of the naturopathic medicine tradition point to the growth of the profession in the US during the early decades of the 20th century, citing laws recognizing naturopathy through regulation that were enacted in about half the states and several Canadian provinces by the ‘30s and ‘40s. A significant decline in the popularity of naturopathy in the United States characterized the profession from post World War II until the 1970s, during which time most health care centered around the allopathic medical model. Beginning in the 1970s, increased interest in holistic and alternative health care brought about a resurgence of naturopathy (Finken, 1986; Baer, 1992; Cody, 1985; Gort and Coburn, 1988; Canadian Naturopathic Association, 1999). The past 30 years have seen more attention by naturopathic physicians to establish schools, standardize education and accreditation, conduct and publish research on safety and efficacy, seek state and provincial licensure,

organize the profession, develop professional guidelines and grow the size of the professional workforce in the US and Canada.

Naturopathy is also practiced in Germany, Great Britain, Australia, and other countries, and schools in these countries offer education and training in naturopathy.

Philosophy and practice

The philosophy and practice of naturopathic medicine is built on the principles listed below. These principles were developed by naturopathic physicians for the AANP.

- **The Healing Power of Nature**

Naturopathic physicians recognize an inherent ability of the body to heal itself. It is the role of the naturopathic physician to identify and remove obstacles to healing and recovery, and facilitate and enhance this self-healing process.

- **Identify and Treat the Causes**

Naturopathic physicians seek to remove the underlying causes of disease rather than eliminating or suppressing symptoms.

- **First Do No Harm**

Naturopathic physicians strive to: 1) use methods that minimize harmful side effects, using the least force necessary to diagnose and treat, 2) prevent suppression of symptoms, and 3) respect each individual's self-healing process.

- **Doctor as Teacher**

The primary role of the naturopathic physician is to educate and encourage individuals to take responsibility for their own health. They also recognize the therapeutic potential of the doctor/patient relationship.

- **Treat the Whole Person**

Naturopathic physicians recognize that total health includes physical, mental, emotional, genetic, environmental, social, spiritual, and other factors. They encourage patients to pursue personal spiritual development.

- **Prevention**

Naturopathic physicians encourage and emphasize disease prevention, i.e., assessing risk factors and heredity and susceptibility to disease, and making appropriate interventions in partnership with patients to prevent illness. Naturopathic medicine is committed to creating a healthy world for humanity (American Association of Naturopathic Physicians, 1998).

Appendix A contains a more comprehensive definition of naturopathic medicine and principles of practice developed by the American Association of Naturopathic Physicians. Appendix B contains guidelines developed by the Canadian Naturopathic Association.

Model of care

Naturopathic medicine is based primarily on a model and strategy of preventive care and health promotion, respecting the body's natural healing processes as its model for both acute and chronic care. While the emphasis is on the natural healing capacity of the individual's body, naturopathic physicians are also trained to incorporate some aspects of allopathic medicine into their practices. These include minor surgery, some limited pharmacology, and obstetrics.

Naturopathic physicians offer a unique service to consumers that may range from integrative medicine to lifestyle education, depending on the practitioner. Some individuals choose naturopathic medicine as their primary form of health care instead of allopathic medicine, and many may choose an integrative form of health care, i.e., naturopathic and allopathic physicians working collaboratively to treat patients for specific conditions.

Naturopathic physicians most often see clients/patients with chronic illness such as cancer, arthritis, asthma, and diabetes, and acute conditions such as colds, flu, and bronchitis. Naturopathic physicians view themselves as general family practice physicians and, therefore, would refer patients experiencing conditions outside the general scope of a general practice (AANP, 1998). For example, anyone experiencing an acute surgical emergency would be referred to the appropriate allopathic medical personnel. Practice guidelines developed by the AANP indicate that naturopathic physicians are "...obligated to make referrals if requested by the patient or deemed necessary by the physician." (AANP, 1998)

Workforce size and demographics

No large scale studies are available on the size or demographic profile of the practicing naturopathic physicians in the US and Canada at this time. Currently, the best estimates for size of the naturopathic physician workforce come from state licensing boards. According to 2000 figures obtained from state and provincial licensing boards, approximately 1300 naturopathic physicians were licensed in the US (12 jurisdictions²) and 500 were licensed in Canada (4 jurisdictions³) (See Table 1). Where not otherwise indicated, a jurisdiction's total number of physicians includes practicing physicians as well as those persons who may not be actively practicing, practicing in another state, or retired.

Information was not available on the sex of most licensed naturopathic physicians. Of the jurisdictions that did provide information on sex, the workforce was about evenly split between men and women in the US; in Canada, more naturopathic physicians were men than women. No information was available on racial or ethnic identities of licensed practitioners.

Anecdotal evidence indicated that some individuals were trained as naturopathic physicians but practice without a license or under other professional licenses (such as acupuncture) in states that do not license naturopathic physicians. While the actual number of such individuals is unknown,

² In 2000, naturopathic physicians were regulated through licensure in eleven states (Alaska, Arizona, Connecticut, Hawaii, Maine, Montana, New Hampshire, Oregon, Utah, Vermont, and Washington). In Florida, several naturopathic physicians who were licensed under an old law still practice under Florida's medical board, but no new naturopathic physicians are being licensed and there is no active naturopathic licensing board in Florida.

³ In 2000, naturopathic physicians were regulated through licensure in 4 provinces (British Columbia, Manitoba, Saskatchewan, and Ontario).

approximately 250 individuals could be located through the major associations for naturopathic physicians as practicing in the states or provinces that do not license naturopathic physicians (See Table 2).

The American Association of Naturopathic Physicians reports having about 1800 members and the Canadian Naturopathic Association reports about 300 members (See Table 13). However, these unverified figures include non-licensed individuals such as retirees, supporting members and students.

TABLE 1. Number of licensed naturopathic physicians in states and provinces, 2000.

State	Number of Licensed Naturopathic Physicians	Number of Males	Number of Females
<i>United States</i>			
Alaska	21	12	9
Arizona	127	NA	NA
Connecticut	106	NA	NA
	<i>68 in state, 38 out of state</i>		
Florida	56	51	5
Hawaii	63	NA	NA
Maine	10	2	8
Montana	41	NA	NA
New Hampshire	19	11	8
Oregon	410	NA	NA
Utah	19	NA	NA
Vermont	63	NA	NA
Washington	427	192	235
Puerto Rico	3	2	1
TOTAL	1365	270	266
<i>Canada</i>			
British Columbia	137	83	54
Manitoba	11	8	3
Ontario	329	NA	NA
	<i>270 active, 59 inactive</i>		
	<i>1 on sabbatical, 8 retired, 1 pharmacist, 41 out of province, 8 other</i>		
Saskatchewan	7	5	2
TOTAL	484	96	59

Sources: Division of Occupational Licensing, Alaska Department of Commerce and Economic Development, November 27, 2000; Arizona Naturopathic Board of Medical Examiners, October 9, 2000; Connecticut Board of Naturopathic Examiners, Connecticut Department of Public Health, November 27, 2000; Florida Department of Health, October 9, 2000; Hawaii Board of Examiners in Naturopathy, October 9, 2000; Board of Complementary Health Care Providers, Maine Office of Licensing and Registration, October 9, 2000; Montana Alternative Health Care Board, Department of Commerce, Professional and Occupational Licensing Division, October 9, 2000; Naturopathic Board of Examiners, New Hampshire Department of Health and Human Services, October 9, 2000; Oregon Board of Naturopathic Examiners, September 9, 2000; Utah Division of Occupational and Professional Licensing, August 20, 2001; Naturopathy Program, Washington State Department of Health, September 8, 2000; Oficina de Reglamentacion y Certificacion de los Profesionales de la Salud, Puerto Rico, August 20, 2001; The Association of Naturopathic Physicians of British Columbia, September 8, 2000; Manitoba Naturopathic Association, September 8, 2000; Ontario Board of Directors, Drugless Therapy - Naturopathy, September 8, 2000; Saskatchewan Association of Naturopathic Practitioners, September 9, 2000.

TABLE 2.

Estimated number of naturopathic physicians affiliated with the American Association of Naturopathic Physicians (AANP) or the Canadian Naturopathic Association (CNA) and practicing in states and provinces that do not license naturopathic physicians, 2001.*

State or Province	Estimated number of practicing naturopathic physicians
United States	
California	52
Colorado	30
District of Columbia	5
Georgia	1
Idaho	9
Illinois	8
Kansas	4
Louisiana	2
Maryland	5
Michigan	9
Minnesota	6
North Carolina	15
Nebraska	1
New Jersey	3
New Mexico	8
Nevada	2
New York	18
Ohio	1
Oklahoma	3
Pennsylvania	6
Rhode Island	4
Texas	8
Virginia	2
Wisconsin	5
TOTAL	207
Canada	
Alberta	28
New Brunswick	2
Newfoundland	0
Northwest Territories	0
Nova Scotia	14
Nunavut	0
Prince Edward Island	1
Quebec	3
Yukon Territories	0
TOTAL	48

* Because the AANP does not sponsor associations in all 50 states, estimates were not available nationwide.

Sources: American Association of Naturopathic Physicians. (February 13, 2001). Find a Naturopathic Physician. Available: <http://www.healthy.net/AANP/aanpsearch.htm> [February 13, 2001]. Canadian Naturopathic Association. (1999). *Naturopathic Doctors*. Available: <http://naturopathicassoc.ca/dr.html> [February 13, 2001].

Naturopathic medical schools have begun collecting information on their alumni through surveys that include questions such as current place of residence, field of employment, practice patterns and income. Results of these surveys have not yet been published.

Another element of workforce size is the pipeline of students being educated at the various schools for training future members of the profession. Table 3 provides information regarding total student enrollment, enrollment in the naturopathic medicine program, and number of students graduating in the next class. This information may help predict future workforce supply. For more information about the schools, education and training of naturopathic physicians, see section D of chapter 1.

TABLE 3. Student enrollment at schools of naturopathic medicine, 2000 – 2001.

School	Total Student Enrollment	Enrollment in Naturopathy Program	Students Graduating in Next Class
Bastyr University	1136	546	90–95
Canadian College of Naturopathic Medicine	520		140
National College of Naturopathic Medicine	502	495	68
Southwest College of Naturopathic Medicine		265	23
University of Bridgeport College of Naturopathic Medicine	NA	80	NA
West Coast Naturopathic Medical College	220	10	10

Sources: Naturopathic Department, Bastyr University, December 7, 2000; Admissions Department,; Admissions Department, National College of Naturopathic Medicine, November 9, 2000; Admissions Department, Southwest College of Naturopathic Medicine, November 9, 2000; Office of the Dean, Department of Naturopathy, University of Bridgeport College of Naturopathic Medicine, November 9, 2000; Admissions Department, West Coast Naturopathic Medical College, November 9, 2000.

Note: Information for American University of Integrated Medicine could not be confirmed.

Section **B** Safety and Efficacy of Naturopathic Medicine

How does the profession measure the safety and efficacy of its services? What are the findings of studies on safety and risk of harm to patients? What are the findings on efficacy and effectiveness? What is the profession's research agenda?⁴

Measuring safety and efficacy

The naturopathic medical profession measures the safety and efficacy of its modalities primarily through scientific study and research. Because the profession encompasses a number of modalities and therapies, naturopathic medicine can rely on the research and publication of studies conducted within fields that are not specific to naturopathic medicine. For example, naturopathic physicians can consult any of the many journals dedicated to each of the following therapies and modalities: clinical nutrition,

⁴ For a complete list of questions, see Dower et al., *Profiling the Professions: A Model for Evaluating Emerging Health Professions*. UCSF Center for the Health Professions, 2001.

homeopathy, herbal and botanical medicine, massage, acupuncture, and Traditional Chinese Medicine. Naturopathic physicians also rely on the findings published in mainstream allopathic medical and pharmaceutical journals for information about the minor surgery, limited pharmaceutical prescribing and obstetrics that naturopathic physicians may incorporate into their practices.

In addition, naturopathic medicine has its own peer-reviewed journal, *The Journal of Naturopathic Medicine* in which studies are published.

In the bigger picture of which naturopathic medicine is a part, the growing interest in complementary and alternative medicine has initiated new research directives in evaluating the safety and efficacy of non-allopathic therapies. The results of research thus far have stimulated public debate between critics and proponents of complementary health care. Opponents of alternative medicine often suggest that non-allopathic therapies are unproven according to research standards and act as placebos at best. Many in the academic and medical communities feel that research in alternative medicine should conform to the accepted methodologies in biomedical research. Some who support complementary health care suggest that allopathic and non-allopathic medicine represent two different paradigms, i.e., complementary therapies are more holistic in nature than allopathic medicine and current scientific methodologies, which are designed to measure cause and effect of individual agents or interventions, cannot adequately measure the effectiveness of holistic approaches.

In one attempt by those who would move the research forward within the traditional bio-medical model, the Cochrane Collaboration has assembled a review team to evaluate research to date on complementary and alternative medicine. The primary task of the Cochrane Collaboration is to maintain and disseminate systematic and up-to-date reviews of randomized controlled trials (RCTs) in health care. When RCTs are not available, other reviews of the most reliable evidence from other sources are added to the database. The Cochrane Collaboration recently created a Complementary Medicine field to compile a database of RCTs in alternative medicine. In order for reviews to be included in the Cochrane Complementary Medicine registry, an intervention must not meet more than one of the following criteria: 1) the intervention is exclusively or almost exclusively performed

by individuals with conventional medical qualifications; 2) the intervention is a recommended treatment, and 3) the intervention fails to involve any theoretical divergence with mainstream medicine or science. The Complementary Medicine review team is currently in the process of evaluating and adding reviews to the database.

Safety

On the continuum of potential risk of harm to patients, naturopathic medicine falls somewhere in the middle. Many of the modalities and therapies employed by naturopathic physicians pose little to no harm to the individual. These might include nutrition guidance and some herbal therapies for example. Naturopathic physicians also employ some modalities however that are less inherently safe. These include minor surgery and prescription of some pharmaceutical drugs. While naturopathic medicine may emphasize the use of natural, non-toxic therapies, the inclusion of some invasive techniques raise the potential for risk of harm somewhat.

Safety issues in some of the complementary and alternative health care modalities that may be used by naturopathic physicians may imply either the toxicity level of the therapy itself or the competency of the practitioner performing the therapy. Many articles have recently reported health problems following acupuncture and other treatments; however, the majority of these conditions have been caused by practitioners who lacked sufficient knowledge of the modality involved (Berman et al., 2000).

Recent literature on herbal medicine has included reports of adverse effects of many herbal remedies. However, many of the negative conditions associated with herbs have occurred due to an interaction with a drug prescribed by an allopathic physician. It has been noted that 70% of patients do not advise their clinicians about their use of herbal supplements (Miller, 1998). Because naturopathic physicians and allopathic physicians practicing naturopathic modalities may prescribe both herbal and pharmaceutical preparations, it is imperative for these individuals to encourage doctor-patient interaction and be aware of known or potential drug-herb interactions.

Efficacy and effectiveness

The majority of complementary and alternative medicine literature focuses on single substances or treatments, and numerous investigations have shown that various individual treatments may or may not be effective. Research thus far suggests that naturopathic modalities such as acupuncture and herbal remedies, manual therapies such as physiotherapy, and nutritional therapies, are effective in treating some conditions but not others (Berman et al., 2000). Most reviewers have concluded that more research is needed to test efficacy of complementary and alternative medicine therapies.

Table 4 provides a sampling of data regarding the efficacy of naturopathic modalities. While a comprehensive compilation of all relevant information would be beyond the scope of this report, we chose several illnesses/conditions that are reflective of the variety of health problems that may be presented to naturopathic physicians. Naturopathic physicians may use multiple modalities in treating one condition, so each condition is associated with various naturopathic interventions.

Of note, as seen in Table 4, several authors found acupuncture to be effective in relieving back pain. However, Smith et al. (2000) reviewed 13 randomized controlled trials (RCTs) investigating the effects of acupuncture on back or neck pain. Results from 8 of the 13 trials showed no significant decrease in pain due to acupuncture treatments. Several herbal supplements, i.e., omega-3 fatty acids, feverfew, and magnesium, were shown to reduce migraine intensity and frequency (McCarren et al., 1985; Murphy et al., 1988; Weaver, 1990). However, reviewers of RCTs investigating the effects of homeopathy on migraine headaches concluded that homeopathy is ineffective in decreasing migraine headaches and associated symptoms (Ernst et al., 1999).

Research agenda

Because of the aforementioned issues with using the biomedical research model to assess whole systems of holistic health care, there is a lack of research on practices such as naturopathic medicine (Calabrese, 2000). Current naturopathic medical institutions currently perform research under their own auspices. The research infrastructure is still new, sources of funding are limited, and the profession does not carry the same clout, for example, that allopathic medicine enjoys in securing research monies. However, organizations such as the

TABLE 4. Sample results of studies of various naturopathic interventions for various illnesses/conditions.

Author, Year	Naturopathic Interventions	Study Design	Results
<i>Chronic low back or neck pain</i>			
Koes et al., 1992	Physiotherapy (exercise, massage, and physical therapy) and chiropractic	Randomized clinical trial (RCT)	Improvement in physical functioning after 12 months of treatment
Smith et al., 2000	Acupuncture	RCT (review of 13 trials)	Eight trials concluded that acupuncture was ineffective for relieving back pain, while five trials found acupuncture did relieve back pain
Frost et al., 1995	Exercise	RCT	Exercise was associated with decreased disability and pain, and increased walking distance
<i>Fibromyalgia</i>			
Lautenschlager et al., 1989	Acupuncture	RCT	Significant decrease in pain intensity, localized pain rating, and pain thresholds
Deluze et al., 1992	Electroacupuncture	RCT	Significant improvement in pain relief, pain threshold, morning stiffness, patient's subjective improvement rating, and physician's subjective improvement rating
Sprott, 1996	Electroacupuncture	Prospective cohort study (PCS)	Significant improvements in pain relief, pain threshold, and serum substance P
<i>Migraine Headaches</i>			
Ernst et al., 1999	Homeopathy	RCT (review of 4 trials)	Three studies found no effect of homeopathy on frequency, intensity, or duration of migraine headaches, but one study showed a significant improvement due to homeopathy
McCarren et al., 1985	Omega-3 fatty acids	RCT	Migraine intensity and frequency were lower in group receiving omega-3 fatty acids
Murphy et al., 1988	Feverfew	RCT	Majority of patients had significant decreases in frequency and/or intensity of migraine headaches
Weaver, 1990	Magnesium	RCT	Significant decrease in headaches and symptoms in 80% of patients

National Institutes of Health (NIH) are beginning to take an interest in investigating whole practices. Bastyr University and the National College of Naturopathic Medicine have both secured investigatory funding from NIH to evaluate naturopathic medical treatments. Additionally, National College of Naturopathic Medicine has recently joined a research consortium with five other Oregon institutions to form the Oregon Center for Complementary and Alternative Medicine in Neurological Disorders (ORCCAMIND). Research at the Center will focus on alternative therapies in neurological disorders.

Section **C** Government Regulation and Private Sector Recognition of Naturopathic Medicine

To what degree is the profession recognized, through law or policy, by private and public (government) sector entities? Is the practice of the profession expressly illegal in any states or provinces? Is it regulated through licensure of members of the profession? Where the profession is regulated, what is the legal scope of practice for members of the profession? Do health plans cover the services provided by members of the profession? What are the estimated utilization rates for the profession?⁵

State and provincial regulation (See Appendix C for regulatory contacts)

Naturopathic physicians are pursuing licensing⁶ in most US states and are now licensed in 11 states. Table 5 provides the requirements for obtaining a license in each state or province regulating naturopathic medicine. Typically, the fundamental requirements include graduation from an accredited naturopathic

⁵ For a complete list of questions, see Dower et al., *Profiling the Professions: A Model for Evaluating Emerging Health Professions*. UCSF Center for the Health Professions, 2001.

⁶ In the US, governmental regulation of health care professionals can be grouped into three levels: licensing, certification, and registration. All three tiers of regulation carry the intention to protect consumers and the integrity of a profession against unqualified individuals. Licensing is the most restrictive form of regulation and is "...a mechanism for legally recognizing and socially acknowledging a profession and providing standards for the practice of such profession" (New York State Senate, 1998).

State certification regulates the use of a specific occupational title; anyone may deliver the service but only those certified may use a protected title (Finocchio et al., 1995). Individuals who do not meet specific certification requirements in a profession cannot use a given title associated with the certification. Both licensing and certification serve as tools to monitor membership and disciplinary procedures in a profession (New York State Senate, 1998). (Private sector certification is a non-governmental activity that some professions employ; it is discussed below).

Registration is the least restrictive form of regulation. In most cases, registration is generally a matter of registering one's name, address and qualifications with a state authority. There are rarely standards for entry to practice or requirements for continued competence with registration (Finocchio et al, 1995).

TABLE 5. Requirements for obtaining a license in states and provinces regulating naturopathic medicine by licensing naturopathic physicians, 2000.

Jurisdiction	Requirements
United States	
Alaska	<ol style="list-style-type: none"> 1. Received a license to practice naturopathy on or before December 1987 in a state that required an exam for license or, graduate from a school of naturopathy accredited by the CNME after December 31, 1987; 2. Pass the NPLEX; 3. Official transcript from institution(s) attended; 4. Certified copy of examination (NPLEX) results; 5. Verification of a valid license to practice naturopathic medicine in another state, if applicable; and 6. Submit an application and pay fees. <p>Alaska Statutes § 08.45.030, 1999. Alaska Administrative Code title 12 § 42.010, 1999.</p>
Arizona	<ol style="list-style-type: none"> 1. Graduate of a school of naturopathic medicine approved by the board; 2. Completed an internship or clinical training program approved by the board; 3. Possess good moral and professional reputation; 4. Be physically and mentally fit to practice naturopathic medicine; 5. Not guilty of any unprofessional conduct or any conduct that would be grounds for suspension or revocation of a license; 6. No history of license refusal or revocation; 7. Pass the NPLEX; and 8. Submit an application and pay fees. <p>Arizona Revised Statutes § 32-1522,</p>
Connecticut	<ol style="list-style-type: none"> 1. Graduate of an approved high school; 2. Completion of one academic year not less than 32 weeks' duration, or if study of naturopathy began after September 1, 1963, not less than 64 weeks' duration in an approved institution; 3. Pass the NPLEX; and 4. Submit an application and pay fees. <p>General Statutes of Connecticut 373 § 20-37, 1999. Available: http://www.cslnet.ctstateu.edu/statutes/title20/t20-p6.htm [Accessed September 1, 2000].</p>
Hawaii	<ol style="list-style-type: none"> 1. Graduate of a school or college of naturopathy accredited by an organization recognized by the U.S. Department of Education; 2. If the applicant graduated from a school of naturopathy prior to 1987, the school must be approved by the board or accredited by an organization recognized by the U.S. Department of Education; 3. Pass the NPLEX with a converted score of 75 on each test section; 4. Photocopy of applicant's diploma or certificate of graduation; 5. Certified copy of official transcript(s); and 6. Submit application and pay fees. <p>Hawaii Revised Statutes § 455-3, 2000. Available: http://www.capitol.hawaii.gov/hrscurrent/vol10/hrs455/hrs_455.htm [Accessed January 11, 2001]. Hawaii Administrative Rules 88 § 16-88-9 and 16-88-12.1, 2000.</p>
Maine	<ol style="list-style-type: none"> 1. Graduate of an approved naturopathic medical college; 2. Pass examination approved by the board, including basic and clinical sciences; 3. Possess good ethical and professional reputation; <p>(continued)</p>

TABLE 5. (continued)

Jurisdiction	Requirements
Maine (continued)	<ol style="list-style-type: none"> 4. Be physically and mentally capable of safely practicing naturopathic medicine; 5. No history of license refusal or revocation; 6. Official transcript from institution(s) attended; 7. Certified copy of NPLEX test scores; 8. Two letters of reference from naturopathic, osteopathic, or medical doctors; and 9. Submit an application and pay fees. <p>Maine Revised Statutes title 32, chapter 113-B § 12525, 2000. Available: http://janus.state.me.us/legis/statutes/32/title32ch113-B0sec0.html [Accessed January 11, 2001].</p> <p>Code of Maine Rules 02-502 chapter 4 § 1, 2000. Available: http://www.state.me.us/sos/cec/rcn/apa/02/chaps02.htm [Accessed January 11, 2001].</p>
Montana	<ol style="list-style-type: none"> 1. Possess good moral character; 2. Graduate of an approved naturopathic medical college; and 3. Pass NPLEX with a score of 75 or better; 4. Three letters of reference, one of which must be from a naturopathic physician; 5. Copy of official transcripts; and 6. Submit an application and pay fees. <p>Montana Code Annotated § 37-26-402, 1999. Administrative Rules of Montana 4 § 8.4.402, 2000. Available: http://commerce.state.mt.us/license/pol/pol_boards/ahc_baord/rules.htm [Accessed January 11, 2001].</p>
New Hampshire	<ol style="list-style-type: none"> 1. Graduated from an accredited naturopathic medical college; 2. Pass examination administered by the board; 3. Possess good moral and professional reputation; 4. Be mentally and physically fit to practice naturopathic medicine; 5. No history of license refusal or revocation; 6. At least two letters of reference; 7. Photograph of the applicant; 8. Official transcript from each postsecondary institution attended; and 9. Submit an application and pay fees. <p>New Hampshire Revised Statutes title 30 § 328-E:17, 2000. Available: http://sudoc.nhsl.lib.nh.us/rsa/30/328-E-7.htm [Accessed January 11, 2001].</p> <p>New Hampshire Code of Administrative Rules 300 § 301.02, 2000. Available: http://www.gencourt.state.nh.us/rules/nat100-500.html [Accessed January 11, 2001].</p>
Oregon	<ol style="list-style-type: none"> 1. Satisfactory liberal arts and sciences study for at least two years in a college or university accredited by the Northwest Association of Schools and Colleges or similar regional association; 2. Graduation from an approved naturopathic school or college; 3. Required curriculum includes anatomy, histology, embryology, physiology, chemistry, pathology, bacteriology, public health and hygiene, toxicology, OB/GYN, diagnosis, theory, practice and philosophy of naturopathic medicine, electrotherapy, hydrotherapy, physiotherapy, clinics, eye-ear-nose-throat, minor surgery, first aid, herbology, proctology, dietetics, jurisprudence, and others that the board may require; 4. Pass examination administered by the board; and 5. Submit application and pay fees. <p>Oregon Revised Statutes § 685.060, 1999. Available: http://www.leg.state.or.us/ors/685.htm [Accessed January 11, 2001].</p> <p>(continued)</p>

TABLE 5. (continued)

Jurisdiction	Requirements
Utah	<ol style="list-style-type: none"> 1. Good moral character; 2. Successful completion of a degree in naturopathic medicine from a medical school accredited or is a candidate for accreditation; 3. Provide documentation of 12 months of clinical experience in naturopathic medicine or a residency program recognized by the accredited school or college; 4. Pass the licensing examination required by the board; 5. Able to read, write, speak, understand, be understood in English, and demonstrate proficiency if requested by the board; 6. Meet with the board to evaluate the applicant's qualifications for licensure; 7. Official transcripts from naturopathic college; and 8. Submit an application and pay fees. <p>Utah Code § 58-71-302, 2000. Available: http://www.le.state.ut.us/~code/title58/58_32.htm [Accessed January 11, 2001].</p>
Vermont	<ol style="list-style-type: none"> 1. Graduate of an approved naturopathic medical college; 2. Be physically and mentally fit to practice naturopathic medicine; 3. Pass an approved examination; and 4. Submit an application and pay fees. <p>Vermont Statutes title 26 chapter 081 § 4127–4128, 2000. Available: http://www.leg.state.vt.us/statutes/title26/chap081.htm [Accessed November 8, 2000].</p>
Washington	<ol style="list-style-type: none"> 1. Graduation from an approved program, the minimum which shall include successful completion of a doctorate degree in naturopathy; 2. Success completion of any equivalent experience requirement established by the board; 3. Successful completion of examination administered or approved by the board; 4. Good moral character; 5. Official transcripts from institution attended; 6. No history of unprofessional conduct; and 7. Submit an application and pay fees. <p>Revised Code of Washington § 18.36A.090, 2000. Washington Administrative Code § 246-836-020, 2000.</p>
Puerto Rico	<ol style="list-style-type: none"> 1. Be over 18 years of age; 2. Graduate from a naturopathic medical college accredited by the CNME or by the Council on Higher Education of Puerto Rico; 3. Submit a negative criminal record certificate issued by the Puerto Rico police in the jurisdictions where the applicant has resided; 4. Pass the NPLEX; 5. Have resided in Puerto Rico not less than one year prior to application; 6. Submit evidence that a malpractice insurance policy has been obtained with alimited of \$100,000 per incident and an aggregate of \$300,00 per year; and 7. Submit an application and pay fees. <p>Puerto Rico Naturopathic Medicine Act 208 § 10, 2000.</p> <p>(continued)</p>

TABLE 5. (continued)

Jurisdiction	Requirements
Canada	
British Columbia	<ol style="list-style-type: none"> 1. Submit an application with the secretary of the board; 2. Be at least 19 years old; 3. Be of good moral character; 4. Completion of at least 3 years of liberal arts or sciences study in an accredited institution approved by the board; 5. Graduate of a school of naturopathic medicine approved by the board, which requires actual attendance of not less than 4500 school hours in a minimum of 4 years; 6. Pass British Columbia Jurisprudence and Orals exams; and 7. Pass NPLEX Clinicals, Add-on Homeopathy and Minor Surgery exams with a score of not less than 70% in each subject and an average score of 75% on all exams. Revised Statutes of British Columbia 332 § 9, 2000.
Manitoba	<ol style="list-style-type: none"> 1. Proof of passing score junior matriculation examinations or equivalent; 2. Graduation from a four-year school of naturopathy approved by the board; 3. Pass examinations comprised of the following areas: anatomy, physiology, chemistry, pathology, histology, neurology, gynecology, sanitation and hygiene, general diagnosis including symptomatology, and the principles and practice of the methods naturopathy; and 4. Comply with provisions that concern admission and registration. Consolidated Statutes of Manitoba N80 § 10, 2000.
Ontario	<ol style="list-style-type: none"> 1. Graduation from an institution accredited by the CNME; 2. Pass practical exam in acupuncture, instrumentation, and manipulation; 3. Pass written jurisprudence exam; 4. Pass NPLEX and board exams with a score of 75; 5. Two letters of reference, one from a naturopath and one a non-naturopath; 6. A notarized photograph; 7. Submit proof of no criminal record; and 8. Submit application. Revised Statutes of Ontario, DruglessPractitioners Act D.18 § 278, 2000.
Saskatchewan	<ol style="list-style-type: none"> 1. Graduation from a college of naturopathy recognized by the association; 2. Pass examinations satisfactorily on the follow subjects: anatomy, physiology, chemistry, pathology, histology, sanitation and hygiene, general diagnosis, principles and practice of naturopathy, and other subjects which may be required; and 3. Submit application and pay fee.

medical institution, passing the licensing examinations required by the state or province, filing an application, and paying the appropriate fees. Additional required criteria vary from state to state.

Naturopathic physicians are regulated in four Canadian provinces to date, i.e., British Columbia, Manitoba, Ontario, and Saskatchewan. Regulation is pending in Alberta and proposed in Nova Scotia. Naturopathic practice is remarkably similar among the four provinces, showing consistency as to the definition and legal scope of naturopathic practice.

Fees to obtain a license range from \$50 in the state of Washington (Washington State Department of Health, 2000) to \$675 in Maine (Maine Office of Licensing and Registration, 2000). Many states also require a fee to process the license application and those fees may range from \$50 in Alaska and Washington to \$400 in Arizona. Arizona, Connecticut, Maine, Montana, and Washington require license renewal on an annual basis while Alaska, Hawaii, New Hampshire, Oregon, Utah, and Vermont require a renewal every two years. License renewal fees range anywhere from \$50 in Utah (Utah Division of Occupational and Professional Licensing, 1999) to \$450 in Connecticut (Connecticut Department of Public Health, 1998) and Washington (Washington State Department of Health, 2000).

NPLEX (Naturopathic Physicians Licensing Examinations) exams are the standard written examinations required for licensure in naturopathic medicine in North America. The exam consists of three sections: a) the Basic Science exam (anatomy, physiology, pathology, biochemistry, microbiology, and immunology), b) the Clinical Science exam (clinical and physical diagnosis, laboratory diagnosis and diagnostic imaging, botanical medicine, pharmacology, nutrition, physical medicine, psychology and lifestyle counseling, and emergency medicine), and c) the Add-on exams (homeopathy, acupuncture, obstetrics, jurisprudence, and minor surgery). Eligibility to take the Clinical NPLEX includes completion of requirements for graduation from a naturopathic medical college accredited by the CNME.

As seen in Table 6, all states and provinces that license naturopathic physicians require the Clinical Science exams in order to obtain a license. The state of Connecticut does not require the Basic Science

TABLE 6. NPLEX requirements in states and provinces regulating naturopathic medicine, 2000.

State/Province	Clinical	Basic Science	Add-ons	Local Requirements
United States				
Alaska	Yes	Yes	Homeopathy	—
Arizona	Yes	Yes	Minor surgery	Jurisprudence, Clinical Pharmacology, & Internal Medicine
Connecticut	Yes	No	—	Jurisprudence
Hawaii	Yes	Biochemistry and microbiology	Homeopathy	—
Maine	Yes	Yes	Homeopathy & Minor surgery	—
Montana	Yes	Yes	Minor surgery & Homeopathy	—
New Hampshire	Yes	Yes	Homeopathy & Minor surgery	Licensure by another state & Jurisprudence
Oregon	Yes	Yes	Minor surgery & Homeopathy	Jurisprudence
Utah	Yes	Yes	Minor surgery & homeopathy	—
Vermont	Yes	Yes	Homeopathy & Minor surgery	—
Washington	Yes	Anatomy, pathology, and physiology	Minor surgery & Homeopathy	Jurisprudence
Puerto Rico	Yes	Yes	Homeopathy	Jurisprudence; also testing in Traditional Chinese Medicine
Canada				
Alberta (pending)	Yes	Yes	—	—
British Columbia	Yes	Anatomy, pathology, and physiology	Minor surgery & Homeopathy	Jurisprudence & General oral
Manitoba	Yes	Yes	—	Jurisprudence & General oral
Ontario	Yes	Yes	Homeopathy & Acupuncture	Jurisprudence
Saskatchewan	Yes	Yes		

Sources: North American Board of Naturopathic Examiners. (2000) *Jurisdictions Requiring Examination Scores*. Available: <http://nabne.org/#> [Accessed January 12, 2001].

exams, and both Hawaii and Washington only mandate various portions of the Basic Science exams. The provinces of British Columbia, Manitoba, and Ontario require an oral and practical examination in addition to the written NPLEX examinations.

NPLEX is administered by the North American Board of Naturopathic Examiners (NABNE, 2000), which was established in 1999. The organization sets policies regarding the qualifications and administration of NPLEX exams, proctors the NPLEX at testing sites across the United States and Canada, and ensures applicants are qualified to take the NPLEX exams (NABNE, 2000). Applicants who wish to take the NPLEX exam must apply to the NABNE. Individuals are eligible to take the Basic Science exam following completion of basic science course work. The Clinical Science exams may be completed after graduation from a four-year naturopathic medicine program.

According to current laws in the eleven states regulating naturopathic medicine, individuals who attend institutions other than those accredited by the CNME are not allowed to become licensed practitioners. In all eleven states, the current law requires that each licensee be a graduate of a naturopathic medical college accredited by the CNME.

Legal Scope of Practice in States and Provinces

Legal scopes of practice accompany licensing acts. These legal scopes of practice, which must be distinguished from professional scopes of practice discussed below, define what licensed members of the profession may and may not do in the provision of health care. Although some professions, such as allopathic physicians, are governed by similar scope of practice laws in all states and provinces, other professions, including naturopathic physicians, must adhere to different sets of laws and regulations promulgated by the legislative and licensing bodies in the various jurisdictions that license them. Tables 7 and 8 provide legal scope of practice information for naturopathic physicians in the United States and Canada. Scope of practice laws are mixed among states and provinces where allopathic procedures are concerned. Naturopathic physicians are allowed to prescribe drugs in some states, but the range of drugs is limited in Maine, New Hampshire, and Vermont. In Maine, Montana, and Ontario, naturopathic physicians are allowed to order x-rays for patients but not perform the procedure themselves.

TABLE 7. Legal scope of practice for naturopathic physicians in those states regulating naturopathic medicine by licensing naturopathic physicians, 2000.

	Alaska	Arizona	Connecticut	Hawaii	Maine	Montana	New Hampshire	Oregon	Utah	Vermont	Washington	Puerto Rico
Prescribe drugs	no	yes	no	no	yes (limited)	yes	yes (limited)	yes	yes	yes (limited)	yes	no
Minor Surgery	no	yes	yes	no	yes	yes	no	yes	yes	no	limited	no
Hydrotherapy	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Colonic Irrigation	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Physiotherapy	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Naturopathic manipulation	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Electrotherapy	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
X-ray	yes	yes	yes	yes	Order not perform	Order not perform	yes	yes	yes	yes	yes	Order not perform
Venipuncture	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	no
Obstetrics	no	yes	yes	yes	no	yes, with certificate	yes, with certificate	Yes, with certificate	yes	Not specified	Yes, with certificate	no
Gynecology	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	no
Botanical medicine	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Acupuncture	no	yes	no	no	Yes, with no certificate	no	Yes, with no certificate	no	no	yes	no	no
Nutrition	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Homeopathy	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes

Sources: Prepared by the American Association of Naturopathic Physicians Alliance for State Licensing, July 1, 1999; Rodriguez, Efrain. Personal communication, January 16, 2001.

TABLE 8. Legal scope of practice for naturopathic physicians in Canadian provinces regulating naturopathic medicine, 2000.

	Ontario	British Columbia	Manitoba	Saskatchewan
Primary practice	Yes	Yes	Yes	Yes
Order and perform diagnostic tests	Yes	Yes	Yes	Not specified or restricted
Order or perform X-ray	Restricted under the Healing Arts Radiation Protection Act	Yes	Yes	Not specified or restricted
Venipuncture	Yes	Yes	Yes	Not specified or restricted
Botanical medicine	Yes	Yes	Yes	Yes
Clinical nutrition	Yes	Yes	Yes	Yes
Homeopathic medicine	Yes	Yes	Yes	Yes
Mechanotherapy	Yes	Yes	Yes	Yes
Oriental medicine and acupuncture	Yes	Yes	Yes	Yes
Physical therapeutic procedures (including hydrotherapy)	Yes	Yes	Yes	Yes
Perform minor surgery	No	Yes	No	Not specified or restricted
Prescribe specified pharmaceuticals	In process	In process	No	No

Source: Canadian Naturopathic Association, 2000.

Licensed naturopathic physicians risk crossing into medical diagnosis and treatment when the scope of practice laws prohibit these actions. The scope of practice for naturopathic physicians in most states includes public health responsibilities such as reporting diseases and immunizations.

Licensing and disciplinary boards

Each state regulating naturopathic physicians through licensing has identified a board for licensing and disciplinary purposes; some boards are specific to naturopathic medicine while others have responsibility for naturopathic physicians and other health care professionals. The primary duty of state professional licensing boards is to protect the public. This is accomplished through a disciplinary process that includes investigating complaints made against practitioners, and disciplining physicians who have violated statutes or regulations specified by the board itself. State naturopathic licensing boards also ensure that individual applicants meet the qualifications for licensure as stated in the statutes, and set the fees commensurate with applications and license distribution. Boards may also have been delegated the authority from legislative bodies to work to define and update scope of practice regulations in naturopathic medicine, and to specify education and training criteria to meet the legal scope of practice.

Table 9 provides information on naturopathic licensing boards in states regulating naturopathic medicine. Each board is usually comprised of naturopathic physicians licensed in the respective state or province and at least one member of the general public.

Table 10 summarizes the laws regarding naturopathy in the 39 states that do not license naturopathic physicians. Of these, two states (South Carolina and Tennessee) explicitly prohibit the practice of naturopathy (apparently including both naturopathic medicine and naturopathy). Five states (Alabama, Florida, Kansas, Minnesota, Virginia) and the District of Columbia affirmatively regulate the practice of naturopathy but not naturopathic medicine. In these states and in the remaining 32 that regulate neither naturopathic medicine nor naturopathy, naturopathic physicians may be able to practice naturopathy but may risk prosecution under state medical practice acts if they attempt to provide care to the full extent of their naturopathic medical education and training, which includes diagnostic, minor surgical, pharmacological and obstetric skills. If a naturopathic physician is

TABLE 9. Name of board, board structure, and continuing education requirements for naturopathic physicians in those jurisdictions regulating naturopathic medicine by licensing naturopathic physicians.

State/ Province	Name of Board	Membership	Continuing Education Requirements
United States			
Alaska	No board exists in the state of Alaska; licenses are issued from the Division of Occupational Licensing (Division of Occupational Licensing, Alaska Department of Community and Economic Development. Personal communication. November 27, 2000.)	NA	None
Arizona	Naturopathic Physicians Board of Medical Examiners	Three naturopathic physicians who: <ol style="list-style-type: none"> 1. have been residents of Arizona at least 5 years 2. are licensed in the state of Arizona 3. hold a degree from a school approved by the board Two public members who: <ol style="list-style-type: none"> 1. have been a resident of Arizona at least 5 years 2. have no connection with a school of medicine, health care institution, or any person practicing any form of healing Arizona Revised Statutes 14 § 32-1502, 2000. Available: http://www.azleg.state.az.us/ars/32/01502.htm [Accessed January 11, 2001].	Fifteen classroom hours directly relating to naturopathic medicine practice annually Arizona Administrative Rules 18 § 109, 2000.
Connecticut	State Board of Naturopathic Examiners	Two naturopathic physicians practicing in the state of Connecticut, and one public member. General Statutes of Connecticut 373 § 20-35, 1999. Available: http://www.cslnet.ctstateu.edu/statutes/title20/t20-p6.htm [Accessed September 1, 2000].	None
Hawaii	State Board of Examiners in Naturopathy	Three naturopathic physicians licensed in the state of Hawaii and three public members. Hawaii Revised Statutes § 455-4, 2000. Available: http://www.capitol.hawaii.gov/hrscurrent/vol10/hrs455/hrs_455.htm [Accessed January 11, 2001].	None

TABLE 9. (continued)

State/ Province	Name of Board	Membership	Continuing Education Requirements
Maine	Board of Complementary Health Care Providers	Two naturopathic physicians, two acupuncturists, one allopathic or osteopathic physician, and one pharmacist; all should be licensed in the state of Maine. Maine Revised Statutes 113-B § 12502, 2000.	At least 37 hours annually (7 hours in pharmacology and no more than 10 hours on any single topic); additional 15 hours for specialty certification in acupuncture Maine Administrative Rules 5 § 3, 2000. Available: http://www.state.me.us/sos/cec/rcn/apa/02/chaps02.htm [Accessed January 11, 2001].
Montana	Alternative Health Care Board	Two naturopathic physicians who have been actively practicing for at least 3 years, one public member who is not a member of a profession regulated by the board, and one allopathic physician whose practice includes obstetrics. All members should have been residents of Montana for at least 3 years. Montana Code Annotated § 2-15-1840, 1999.	At least 15 credits annually, five of which must be in naturopathic pharmacy; five additional credits are required if licensee has a childbirth specialty certificate Administrative Rules of Montana 4 § 8.4.405, 2000. Available: http://commerce.state.mt.us/LICENSE/POL/pol_boards/ahc_board/rules.htm [Accessed January 11, 2001].
New Hampshire	Naturopathic Board of Examiners	Four doctors of naturopathic medicine, the commissioner of the Department of Health and Human Services, and one public member. New Hampshire Revised Statutes § 328-E:7, 2000. Available: http://199.192.9.6/rsa/30/328-E-13.htm [Accessed November 16, 2000].	Completion of 150 hours every 3 years; 60 hours in a supervised setting (24 hours should be in pharmacology); 90 hours in a nonsupervised setting New Hampshire Administrative Rules 300 § 403.01, 2000. Available: http://www.gencourt.state.nh.us/rules/nat100-500.html [Accessed January 12, 2001].
Oregon	Board of Naturopathic Examiners	Four naturopaths who have practiced continuously in Oregon for five years, and one public member. Oregon Revised Statutes § 685.160, 1999. Available: http://www.leg.state.or.us/ors/685.html [Accessed January 11, 2001].	At least 20 hours in naturopathic medicine annually Oregon Revised Statutes § 685.102, 1999. Available: http://www.leg.state.or.us/ors/685.html [Accessed January 11, 2001].
Utah	Naturopathic Physicians Licensing Board	Three naturopathic physicians licensed in the state of Utah and two members of the general public. Utah Code § 58-71-201, 2000. Available: http://www.le.state.ut.us/~code/TITLE58/htm/58_32004.htm [Accessed November 8, 2000].	At least 24 hours; at least 10 of these hours in case management and legend drug prescription Utah Administrative Code § R156-71-304, 2000. Available: http://www.rules.state.ut.us/publicat/code/r156/r156-71.htm [Accessed January 9, 2001].

TABLE 9. (continued)

State/ Province	Name of Board	Membership	Continuing Education Requirements
Vermont	Naturopathic Advisory Committee (serve as advisors to the Director of the Office of Professional Regulation)	Two naturopathic physicians licensed in the state of Vermont and actively practicing for 3 years prior to appointment (Vermont Statutes Online 081 § 4126, 2000. Available: http://www.leg.state.vt.us/statutes/title26/chap081.htm [Accessed November 8, 2000].)	No more than 30 hours Vermont Statutes Online 081 § 4130, 2000. Available: http://www.leg.state.vt.us/statutes/title26/chap081.htm [Accessed November 8, 2000].
Washington	Naturopathic Advisory Committee	Three naturopathic physicians licensed in the state of Washington, and two members unaffiliated with the profession (Revised Code of Washington § 18.36A.070, 1999.)	At least 20 hours in diagnosis and therapeutics Washington Administrative Code § 246-836-080, 1999. Available: http://www.doh.wa.gov/hsqad/Naturopath/wacs.htm [Accessed January 11, 2001].
Puerto Rico	Puerto Rico Board of Examiners of Doctors of Naturopathy	Three licensed naturopathic physicians who have practiced for at least 3 years, an allopathic physician licensed in Puerto Rico, and a member of the general public Puerto Rico Naturopathic Medicine Act 208 § 4, 2000.	At least 36 hours Puerto Rico Naturopathic Medicine Act 208 § 11, 2000.
Canada			
Alberta (pending)	Alberta Association of Naturopathic Practitioners (will change to College of Naturopathic Doctors of Alberta when legislation is chaptered)		At least 20 hours per year
British Columbia	Board of Naturopathic Physicians	Five persons who are members of the Association of Naturopathic Physicians of British Columbia and are elected by the association, and three persons appointed by the minister Revised Statutes of British Columbia 332 § 4, 1997.	At least 20 hours per year
Manitoba	The Board of Naturopaths	Five persons	None
Ontario	Board of Directors	No less than three and no more than five practitioners (the standard is four naturopathic physicians and one member of the public) Statutes of Ontario D.18 § 3.1, 1999.	Statutes of Ontario 2 § 2.1, 1999. None to date, but new legislation pending will require CE hours
Saskatchewan			None

considered to be practicing medicine as defined in the jurisdiction's Medical Practice Act, he or she could be charged with practicing medicine without a license. Naturopathic physicians sometimes choose to study and become licensed as acupuncturists in those states where naturopathic physicians cannot be licensed but acupuncturists can. In doing so, they are able to legally see patients and provide health care as acupuncturists.

Also included in Table 10 is information about recent legislative activity. Of the 32 states that regulate neither naturopathic medicine nor naturopathy, legislation was introduced in at least 9 of them during the 1999–2000 or 2000–2001 legislative sessions. All of these bills, most of which would have licensed naturopathic physicians, died.

Governmental reimbursement of naturopathic medicine

Cooper et al. reported in 1998 that neither Medicare nor Medicaid provided reimbursement for services rendered by naturopathic physicians. To our knowledge, Medicare maintains this policy, however, Medicaid will cover acupuncture and naturopathic medical services if the practitioner is licensed by the state where the service is provided and the service is considered a medical necessity (Health Care Finance Administration, 2000).

Private sector reimbursement of naturopathic medicine

One form of private sector recognition of a profession is through insurance coverage or third party reimbursement. The majority of complementary and alternative medical (CAM) treatments are not reimbursed by insurance companies, although several health plans and Health Maintenance Organizations (HMOs) have begun to expand coverage.

Since 1996, based on companies' own business decisions and marketing strategies, a number of managed care organizations have begun to offer some type of coverage of complementary and alternative medical care as options. For example, Oxford Health Plans and Prudential Healthcare Plans in New Jersey are two managed care companies to offer reimbursement for naturopathic services. In 1997, Oxford Health Plans, possibly the most progressive managed care company in the Northeast,

TABLE 10. Statutory law in states not regulating naturopathic medicine through licensure of naturopathic physicians

State	Status	Summary and Reference
States Where Naturopathy is Illegal		
South Carolina	Law	It is illegal to practice naturopathy for both licensed or unlicensed practitioners. (South Carolina Code of Laws § 40-31-10, 1999. Available: http://www.scstatehouse.net/cgi-bin2/ntquest.exe [Accessed July 13, 2000].
Tennessee	Law	It is illegal to practice naturopathy. (Tennessee Code Annotated § 63-6-205, 2000.)
States That Currently Regulate Naturopathy		
Alabama	Statute	A naturopath may practice and pay an annual license tax of \$10.00. (Code of Alabama § 40-12-155, 1999. Available: http://www.legislature.state.al.us/CodeofAlabama/1975/40-12-155.htm [Accessed August 1, 2000].
District of Columbia	Statute	A naturopath may practice providing he/she registers with the Mayor and pays a registration fee. Naturopaths are not allowed to perform x-rays, surgery, obstetrics, or prescribe medications. (District of Columbia Code 9 § 2-3309.1, 1999. Available: http://www.lexislawpublishing.com [Accessed July 19, 2000].
Florida	Statute	Any naturopath receiving a license on or prior to October 1, 1985 may practice, and the license must be renewed biannually. (Florida Statutes § 462.2001, 2000. Available: http://www.leg.state.fl.us/statutes [Accessed January 8, 2001].
Kansas	Statute	A naturopath may practice if he/she has graduated from a nationally recognized naturopathic college approved by the state naturopathic association and practicing as of January 1, 1982. It is illegal to perform surgery, obstetrics, or prescribe drugs. (Kansas Statutes § 65-2872a, 1999. Available: http://www.ink.org/public/legislative/statutes/statutes.cgi [Accessed July 18, 2000].
Minnesota	Statute	CAM practitioners may practice, but may not perform surgery, venipuncture, x-ray, or prescribe drugs. (Minnesota Statutes § 146A.01, 2000.)
Virginia	Law	Anyone licensed to practice naturopathy prior to June 30, 1980 may continue practicing as long as regulations set forth by the Medical Board are followed. (Code of Virginia 29 § 54.1-2902, 2000.)
States Currently Not Regulating Naturopathic Medicine or Naturopathy but which considered naturopathic legislation 2000-2001		
Kentucky	Statute	It is unlawful to practice medicine or occupy an office for engaging in practice unless licensed as a physician. (Kentucky Revised Statutes § 311.560, 2000.)
	Bill	* Senate Bill 306 would have allowed certification of naturopaths; died in committee.
Ohio	Law	It is unlawful for anyone to practice medicine, perform surgery, or attempt to treat persons with illness unless licensed as a physician. (Ohio Laws 154 § 4731.34, 2000. Available: http://onlinedocs.andersonpublishing.com [Accessed July 27, 2000].)
	Bill	* House Bill 562 would have provided licensing and regulation for naturopathic physicians; died in committee,

TABLE 10. (continued)

State	Status	Summary and Reference
States Currently Not Regulating Naturopathic Medicine or Naturopathy but which considered naturopathic legislation 1999-2000		
California	Statute	It is a misdemeanor to diagnose or treat any human ailment without possession of a medical license. (California Business and Professions Codes § 2052, 2000.)
	Bill	* Senate Bill 1059, which would have mandated a study on the state and practice of naturopathy in California, was pulled in February of 2000.
Georgia	Statute	It is unlawful to diagnose and treat human ailments, perform surgery, prescribe treatments, or maintain an office for treatment of persons suffering from ailments unless one is a physician licensed by the state of Georgia. (Georgia Code § 43-34-26, 2000.)
	Bill	* House Bill 749 (Complementary and Alternative Health Care Freedom of Access Act) was introduced in 1999 and died in committee the same year. The act would have allowed the practice of naturopathy with stipulations.
Idaho	Statute	Bill A person who administers treatment or provides advice regarding the human body may practice providing they: 1. Do not prescribe drugs; 2. Use natural elements such as air, heat, water, and light; 3. Only use Class I or Class I nonprescription, approved medical devices; 4. Only use vitamins, minerals, herbs, nutritional supplements, and natural food products and their extracts; 5. Do not perform surgery; and 6. Provide informed consent to clients/patients that states the provider is not an MD or DO and is not licensed. (Idaho Statutes 18 § 54-1804, 2000. Available: http://www3.state.id.us/cgi-bin/newidst?sctid=540180004.K [Accessed July 27, 2000].
	Bill	* Senate Bill 1430 died in committee and would have created regulation and licensing of naturopathic physicians.
Oklahoma	Statute	It is unlawful for anyone to practice medicine, perform surgery, or attempt to treat persons with illness unless a licensed physician. (Oklahoma State Statutes 7 § 59-731.3, 1999.)
	Bill	* Senate Bill 1590 died in committee and would have created regulation and licensing for naturopathic physicians.
Rhode Island	Statute	It is unlawful for anyone to practice medicine, perform surgery, or attempt to treat persons with illness unless a licensed physician. (Rhode Island Code § 5-37-12, 2000. Available: http://www.rilin.state.ri.us/Statutes/TITLE5/5-37/S00027.htm [Accessed July 26, 2000].
	Bill	* Senate Bill 0472 was introduced in 1999 but died in committee. The bill would have provided licensure and regulation of naturopathic physicians.
Texas	Statute	It is a misdemeanor for anyone to practice medicine unless a licensed physician. (Texas Statutes § 165.159, 1999. Available: http://www.capitol.state.tx.us/statutes/oc/oc016500.html [Accessed August 1, 2000].
	Bill	* House Bill 752 died in committee and would have provided regulation and licensing for naturopathic physicians.

TABLE 10. (continued)

State	Status	Summary and Reference
States Currently Not Legislating Naturopathic Medicine or Naturopathy		
*Note: The following states do not currently regulate naturopathy. However, if a situation arises where a naturopath is considered to be practicing medicine, the Medical Practice Act would be upheld as current law. The following references are provided for the Medical Practice Act in each state.		
Arkansas	Statute	Arkansas Code § 17-95-402, 1999.
Colorado	Statute	Colorado Revised Statutes § 12-36-106, 2000.
Delaware	Statute	Delaware Code 17 § 1702, 2000. Available: http://www.lexislawpublishing.com [Accessed August 2, 2000].
Illinois	Statute	Illinois Compiled Statutes 225 § 60/59, 2000. Available: http://www.legis.state.il.us/ilcs/ch225/ch225.act60.htm [Accessed August 1, 2000].
Indiana	Statute	Indiana Code 25 § 22.5, 1999. Available: http://www.state.in.us/legislative/ic/1999/title25/ar22.5/ch1.html [Accessed July 19, 2000].
Iowa	Statute	Code of Iowa § 147.103A, 1999. Available: http://www.legis.state.us/IACODE/1999SUPPLEMENT/147/ [Accessed July 25, 2000].
Louisiana	Statute	Louisiana Revised Statutes 15 § 1261, 2000.
Maryland	Statute	Maryland Statutes § 14-601, 2000. Available: http://mlis.state.md.us/cgi-win/web_statutes.exe [Accessed January 12, 2001].
Massachusetts	Law	General Laws of Massachusetts 112 § 6, 1999.
Michigan	Act	Michigan Compiled Laws § 333.17011, 2000. Available: http://www.michiganlegislature.org/law/GetObject.asp?ObjName=333-17011 [Accessed January 5, 2001].
Mississippi	Statute	Mississippi Code § 73-25-3, 2000. Available: http://www.lexislawpublishing.com [Accessed August 1, 2000].
Missouri	Statute	Missouri Revised Statutes 334 § 334.010, 2000. Available: http://www.moga.state.mo.us/statutes/c300-399/3340010.htm [Accessed July 17, 2000].
Nebraska	Statute	Nebraska Statutes § 71-1, 2000.
Nevada	Statute	Nevada Revised Statutes § 630.400, 1999.
New Jersey	Statute	New Jersey Permanent Statutes § 45:9-22, 2000.

TABLE 10. (continued)

State	Status	Summary and Reference
New Mexico	Statute	New Mexico Statutes Annotated § 61-6-20, 2000. Available: http://www.lexislawpublishing.com [Accessed December 22, 2000].
New York	Law	New York State Consolidated Laws 131 § 6522, 2000. Available: http://caselaw.findlaw.com [Accessed July 31, 2000].
North Carolina	Law	North Carolina General Statutes § 90-18, 1999.
North Dakota	Statute	North Dakota Century Code § 43-17-34, 1999. Available: http://ranch.state.nd.us/LR/cencode/CCT43.pdf [Accessed January 8, 2000].
Pennsylvania	Statute	Medical Practice Act 63 § 422, .
South Dakota	Law	South Dakota Codified Laws § 36-4-8, 2000.
West Virginia	Article	West Virginia Code § 30-3-13, 2000. Available: http://www.legis.state.wv.us/code/tocl.html [Accessed January 9, 2001].
Wisconsin	Statute	Wisconsin Statutes § 448.03(1)(a), 2000.
Wyoming	Statute	Wyoming State Statutes § 33-26-301, 2000. Available: http://www.legisweb.state.wy.us/titles/20titles/title33/c26.htm [Accessed August 1, 2000].

began offering comprehensive coverage for chiropractic, acupuncture, yoga, clinical nutrition counseling, naturopathy, and massage therapy as part of its health plan. Oxford conducted a telephone survey in 1996 of approximately 400 members regarding complementary and alternative medical care therapies. One-third of members indicated that they were already using some such therapies and 75 percent indicated they would like their health insurer to cover these therapies. In response, Oxford set up advisory boards in six non-allopathic medicine disciplines and created a network of providers. Unlike some other health plans, Oxford does not require a referral by the primary care physician in order to take advantage of these services.

In at least one other example, private sector reimbursement decisions were mandated by public sector legislation. In 1995, the state of Washington mandated health plans to provide access to all licensed providers, including those of alternative health care (Revised Code of Washington § 48.43.045, 1997). The law states that every health plan shall permit "...every category of health care provider to provide health services or care for conditions included in the basic health plan services..."

As of late 2000, many health plans and HMOs were providing coverage for some non-allopathic modalities, the most popular being chiropractic and acupuncture, the latter of which may be included in the practices of naturopathic physicians. Examples of such companies include Kaiser Permanente in Northern California, HealthNet in California, Blue Cross of Washington and Alaska, Prudential HealthCare Plans of New Jersey, Sloans Lake Health Plan of Colorado, PacificCare of Washington and Group Health Cooperative in Washington State.

A few of these plans and organizations offer naturopathic modalities as a core benefit (economic integration) and may even have begun to integrate complementary and alternative services at the clinical level (clinical-economic integration). However, most managed care companies typically provide complementary and alternative medical care through a "rider". With a rider to a policy, a policy holder pays for the services out-of-pocket but receives a discount on services provided by practitioners who are members of the plan's credentialed network (Weeks, 1996a).

Networks for managed care organizations are usually created through a contracted vendor or network provider. The network provider ensures that practitioners are licensed and meet various credentialing criteria. Network credentialing is intended to protect consumers by ensuring safety and quality through standards such as licensing, education, and malpractice requirements within each profession (Weeks, 2000). Landmark Healthcare, Inc. in California, for example, is a network provider who requires complementary and alternative care practitioners to meet guidelines put forth by the National Committee for Quality Assurance (NCQA), and ensures that practitioners are evaluated and re-credentialed every two years. Some of Landmark's criteria for credentialing CAM providers include: a) verification of current, unrestricted license, b) verification of educational background and work history, c) history of professional legal actions, d) site review to ensure that facilities meet safety, cleanliness, and access standards, and e) availability of emergency services to patients/clients.

Malpractice insurance

Naturopathic physicians cannot purchase naturopathic medical malpractice insurance in unlicensed states, but coverage is available for physicians located in states that regulate naturopathic medicine. Many of these states require naturopathic physicians to maintain professional malpractice insurance. In Connecticut, for example, the law states that individuals may not carry malpractice insurance less than \$500,000, with an aggregate of not less than \$1,500,000 (General Statutes of Connecticut 373 § 20–39q, 2000.). In the state of Alaska, malpractice is not required, but one must post a sign in the office stating that one does not carry malpractice insurance.

In Canadian provinces where naturopathic physicians are regulated, individuals must be registered with their provincial association and carry malpractice insurance. In British Columbia, malpractice insurance is mandatory and the physician must provide evidence of insurance in order to obtain a license to practice. The province of Alberta will also require malpractice insurance when the pending legislation is passed.

Utilization rates

There has been very little research done to date on utilization rates of naturopathic physicians and

it is impossible to estimate demand for services. However, although the sample size is small, some data regarding utilization rates for naturopathic physicians were found in the January 2000 issue of *The Integrator*. Ten naturopathic physicians were surveyed in Washington state regarding estimated utilization rates and revenues (The Integrator, 2000). Some important points from the survey are listed below:

- Patients seen per day ranged between 8–15, and most likely 10–12
- All physicians worked no more than 32 hours per week
- Revenues increased between 50–100% following insurance coverage for naturopathic medical services
- Nearly two-thirds of patients now have insurance coverage

Additional information about utilization rates may be available from alumni surveys currently being conducted and analyzed by schools of naturopathic medicine.

Section **D** Education and Training of Naturopathic Physicians

What are the education and training opportunities (didactic and clinical) for would-be members of the profession? Are educational programs standardized and/or accredited? Can future professionals specialize in certain areas?⁷

Education and training of naturopathic physicians

Training for naturopathic physicians covers a wide range of natural therapeutic modalities including hydrotherapy, herbal medicine, Ayurvedic medicine, Oriental medicine, homeopathy, and diet therapy. The curriculum also includes courses with a clinical emphasis such as neuroscience, biochemistry, physiology, dermatology, gastroenterology, urology, oncology, histology, and immunology. Naturopathic physicians also have training in such clinical specialties as minor surgery and obstetrics and gynecology. Many naturopathic physicians may choose to specialize in one modality (e.g., acupuncture) while using other therapies to supplement their primary practice.

⁷ For a complete list of questions, see Dower et al., *Profiling the Professions: A Model for Evaluating Emerging Health Professions*. UCSF Center for the Health Professions, 2001.

Competency in naturopathic medicine is largely assessed through testing via an extensive academic system. Like other professions, naturopathic physicians must show proficiency through graduation from four-year schools and written NPLEX exams prior to becoming licensed. In Canada, competency is also assessed by practical exams in several provinces.

Competence garnered through education and training in any profession should match the *legal* scope of practice, and it is assumed that the legislature in each state where naturopathic physicians are licensed has been written to best ensure such a match. Where legal scopes of practice have been statutorily defined, educational programs must ensure that they meet the standards legally mandated. In addition to legal scopes of practice, most professions have a *professional* scope of practice that is usually broader than any particular jurisdiction's legal scope or definition. The professional scope of practice, often defined by a professional association, helps guide educational programs, future development of the profession, and legislators considering regulation. The professional scope of practice for naturopathic physicians is defined in the AANP guidelines below:

1. The scope of naturopathic physician's practice is eclectic and dynamic in nature.
2. Naturopathic physicians are trained to understand and utilize a wide variety of therapeutic modalities and to select the treatment that, in their opinion, best serves the patient's condition.
3. The types of therapeutics a physician may choose from include, but are not limited to:
 - a. Acupuncture
 - b. Botanical medicine
 - c. Clinical nutrition and nutritional counseling
 - d. Electrohydrotherapy
 - e. Homeopathy
 - f. Light and air therapy
 - g. Massage therapy/neuro-muscular technique
 - h. Natural childbirth
 - i. Naturopathic manipulative technique
 - j. Orthopedics

- k. Physical medicine
 - l. Psychotherapy and counseling
 - m. Soft tissue manipulation
 - n. Surgery
 - o. Use of appropriate pharmacological agents
- (AANP, 1998)

The schools themselves as well as each person training to be a naturopathic physician must assess whether the education and assessment model matches the professional scope of practice.

Table 11 presents information about the schools that provide education and training for naturopathic physicians. It includes academic prerequisites for the programs, short synopses of the curricula, length of programs, descriptions of internships required for programs, if they exist, and degrees or certificates awarded upon completion or graduation (for information about number of students, see Table 3 above). As shown in Table 11, most schools of naturopathic medicine are residential (students attend classes and labs in person) and have rigorous four-year academic programs. Naturopathic medical students are required to spend a significant number of hours interning at a naturopathic medicine clinic. It is not required at this point, but if an individual wishes to gain more clinical experience after graduation, he or she may enter a naturopathic postdoctoral residency program. The National College of Naturopathic Medicine, for example, offers residency positions at affiliate clinics and private practices. It is commonly accepted that at least one year of postgraduate medical education and training is needed before naturopathic physicians begin a practice. In order to qualify for the residency program, individuals must have graduated from an institution accredited by the CNME and, in most cases, must be licensed prior to commencement of the assigned residency (National College of Naturopathic Medicine, 2000). All residencies offered to graduating students are supervised by licensed naturopathic physicians and are available on a limited basis. At present, Utah is the only state requiring a one-year residency prior to obtaining a license (Utah Code § 58-71-302, 2000).

TABLE 11. Schools providing education and training for naturopathic physicians.

School	Educational Prerequisites	Curriculum	Residential or Distance Learning	Length of Program	Residency or Apprenticeship?	Cost	Degree or Certification
Bastyr University, Seattle, WA	Completion of minimum of 3 years of course work from an accredited college or university; required courses include algebra or precalculus, statistics, general chemistry, organic chemistry, biology, physics, psychology, humanities, and English	Basic medical science courses including physiology, histology, anatomy, embryology, neuroscience, and immunology; clinical science courses including gynecology, dermatology, and oncology; clinical courses including physical/clinical diagnosis, clinical lab diagnosis, minor surgery, and signs & symptoms; naturopathic modalities including homeopathy, hydrotherapy, botanical medicine, nutrition, Oriental medicine, Ayurvedic medicine, and massage; other courses include naturopathic theory, determinants of health, public health, healing power of nature, counseling, and spirituality in health and medicine (total of 268 credits) Bastyr has traditionally offered a few distance learning courses that may have been taken for credit towards the ND degree. These courses are not offered currently, but the university is currently exploring Internet-based courses.	Residential*	4 or 5 years (total of 322 credits or 4400 hours)	Yes; clinical internship in university or college primary care outpatient or satellite clinics with licensed naturopathic physicians (47 credits); residencies available but not required	\$15 per semester hour \$200 deposit	Degree as Naturopathic Doctor (ND)
The Canadian College of Naturopathic Medicine, Toronto, Ontario, Canada Completion	of minimum of 3 years of course work from an accredited college or university, and 3.0 GPA or above; required courses include biology, biochemistry, general chemistry, organic chemistry, and English psychology	Basic medical science courses including anatomy, histology, physiology, biochemistry, microbiology, and immunology; clinical courses including physical and clinical diagnosis, radiology, laboratory diagnosis, minor surgery, and orthopedics; naturopathic modalities including Oriental medicine, herbal medicine, clinical nutrition, homeopathy, physical medicine, and lifestyle counseling	Residential	4 or 5 years	Yes; clinical internship in university or college primary care outpatient or satellite clinics with licensed naturopathic physician, and practical exams (1252 hours); residencies available but not required	\$13,500 per year for new students \$1,350 deposit (Canadian dollars)	Diploma as Doctor of Naturopathic Medicine (ND)
National College of Naturopathic Medicine, Portland, OR	Baccalaureate degree with a minimum 3.0 GPA; required courses include chemistry, biology, organic chemistry, physics, social sciences, and humanities	Basic medical science courses including physiology, biochemistry, histology, immunology, obstetrics, and gastroenterology; clinical courses including clinical/physical diagnosis, palpation, orthopedics, and lab diagnosis; naturopathic modalities including hydrotherapy, homeopathy, massage, nutrition, and botanical medicine	Residential	4 or 5 years	Yes; clinical internship in university or college primary care outpatient or satellite clinics with licensed naturopathic physicians (1488 hours); residencies available but not required	\$242 per credit \$14,853 per year or \$4,951 per term \$400 deposit	Degree as Naturopathic Doctor (ND)

TABLE 11. (continued)

School	Educational Prerequisites	Curriculum	Residential or Distance Learning	Length of Program	Residency or Apprenticeship?	Cost	Degree or Certification
Southwest College of Naturopathic Medicine, Tempe, AZ	Baccalaureate degree with a minimum 2.5 GPA; required courses include English, humanities, psychology, biology, and chemistry	Basic medical science courses including anatomy, embryology, histology, immunology, biochemistry, microbiology, cardiology, pulmonology, and rheumatology; clinical courses including drug toxicology, physical medicine, clinical assessment, diagnosis, and minor surgery; naturopathic modalities including Southwest botanicals, Chinese medicine, nutrition, and acupuncture	Residential	4 years (433 hours)	Yes; clinical internship in university or college primary care outpatient or satellite clinics with licensed naturopathic physicians (1200 hours); residencies available but not required	\$16.80 per hour \$176.80 per clinic shift \$300 deposit	Degree as Naturopathic Doctor (ND)
**University of Bridgeport College of Naturopathic Medicine, Bridgeport, CT	Completion of baccalaureate degree with a minimum 2.5 GPA; required courses are communication/language skills, psychology, social science, humanities, biology/anatomy/physiology, chemistry, organic chemistry, and physics	Courses in the following areas: 1) Basic sciences - 738 hours; 2) Botanical medicine - 108 hours; 3) Clinical sciences - 945 hours; 4) Homeopathic medicine - 144 hours; 5) Naturopathic obstetrics - 36 hours; 6) Naturopathic practice - 378 hours; 7) Naturopathic principles and practice - 162 hours; 8) Oriental medicine - 72 hours; 9) Physical medicine - 495 hours; 10) Psychology - 162 hours; 11) Research - 72 hours; and 12) Clinical education - 1296 hours	Residential	4 years (203.5 credits)	Yes; clinical internship in university or college primary care outpatient or satellite clinics with licensed naturopathic physicians (36 credits); residencies available but not required		Degree as Doctor of Naturopathic Medicine (ND)
***West Coast Naturopathic Medical College, Vancouver, British Columbia, Canada	Baccalaureate degree preferred but not required; completion of 3 years of course work from an accredited college or university; required courses are biology, general chemistry, organic chemistry, biochemistry, psychology, English, and statistics	Courses in the following areas: 1) Health sciences - 920 hours; 2) Professional development - 316.5 hours; 3) Naturopathic therapeutic modalities - 971.5 hours; 4) Clinical science - 693 hours; and 5) Clinical practice and integration - 1462 hours.	Residential	4 years	Yes; clinical internship in university or college primary care outpatient or satellite clinics with licensed naturopathic physicians, case presentation, and case analysis (1462 hours); residencies available but not required	\$13,200 per year (Canadian dollars)	Degree as Naturopathic Doctor (ND)

* Bastyr has noted in its brochure that it has provided distance learning in the past and is exploring the use of web-based study for some courses in the future.

** Has applied for accreditation candidacy with the CNME.

*** Not accredited by the CNME.

Note: Information for American University of Integrative Medicine could not be confirmed.

Accreditation and Licensing of Schools of Naturopathy

Most professions choose to endorse the credibility of their education and training programs through accreditation. Accreditation is usually obtained from a regional or national accrediting agency recognized by the United States Department of Education. Accrediting organizations focus primarily on the quality of the program in question and accreditation typically represents an endorsement of the academic program (State of New Mexico Commission on Higher Education, 2000). Educational institution licensing, on the other hand, is usually a grant of permission by a state agency for an institution to operate as a business. Table 12 presents a listing of schools of naturopathic medicine in the United States and Canada and their accreditation and licensing status.

Education in naturopathic medicine has been standardized in the US to the extent that the most of the schools have been accredited by the Council for Naturopathic Medical Education (CNME). To date, the CNME has been the only accrediting body for naturopathic medicine programs, and has been recognized by the United States Department of Education for almost fourteen years. On January 16, 2001, however, the CNME lost its sponsorship by the federal government. The CNME cannot appeal the decision, but the organization will reapply for recognition in the future. It is unknown at present how this decision might affect current statutes and regulatory processes.

As can be seen in Table 12, Bastyr University, National College of Naturopathic Medicine, and Southwest College of Naturopathic Medicine have been accredited by the CNME. The University of Bridgeport in Connecticut recently applied for accreditation candidacy with the CNME. There is no formal accreditation process in Canada, and the U.S. Department of Education does not accredit foreign institutions. However, the Department of Education does review educational standards used by schools in other countries and determines whether those standards are comparable to accreditation standards in the United States. If so, the Department of Education will allow American students attending foreign schools to participate in the Federal Family Educational Loan program to aid in educational expenses (Department of Education, 2000). The Canadian College of Naturopathic Medicine is currently recognized by the Department of Education while the West Coast Naturopathic Medical College is not.

TABLE 12. Schools of naturopathic medicine, and accreditation and licensing organizations for each school, where appropriate.

School	National Accrediting Body	Regional Accrediting Body	Licensing Body
Bastyr University	Council for Naturopathic Medical Education	Northwest Association of Schools and Colleges	-----
Canadian College of Naturopathic Medicine	Council for Naturopathic Medical Education	-----	-----
National College of Naturopathic Medicine	Council for Naturopathic Medical Education	Northwest Association of Schools and Colleges	Office of Degree Authorization
Southwest College of Naturopathic Medicine	Council for Naturopathic Medical Education	North Central Association of Schools and Colleges (in application process)	Arizona State Board for Private Postsecondary Education
University of Bridgeport College of Naturopathic Medicine*	-----	New England Association of Schools and Colleges	State of Connecticut Department of Higher Education
West Coast Naturopathic Medical College**	-----	-----	-----

* Has applied for accreditation candidacy with CNME.
** Not accredited by the CNME.

Section **E** Proactive Practice Model and Viability of Profession of Naturopathic Medicine

What efforts has the profession made to develop practice guidelines, treatment protocols and interprofessional collaboration on clinical care? How are rates of patient satisfaction? How is the profession developing new modalities? How accessible are members of the profession to the public? What groups and associations are working to promote the profession?⁸

Guidelines and protocols

Naturopathic medicine is in the process of developing clinical care practice guidelines and protocols. This is a new undertaking throughout health care, but many naturopathic physicians, like other health care professionals, are committed to developing a consistent method for advancing such a science. While detailed clinical care guidelines are still in the development stages, naturopathic physicians can rely on less specific practice guidelines developed by the professional associations to guide daily practice (see appendices A and B).

Although naturopathic physicians are trained to work collaboratively with other health care professionals and to refer patients to other providers as appropriate, we did not identify any formal documents regarding interprofessional guidelines or protocols for clinical care.

Patient satisfaction

Limited research has been done to date on patient satisfaction, including cultural competence, of naturopathic medical care. However, pilot data was gathered regarding cost savings of naturopathic medical care from 135 patients at five separate participating naturopathic physician practices (Weeks, 1996b). A two-page survey was completed by each patient at the time of their visit to a naturopathic physician. The majority of patients felt that the care received by naturopathic physicians was cost effective for them. These points are summarized below:

- 49% experienced lowered or discontinued use of conventional prescription medications
- 16% were able to eliminate surgery or other invasive procedure

⁸ For a complete list of questions, see Dower et al., *Profiling the Professions: A Model for Evaluating Emerging Health Professions*. UCSF Center for the Health Professions, 2001.

- 96% indicated that home care education was excellent or good
- 92% indicated an excellent or good effect on lifestyle following NP care
- 68% reported that, following visits to a naturopathic physician, they were successfully caring for conditions at home for which they would normally have visited a physician in the past

New modalities and therapies

Naturopathic medicine has a tradition of embracing new care modalities and therapies (see above for coursework offered at universities and list of modalities and therapies included in AANP's definition of professional scope of practice for naturopathic physicians). The profession continues to find ways to study and test value of the various therapies it includes in its scope of expertise.

Access to and cost of care

We found no studies regarding access to naturopathic medicine. However, one can estimate that based on the relatively small size of the professional workforce (compared to other health care professions), the limited number of states and provinces that permit naturopathic medicine to be practiced to the full extent of the education and training of naturopathic physicians, and the lack of or limited reimbursement from health plans and HMOs, access to naturopathic physicians is extremely limited in the US and Canada. This is particularly true for areas beyond the Pacific Northwest, where naturopathic physicians are concentrated.

Information on the costs of naturopathic medicine to consumers is extremely limited. In early 2000, *The Integrator* reported some findings based on a limited sample of profiling reports prepared by Regence Blue Shield comparing naturopathic physicians credentialed as Primary Care Providers (ND-PCPs) with other PCPs such as medical doctors (MDs). From the limited sample, *The Integrator* reported that average cost of services billed by ND-PCPs were in the highest quartile, non-evaluation and management costs by ND-PCPs were in the lowest quartile and hospitalization costs of ND-PCPs were in the lowest third (*The Integrator*, 2000).

A sample of ten naturopathic physicians credentialed as primary care providers by Regence Blue Shield in Washington state found net incomes to be in the \$50,000-\$60,000 range for an average of 23 patient contact hours per week (The Integrator, 2000).

Professional and Trade Associations

One of the mechanisms with which professions seek to develop the profession is professional and trade associations. These entities are often established to further the interests of the members of a profession. They usually include information about new developments in the field, offer conferences and seminars on topics ranging from policy to clinical coursework, and work on encouraging a cohesive group of professionals.

Tables 13 and 14 provide information on professional associations in the field of naturopathic medicine, and include total membership, categories of members, and requirements for membership. Many associations have membership categories for individuals who are retired or full-time students. Associate memberships are often available for those who are not practicing naturopaths but wish to support the efforts of the association.

The American Association of Naturopathic Physicians is the primary trade association for naturopathic physicians in the United States where the Canadian Naturopathic Association has a similar function in Canada. The AANP and the CNA sponsor affiliated state and provincial associations, respectively. The majority of state naturopathic associations require proof of graduation from a school of naturopathic medicine for membership. The associations offer a number of services to their members, including general practice guidelines, political updates, and a fee guide.

TABLE 13. National professional associations for naturopathic physicians and criteria for membership.

Association	Total Number of Members•	Membership Category	Requirements
United States			
American Association of Naturopathic Physicians (AANP)	1,800	1. Regular	A naturopathic physician who is a graduate of a college in naturopathic medicine recognized by the AANP, and meets one of the following criteria; Hold a license as a naturopathic physician in a state or jurisdiction that is acceptable to the AANP, OR Be an active member of a state association recognized by the AANP.
		2. Nonconstituent	Must meet latter two criteria listed above
		3. 1st Year Grad	Must have graduated by 5/99 or later
		4. 2nd Year Grad	Must have graduated between 5/98 and 4/99
		5. 3rd Year Grad	Must have graduated between 5/97 and 4/98
		6. Associate	
		7. Supporting	Non-ND members
		8. Retired	Not currently seeing patients
		9. Student	Student at a school recognized by the AANP
Canada			
Canadian Naturopathic Association	315	1. Full	a) Degree as Doctor of Naturopathic Medicine or equivalent from an institution approved by the association OR
		2. 2nd Year in Practice	b) an individual holding a license to practice naturopathic medicine from a licensing authority established by law.
		3. 1st year in Practice	
		4. Retired	
		5. Associate	a) Special contribution to naturopathic medicine OR b) degree in another clinical discipline and a student at an approved institution of naturopathic medicine OR c) licensed in a jurisdiction outside of Canada OR d) licensed in Canada but not practicing for the year in question
		6. Supporting	Persons or commercial organizations who contribute to the activities or mission of the association.
		7. Student	Enrolled full-time in an undergraduate program at a school of naturopathic medicine recognized by the association.

* Estimates provided by individual associations have not been verified.

TABLE 14. National professional associations for affiliated specialties of naturopathic medicine.

Association	Number of Members•	Membership Category	Requirements
American College of Naturopathic Obstetricians (ACNO)	70	Professional	Must be a licensed naturopath and graduate of CNME-accredited school
		Student	Must be a student at a CNME-accredited school
The Homeopathic Academy of Naturopathic Physicians (HANP)	1,100	General Membership	Open to anyone interested in homeopathy
		Board Certification Membership	Open to licensed naturopathic physicians who meet the requirements below: <ul style="list-style-type: none"> a. graduate of a 4-year accredited naturopathic medical college b. minimum of 250 classroom hours of formal homeopathy instruction c. 100 hours of preceptorship in an approved setting d. case reviews e. successfully complete the written and oral HANP examinations

* Estimates provided by individual associations have not been verified.

Chapter Two: Naturopathy

Section A Defining and Describing Naturopathy

How is the profession described and defined? What do members of the profession do and how do they provide care? What is the range of care provided? What is the profession's history and philosophy? How big is the professional workforce?⁹

In essence, naturopaths (also known as traditional naturopaths, naturopathic practitioners, naturopathic consultants, and true naturopaths) believe in detoxifying, cleansing, and strengthening the body to enhance the body's own natural healing ability. The Coalition for Natural Health, a national professional organization for practitioners and students of natural health modalities that lay in the realm of naturopathy, defines traditional naturopathy as

“...an approach to healthcare that focuses on the body's intrinsic ability to heal itself. *Vis medicatrix naturae*, or the healing power of nature, is central to the naturopathic philosophy. Strengthening and cleansing the body to allow natural healing is the ultimate goal of a traditional naturopath. Naturopathy is considered a holistic approach to health due to the fact that it focuses on the whole person - body, mind, and spirit. Because the objective of naturopathy is to optimize the body's self-healing ability, rather than to address symptoms of disease, such as infection, there is no occasion in which a naturopath would ever diagnose or treat a disease, perform any invasive procedure, perform surgery, or prescribe drugs or pharmaceuticals.” (Coalition for Natural Health, 2000)

The California Naturopathic Association defines naturopathy as a system of healing that comprises natural methods to assess and care for the health of the patient. “Naturopathy is concerned with both a healthy lifestyle and the prevention of disease - pain - and physical, chemical or mental conditions. Naturopathy promotes health and wellness through education, specializing in detoxification, gentle natural therapies, and lifestyle changes.” (California Naturopathic Association, 2001).

⁹ For a complete list of questions, see Dower et al., *Profiling the Professions: A Model for Evaluating Emerging Health Professions*. UCSF Center for the Health Professions, 2001.

Naturopaths use many modalities that may include exercise, diet therapy, herbs, acupuncture, reflexology, herbology, electricity, massage, manual manipulation, magnetism, color therapy, sound therapy, nutritional supplementation, homeopathy, iridology, and kinesiology (California Naturopathic Association, 2001).

History and tradition

Like naturopathic physicians, naturopaths trace their history to Benedict Lust as the founding father of the profession. In the late 19th and early 20th centuries, Lust expanded upon European water cure and herbal therapies to develop a comprehensive system of health care and philosophy of health. Naturopaths have developed a tradition that embraces only non-invasive modalities and therapies and excludes most allopathic practices. Over the past several decades, naturopaths have established a number of schools, developed a broad set of treatments and therapies that exclude surgery, pharmaceuticals and other allopathic types of care, and have worked to ensure access to naturopaths by opposing state regulation of naturopathic practitioners.¹⁰ Naturopathy is also practiced in Germany, Great Britain, Australia, and other countries, and schools in these countries offer education and training in naturopathy.

Model of care

Naturopaths do not use invasive medical treatments such as x-rays, prescription drugs, injections, or surgery. Naturopaths choose not to incorporate any allopathic procedures or modalities into their practice, and feel that all modalities used should be noninvasive. They feel that the primary tenet of allopathic medicine, i.e., treating isolated symptoms of a disease rather than the individual as a whole, is not fundamentally consistent with the tenets of naturopathy.

Naturopathy is primarily viewed in terms of a health promotion/wellness model, although naturopaths also treat acute illnesses such as colds or flu.

Naturopathy as performed by naturopaths is not recommended for persons with severe acute trauma or acute infection that requires hospitalization. “Naturopathy may be applied in any health care

¹⁰ For a brief history of naturopathy offered by the Coalition for Natural Health, see Appendix D.

TABLE 15. Number of individuals certified as by the ANMCAB as American Board Certified Naturopathic Physicians¹² and American Board Certified Naturopaths.

State	Number of Certified Naturopaths and/or Physicians
United States	
Alaska	3
Alabama	33
Arkansas	48
Arizona	79
California	660
Colorado	129
Connecticut	24
Washington, DC	25
Florida	246
Georgia	162
Hawaii	33
Iowa	27
Idaho	39
Illinois	132
Indiana	36
Kentucky	18
Louisiana	48
Massachusetts	57
Maryland	55
Maine	6
Michigan	108
Minnesota	69
Missouri	57
Mississippi	18
North Carolina	42
North Dakota	11
Nebraska	4
New Hampshire	4
New Jersey	87
New Mexico	72
Nevada	55
New York	330
Ohio	45
Oklahoma	105
Oregon	12
Pennsylvania	87
Rhode Island	9
South Carolina	9
South Dakota	6
Tennessee	9
Texas	462
Utah	36
Virginia	54
Vermont	6
Washington	36
Wisconsin	48
West Virginia	3
Wyoming	5
TOTAL	3,679

Source: American Naturopathic Medical Association and American Naturopathic Certification and Accreditation Board, January 4, 2001. Estimates provided by associations have not been verified.

situation, however, its strongest successes are in the treatment of chronic degenerative diseases.” (California Naturopathic Association, 2001)

Workforce size and demographics

Because naturopaths are not regulated through licensing, it is difficult to estimate the size of the profession. Table 15 provides the number of persons certified by the ANMCAB¹¹ as either American Board Certified Naturopathic Physicians¹² or American Board Certified Naturopaths. These numbers are only a rough estimate of the number of practicing naturopaths in each state, and the actual numbers may be significantly different than those listed in Table 15. Many naturopaths do not seek certification or they may not be actively practicing. Thus, the actual numbers of practicing naturopaths are likely greater than those numbers seen in Table 15. Data were not available regarding gender or ethnic representation in the profession.

One of the common ways to predict future professional workforce supply is to look at the education and training pipeline data.

¹¹ The American Naturopathic Medical Certification and Accreditation Board (ANMCAB) offers private sector (non-governmental) certification in naturopathy. See Section C below for more information.

¹² Licensed naturopathic physicians do not seek certification through the ANMCAB.

TABLE 16. Nonexclusive list of schools of naturopathy, student enrollment, and, if applicable, estimated number of students graduating in 2001.*

School	Total Student Enrollment	Enrollment in Naturopathy Program	Students Graduating in 2001 (est)	Residential or Learning Distance
American Institute of Holistic Theology			Open graduation	Distance learning
Clayton College of Natural Health	18,000		Open graduation	Distance learning and will offer Internet class by March 2001
First National University of Naturopathy	20	20	Open graduation	Residential
Gateways College of Naturopathy	14	14	14	Residential
International College of Naturopathy	100	100	17	Residential, but also offer some Internet classes
Trinity School of Natural Health	3500	2800	Open graduation	Residential and distance learning
Westbrook University	500	122	Open graduation	Distance learning
University of Natural Medicine				Distance learning

* Estimates provided by individual schools have not been verified.

Sources: First National University of Naturopathy, November 8, 2000; Clayton College of Natural Health, December 11, 2000; Gateways College of Naturopathy, November 8, 2000; International College of Naturopathy, November 8, 2000; November 9, 2000; Trinity School of Natural Health, November 9, 2000.

Note: Information for California Naturopathic College, Natural Healing Institute, Southern College of Naturopathy and Yamuri Institute of Healing Arts not available.

Table 16 provides a list of schools that offer training for naturopaths. Where available, information is shown regarding total student enrollment, enrollment in the naturopathic program, number of students graduating in the next class, and designation as to type of program, i.e., residential, distance learning, or both. Distance learning schools typically do not operate on a semester schedule and provide open enrollment and open graduation for students, i.e., individuals may enter and complete the program at any time. Due to this open structure, it is difficult to estimate the number of students graduating in a specified amount of time. We were unable to obtain data for all schools that educate naturopaths and, therefore, Table 16 is only a partial listing. For more information about schools of naturopathy, see Chapter 2, Section D and Table 17.

Section **B** Safety and efficacy of Naturopathy

How does the profession measure the safety and efficacy of its services? What are the findings of studies on safety and risk of harm to patients? What are the findings on efficacy and effectiveness? What is the profession's research agenda?¹³

Measuring safety and efficacy

Naturopaths are not of a single voice regarding how and whether to measure safety and efficacy of the services they provide. Many naturopaths rely on tradition, professional experience and the experiences of their clients and patients for tailored feedback rather than subjecting their recommendations to the biomedical model of research. Others can rely on published studies. Because naturopathy includes a number of modalities and therapies, naturopaths can rely on the research and publication of studies conducted in fields not specific to naturopathy. For example, naturopaths can consult any of the journals dedicated to nutrition, exercise, homeopathy and herbal and botanical medicine.

In the bigger picture of which naturopathy is a part, the growing interest in complementary and alternative medicine has initiated new research directives in evaluating the safety and efficacy of non-allopathic therapies. The results of research thus far have stimulated public debate between critics and proponents of complementary health care. Opponents of alternative medicine often suggest that non-allopathic therapies are unproven according to research standards and act as placebos at best. Many in the academic and medical communities feel that research in alternative medicine should conform to the accepted methodologies in biomedical research. Some who support complementary health care suggest that allopathic and non-allopathic medicine represent two different paradigms, i.e., complementary therapies are more holistic in nature than allopathic medicine and current scientific methodologies, which are designed to measure cause and effect of individual agents or interventions, cannot adequately measure the effectiveness of holistic approaches.

¹³ For a complete list of questions, see Dower et al., *Profiling the Professions: A Model for Evaluating Emerging Health Professions*. UCSF Center for the Health Professions, 2001.

In one attempt by those who would move the research forward within the traditional bio-medical model, the Cochrane Collaboration has assembled a review team to evaluate research to date on complementary and alternative medicine. The primary task of the Cochrane Collaboration is to maintain and disseminate systematic and up-to-date reviews of randomized controlled trials (RCTs) in health care. When RCTs are not available, other reviews of the most reliable evidence from other sources are added to the database. The Cochrane Collaboration recently created a Complementary Medicine field to compile a database of RCTs in alternative medicine. In order for reviews to be included in the Cochrane Complementary Medicine registry, an intervention must not meet more than one of the following criteria: 1) the intervention is exclusively or almost exclusively performed by individuals with conventional medical qualifications; 2) the intervention is a recommended treatment, and 3) the intervention fails to involve any theoretical divergence with mainstream medicine or science. The Complementary Medicine review team is currently in the process of evaluating and adding reviews to the database.

Safety

On the continuum of potential risk of harm to patients, naturopathy falls close to the safe end of the spectrum. Because “the goal is to optimize the body’s self-healing ability, rather than to address symptoms of disease, such as infection, there is no occasion in which a naturopath would ever diagnose or treat a disease, perform any invasive procedure, perform surgery, or prescribe drugs or pharmaceuticals.” (Coalition for Natural Health, 2000). This approach minimizes potential risk of harm to the public. Most of the modalities and therapies employed by naturopaths pose little to no harm to the individual; because they are not licensed to dispense regulated products, naturopaths limit their work to promoting health and wellness through education, specializing in detoxification, gentle natural therapies, and lifestyle changes.

At the same time, even unregulated substances, such as herbs, may pose some risk of harm. Recent literature on herbal medicine has included reports of adverse effects of many herbal remedies. However, many of the negative conditions associated with herbs have occurred due to an interaction with a drug prescribed by an allopathic physician. It has been noted that 70% of patients do not advise their

clinicians about their use of herbal supplements (Miller, 1998). It is thus imperative for naturopaths to encourage doctor-patient interaction and be aware of known or potential drug-herb interactions.

Efficacy and effectiveness

As noted above, many naturopaths tailor their work to individuals and rely on feedback from those individuals about the effectiveness of their care. Measuring the efficacy of naturopathy is challenging. Where research has been done, the majority of complementary and alternative medicine literature focuses on single substances or treatments, and numerous investigations have shown that various individual treatments may or may not be effective. For example, herbal remedies and nutritional therapies may be effective in treating some conditions but not others (Berman et al., 2000). Most reviewers have concluded that more research is needed to test efficacy of complementary and alternative medicine therapies.

Naturopaths may use some of the same modalities (e.g. herbal remedies and nutritional guidance) as naturopathic physicians. Some examples can be found mixed above in Table 4 (although again we note that only some, not all, modalities are employed by both groups of practitioners).

Research agenda

We identified no organized effort by naturopaths to pursue research to advance the profession as a whole.

Section **C** Government Regulation and Private Sector Recognition of Naturopaths

To what degree is the profession recognized, through law or policy, by private and public (government) sector entities? Is the practice of the profession expressly illegal in any states or provinces? Is it regulated through licensure of members of the profession? Where the profession is regulated, what is the legal scope of practice for members of the profession? Do health plans cover the services provided by members of the profession? What are the estimated utilization rates for the profession?¹⁴

Public sector regulation

While only a few states (including Alabama, Kansas, and Virginia) have statutorily recognized the right of naturopaths to practice¹⁵, and with the significant exceptions noted below, the practice of naturopathy is generally permitted in the vast majority of states and provinces. This is usually the case because the profession of naturopathy is statutorily ignored and naturopaths may provide care as long as that care is not construed as practicing medicine (or other regulated profession) without a license. Because naturopaths are not regulated through licensure in the United States or Canada, legal scopes of practice have not been enacted for the profession.

In some states, naturopathy is legally prohibited or curtailed. The practice of naturopathy (and naturopathic medicine) is illegal in the states of South Carolina and Tennessee. In the states that license naturopathic physicians, the licensing requirements are such that naturopaths are not eligible for licensure and the terms ‘naturopath’ and ‘naturopathy’ may be legally reserved for use only by naturopathic physicians. In such cases, naturopaths may practice but may not use the terms ‘naturopath’ or ‘naturopathy’ to describe themselves or their services and may not provide care that could be construed to be naturopathic medicine (or any other regulated profession). Finally, a few states prohibit the practice of some of the modalities included in the naturopath’s education and training.

¹⁴ For a complete list of questions, see Dower et al., *Profiling the Professions: A Model for Evaluating Emerging Health Professions*. UCSF Center for the Health Professions, 2001.

¹⁵ See Table 10

Some jurisdictions have developed unique approaches to the regulation of naturopaths and other non-allopathic care providers. In the District of Columbia, naturopaths are state regulated through private sector registration. Naturopaths may register with the District's Council on Naturopathic Registration and Accreditation (CNRA) in order to practice. The CNRA was "...created as a nonprofit organization for the purpose of promoting traditional naturopathic techniques, recognizing trained and degreed practitioners, as well as certifying to the public the credentials of naturopathic doctors" (Council on Naturopathic Registration and Accreditation, 1998). In order to become a registered naturopath, one must meet the following requirements: 1) hold a Doctor of Naturopathy degree from an accredited school, 2) currently be a practicing naturopath, 3) hold current membership in your state naturopathic organization, and 4) hold current membership in a national naturopathic organization. The CNRA does not have specific accreditation requirements, so anyone holding a Doctor of Naturopathy degree may become a registered naturopath.

The state of Minnesota has enacted legislation that allows the practice of unlicensed complementary and alternative health care practitioners, including naturopaths. Complementary and alternative health care practices include but are not limited to: "1) acupressure; 2) anthroposophy; 3) aromatherapy; 4) Ayurveda, 5) craniosacral therapy; 6) culturally traditional healing practices; 7) detoxification practices and therapies; 8) energetic healing; 9) polarity therapy; 10) folk practices; 11) healing practices utilizing food, food supplements, nutrients, and the physical forces of heat, cold, water, touch, and light; 12) Gerson therapy and colostrum therapy; 13) healing touch; 14) herbology or herbalism; 15) homeopathy; 16) nondiagnostic iridology; 17) body work, massage, and massage therapy; 18) meditation; 19) mind-body healing practices; 20) naturopathy; 21) noninvasive instrumentalities; and 22) traditional Qigong practices, such as Qi Gong energy healing." (Minnesota Statutes § 146A.01, 2000) As defined in the statutes, complementary health care practices do not include surgery, x-ray, dispensing legend drugs, practices involving skin puncture, setting fractures, use of medical devices, or manipulation of the spine or joints. All unlicensed practitioners must provide a written copy of the complementary and alternative health care client bill of rights prior to providing treatment, and each client must sign a statement indicating that he/she has received the bill of rights. A listing of what must be included in the bill of rights is provided in Appendix E.

In the state of Idaho, one may be an unlicensed physician and...”administer treatment or provide advice regarding the human body its functions that:

1. Does not use legend drugs or prescription drugs in such practice;
2. Uses natural elements such as air, heat, water, and light;
3. Only uses class I or class II nonprescription, approved, medical devices as defined in Section 513 of the Federal Food, Drug, and Cosmetic Act;
4. Only uses vitamins, minerals, herbs, natural food products and their extracts, and nutritional supplements; and who
5. Does not perform surgery;
6. Requires each person receiving services to sign a declaration of informed consent which includes an overview of the health care provider’s education which states that the health care provider is not an ‘MD’ or ‘DO’ and is not licensed under the provisions of this chapter.” (Idaho Statutes 18 § 54-1804, 2000).

Finally, although the regulation of health care professionals is reserved for the states, some local jurisdictions are experimenting with ways within their legal boundaries to address the practice of health care practitioners. For example, San Diego County (California) allows individuals to obtain a business license and practice as a Holistic Health Practitioner. Holistic Health Practitioners are defined as “...non-medical health care therapists who use a massage specialty and therapeutic approach in caring for clients and who present...proof of satisfactory completion of one thousand hours of instruction in such specialty or therapeutic approach at a school with a State approved curriculum and proof of membership in a State or nationally chartered organization devoted to the specialty of therapeutic approach. The practice of such health care therapists may include other services such as nutritional assistance or counseling as long as all activities are directed toward health care” (San Diego County Code of Regulatory Ordinances 1 § 66.504, 1995.).

For further information regarding naturopathic practice and regulation, look to *Legal Guidelines for Unlicensed Practitioners* by Dr. Lawrence D. Wilson (Wilson, 2000).

Public and private sector reimbursement

Naturopaths do not currently receive payment for services provided through federal or state health plans. Nor do insurance companies provide coverage for services provided by naturopaths. We did not locate any network aggregators that included naturopaths.

Malpractice insurance

Malpractice insurance is available to naturopaths. The Coalition for Natural Health offers a discounted plan for members. The American Association of Nutritional Consultants (AANC) also offers professional liability insurance for naturopaths. Currently, the AANC has an agreement with the American Naturopathic Medical Association and will offer malpractice insurance to graduates of Clayton College and Trinity College possessing a Doctor of Naturopathy diploma/degree. The policy provides \$500,000 per occurrence and \$1,000,000 per member aggregate for all occurrences (American Association of Nutritional Consultants, 2001).

Utilization rates

To our knowledge, there is no published data regarding utilization rates or demand for naturopaths. Nor is there published information about satisfaction rates specific to naturopaths.

Private sector credentialing

The American Naturopathic Medical Certification and Accreditation Board (ANMCAB) offers private sector (non-governmental) certification in naturopathy. Applicants must meet the minimum criteria and apply to the Board 30 days prior to the examination date in order to take the examination. The examination contains four sections that include topics such as biology, healing techniques, nutrition, homeopathy, and herbology. Those individuals certified by the ANMCAB must complete 20 units of continuing education annually to retain certification status. Currently, the ANMCAB offers two types of certification:

1) American Board Certified Naturopathic Physician

“Any currently state licensed allopathic doctor, osteopath, doctor of dental surgery, doctor of medical dentistry, doctor of pharmacology, chiropractor, nurse practitioner,

or PhD in biochemistry with additional training in naturopathy may become a certified naturopathic physician” (American Naturopathic Medical Certification and Accreditation Board, 2000). A naturopathic doctor holding a second medical degree may also qualify to take the written exam.

2) American Board Certified Naturopath

The following are prerequisites for certification:

a. graduation from the following naturopathic programs:

Clayton College of Natural Health,

Trinity College of Natural Health,

International College of Naturopathy,

Herbal Healer Academy, and/or

b. equivalent education and experience in health care, and

c. pass the written examination.

To date, ANMCAB certification is not recognized legally by any state. However, two years ago, a bill was introduced in Texas that would have required naturopaths practicing in that state to become registered (Texas State Naturopathic Medical Association, 2000). The primary requirement for registration would be board certification from the ANMCAB. Although the bill died in the house, the Texas State Naturopathic Medical Association hopes the bill will be reintroduced.

Section **D** Education and Training of Naturopaths

What are the education and training opportunities (didactic and clinical) for would-be members of the profession? Are educational programs standardized and/or accredited? Can future professionals specialize in certain areas?¹⁶

Many educational and training opportunities exist for naturopaths, and the range of opportunities varies depending on the school. While many of the programs provide residential and on-site coursework, a significant number of them offer distance learning opportunities via traditional correspondence or electronic means. Length of programs varies considerably. A few programs are 3–4 years long but the majority offer degrees for 2 years or less of education. Table 17 provides a nonexclusive list of schools providing training for naturopaths. Where available, information about requirements for admission, courses included in the training program, type of program, length of program, existence of a residency, apprenticeship or internship, and the degree or certification attained upon completion are provided. Table 17 is incomplete due to unavailability of some information.

Standardization and accreditation

Educational opportunities in naturopathy are not standardized across the United States and Canada. However, several schools are accredited by the same organizations and offer similar training. Several schools that offer education and training in naturopathy are accredited by the American Naturopathic Medical Certification and Accreditation Board and the American Association of Drugless Practitioners. Both organizations are professional trade associations and neither is recognized by federal or state governments. Several schools that educate and train naturopaths are not accredited. Westbrook University is an institution that follows the naturopathic philosophy, and is currently not accredited as they seek accreditation from an organization recognized by the Department of Education. Table 18 provides a nonexclusive listing of schools that offer training in naturopathy and respective accrediting and licensing organizations, if applicable.

¹⁶ For a complete list of questions, see Dower et al., *Profiling the Professions: A Model for Evaluating Emerging Health Professions*. UCSF Center for the Health Professions, 2001.

TABLE 17. Nonexclusive list of schools providing education and training for naturopaths, 2000.

School	Prerequisites	Training	Residential or Distance Learning	Length of Program	Residency or Internship	Degree or Certification
Academy of Natural Therapies, www.powerhealth.net	High school graduate; completion of course requirements for Bachelor and Master of Science programs or equivalents taken at other schools	Courses include history of naturopathy, parasitology, advanced herbology, color and music therapy, advanced homeopathy, advanced natural therapies, alternative approaches to AIDS, lipid biochemistry, microbiology, and thesis or research project	Distance learning	NA	Yes; clinical externship with a health professional approved by the Academy (500 hours) Diploma as	Doctor of Naturopathy
American Institute of Holistic Theology, Youngstown, OH	High school graduate or completion of GED; accumulated life experience may qualify an older adult for admission	Courses include business and legal aspects of a health practice, introduction to business management, mind/body healing, herbology, natural health techniques, psychology, anatomy, chemistry, and biology	Distance Learning	(42 credits)	No	Diploma as Bachelor of Science in Naturopathy (naturopathy)
	Bachelor of Science plus specific coursework	Courses include nutrition, juicing, chelation, detoxification, mind development, brain power, fasting, studies of Edgar Cayce, and enzyme nutrition		(44 credits)	No	Diploma as Master of Science in Naturopathy (naturopathy)
	Bachelor of Science and Master of Science plus specific coursework	Courses include Jungian psychology, iridology, acupuncture, religion, prayer, theology, herbology, homeopathy, legal aspects of a holistic health practice; completion of a holistic health project		(60 credits)	No	Diploma as Doctor of Naturopathy (naturopathy)
	Bachelor of Science, Master of Science and Doctor of Naturopathy plus specific coursework	Courses include growing herbs, meditation/physical fitness, reflexology, healing power, healing practitioner, history of healing, Ayurveda, alternative approaches, and psychodietetics		(63 credits)	No, but required reading project and dissertation for degree completion	Diploma as Doctor of Philosophy in Naturopathy (naturopathy)

TABLE 17. (continued)

School	Prerequisites	Training	Residential or Distance Learning	Length of Program	Residency or Internship	Degree or Certification
California Naturopathic College, Del Mar, CA	Successful completion of Massage Technician program	Courses include anatomy, physiology, human body systems, immunity and neurohormonal regulation, circulatory and cardiovascular concerns, health throughout the life cycle, body/mind integration techniques, practitioner development tools, energetic healing, somatic/body therapies, nutrition/botanical medicine, homeopathy, and holistic animal care (400 hours)		2 years	No, but clinical practicum and research project Certificate as	Holistic Health Practitioner
	Successful completion of Massage Technician and Holistic Health Practitioner programs	Courses include pharmacology, human pathology, human body systems, nutrition therapy, herbology/ayurveda, homeopathy, health psychology, vibrational healing, and body therapies/exercise (900-hour minimum)		2 - 2 1/2 years (1200-hour minimum)	Yes; 300-500 hours of a clinical practicum (300-hour minimum)	Certificate as Naturopathic Physician (NP)
Clayton College of Natural Health, Birmingham, AL	None if applicant chooses to enter Bachelor of Natural Health Studies program; otherwise, a bachelor's degree is required for entry into ND program and the following courses: basic nutrition, biology, herbology, and homeopathy, anatomy, and physiology	Courses include history of naturopathy, nutrition, iridology, body awareness and physical movement, alternative approaches to arthritis, massage, reflexology, acupressure, building a consulting practice, client-practitioner relationship	Distance learning and plans to offer Internet class in 2001		Yes, consulting practicum in naturopathy	Diploma as Doctor of Naturopathy (ND)

TABLE 17. (continued)

School	Prerequisites	Training	Residential or Distance Learning	Length of Program	Residency or Internship	Degree or Certification
Clayton College of Natural Health, Birmingham, AL (continued)	Current US medical license	Courses include historical and traditions of medicine, overview of alternative medical practices, introduction to mind/body medicine, physician-patient relationship, nutrition I, nutrition II, classical homeopathy, herbology, energy medicine, medical herbalism, pediatric homeopathy, nutrition and HIV/AIDS, approaches to pain management, alternative approaches to cancer, Oriental perspectives of nutrition, iridology, therapeutic touch, light therapy, color therapy, music therapy, detoxification and health, aromatherapy, feng shui, homeopathy for women, vitamin and mineral therapies, and enzymatic nutritional therapies		About 18 months (56 credit hours) + 50 hour requirement to be fulfilled with CWME units or selected projects	Yes; 50 hours of an experiential learning component is incorporated into the curriculum that combines several different hands-on projects	Diploma as Doctor of Naturopathic Medicine (NMD)
Gateways College of Naturopathy, Shingle Springs, CA	None	Courses include nutrition, kinesiology, ayurveda, homeopathy, anatomy & physiology, herbology, aromatherapy, natural therapies, acupressure	Residential	2-4 years (256 hours)	Yes; internship where student is observed and guided while working with clients (3 months)	Certificate as Naturopath
Hallmark Naturopath College, Sulphur, OK	High school diploma or GED Completion of Biologic Ionization Technician Program	Courses include biologic ionization as applied, biologic ionization theory, and biologic ionization laboratory techniques and procedures (150 hours) Courses include nutrition, economic history of health care, chemistry, anatomy, business planning, professional presence and business department, transactional analysis, professional image and personal power for women, and office forms (1020 hours)		Open Open	No No	Certificate as Biologic Ionization Technician Certified Naturopathic Counselor

TABLE 17. (continued)

School	Prerequisites	Training	Residential or Distance Learning	Length of Program	Residency or Internship	Degree or Certification
Hallmark Naturopath College, Sulphur, OK (continued)	Completion of Naturopathic Counselor Program	Courses include biologic ionization theory, hormones, body energies, nutrition, bioelectric impedance analysis, inflammatory disorders, genetic expression in aging, herbology, reflexology, office procedure, and insurance basics (24/35 hours)		Open	No	Certified Naturopath
International College of Naturopathy, Santa Barbara, CA		Courses include homeopathy, herbology, nutrition, toxicology, anatomy and physiology, magnet therapy, etc.	Residential but also offers some internet classes	15 months	No; lab where one takes a 'case history' and uses learned testing protocols	Certificate and diploma as Naturopathic Practitioner/ Naturopathic Physician
Le College des Medicines Douces du Quebec (College of Alternative Medicine), Montreal, Quebec, Canada	Prerequisites include completion of several levels of training: Health Counselor, Health Educator, Health Technician, and Health Practitioner	Courses include vital hygiene, nutrition, medications, tests, emergencies, biotherapies, regenerative cures, phytoenergetics, oligotherapy, chronic affections, homeopathy, human energy regulation and therapy		15-18 months (36 credits)	No, but a final assignment must be submitted to complete training as a Naturopath	Diploma as Naturopath
Natural Healing Institute, Encinitas, CA	None	Herbology, nutrition, anatomy, physiology, pathology, massage therapy, communication skills, iridology, rayid, and kinesiology			Yes; 20 hours of a supervised practicum	
Trinity School of Natural Health, Warsaw, IN	The prospect that the candidate can successfully complete the course of study	Program includes anatomy, anthropology, physiology, nutrition, iridology, acupuncture, botanical studies, medical jurisprudence	Residential and distance learning	Open	None	Diploma as Doctor of Naturopathy (ND) or Doctor of Naturopathy of Naturopathy Ministry (DNM)

TABLE 17. (continued)

School	Prerequisites	Training	Residential or Distance Learning	Length of Program	Residency or Internship	Degree or Certification
Westbrook University, Aztec, New Mexico	None, but degree is prerequisite for entry into the ND program if student does not hold a bachelor's degree	Courses include anatomy, physiology, applied nutrition, biochemistry, herbology, dietary nutrition, homeopathy, hair mineral analysis, urine analysis, fasting and detoxification, living foods, nutritional counseling, herbology, business practices and office management, exercise and weight management, and 35 credit hours in general education (English, math, social and lab sciences, and humanities)	Distance learning	3-4 years (total of 120 credit hours)	No, but a bachelor's thesis is required (10 credits)	Degree in Clinical Nutrition (BS)
	Bachelor's degree is required for entry into the ND program; if student does not hold a degree upon entry, combination BS in Clinical Nutrition/ND program is offered for those who do not have a bachelor's degree upon matriculation	Courses include 174 credit hours (2610 actual hours) in the areas of anatomy, physiology, kinesiology, biochemistry, etiology, pathology, nutrition, herbal medicine, homeopathy, detoxification and hydrotherapy, physical medicine, psychology, holistic spirituality, and business and law; 35 credit hours (525 actual hours) of observations, practicals, and independent research		4-6 years (total of 279 credit hours)	Yes; 70 credit hours (1050 actual hours) of proctored externship in region where the student resides	Diploma as Doctor of Naturopathy (ND)
	Must be an allopathic, chiropractic, osteopathic, or other health care practitioner seeking to expand their knowledge and expertise	Courses include 84 credit hours (1260 actual hours) in the areas of holistic nutrition, botanical medicine, homeopathy, detoxification and hydrotherapy, physical medicine, psychology, and holistic spirituality		2-3 years (total of 84 credit hours)	Optional: a maximum of 20 credit hours may be substituted through workshops, seminars, trainings, or clinical externships	Diploma as Doctor of Integrative Medicine (IMD) for MD, DO, DC, DDS, and OMD, and Holistic Nursing

TABLE 17. (continued)

School	Prerequisites	Training	Residential or Distance Learning	Length of Program	Residency or Internship	Degree or Certification
University of Natural Medicine, Santa Fe, NM		Courses include anatomy and physiology, clinical biochemistry, nutrition, botanical medicine, homeopathy, embryology, histology, pathology, tissue mineral & hair analysis, blood chemistry & urine analysis, toxicology, gastroenterology, naturopathic practice, microbiology, epidemiology, immunology, iridology, cell nutrition, Bach flower remedies, jurisprudence, midwifery, medical massage, pharmacology, business practices, emergency medicine, ethics, and microscopy (194 credits)	Distance learning	3-4 years	Yes: clinical externship (80 credits or 1200 hours)	Diploma as Doctor of Naturopathy (ND)
Yamuni Institute of Healing Arts, Lafayette, LA	Minimum two years of undergraduate studies or the equivalent that must include anatomy and physiology	Courses include genetics and metabolism, etiopathology, clinical nutrition, bioenergetic medicine, psycho-spiritual health, medical chemistry, laboratory analysis, legal aspects of practice, botanical medicine, physical medicine, and traditional medical systems (Ayurveda, Chinese, Tibetan, etc.) (75 hours video instruction and 264 hours of lecture)		(1039 hours)	Yes: clinical internship with qualified naturopath and research project case studies (700 hours)	Diploma as Certified Naturopathic Practitioner/ Doctor of Naturopathy

TABLE 18. Nonexclusive listing of schools of naturopathy, and accreditation and licensing organizations for each school, where appropriate.

School	Accrediting Body	Licensing Body
Academy of Natural Therapies	American Association of Drugless Practitioners	----
American Institute of Holistic Theology	American Association of Drugless Practitioners	----
California Naturopathic College	----	Council for Private Postsecondary and Vocational Education, CA
Clayton College of Natural Health	American Naturopathic Medical Certification and Accreditation Board; American Association of Drugless Practitioners	----
College of Alternative Medicine	Human Resources Development, Canada and Association Nationale des Naturopathes	----
First National University of Naturopathy	----	----
Gateways College of Naturopathy		----
Hallmark Naturopath College	----	Oklahoma Board of Private Vocational Schools
International College of Naturopathy	American Naturopathic Medical Certification and Accreditation Board	
Le College des Medicines Douces du Quebec	----	----
Natural Healing Institute	----	Council for Private Postsecondary and Vocational Education, CA
Southern College of Naturopathy	American Association of Drugless Practitioners	----
Trinity School of Natural Health	American Naturopathic Medical Certification and Accreditation Board	----
Westbrook University	----	New Mexico Commission on Higher Education; International Association of Schools, Colleges and Universities
University of Natural Medicine	----	New Mexico Commission on Higher Education
Yamuni Institute of Healing Arts	American Association of Drugless Practitioners, American Naturopathic Medical Certification and Accreditation Board	----

The only standard tests at the present time are for the private sector certifications offered by the American Naturopathic Medical Certification and Accreditation Board described in the previous section. The ANMCAB does consider health care experience a prerequisite to certification.

Matching Training to Scope of Practice

Because states do not license naturopaths, there is no defined legal scope of practice for them. Although some state associations have defined a professional scope of practice for their members, there is no professional scope of practice adopted at a national level for naturopaths. With neither legal scope of practice nor a consensus document regarding professional scope of practice, each school may adopt its own curriculum and degree criteria. Individuals may determine whether and when they are sufficiently prepared to provide care.

Integrated training

Naturopaths only utilize modalities and therapies that are non-allopathic in nature. Thus, education in this branch of naturopathy leans heavily toward training in holistic health practices and care. Many schools, however, offer courses in the basic sciences such as anatomy, physiology, biology, chemistry, microbiology, and immunology.

Continuing education and career options

Individual practitioners may choose to enhance their curriculum or practice by participating in workshops or seminars. Some naturopaths seek additional training if they wish to specialize in a particular therapy such as homeopathy or acupuncture. Those who wish to teach in the field may choose to complete a doctoral program.

Naturopaths may follow several career avenues after completion of a diploma or certification program. Some of these routes include naturopathic or nutritional consulting, owning or managing natural health retail businesses, authoring or publishing books or magazine articles on various natural health topics, conducting seminars and workshops, appearing on radio or television programs focusing on holistic health, working with outreach groups in developing

countries to promote holistic health among indigenous peoples, and developing and marketing natural health products.

Because naturopaths generally are not regulated by law, there are no legal requirements for continuing education. However, individuals certified by the American Naturopathic Medical Certification and Accreditation Board must attain 20 continuing education units annually in order to retain certification. Continuing education is awarded for attending seminars, writing technical papers, teaching, workshops, or attending conferences in naturopathy and natural health care alternatives.

Faculty and curriculum development

To our knowledge, there are no national or regional associations for teachers at schools of naturopathy. In many professions, these associations are typically involved in curriculum review and revision. Curriculum review is currently performed at the schools themselves. Many schools of naturopathy have created academic advisory committees that review the curriculum.

Section **E** Proactive Practice Model and Viability of Profession of Naturopathy

What efforts has the profession made to develop practice guidelines, treatment protocols and interprofessional collaboration on clinical care? How are rates of patient satisfaction? How is the profession developing new modalities? How accessible are members of the profession to the public? What groups and associations are working to promote the profession?¹⁷

To our knowledge, there are no nationally accepted practice guidelines or standards of care for naturopaths. Nor are there any nationally recognized interprofessional guidelines for practice, standard of care, consulting, or referral. However, individual practitioners refer clients/patients to

¹⁷ For a complete list of questions, see Dower et al., *Profiling the Professions: A Model for Evaluating Emerging Health Professions*. UCSF Center for the Health Professions, 2001.

members of other professions when deemed appropriate. To our knowledge, there are no data available on patient satisfaction, provider/patient relationships, diversity, or cultural appropriateness of care for naturopaths.

To advance the profession, the American Naturopathic Medical Association offers an annual convention for naturopaths. The convention provides networking and educational opportunities for naturopaths as well as individuals interested in learning about naturopathic modalities and practice. Some state associations also provide a conference for its members. For example, the California State Naturopathic Medical Association also offers a conference on an annual basis for members in the state of California.

Table 19 provides information on national professional associations in the field of naturopathy, and includes total membership, categories of members, and requirements for membership. Many associations have membership categories for individuals who are retired or full-time students. Associate memberships are often available for those who are not practicing naturopaths but wish to support the efforts of the association. The American Naturopathic Medical Association is committed to the philosophy and science of natural therapies and primarily opposes legislation that may prohibit the professional scope of practice for naturopaths. The Coalition for Natural Health also supports the naturopathic practitioner's right to practice as well as the consumer's freedom of choice regarding natural health practitioners and therapies. "CNH actively opposes legislation that would restrict or revoke a naturopath's right to provide consultation and make recommendations aimed at educating the consumer about natural health-related techniques and choices that promote a healthier lifestyle. CNH actively supports legislation that protects rights of naturopaths and other practitioners of holistic health modalities to practice." (Coalition for Natural Health, 2000)

Several state associations have also been organized for naturopaths. Most state naturopathic associations require proof of graduation from a school of naturopathy for membership. Members of state associations may also include students, retirees, or individuals interested in supporting the

TABLE 19. National professional trade associations for naturopaths* and criteria for membership, 2000.

Association	Number of Members**	Membership Category	Requirements
United States			
American Alternative Medical Association (division of AADP)	1,200	Advanced Medical Practitioner	Practitioners must have advanced medical training, i.e., ND, DC, MD, DDS, PhD, etc. and show proof of education and/or training
American Association of Drugless Practitioners (AADP)	1,200	Holistic Health Practitioner	Any practitioner that practices 'drugless' therapies or methodologies, i.e., massage therapists, acupuncturists, etc., and must show proof of certification or licensure
American Naturopathic Medical Association (ANMA)	3,000	1. Professional 2. Student 3. Retired	Must possess an ND degree Must be a student at a school of naturopathy Retired as practicing ND and wishes to support field of naturopathy
The Coalition for Natural Health	2,500	1. Professional 2. Student 3. Corporate/ Business	Any health professional or individual who wishes to support efforts of organization Student of any discipline Businesses who wish to support the efforts of the organization
Canada			
Association of Naturopaths and Natural Therapists		Individual	
* Of the four US associations listed, only the ANMA is exclusively for naturopaths; the other three may have significant numbers of naturopath members but are open to naturopaths as well as other types of practitioners.			
** Estimates provided by individual associations have not been verified. Sources: American Alternative Medical Association, 2000; American Association of Drugless Practitioners, 2000; American Naturopathic Medical Association, 2000; Coalition for Natural Health, 2000.			

efforts of the association. Some of the state associations have considerable numbers of members. For example, the California State Naturopathic Medical Association (an affiliate of the American Naturopathic Medical Association) reports having 550 members and the California Naturopathic Association reports having 98 members.¹⁸

¹⁸ California State Naturopathic Medical Association, February 22, 2001; California Naturopathic Association, February 22, 2001; estimates provided by individual associations have not been verified.

Chapter Three: Health Care Professionals Using Naturopathic Modalities

Some health care professionals who are trained and licensed in their initial profession are expanding their practices to include naturopathic treatments and modalities. This group of individuals is hard to delineate¹⁹ and do not constitute a single emerging profession as the model template of questions was envisioned to address. However, we include some information about these professionals in this case study of naturopathic practice because their presence contributes to the complexity of the emerging professions of naturopathic medicine and naturopathy.

Allopathic medical doctors make up the majority of this group. Many physicians who have trained in conventional medical schools are choosing to add holistic therapies, including many of the naturopathic modalities, to their practice. Allopathic physicians trained in naturopathic or other complementary and alternative medicine techniques have the ability to practice both allopathic and naturopathic medicine because state Medical Practice Acts generally provide the medical profession all-inclusive practice authority, which includes all health care services (Finocchio et al., 1998). In light of this move toward integrative medicine, states such as Texas are initiating practice guidelines for physicians practicing alternative and complementary medicine (Texas Administrative Code title 22, part 9 § 200.3, 1998).

Education and training in naturopathic practice for health care professionals cover a broad range of options, length of program and quality of coursework. Some schools of naturopathy offer specialized training for persons holding a doctorate or a health practitioner license, e.g., Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Doctor of Chiropractic (D.C.), Licensed Acupuncturist (L.Ac.), Doctor of Dental Surgery (D.D.S.), Doctor of Philosophy (Ph.D.), Doctor of Veterinary Medicine (D.V.M.), Physician's Assistant (P.A.), Registered Nurse (R.N.), etc. Because many of these health professionals already have a science and/or clinical background, training primarily consists of courses in naturopathic modalities. Table 20 provides information about some of the schools providing such coursework for health care professionals.

¹⁹ The number of medical doctors and other health care professionals practicing naturopathy was beyond the scope of this case study to calculate or estimate.

TABLE 20. Nonexclusive list of schools providing education and training in naturopathy for health professionals, i.e., individuals holding a doctorate or health practitioner license (M.D., D.O., D.C., L.Ac., D.D.S., D.V.M., Ph.D., P.A., R.N., or an equivalent degree).

Schools	Prerequisites	Training	Length of Program	Residency or Apprenticeship	Degree or Certification
Bastyr University, Kenmore, WA	May enter on advanced standing status; graduate from an accredited professional school or program (MD, DC, DO, etc.) and are legally qualified to practice his/her discipline	Same training as listed in Table 1, but students may be exempt from some courses due to previous training	2-3 years	Yes; same as listed in Table 1	Diploma as Naturopathic Doctor (ND)
The Canadian College of Naturopathic Medicine, Toronto, Ontario, Canada	May enter on advanced standing status; a comprehensive exam covering curriculum with a passing grade of 70% is required	Same training as listed in Table 1, but students may be exempt from some courses due to previous training	2-3 years	Yes; same as listed in Table 1	Diploma as Naturopathic Doctor (ND)
Clayton College of Natural Health, Birmingham, AL	Must be a licensed chiropractor and possess a bachelor's degree; the following courses are required: basic nutrition, biology, herbology, homeopathy, anatomy, and physiology	Includes courses in herbology, homeopathy, human energetics, naturopathy, detoxification, pain management, naturopathic case studies	Open	No	Diploma as Doctor of Naturopathy for Chiropractors
	Must be a healthcare practitioner and possess bachelor's degree; the following courses are required: basic nutrition, biology, herbology, homeopathy, anatomy, and physiology	Includes courses in herbology, homeopathy, massage, acupressure, reflexology, detoxification and healing, iridology, history and foundations of naturopathy; completion of Natural Wellness Certification	Open	Yes; practicum/case studies in naturopathy	Diploma as Doctor of Naturopathy for Healthcare Professionals
First National University of Naturopathy, Fort Oglethorpe, GA	Will only accept students who already possess degrees such as MD, DO, DC, RN, or ND; must have a minimum of three years of education in health, naturopathic, or physical sciences	Program includes courses in emergency medicine, public health, immunology, internal medicine, minor surgery, obstetrics, pediatrics, geriatrics, neuroscience, diagnostic imaging, advanced naturopathy, physical medicine, and jurisprudence	21 months	Yes; clinical practice in the outpatient facility or an approved off-campus facility (6 months - 1070 hours	Diploma as Naturopathic Medical Doctor (NMD)
Hallmark Naturopath College, Sulphur, OK	Must have a diploma or other proof of completion of educational criteria for his/her field, documented proof of professional and business status, and proof of compliance with licensure and/or registration in state where he/she practices	Courses include economic history of health care, nutrition, body energies, inflammatory disorders, improving patient outcome, genetic expression in aging, biologic ionization laboratory techniques and procedures, biologic ionization theory, and biologic impedance analysis	Open	No	Naturopathic Program for Health Care Professionals

TABLE 20. (continued)

Schools	Prerequisites	Training	Length of Program	Residency or Apprenticeship	Degree or Certification
National College of Naturopathy, Portland, OR	May enter on advanced standing status; graduate from an accredited professional school or program (MD, DC, DO, etc.)	Same training as listed in Table 1, but students may be exempt from some courses due to previous training	2-3 years	Yes; same as listed in Table 1	Diploma as Naturopathic Doctor (ND)
Southern College of Naturopathy, Boles, AR	High school or GED graduate; have acquired extensive knowledge in natural health modalities through distance learning courses, degrees in holistic health, work in a health related field, or profession as a alternative therapy practitioner	Program includes courses in herbal medicine, acupuncture, homeopathic medicine, reflexology, iridology, nutritional therapy, and establishing and maintaining holistic practice	13 days of instruction plus 1 day of testing?		
Southwest College of Naturopathic Medicine, Tempe, AZ	May enter on advanced standing status; graduate from an accredited professional school or program (MD, DC, DO, etc.)	Same training as listed in Table 1, but students may be exempt from some courses due to previous training	2-3 years	Yes; same as listed in Table 1	Degree as Doctor of Naturopathic Medicine (ND)
University of Natural Medicine, Santa Fe, NM	Must hold a degree or professional license as a healthcare practitioner, i.e., MD, DO, DC, PhD, DVM, PA, etc.				Doctor of Naturopathy for Health Professionals (ND)
Yamuni Institute of Healing Arts, Lafayette, LA	Must be a credentialed health professional, i.e., MD, DO, DC, PhD, etc.; may request exemption from courses based on previous education and training or challenge examinations	Courses include genetics and metabolism, etopathology, clinical nutrition, bioenergetic medicine, psycho-spiritual health, medical chemistry, laboratory analysis, legal aspects of practice, botanical medicine, physical medicine, and traditional medical systems (Ayurveda, Chinese, Tibetan, etc.) (75 hours video instruction and 264 hours of lecture)		Yes, but internship may be modified or waived (approx. 700 hours)	

TABLE 21. Nonexclusive list of national professional trade associations, with criteria for membership, for health care professionals providing naturopathic care.

Association	Number of Members*	Membership Category	Requirements
United States			
American Alternative Medical Association (division of AADP)	1,200	Advanced Medical Practitioner	Practitioners must have advanced medical training, i.e., ND, DC, MD, DDS, PhD, etc. and show proof of education and/or training
American Association of Drugless Practitioners (AADP)	1,200	Holistic Health Practitioner	Any practitioner that practices 'drugless' therapies or methodologies, i.e., massage therapists, acupuncturists, etc., and must show proof of certification or licensure
American Holistic Medical Association		Active Physician	Holds a doctorate degree (MD or DO) in medicine and currently licensed to practice Must be state licensed, state certified, or state registered health care practitioner with a current license
		Associate	
		Retired Intern/Resident	
		Medical Student	
American Preventive Medical Association		Student	Full-time students at accredited institutions Consumers and retired practitioners Nutritionists, dietitians, pharmacists, physical and massage therapists, acupuncturists, and other non-physician practitioners Practicing doctors of chiropractic, dentistry, homeopathy, medicine, naturopathy, Oriental medicine, osteopathy and optometry
		Consumer	
		Allied Health Care Practitioner	
The Coalition for Natural Health	2,500	Professional	Any health professional or individual who wishes to support efforts of organization Student of any discipline Businesses who wish to support the efforts of the organization
		Student	
		Corporate/Business	
* Estimates provided by individual associations have not been verified.			

To support and further the efforts of health care professionals who are including naturopathic modalities in their practices, a number of professional and trade associations have formed. In addition to sections within the major health professional associations dedicated to complementary and alternative medicine, several interprofessional associations can be found. Table 21 provides a sampling of such organizations.

Appendix A: AANP Definition of Naturopathic Medicine and Guidelines of Naturopathic Medical Practice

AANP Definition of Naturopathic Medicine

Adopted November 1, 1989, Rippling River Convention

Comprehensive Definition of Naturopathic Medicine

Naturopathic medicine is a distinct system of primary health care — an art, science, philosophy and practice of diagnosis, treatment and prevention of illness. Naturopathic medicine is distinguished by the principles which underlie and determine its practice. These principles are based upon the objective observation of the nature of health and disease, and are continually reexamined in the light of scientific advances. Methods used are consistent with these principles and are chosen upon the basis of patient individuality. Naturopathic physicians are primary health care practitioners, whose diverse techniques include modern and traditional, scientific and empirical methods. The following principles are the foundation for the practice of naturopathic medicine:

Principles

The Healing Power of Nature (*Vis Medicatrix Naturae*)

The healing power of nature is the inherent self-organizing and healing process of living systems which establishes, maintains and restores health. Naturopathic medicine recognizes this healing process to be ordered and intelligent. It is the naturopathic physician's role to support, facilitate and augment this process by identifying and removing obstacles to health and recovery, and by supporting the creation of a healthy internal and external environment.

Identify and Treat the Causes (*Tolle Causam*)

Illness does not occur without cause. Causes may originate in many areas. Underlying causes of illness

and disease must be identified and removed before complete recovery can occur. Symptoms can be expressions of the body's attempt to defend itself, to adapt and recover, to heal itself, or may be results of the causes of disease. The naturopathic physician seeks to treat the causes of disease, rather than to merely eliminate or suppress symptoms.

First Do No Harm (*Primum Non Nocere*)

Naturopathic physicians follow three precepts to avoid harming the patient:

- Naturopathic physicians utilize methods and medicinal substances which minimize the risk of harmful effects, and apply the least possible force or intervention necessary to diagnose illness and restore health.
- Whenever possible the suppression of symptoms is avoided as suppression generally interferes with the healing process.
- Naturopathic physicians respect and work with the *vis medicatrix naturae* in diagnosis, treatment and counseling, for if this self-healing process is not respected the patient may be harmed.

Doctor As Teacher (*Docere*)

The original meaning of the word “doctor” is teacher. A principal objective of naturopathic medicine is to educate the patient and emphasize self-responsibility for health. Naturopathic physicians also recognize and employ the therapeutic potential of the doctor-patient relationship.

Treat the Whole Person

Health and disease result from a complex of physical, mental, emotional, genetic, environmental, social and other factors. Since total health also includes spiritual health, naturopathic physicians encourage individuals to pursue their personal spiritual development. Naturopathic medicine recognizes the harmonious functioning of all aspects of the individual as being essential to health. The multifactorial nature of health and disease requires a personalized and comprehensive approach to diagnosis and treatment. Naturopathic physicians treat the whole person taking all of these factors into account.

Prevention

Naturopathic medical colleges emphasize the study of health as well as disease. The prevention of disease and the attainment of optimal health in patients are primary objectives of naturopathic medicine. In practice, these objectives are accomplished through education and the promotion of healthy ways of living. Naturopathic physicians assess risk factors, heredity and susceptibility to disease, and make appropriate interventions in partnership with their patients to prevent illness. Naturopathic medicine asserts that one cannot be health in an unhealthy environment and is committed to the creation of a world in which humanity may thrive.

Practice

Naturopathic Methods

Naturopathic medicine is defined primarily by its fundamental principles. Methods and modalities are selected and applied based upon these principles in relationship to the individual needs of each patient. Diagnostic and therapeutic methods are selected from various sources and systems and will continue to evolve with the progress of knowledge.

Naturopathic Practice

Naturopathic practice includes the following diagnostic and treatment modalities: utilization of all methods of clinical and laboratory diagnostic testing including diagnostic radiology and other imaging techniques; nutritional medicine, dietetics and therapeutic fasting; medicines of mineral, animal and botanical origin; hygiene and public health measures; naturopathic physical medicine including naturopathic manipulative therapies; the use of water, heat, cold, light, electricity, air, earth, electromagnetic and mechanical devices, ultrasound, and therapeutic exercise; homeopathy, acupuncture; psychotherapy and counseling; minor surgery and naturopathic obstetrics (natural childbirth). Naturopathic practice excludes major surgery and the use of most synthetic drugs.

Prepared for the Special Committee on the Definition of Naturopathic Medicine

Dr. Pamela Snider and Dr. Jared Zeff, Co-Chairs

Guidelines of Naturopathic Medical Practice

Notice: Guidelines, by their very nature, cannot apply to all situations, and they are not intended to substitute for clinical and professional judgment. They provide a context for practice, rather than a prescription.

I. INTRODUCTION

A. The purpose of guidelines of practice is to:

1. Provide general criteria as guidelines for the daily practice of naturopathic medicine.
2. Identify the responsibilities of the naturopathic physician to the public and to maintain public safety.
3. Ensure that the interests of public health are maintained.
4. Provide state boards, licensing and federal agencies guidelines with which to evaluate professional actions.
5. Provide a template for newly licensed states to develop guidelines based on licensing laws.
6. Provide assurance of uniform agreement among the naturopathic profession as to the principles and practice of naturopathic medicine.
7. Periodically review and, where necessary, modify guidelines of practice and care in order to assure public safety, compliance with public health standards and to accommodate the ongoing advances in medical thought.

B. Definition of terms:

1. Guidelines - general rules, criteria or models established by custom or authority for comparison or measurement.
2. Care - supervision, charge; in the care of a doctor.

3. Practice - the use by a health care professional of knowledge and skill to provide a service in the:
 - a. Prevention of illness.
 - b. Diagnosis and treatment of disease.
 - c. Maintenance of health.
4. Service - to be of assistance, to render aid.
5. Guidelines of Practice - the general authority, custom or model by which health care is delivered by the naturopathic physician shall include, but not be limited to:
 - a. Prevention of illness/disease.
 - b. Diagnosis and treatment of illness/disease.
 - c. Maintenance of health.
6. Guidelines of Care - the general models, criteria or rules by which the physician undertakes supervision or care of the individual patient.

C. Definition of naturopathic medicine:

Please refer to the “Definition of Naturopathic Medicine” which accompanies this document.

This document is incomplete and not to be reproduced without including the accompanying definition.

D. Scope of practice:

1. The scope of a naturopathic physician’s practice is eclectic and dynamic in nature.
2. Naturopathic physicians are trained to understand and utilize a wide variety of therapeutic modalities and to select the treatment that, in their opinion, best serves the patient’s condition.
3. The types of therapeutics a physician may choose from include, but are not limited to:
 - a. Acupuncture
 - b. Botanical medicine

- c. Clinical nutrition and nutritional counseling
 - d. Electrohydrotherapy
 - e. Homeopathy
 - f. Hydrotherapy
 - g. Light and air therapy
 - h. Massage therapy/neuro-muscular technique
 - i. Natural childbirth
 - j. Naturopathic manipulative technique
 - k. Orthopedics
 - l. Physical medicine
 - m. Psychotherapy and counseling
 - n. Soft tissue manipulation
 - o. Surgery
 - p. Use of appropriate pharmacological agents
4. The naturopathic physician is obligated to keep up with the changes in medicine.
- This may be accomplished through:
- a. Continuing education seminars, preceptorships, post graduate study, internships or residency programs (see education section VI A).
 - b. In the event physicians belongs to a specialty society, they are obligated to maintain the standards of education set by the society.
5. Naturopathic physicians have an obligation to critically and without bias evaluate new therapeutic agents and methods which may be of benefit to their patients.
6. Naturopathic physicians are encouraged to continually evolve their manner of practice of health care to provide increased benefit to their patients.

E. A Naturopathic physician's role:

A naturopathic physician is trained to be a primary care family practice physician. Individual physicians may choose to specialize in certain methods, modalities or areas of practice within the

scope of general practice. In those instances the physician is obligated to:

1. Notify the patient and their colleagues of the nature of any such limitations.
This may be accomplished by notification at the time of first visit; on the physician's letterhead or business card; or by advertisement.
2. Any physician who has a limited practice is obligated to make appropriate referrals if requested by the patient or deemed necessary by the physician.
3. A naturopathic physician trained as a primary care family practice physician may choose to emphasize or specialize in a specific area either singly or within the scope of a general practice.

F. Code of ethics: Refer to position paper entitled Code of Ethics.

G. Naturopathic physician's responsibility:

Naturopathic physicians are trained as primary care family practice physicians and have a responsibility to the patient to provide the best health care available. The patient can expect his or her health care to include some or all of the following:

1. Diet and nutrition analysis and counseling.
2. Lifestyle and risk assessment.
3. Preventive medicine programs.
4. Appropriate physical examination.
5. Appropriate laboratory and radiographic analysis.
6. Appropriate referral when necessary.
7. Thorough history.
8. Appropriate follow up.
9. Accurate diagnosis.

H. Patients are entitled to:

1. Compliance with state, local and public health guidelines by naturopathic physicians.
2. Treatment with respect and dignity.
3. Respect for privacy.
4. Honest and ethical treatment.
5. Confidentiality.

I. The responsibility of the American Association of Naturopathic Physicians:

The American Association of Naturopathic Physicians through its membership and House of Delegates is responsible for the development, ongoing review, modification and implementation of guidelines of practice and care. These shall be subject to review every 5 years at the discretion of the Board of Directors.

II. PATIENT EVALUATION

A. Record Keeping

1. All naturopathic physicians should keep clear and concise chart notes documenting patient care.
2. It is important that the record be legible, orderly, competent, and that abbreviations/symbols employed are commonly used and understood.
3. There are several important reasons for keeping charts.
 - a. Memory for ongoing care.
 - b. Communicating with other health care professionals.
 - c. In-office research.
 - d. Important administrative and legal documents.
 - e. Basis of peer review process.

4. It is recommended that the Problem Oriented Medical Record, also known as the SOAP format, be used as the standard form for keeping records.

B. Data collection sources:

1. The individual affected.
2. Family, friends.
3. Medical records may be obtained from previous physicians, or other health care providers, for the purpose of patient evaluation.

C. Subjective: The History

1. The written record of the patient history should include the following information.
Patient intake forms may be used for these purposes.
 - a. Identifying Data: Name, sex, age, relationship status, occupation, nationality.
 - b. Chief Complaint: Best done in the patient's own words and a priority of complaints from most to least important may be assigned.
 - c. Present Illness: State the problem(s) as it is at the moment, clarifying the time course in a chronological manner. Include any concurrent medical problems.
 - d. Past Medical History: Previous illnesses, surgeries, medications, hospitalizations, childhood illnesses, accidents or injuries, pregnancies.
 - e. Current Health Status: Allergies (drug, food or inhalant), current medications and supplements (prescription and OTC), immunization history, tobacco, alcohol or recreational drug use, exercise and leisure activities, sleep habits, diet (breakfast, lunch, dinner, snacks), environmental hazards.
 - f. Family History: Diagramming familial tendencies, genetic predispositions and infectious diseases.
 - g. Psychosocial: Brief biography, family/home situation, occupation, lifestyle, emotional make-up, stressors, typical day's events.

- h. Review of systems: Placed in a structured system-by-system ROS section, or simply writing out the positive findings and the pertinent negatives.

D. Objective: Physical Exam, mental status, lab findings.

1. Using a form will simplify the process. A standard format includes: Patient's general appearance, vital signs and the results of the rest of the examination, be it regional or comprehensive.
2. If a mental status exam was done it should be included here, as well as results of pertinent laboratory studies.

E. Assessment:

1. In the establishment of the diagnosis, the following types of diagnostic criteria may be used by the naturopathic physician.
 - a. Conventional medical diagnostic criteria, as found under section IIC & IID.
 - b. Other diagnostic criteria may be used, including those of non western medical traditions such as Ayurvedic, oriental etc.
 - c. A combination of conventional and other diagnostic methods
2. Diagnostic criteria must be consistent with other health care disciplines with utilize the same criteria.
3. Physicians utilizing diagnostic criteria which are other than conventional and/or experimental are also encouraged to apply conventional forms when:
 - a. The patient is also being evaluated by another health care provider for the same or a related condition, in order to maintain continuity among the different disciplines of medicine and to assure quality patient care.
 - b. When faced with a life threatening or degenerative illness when there is a possibility that interventive therapies may be needed.
 - c. The physician knows that the patient will need referral for the same or other illness.

- d. At the patient's request.
- e. As required by state laws.

F. Plan: The naturopathic physician develops a specific written health plan for each patient which is:

1. Rational, i.e., it is:
 - a. Based on identified needs.
 - b. Realistic in its goals.
 - c. Practical in light of the patient's condition and situation.
 - d. In the best interest of the patient.
 - e. Logical in sequence and internally consistent.
 - f. Prioritized to the patient's most pressing conditions.
 - g. Compatible with other therapies the patient may be undergoing.
 - h. Cost effective.
 - i. Flexible to accommodate new developments/findings.
 - j. Experimental only with informed consent and only in areas of doctor expertise.
2. Based on proper assessment, including:
 - a. Ruling out/identifying life-threatening or hidden condition with appropriate history, examination and testing, including referral for specialized evaluation, when appropriate.
 - b. Allowing for timely ongoing reassessment.
3. Based on Naturopathic principles including:
 - a. Stimulating the patient's vital force to promote healing or, in special instances, supplementing or replacing the action of the vital force when the patient is unable to respond to curative treatment.
 - b. Removing the cause of conditions, when known.
 - c. Choosing treatments which pose the least risk of patient harm.
 - d. Individualizing treatments to the whole patient, including referral to appropriate adjunctive health resources for specialized therapies.

- e. Educating the patient to participate responsibly in his or her own health care and to learn principles for building of health and preventing future disease.
 - f. Involving, when appropriate, others significant to the patient in the treatment plan.
 - g. Prevention of disease.
4. Based on a self-evaluation model:
- a. A mechanism for timely evaluation of plan effectiveness.
 - b. A mechanism for timely modification of plans, including referral to other appropriate practitioners.

III. EVALUATION OF PATIENT'S PROGRESS

A. Physician/patient responsibility - Progress is ultimately determined by the physician, in concert with the patient. Family members may be involved in assessment of progress, and may be consulted by the physician to aid in these determinations. Although final assessment must rest with the physician, this is only meaningful when the patient understands and accepts the advice of the physician. If the patient disagrees with the physician over assessment of progress, which can not be resolved by the application of objective criteria, the patient should be encouraged to seek a second opinion.

B. How the evaluation is made:

1. Evaluation of medical progress includes two aspects, the subjective and the objective.
 - a. Subjective evaluation or assessment is primarily the determination of the patient. Such assessment is solicited and recorded by the physician, and is a gauge of progress.
 - b. Objective measurement of progress occurs in several forms.
 1. The first form is in determining the restoration of function or decrease in symptom. This can be done by physical measurements, function scales, etc.
 2. Another method is by laboratory or radiographic analysis.
 3. Objective measurements may also include the traditional or empirical such

as pulse, tongue, iris, reflex point, “applied kinesiology” or whichever of the traditional methods the physician employs, including experimental.

4. A fourth kind of objective assessment would include the experimental forms. Physicians are encouraged to develop the practice of naturopathic medicine by experimenting with methods of assessment, as appropriate. Experimental methods should be used in conjunction with conventional and traditional methods of evaluation (see guidelines for education and research).
2. Evaluation: The evaluation would begin with an “abstract” of the history and physical, recapping the findings in a way that supports the differential diagnosis or working diagnosis. Included would be some explanation of the analysis and reasoning that went into it.

This may also include:

- a. What type of care is needed, including immediacy, acute, chronic, long or short term.
- b. A discussion of naturopathic considerations would include: *Tolle Causam*, *Vis Medicatrix Naturae* or vital force.
- c. The patient’s ability to respond to treatment would also be assessed by the physician. The judgment is based on past medical history and the physician’s subjective assessment.

C. Physician response

1. A patient’s progress measured against the physician’s prognosis will determine the physician’s response to treatment.
 - a. If assessed progress is deemed appropriate, the treatment plan would be continued. Treatment would be discontinued when sufficient progress has been achieved, or revised, based upon the patient’s response.
 - b. Lack of appropriate progress could indicate the need for reevaluation of the treatment plan, or it may indicate need for reevaluation of the condition or underlying basis of the condition being treated.

- c. In cases where no progress is made, at some point the determination to refer the patient for consultation with another physician may be necessary. This prerogative always lies with the patient but is also the responsibility of the physician. If the physician determines that s/he has reached the limit of time or expertise after which no further progress could be expected, referral may be appropriate. The timing of this determination is based in part upon the prognosis in the patient's case. It is assumed that a referral for this purpose will be made in a timely manner, to preserve the health of the patient.

IV. PATIENT PARTICIPATION IN HEALTH

A. Patient's rights - recognizing that patients are inherently responsible for their own health, the naturopathic physician is committed to their right of:

1. Informed consent.
2. To have all information provided for them to make informed and educated decisions.
 - a. The naturopathic physician is obligated to present the patient with all the options for medical care in an unbiased manner.
 - b. The physician has the right to, and may express, opinions as to the quality of the different types of health care options, if the patient requests these options.
3. Freedom of choice in health care.

B. Choice of medical care is understood to ultimately be the patient's.

1. Recognizing that the disease process is the patient's, the decision for treatment is ultimately also the patient's.
2. The physician is strongly encouraged not to make the choice for the patient if requested by him/her.

C. Physician's role in patient's illness is to:

1. Provide guidance for the patient. This may include the use of printed educational or informational materials, counseling or referral to appropriate agencies.
2. Provide optimal care, which may include referral to institutions or physicians which can better provide those services.
3. Inform patients of their progress, by letter or phone consultation, through family or individual conferences, by periodic or yearly evaluations.
4. Refer patient if no progress is being made in their treatment after a reasonable length of time.
5. Change treatment protocol based upon reevaluation of the case.

D. Appropriateness of patient participation

1. Patient participation in their own health care is encouraged by naturopathic physicians as it is recognized that such participation leads to better compliance and a faster recovery.
2. The physician must assess whether the patient has the ability to participate; this assessment should include:
 - a. Ability of the patient to understand the nature of the illness.
 - b. Ability of the patient to understand the medical options available and their consequences.
 - c. The patient's mental status.
 - d. Ability of the patient to make an informed consent.

E. Setting priorities and goals:

1. Who may determine:
 - a. The physician, patient or a combination of both may set the goals and priorities.
 - b. If in the opinion of the physician, the patient makes a choice that may be harmful, the physician may:

1. Refuse to participate further in the health care of the patient.

This is accomplished both verbally and in writing.

2. Refer the patient to other qualified health care providers.

2. Family participation:

- a. Family members may participate at the discretion of the patient or the physician.
- b. In the event that patients are unable to make choices for themselves or participate in their health care, their spouse, parent, eldest or designated child or court appointed guardian or advocate may participate on their behalf.

F. Revising health care plans - Health care plans need to be reviewed periodically, as determined by the physician. These commonly occur at each visit and would be also reviewed at other times if the patient fails to progress.

V. NATUROPATHIC PHYSICIAN'S ROLE IN HEALTH PROMOTION

A. Prevention

1. Naturopathic medicine emphasized the prevention of disease. This is accomplished through education and the promotion of healthy ways of living. The naturopathic physician assesses risk factors and hereditary susceptibility to disease, and makes appropriate interventions to prevent illness. Naturopathic medicine asserts that one cannot be healthy in an unhealthy environment, and strives to create a world in which humanity may thrive (see the Definition of Naturopathic Medicine).
2. Naturopathic physicians therefore have a wellness orientation.
 - a. Encouraging the individual towards independence and self-direction.
 - b. Viewing health optimization as the ultimate goal rather than crisis intervention.
 - c. Assisting health optimization as the ultimate goal rather than crisis intervention.
 - d. Reinforcing positive behavior patterns.

B. Public health

1. The naturopathic physician follows the guidelines of the public health service.
 - a. Reporting diseases: Observe and be subject to all laws and regulations relative to reporting births and all matters pertaining to the public health, with equal rights and obligations as physicians and practitioners of other schools of medicine (from Hawaii Revised Status 455-8 and ORS 685.040).
 - b. Keeping up with public health data.
 1. Center for Disease Control updates.
 2. State health department updates.
 - c. Informing the public.
2. Methods by which prevention and maintenance of health may be achieved.
 - a. Employ a variety of naturopathic interventions to assist individuals to achieve their optimum health.
 - b. Periodic screening for common risk factors such as:
 1. Elevated serum (blood) cholesterol
 2. Hypertension
 3. Obesity
 - c. Periodic screening for specific diseases such as:
 1. Cancer
 2. Coronary artery disease
 3. Diabetes
 4. Glaucoma
 5. Osteoporosis
 6. Thyroid dysfunction
 - d. Immunization
 1. Seen AANP position paper
 2. Informed consent

e. Preventive methods

1. Natural foods diet, allergen avoidance
2. Antioxidants
3. Quality air and sunshine
4. Avoidance of environmental hazards (sunburn, fluorescent lights, VDT's, etc.)
5. Hygiene and sanitation
6. Elimination of body wastes (colonic irrigation, etc.)
7. Exercise and posture
8. Botanical and homeopathic medicines
9. Stress reduction and management
10. Mental hygiene
11. Self actualization

f. Health education

- a. Identify the learning needs of the individual.
- b. Use appropriate teaching techniques to meet the individual's learning needs.
- c. Evaluate the teaching carried out.

VI. Guidelines for education and research

(These recommendations do not supercede established state guidelines.)

A. Continuing education recommendations

1. Continuing education requirements shall be *recommended* for all naturopathic physicians, including those who practice in unlicensed states. The physician should complete a minimum of 20 hours annually which may come from the following sources:
 - a. Professional level courses which pertain directly to the medical aspect of naturopathic practice.

1. These include approved CE hours in licensed states.
2. Business courses are not applicable.
- b. Independent study which includes preparation time for those who teach medical students or for professional level courses.
 1. This does not include public talks, preparation time for handouts or visual aids.
- c. Group study with case review, one hour for every three hours.
- d. Preceptorships with licensed physicians or institutions, one hour for every three hours.
- e. Involvement with examination writing, cut scoring, review and research, one hour for every three hours.
2. Each physician shall keep a record of continuing education activities, which may be done by the state Board of Naturopathic Examiners.

B. Research guidelines - recommendations

1. Clearly explain to the patient verbally and in writing:
 - a. What the protocol involves.
 - b. What other treatment options exist.
 - c. The length of time of the protocol.
 - d. The level of safety/risks of the protocol or its individual parts.
 - e. The cost of the protocol.
2. The studies must be humanitarian in that they do not knowingly or by neglect cause bodily harm or significant emotional harm to the participants.
3. Review of the study design by a review committee would be required for those studies which present potential risk to the participant, and would be recommended for those studies which present little possibility of harm to the patient.
 - a. The review committee shall consist of three or more physicians or specialists in the related field(s) which shall review and approve the study.

- b. At least one member of the review committee shall be knowledgeable in the area of research design.
 - c. The physician in charge of the study shall be responsible for obtaining approval from an appropriately qualified review committee and for keeping written documents of the approval until completion and publication of the study.
4. Documentation of research
- a. Case studies - no documentation is required other than standard charting procedures.
 - 1. Careful and detailed follow-up is recommended.
 - 2. It is recommended that case study protocols and their results be kept on file so that they may be used for providing the basis of further study and research.
 - b. Formal studies - the following documentation is recommended:
 - 1. Statement of purpose.
 - 2. Summary of pertinent literature review.
 - 3. Study design and protocol.
 - 4. Screening requirements for participants.
 - 5. Participant consent forms.
 - 6. Analysis of methods.
 - 7. Raw data.
 - 8. Data analysis and conclusions.

C. Critical review of studies and new methods.

- 1. Introduction: Critical review of new methods in medicine needs to take into account the potential that the methods have for causing harm to the public. The naturopathic medical profession endeavors to avoid unnecessary judgment of new methods and theories but rather to review them critically, embracing those which stand the test of time and scientific scrutiny.

- a. Peer review - as per section VIII B3.
- b. Peer review infractions:
 1. In the event that the guidelines under section VIII B are not met by a physician conducting a case study or formal study protocol, a review may be undertaken by the Research Review Committee (RRC) of the AANP.
 2. The RRC may notify the physician that they are in violation of the research guidelines and may take other actions as appropriate.

D. Publication

1. There are no additional guidelines for publication of research in natural medicine than those which already exist. Articles submitted to the different publications, including the *Journal of Naturopathic Medicine*, shall follow the guidelines established by those publications.
2. The naturopathic physician is strongly encouraged to publish the results of any research conducted. For those physicians who are conducting clinical trials with marginally proven therapies or diagnostic procedures, the profession of naturopathic medicine considers it crucial that the results of their studies be made available for other physicians to critically and unbiasedly examine.

Principal Authors: Rita Bettenburg, ND, Thomas A. Kruzel, ND, Lori Kimata, ND

Adopted at the 1995 AANP Annual Convention

Appendix B: Standards of Practice — Canadian Naturopathic Association

1.0 INTRODUCTION

Standards of practice are the criteria which guide the day to day actions of naturopathic doctors in the delivery of care and service to the patient and the community. They also serve as the basis for the evaluation of the behavior of practitioners by disciplinary and judicial functions.

This document provides basic standards for the most predictable circumstances, means for developing standards for specific conditions, methods for applying them in the assessment of the actions of practitioners, ways they can be modified and finally the necessity for disseminating them to regulated practitioners.

All standards are derived from the same body of knowledge that practitioners use to provide services. Methods of identifying this body in a concise and universally accepted form are described herein.

The objectives of this document are to identify the responsibilities of naturopathic doctors to the public and to establish a means for evaluating their professional actions.

The purpose of this document is to provide a clear, unambiguous and consistent format for the identification, development and implementation of standards of practice that applies to naturopathic doctors in the delivery of direct patient care services and other times where the practitioner is in a position of public trust.

2.0 BASIC STANDARDS OF PRACTICE

Each naturopathic doctor shall:

1. Have knowledge of and comply with the laws and regulations governing the practice of naturopathic medicine in the jurisdiction of practice.
2. Provide a level of care consistent with each patient's individual condition.
3. Actively consult with and/or refer to other health professionals when the patient condition so warrants in providing optimal care. Consultation or referral may occur with or without continuing naturopathic care as appropriate to the patient condition and situation.
4. Treat each patient with respect and human dignity regardless of the individual's health condition, personal attributes, national origin or handicap and shall not discriminate on the basis of age, sex, race, religion, economic or social status, or sexual preferences in the rendering of naturopathic medical services.
5. Respect the patient's right to privacy by protecting all confidential information.
6. Deal honestly with all patients, colleagues, public institutions and legal bodies, and refrain from giving any false, incomplete or misleading information.
7. Report any health care provider whose character or competence are deficient or who is grossly negligent or reckless.
8. Maintain clear and adequate patient care and billing records for at least three years after the last visit by the patient.

9. Formulate an assessment / diagnosis to a level consistent with the patient based on the knowledge, training, and expertise of the naturopathic doctor and the technology and the tools available to the profession.
10. Communicate the appropriate assessment to the patient and only communicate a diagnosis to the patient which has been conclusively determined using the training and tools available to the naturopathic profession.
11. Advise the patient regarding significant side effects from the treatment plan.
12. Monitor each patient at a level consistent with the degree of management being exercised.
13. Refrain from providing primary care management for any patient where the relationship with the patient (such as family member, close personal friend) would serve to interfere with the doctor's objective judgment.

3.0 CASE SPECIFIC STANDARDS – GENERAL CONSIDERATIONS

It is recognized that the basic standards cannot anticipate every potential situation faced by a practitioner, nor predict the changes in technology and knowledge with time. This section is a guide for the development of standards of practice for a particular incident or presentation.

1. Identify the scope of the doctor, i.e. primary care management, co-treatment, consulting treatment, expert testimony, etc.
2. Identify the scope of the problem, i.e. the complaint, the specific naturopathic medical area of concern, (e.g. manual manipulation, allergy, diagnostic radiology, etc.), and all other pertinent data such as history, diagnosis, other diagnostic data, etc.

3. Identify the body of knowledge to be used in assessing the problem in accordance with the following criteria:
 - a) Clearly and concisely cover the problem. While it is rare to find a particular situation specifically addressed in the literature, the entirety of the problem must be dealt with in such a manner that all conclusions reached are clearly and concisely drawn from a body of information that is applicable to the problem with no possibility of an incorrect conclusion being drawn by material out of context.
 - b) Universally accepted by the naturopathic profession. The information used must be from sources accessible and generally accepted by the profession. Such sources include textbooks, journals, information taught in the naturopathic colleges, and recognized experts in the naturopathic community or in the specialty in question. As with all health care professions, reliable expert data and testimony from sources outside of the naturopathic community is acceptable.
 - c) Verify in writing when testimony from experts or consultants is used and by specific citation with literature.

4. Basis for a decision. Each decision shall be based on the following:
 - a) Protection of the public and the public interest. This includes risk of physical or mental harm, misrepresentation to the public, billing or costs not consistent with fair and accepted practices, full disclosure of treatment and its effects, appropriateness of referral, etc.
 - b) Compliance with applicable law.

4.0 CASE SPECIFIC STANDARDS TO BE APPLIED BY THE NATUROPATHIC DOCTOR TO EACH PATIENT

1. Identify the naturopathic doctor's role for this specific case.

2. Identify the extent of the patient's problem:
 - a) Obtain a relevant and complete case history to the need of the specific case and presentation.
 - b) Perform a relevant and complete physical examination.

- c) Obtain or perform relevant and approved screening or diagnostic tests.
 - d) Collect and evaluate all data.
 - e) Make appropriate referral if indicated at this point to the need of the specific case.
 - f) Make appropriate communication with other involved health professionals.
3. Formulate a relevant assessment and/or diagnosis where possible, based on the history, examination findings, data collected, training and expertise of the naturopathic doctor and the legal scope of practice of the profession.
 4. Communicate the assessment or diagnosis to the patient.
 5. Formulate a plan of treatment for the patient based on the best interests of the patient's welfare, need for and appropriateness of referral, accepted practices and naturopathic body of knowledge.
 6. Implement the plan of treatment with informed consent.
 7. Amend the plan of treatment as appropriate and implement with informed consent.

5.0 APPLICATION OF STANDARDS OF PRACTICE

Standards of practice must be evaluated in every case to be certain that they are appropriate and complete. The Board or judicial function must also ensure that the standards being used are chronologically consistent with the case being evaluated, since technology procedures and treatment protocols can change rapidly.

6.0 MODIFICATION OF STANDARDS OF PRACTICE

As noted, standards of practice are designed to be modified to suit the conditions of the case and the current state of the art of naturopathic medicine. Each time such a change is made, the reasons for the change must

be documented in the same manner used for the development of new standards, for the purpose of allowing a transparent record for appeal as well as ensuring clear precedent for ensuing cases. The Canadian Naturopathic Association will distribute changes to all other jurisdictions as they are received.

7.0 PUBLICATION AND DISTRIBUTION OF STANDARDS OF PRACTICE

The basic standards of practice and case specific standards of practice shall be distributed to all registrants in a timely manner. Care shall be taken with the case specific standards to protect the privacy of all involved in their development.

8.0 DEFINITIONS

Body of knowledge: The clear, concise information, generally accepted by the naturopathic profession, from which standards of practice are derived.

Co-treatment: Treatment of a patient in concert with the doctor providing primary care management of the patient.

Consulting treatment: Providing a second opinion or ancillary care for a patient whose primary care management is being provided by another doctor.

Disciplinary authority: Any Licensing Board, Disciplinary Board or other governmental function having jurisdiction over the practitioner and acts being investigated.

Judicial Function: Any court or other judicial forum with legal jurisdiction over the practitioner and acts being investigated.

Primary care management: Provision of a patient's overall health care management including the monitoring of all treatments in progress with other providers as appropriate.

Appendix C: State and Provincial Regulatory Contacts

United States

P.J. Gingras

Division of Occupational Licensing
 P.O. Box 110806
 Juneau, AK 99811-0806
 phone: 907-465-2695.

John Brewer, NMD

Arizona Board of Naturopathic Medical Examiners
 1400 West Washington, Suite 230
 Phoenix, AZ 85007
 phone: 602-542-8242.

Kadi Rae

ANPBC
 218-409 Granville Street
 Vancouver, BC V6C 1T2
 phone: 604-688-8236
 email: office@anpbc.bc.ca.

Latarsha Starling

Naturopathic Licensure,
 Department of Public Health
 410 Capitol Avenue MS#12MQA
 CT 06134-0308
 phone: 860-509-7562.

Licensing Board, DCCA, PVL Exam Branch

P.O. Box 3469
 Honolulu, HI 96801
 phone: 808-586-3000.

Jeri Betts

Professional & Financial Regulation,
 Office of Licensing & Registration,
 Board of Complementary Health Care Providers
 #35 State House Station
 Augusta, Maine 04333
 phone: 207-624-8603.

Manitoba Naturopathic Association

161 Stafford Street, Unit #2
 Winnipeg, MB R3M 2W9
 phone: 204-947-0381

Cheryl Brandt

Board of Alternative Health Care
 P.O. Box 200513, 111 North Jackson
 Helena, MT 59620-0513
 phone: 406-444-5436.

Christine Topham

Board of Naturopathic Examiners,
 Division of Public Health
 6 Hazen Drive, Concord, NH 03301-6527
 603-271-5127.

Ingrid Kreisel

Ontario Board of Drugless Therapy - Naturopathy
 4195 Dundas Street West
 Etobicoke, Ontario M8X 1Y4
 416-236-4593.

Anne Walsh

Oregon Board of Naturopathic Examiners
 800 NE Oregon Street Suite 407
 Portland, OR 97232, 503-731-4045.

David Fairhurst

160 East 300 South
 Salt Lake City, Utah
 84114-6741. 801-530-6621.
 Their web site is www.commerce.state.ut.us/web/commerce/DOPL/dopl1.htm.

Nancy Morin

Office of Professional Regulation,
 26 Terrace Street, Drawer 09
 Montpelier, VT 05609-1106
 phone: 802-828-2191.

Program Manager

Naturopathic Profession
 P.O. Box 47870
 Olympia, WA 98504-7870
 phone: 360-236-4941

Canada

**The Association of Naturopathic Physicians
of British Columbia (ANPBC)**

218 - 409 Granville Street
Vancouver, British Columbia, V6C 1T2
Tel: 604-688-8236 Fax: 604-688-8476
Email: anpbc@msn.com

Board of Directors, Drugless Therapy/Naturopathy

112 Adelaide St. E.,
Toronto, Ontario, M5C 1K9
Tel: 416-866-8383 Fax: 416-866-2175
Email: ndboard@passport.ca

Manitoba Naturopathic Association

301 Nassau St. N. #1
Winnipeg, MB, R3L 2J5
Tel: 204-947-0381 Fax: 204-452-7044

Saskatchewan Association of Naturopathic Physicians

624 1st Avenue NW
Moose Jaw, SK S6H 3M6
Tel. (306) 691-4040
Fax (306) 691-4041
Email: dougamell@sk.sympatico.ca

Appendix D: Brief History of Naturopathy

The Coalition for Natural Health has offered the following brief history of Naturopathy:

The profession of naturopathy—and its name—originated in the late 19th century; its roots, however, may be traced back through Europe into Greece, to Hippocrates himself, and beyond. Its theorists widely maintained that all disease was the result of incorrect lifestyle, a poor diet, and improper care of the body. Germs are not the reason for disease (after all they're present in a healthy body). Rather, disease is produced by the weakened body's inability to rid itself, naturally, of these accumulated toxins.

Naturopathy in America was founded and named by Benedict Lust (pronounced Loost). German born, Lust moved to America in 1892. He returned to Germany shortly thereafter, dying of tuberculosis. In 1896, he returned to America, cured, and ready to share the reason why. Lust pioneered many aspects of natural health in America.

Lust opposed many activities deemed dangerous today: the processing of foods, the administration of drugs and narcotics, and legislation restricting personal choice of healthcare. In 1901 he founded Lust's American School of Naturopathy, offering degrees, through both classroom education and home study.

Traditional naturopathy has been practiced in this country steadily since the time of Lust following the principles he set down, although this practice, for a time, was largely overshadowed by the scientific breakthroughs that catapulted conventional medicine into the forefront. Today's economic challenges facing the medical industry, combined with other evident limitations of the allopathic medical model (e.g. numerous strains of bacteria developing an immunity to a variety of antibiotics) have many participants giving traditional naturopathy a serious second look.

Appendix E: Complementary and Alternative Health Care Client Bill of Rights, Minnesota

146A.11 Complementary and alternative health care client bill of rights.

Subdivision 1. **Scope.** All unlicensed complementary and alternative health care practitioners shall provide to each complementary and alternative health care client prior to providing treatment a written copy of the complementary and alternative health care client bill of rights. A copy must also be posted in a prominent location in the office of the unlicensed complementary and alternative health care practitioner. Reasonable accommodations shall be made for those clients who cannot read or who have communication impairments and those who do not read or speak English. The complementary and alternative health care client bill of rights shall include the following:

(1) the name, complementary and alternative health care title, business address, and telephone number of the unlicensed complementary and alternative health care practitioner;

(2) the degrees, training, experience, or other qualifications of the practitioner regarding the complementary and alternative health care being provided, followed by the following statement in bold print:

“THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY.

Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services

from a physician, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time.”;

(3) the name, business address, and telephone number of the practitioner’s supervisor, if any;

(4) notice that a complementary and alternative health care client has the right to file a complaint with the practitioner’s supervisor, if any, and the procedure for filing complaints;

(5) the name, address, and telephone number of the office of unlicensed complementary and alternative health care practice and notice that a client may file complaints with the office;

(6) the practitioner’s fees per unit of service, the practitioner’s method of billing for such fees, the names of any insurance companies that have agreed to reimburse the practitioner, or health maintenance organizations with whom the practitioner contracts to provide service, whether the practitioner accepts Medicare, medical assistance, or general assistance medical care, and whether the practitioner is willing to accept partial payment, or to waive payment, and in what circumstances;

(7) a statement that the client has a right to reasonable notice of changes in services or charges;

(8) a brief summary, in plain language, of the theoretical approach used by the practitioner in providing services to clients;

(9) notice that the client has a right to complete and current information concerning the practitioner’s assessment and recommended service that is to be provided, including the expected duration of the service to be provided;

(10) a statement that clients may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner;

(11) a statement that client records and transactions with the practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law;

(12) a statement of the client's right to be allowed access to records and written information from records in accordance with section 144.335;

(13) a statement that other services may be available in the community, including where information concerning services is available;

(14) a statement that the client has the right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs;

(15) a statement that the client has a right to coordinated transfer when there will be a change in the provider of services;

(16) a statement that the client may refuse services or treatment, unless otherwise provided by law; and

(17) a statement that the client may assert the client's rights without retaliation.

Subd. 2. **Acknowledgment by client.** Prior to the provision of any service, a complementary and alternative health care client must sign a written statement attesting that the client has received the complementary and alternative health care client bill of rights.

HIST: 2000 c 460 s 20

*NOTE: This section, as added by Laws 2000, chapter 460, section 20, is effective July 1, 2001. Laws 2000, chapter 460, section 67.

Copyright 2000 by the Office of Revisor of Statutes, State of Minnesota.

References

Alliance for the State Licensing of Naturopathic Physicians. (1999) *NPLEX: Your Naturopathic Doctor IS Tested*, [online]. Available: <http://www.allianceworkbook.com/education/ed6.htm> [Accessed June 12, 2000].

American Association of Naturopathic Physicians. (1998) AANP Definition of Naturopathic Medicine: Adopted November 1, 1989, Rippling River Convention. Seattle, Washington: AANP.

American Association of Naturopathic Physicians Alliance for State Licensing. (1999) Scope of practice for naturopathic physicians. June 6, 1999.

American Association of Naturopathic Physicians. (2000) Naturopathic principles [online]. Available: www.naturopathic.org/Basics/h.anturo.philo.html [Accessed November 27, 2000].

American Naturopathic Medical Certification and Accreditation Board. (2000) *Certification vs. Licensing* [online]. Available: <http://www.anmcab.org/certvs.htm> [Accessed November 7, 2000].

Astin JA. (1998). Why patients use alternative medicine: Results of a national study. *Journal of the American Medical Association*, 279(19), 1548-1553.

Baer HA. (1992) The potential rejuvenation of American naturopathy as a consequence of the holistic health movement. *Medical Anthropology*, 13, 369-383.

Bastyr University. (1999/2000) *Bastyr University Catalog*. Bothell, WA: Bastyr University.

Berman BM, Hartnoll SM, Singh BB, and Bausell B. (2000) The public debate over alternative medicine: The importance of finding a middle ground. *Alternative Therapies in Health and Medicine*, 6(1), 98-101.

Calabrese C, Breed C, and Ruhland J. (1997) The effectiveness of naturopathic medicine in disease conditions.

Canadian Naturopathic Association. (1999) Questions & Answers about Naturopathic Medicine. Available: <http://www.naturopathicassoc.ca/> [Accessed December 5, 2000].

Coalition for Natural Health. (2000) Position Statement Concerning the distinction between Naturopathy and Naturopathic Medicine. Unpublished document submitted to authors November 2000.

Cody G. (1985) History of naturopathic medicine. *History of Natural Medicine*, 1, 1-23, in *A Textbook of Natural Medicine*, JE Pizzorno and MT Murphy, eds. Seattle, WA: John Bastyr College Publications.

Connecticut Department of Public Health. (1998) Connecticut Licensing Info Center [online]. Available: <http://www.ct-clic.com/detail.asp?code=1734> [Accessed November 9, 2000].

Cooper RA, Henderson T, and Dietrich CL. (1998) Roles of nonphysician clinicians as autonomous providers of patient care. *Journal of the American Medical Association*, 280(9), 795-802.

Cooper RA and Stoflet SJ. (1996) Trends in the education and practice of alternative medicine clinicians. *Health Affairs*. 15(3), 226-238.

- Council on Naturopathic Registration and Accreditation. (1998) Home page [online]. Available: <http://www.cnra.org/welcome.html> [Accessed November 7, 2000].
- Dower C, O'Neil E, Hough H. *Profiling the Professions: A model for evaluating emerging health professions*. San Francisco, CA: Center for the Health Professions, University of California, San Francisco. September 2001.
- Eisenberg DM, Davis RB, Ettner SL, Appel S, Wilkey S, Van Rompay M, and Kessler RC. (1998) Trends in alternative medicine use in the United States, 1990-1997: Results of a follow-up national survey. *Journal of the American Medical Association*, 280(18), 1569-1575.
- Eisenberg DM, K. R., Foster C, Norlock FE, Calkins DR, Delbanco TL. (1993) Unconventional medicine in the United States: Prevalence, costs, and patterns of use. *New England Journal of Medicine*, 328, 246-252.
- Ernst E. (1999) Homeopathic prophylaxis of headaches and migraine? A systematic review. *Journal of Pain and Symptom Management*, 18(5):353-357. 1999.
- Eskinazi D. (1998) Methodologic considerations for research in traditional (alternative) medicine. *Oral Surgery Oral Medicine Oral Pathology*, 86(6), 678-681.
- Finken D. (1986) Naturopathy: America's homegrown alternative healing art. *Medical Self-Care*, 39-43. November/December 1986.
- Finocchio LJ, Dower C, Blick NT, and Gragnola CM, and the Taskforce on Health Care Workforce Regulation. *Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation*. San Francisco, CA: Pew Health Professions Commission. 1998.
- Finocchio LJ, Dower CM, McMahan T, Gragnola CM, and the Taskforce on Health Care Workforce Regulation. (1995) *Reforming Health Care Workforce Regulation: Policy Considerations for the 21st Century*. San Francisco, CA: Pew Health Professions Commission.
- Florida Board of Naturopathic Medicine. (2000) License Information [online]. Available: <http://www.doh.state.fl.us/mqa/naturopath/nahome.htm> [2000, July 12].
- Florida Department of Health. (2000) *Search for Health Licensee Information* [online]. Available: <http://www.doh.state.fl.us/mqa/> [Accessed September 20, 2000].
- Frost H, Klaber Moffett JA, Moser JS, and Fairbank JC. (1995) Randomised controlled trial for evaluation of fitness programme for patients with chronic low back pain. *British Medical Journal* 310(6973):151-154.
- Godfrey CM, Morgan PP, and Schatzker J. (1984) A randomized trial of manipulation for low-back pain in a medical setting. *Spine* 9(3):301-304.
- Gort EH and Coburn D. (1988) *Naturopathy in Canada: Changing relationships to medicine, chiropractic and the state*. *Social Science in Medicine*. 16(10):1061-1072.
- Loizzo JJ and Blackhall LJ. (1998) Traditional alternatives as complementary sciences: The case of Indo-Tibetan medicine. *The Journal of Alternative and Complementary Medicine*, 4(3), 311-319.
- Maine Office of Licensing and Registration. (2000) Naturopathic Doctor Application Information [online]. Available: www.state.me.us/pfr/olr/ [Accessed December 7, 2000].
- Maine Revised Statutes 32 § 12526, 2000.

- Micozzi MS. (1998) Complementary care: When is it appropriate? Who will provide it? *Annals of Internal Medicine*, 129(1), 65-66.
- Miller LG. (1998) Herbal medicinals: Selected clinical considerations focusing on known or potential drug-herb interactions. *Archives of Internal Medicine* 158(9):2200-2211.
- National College of Naturopathic Medicine. (2000) Residency Program [online]. Available: <http://www.ncnm.edu/Rpintro4.htm> [Accessed December 7, 2000].
- National Institutes of Health Office of Alternative Medicine. (1997) Practice and policy guidelines: Clinical practice guidelines in complementary and alternative medicine. *Archives in Family Medicine*, 6, 149-154.
- New York State Department of Labor. (1998) *Occupations Licensed or Certified by New York State*. Available: <http://www.labor.state.ny.us/html/olcny/index.htm> [Accessed November 27, 2000].
- New York State Senate. (1998). *Licensing, Certification, and Registration Requirements - Narrative N92901*. Available: <http://gopher.senate.state.ny.us> [November 27, 2000].
- North American Board of Naturopathic Examiners. (2000) *Certification vs. Licensing*. [Internet]. ANMCAB. Available: <http://www.anmcab.org>. [Accessed June 12, 2000].
- North American Board of Naturopathic Examiners. (2000) *Jurisdictions Requiring NPLEX Examination Scores*. Available: <http://www.nabne.org/clinical-main-1.htm> [Accessed November 29, 2000].
- North American Board of Naturopathic Examiners. (2000) *NABNE Official Website*. [online]. Available: <http://www.nabne.org/about-main-1.htm> [Accessed December 5, 2000].
- Page LR. (1999) *Healthy Healing*. Carmel Valley: Healthy Healing Publications.
- Patel M, Gutzwiller F, Paccaud F, and Marazzi A. (1989) A meta-analysis of acupuncture for chronic pain. *International Journal of Epidemiology*, 18(4), 900-906.
- Paramore LC. (1997) Use of alternative therapies: Estimates from the 1994 Robert Wood Johnson Foundation National Access to Care Survey. *Journal of Pain and Symptom Management*, 13(2), 83-89.
- Pirotta MV, M. M. C., Kotsirilos V, and Farish SJ. (2000) Complementary therapies: Have they become accepted practice? *Medical Journal of Australia*, 172(7), 105-109.
- Rojo RN. Texas State Naturopathic Medical Association. Personal communication. December 7, 2000.
- Rolley M. (2000) Business model allows full CAM integration. *Biomedical Therapy*, XVIII(1). Available: <http://www.alternativelink.com/news/ijim.asp> [Accessed December 6, 2000].
- Sensenig J. Visiting Professor, Southwest College of Naturopathic Medicine, and College of Naturopathic Medicine, University of Bridgport. Personal communication. July 10, 2000.
- Smith LA, Oldman AD, McQuay HJ, and Moore RA. (2000) Testing apart quality and validity in systematic reviews: An example from acupuncture trials in chronic neck and back pain. *Pain* 86, 199-132.
- State of New Mexico Commission on Higher Education. (2000) Licensed Career Schools [online]. Available: <http://www.nmche.org/schools/career.html> [Accessed December 14, 2000].

- Tavener L. Health Care Finance Administration. Personal communication. December 6, 2000.
- Texas Administrative Code § 200.3, 1998.
- The Integrator. *The Integrator for the Business of Alternative Medicine*. January/February 2000.
- Utah Division of Occupational and Professional Licensing. (1999) *Licensing fees* [online]. Available: <http://www.commerce.state.ut.us/dopl/fees.htm> [Accessed December 7, 2000].
- Washington State Department of Health. (2000) *Health Professions Quality Assurance Naturopathy Program* [online]. Available: www.doh.wa.gov/hsqa/hpqa/Naturopath/fees.htm [Accessed December 7, 2000].
- Weeks J. (1996a) *Operational issues in incorporating complementary and alternative therapies and providers in benefit plans and managed care organizations*. Seattle, WA: Integration Strategies for Natural Healthcare.
- Weeks J. (1996b) *Preliminary findings: Naturopathic patient survey pilot*. Seattle, WA: Integration Strategies for Natural Healthcare.
- Weeks J. (2000) *Complementary and alternative medicine provider credentialing* [online]. Alternative Healthcare Management. Available: www.althealthcaramag.com/may00a.html [Accessed December 4, 2000].
- Weeks J and Layton R. (1998) Integration as community organizing: Toward a model for optimizing relationships between networks of conventional and alternative providers. *Integrative Medicine*, 1(1), 15-25.
- Wendel P. (1951) *Standardized Naturopathy*. Dr Paul Wendel: Brooklyn, New York.
- Wilson L. (2000) *Legal Guidelines for Unlicensed Practitioners*. L. D. Wilson Consultants Inc.: Prescott, Arizona.