

JANUARY 5, 2024

COMPETENCY PROFILE FOR NATUROPATHIC DOCTORS

METHODOLOGY REPORT

CANADIAN ALLIANCE OF NATUROPATHIC REGULATORY AUTHORITIES (CANRA)

KEITH JOHNSON & GIEDRE JOHNSON

Acknowledgments

The newly developed competency profile could not have been realized without the significant contributions of a number of individuals.

Great thanks are due to the group of nine Subject Matter Experts who were instrumental in developing the detailed and relevant content for the competency profile. Recognition and great appreciation are given to the CANRA Steering Committee whose collective feedback was extremely instructive and greatly informed the entire process.

And finally, thank you to the 390 naturopathic doctors who completed the online survey; your input helped to ensure that the final product is grounded in the realities of day-to-day practice.

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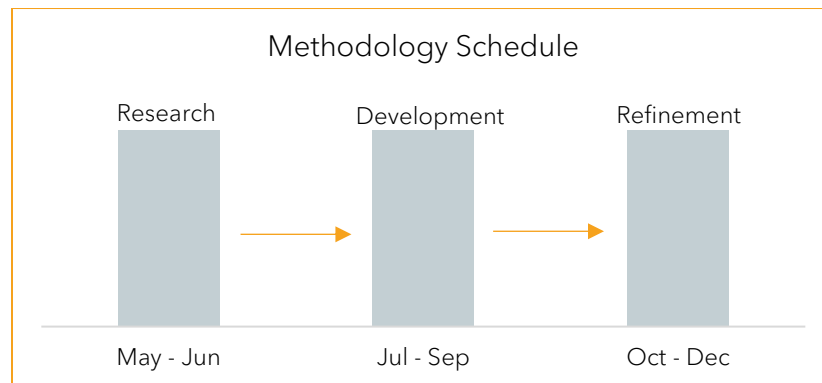
Background

The Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) was established in 2016 with the goal of protecting “the integrity of naturopathic regulation by educating and unifying jurisdictions toward the collective goal of public health and safety.” The current membership includes the College of Naturopathic Physicians of British Columbia, College of Naturopathic Doctors of Alberta, Saskatchewan Association of Naturopathic Practitioners, the Manitoba Naturopathic Association and the College of Naturopaths of Ontario. In support of its mandate, CANRA initiated development of a competency-based a national entry-to-practice practical exam for all applicants seeking registration in one of Canada’s regulated jurisdictions.

As a necessary step, toward this goal, development of a national, entry-to-practice Competency Profile (the “Profile”) was commissioned. In addition to serving as an evidence-based foundation for a practical exam, the Profile is a single standard that can anchor a number of regulatory activities including but not limited to:

- Setting licensure requirements
- Communicating to external stakeholders what naturopathic doctors do
- Providing advice/guidance to members
- Developing standards and policies
- Informing matters related to professional conduct
- Developing training curriculum
- Informing continuing education requirements

The following constitutes a methodological report, describing the process undertaken to develop a new entry-to-practice competency profile for naturopathic doctors. Creation of the Profile consisted of three main phases: i) research, ii) development, and iii) refinement. The entire process took eight months to complete, running from May 2023 to January 2024.



Timelines

An evidence-based approach was employed to develop the Profile. An initial review of relevant documentation and key informant interviews was followed by consultations with key stakeholders via a series of online focus groups. Ongoing input was provided by the CANRA Steering Committee. An online survey of current registrants was also undertaken to validate

the draft competencies and inform a final set of changes. A summary of the major project activities as associated timing is provided below.

Timing	Activity	Responsibilities
April, 2023	Finalize contract and terms of reference	Consultants, CANRA
May, 2023	Initial online meeting with CANRA Steering Committee to finalize the project plan. Discussion of key project questions including: <ul style="list-style-type: none"> • What key stakeholder groups should we be consulting? • What documentation should we be reviewing? • What are the initial thoughts regarding the form, structure and content of the Competency Profile? 	Consultants, CANRA
May, 2023	Review relevant materials identified by CANRA and incorporate (where appropriate) into key informant interviews and/or SME development methodology.	Consultants
May-Jun, 2023	Initiate recruitment of Subject Matter Experts (SMEs).	Consultants, CANRA
June, 2023	Administer three online focus groups and share preliminary findings with CANRA.	Consultants, CANRA
Jul-Sep, 2023	Hold monthly meetings (online - 90-minutes each) of the SME group to develop a draft of the Profile.	Consultants, SMEs
October, 2023	Present a draft version of the Profile to the CANRA Steering Committee and make changes as needed.	Consultants, CANRA
October, 2023	Develop a survey instrument (Survey Monkey) aimed at validating the draft Profile. Respondents were asked to reflect on each competency as to its: i) importance, and ii) appropriate/level of proficiency.	Consultants
October, 2023	Testing of online survey.	Consultants, SMEs, CANRA
November, 2023	Administer the online validation survey (three weeks) and analyze survey data.	Consultants
December, 2023	Hold online meetings with SMEs and CANRA Steering Committee to review survey findings and adjust the draft Profile accordingly.	Consultants, SMEs, CANRA
December, 2023	Final revisions to the Competency Profile as needed.	Consultants, CANRA
January, 2024	Issuance of finalized Competency Profile and methodology report.	Consultants

Methodology

Steering Committee

A Steering Committee, comprised of CANRA members, provided overall guidance, input and support in the development of the Profile (see Appendix B for the Terms of Reference). A total of 8 online, monthly meetings¹ were held throughout the course of the project. Major activities undertaken by the committee included:

- Providing input into the scope and purpose of the Profile
- Reviewing the project methodology
- Developing a definition of competency
- Recruitment of SMEs
- Reviewing and editing draft competencies developed by the SME group
- Refining, testing and promotion of the online validation survey
- Review of survey data and SME recommendations

Subject Matter Experts

A team of nine (9) Subject Matter Experts (SMEs) were responsible for developing competencies based on the information collected in the research phase. SMEs were recruited by the Steering Committee, and the Terms of Reference was developed to guide the efforts of this group (see Appendix C). The SME group included:

Name	Jurisdiction
Ashleigh Lane	British Columbia
Tasneem Pirani-Sheriff	British Columbia
Lindsay Adrian	British Columbia
Michelle Payne	British Columbia
Brandon Testa	Alberta
Mackayla Johnson	Manitoba
Kinga Babicki-Farrugia	Ontario
Patricia Rennie	Ontario
Shelley Burns	Ontario

Research Phase

At the outset of the project, the consultants conducted a review of select resources and materials review to better understand the scope of practice and regulatory responsibilities of ND across jurisdictions. This documentation also provided a starting point and appropriate language/terminology for the SME group to draw from. Major sources of information provided by the Steering Committee included:

- Council on Naturopathic Medical Education (CNME) accreditation handbook²
- Professional standards of practice, guidelines and practice-related policies

¹ Steering Committee meetings were held on May 18, June 12, July 13, August 10, September 14, October 12, November 9 and December 7, 2023.

² Council of Naturopathic Medical Education. "Handbook of Accreditation for Naturopathic Medicine", Aug. 2022: <https://cnme.org/wp-content/uploads/2022/08/CNME-Handbook-of-Accreditation-August-2022-Edition.pdf>

- Blueprints for entry-to-practice examinations and clinical (practical) examinations
- CNDA self-assessment competency module
- Ontario Jurisprudence examination learning module
- Ontario PLAR applicant guide

A series of three focus groups³ were conducted with key informants to better understand the current environment and challenges of naturopathic practice. Focus group participants were recruited jointly by the Steering Committee and the team of consultants. Efforts were made to involve individuals representing different perspectives professional backgrounds (e.g., recent graduates, experienced practitioners, educators) across Canada.

Focus group participants were sent background information in advance of the sessions. This consisted of a summary document, a list of potential entry-to-practice competencies and a series of three questions to consider in advance of the call:

1. How is the ND profession evolving (i.e., what has changed in the ND profession over the past 5 years and what changes do you anticipate in the over the next 5 years?)
2. Are there any trends or challenges in the profession that you feel should be addressed as part of the Competency Profile?
3. Kindly review the attached document, titled "Potential ND Competencies". Note that this is not an official document but a list of competencies that may, or may not, be included in the final version. Are there any critical entry-to-practice competencies that are missing from your perspective?

Focus groups were 60-minutes in length and conducted virtually via Zoom per the following agenda. A summary of the major themes emerging form the focus groups along with a list of attendees can be found in Appendix A.

Item	Duration
Welcome and Introductions	5 minutes
Project Overview	5 minutes
Discussion (based on 3 questions)	45 minutes
Wrap Up	5 minutes

Development Phase

At the start of the development phase, a working definition of a "competency statement" was established. Competency statements in this context are intended to describe a capability to apply or use a set of related knowledge, skills, and abilities required to successfully perform critical work functions or tasks in a defined work setting. A few guiding principles were employed in the construction of all competencies:

- The performance of the competency must be observable.
- Demonstration of the competency must be measurable and based on individual performance.

³ Focus group meetings were held on June 22 and 23, 2023.

Consultations and iterative refinements yielded the following definition:

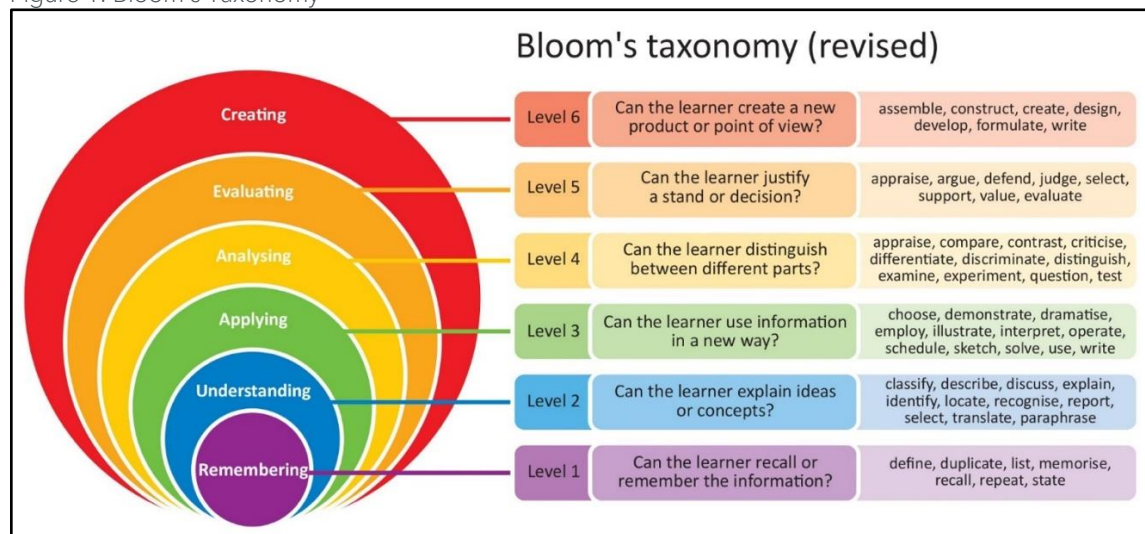
"An observable ability of individual at the point of qualifying for a naturopathic doctor license that integrates the knowledge, skills, and judgment required to practice safely, competently and ethically."

Development Process

The collective findings from the review of source documentation, focus groups as well as the input from the initial Steering Committee meeting guided the process of the Profile development. A total of five 1.5-hour virtual meetings were held with the SME group - July 6 & 10, July 25, August 17, September 11 and December 1, 2023.

Initial SME meetings were used to establish the Profile's structure and headings including a draft set of competencies. Verb levels and choices were greatly informed by Bloom's Taxonomy⁴ (see Figure 1) and Miller's Pyramid⁵. To ensure that competencies were both observable and at a level of proficiency that could be expected of a newly registered naturopathic doctor, verbs between Bloom's level 2 and level 5 were selected.

Figure 1: Bloom's Taxonomy



A set of general rules were followed when developing individual competency statements:

- No lists unless they are exhaustive, likewise no examples
- No adverbs - i.e., "effectively", "appropriately", "properly" (everything should be done effectively/appropriately/properly)
- Each competency should be specific - i.e., about one (and only one) concept
- Each statement should be a short and jargon-free as possible

⁴ B. Bloom, "Taxonomy of Educational Objectives, Handbook I: The Cognitive Domain", (1956).

⁵ G. Miller, "The Assessment of Clinical Skills/Competence/Performance", (1990).

Inter-meeting homework was assigned to all SMEs to develop an initial draft of the Profile which was reviewed collectively by the group. Revisions and edits were guided by the following rubric:

- Does the competency need to be there at all (i.e. is it essential at entry-to-practice)?
- Is it clear? Does it need to be edited?
- Is the appropriate verb used (Bloom's Taxonomy)?
- Is the concept repeated elsewhere (i.e. reduce redundancy)?
- Is this an important regulatory concern?

The draft Profile was presented to the Steering Committee in September. They were asked to review the Profile and provide feedback before being put out to the survey. Draft competencies, survey timelines and demographic questions were reviewed and adjusted based on the feedback received.

Refinement Phase

Online Survey

An online validation survey of registered naturopathic doctors was circulated as part of the validation process. The purpose of the survey was to determine the extent to which the draft competencies resonated with practicing naturopathic doctors from across the country and determine if any additional competencies should be drafted before finalizing the document.

A "census style" approach was implemented whereby all active registrants across Canada (i.e. in participating regulated jurisdictions) were sent an invitation and link to the survey by the regulators. In addition, respondents were able to access the entire document as a reference while they completed the survey. The survey invitation, introduction and demographic questions can be found in Appendix D.

Survey Results

The survey was active for 3 weeks, from November 1 - 22, 2023. A total of 390 complete and partially complete responses were received during that time, equivalent to a response rate of 12.2%. Individual responses for each competency ranged from a low of 182 to a high of 259 for questions related to importance, and 187 to 266 for level of proficiency.

The survey was designed to gather opinions from registered naturopathic doctors on whether the draft competencies presented are reasonable expectations from an applicant at a time of initial licensure. Two questions for each competency were asked.:

1. Rate the importance of this competency for safe, competent and ethical practice
 - Likert Scale - "1- Not Important", "2-Somewhat Important", "3-Important", "4-Very Important"
2. At entry-to-practice, this competence is...
 - "1-Too Easy", "2-About Right", "3-Too Hard"

As a means of determining which competency may require further discussion among the SME group, the following rubric was employed:

- Any competency that received less than an 80% result of “Important” plus “Very Important”.
- Any competency that received either a “1-Too Easy” or “3-Too Hard” result which was greater than 15% was flagged for discussion.

Based on this approach, a total of 7 competencies were flagged for further discussion (see Appendix E). In addition, survey respondents provided comments and suggestions which have been summarized in Appendix F.

Final Competency Profile

Comments and flagged competencies were individually discussed by SME group on December 1, 2023, and the Steering Committee on December 7, 2023. Based on deliberations, flagged competencies were either kept as-is, removed or edited to improve overall clarity. Written comments were reviewed and where appropriate incorporated into existing or new competencies.

The finalized version consists of a total of 84 competencies (22 key competencies and 62 enabling competencies) grouped thematically under five domains:

1. Professionalism (4 key competencies and 11 enabling competencies)
2. Communication (4 key competencies and 9 enabling competencies)
3. Assessment and Diagnosis (7 key competencies and 22 enabling competencies)
4. Therapeutic Management (5 key competencies and 16 enabling competencies)
5. Records Management (2 key competencies and 4 enabling competencies)

Appendix A: Summary of Focus Group Meetings

Participants:

Groups	Names
Group #1 (June 22 - 12:00pm Eastern)	<ul style="list-style-type: none"> - Ashleigh Lane - Yi (Helen) Zhang - Lindsay Adrian - Amber McKinnon - Erin Psota
Group #2 (June 22 - 4:00pm Eastern)	<ul style="list-style-type: none"> - Shelley Burns - Mary MacDonald - Elena Rossi - Mackayla Johnson - Brandon Testa - Briana Botsford
Group #3 (June 23 - 12:00pm Eastern)	<ul style="list-style-type: none"> - Stephanie Yaremko - Tanya Morin - Jenn Mackenzie - Tasneem Pirani

Key Findings:

How is the ND profession evolving (i.e., what has changed in the ND profession over the past 5 years and what changes do you anticipate in the over the next 5 years?)

- There's a lot more accountability and recognition for the profession (i.e., federal recognition on medication, revamping the food guide, etc.)
- Focus on the evidence-based medicine in naturopathic and functional medicine vs evidence-informed (more medicalized approach)
- Explosion in research: important that this is recognized, unitized and integrated into curriculum (i.e., how to read lit review - core/critical competency).
- More focus on research and research initiatives at faculties/schools
- More virtual consultations and telehealth services due to Covid
 - o Challenging to develop a competency around telemedicine but it is important.
 - o Requirements vary from province to province.
 - o NDs need to be available for physical exams (some clinics have a mixed model and provide both).
- Emerging technologies: AI charting will become day-to-day practice - understanding the risks/benefits/use and safe telehealth engagement is important to consider when developing competencies.
- ND as a primary care physician:
 - o Competencies should be steered into primary care.

- There's a divide in what the general public views as a primary care vs. what care naturopaths are able to provide to the public.
- Important to define a workable definition for primary care in the context in ND's profession (there is one in US (NAPCP))
- Scope of practice varies across the country (i.e., prescribing, screening, evaluation of disease)
- Education is moving towards the primary care model.
- Primary care should be more about the assessment vs therapeutics (there's a push towards therapeutics without assessment but there are many NDs who don't know how to read lab results)
- Standards of care/standards of practice - NDs are concerned that they will be boxed in (or lose) a certain scope of practice.
- Due to covid and shortage of GPs, NDs play the family doctor role.
- Changes in the curriculum:
 - Schools are moving away from doing full physical exam (not good for the patient; this skill will be lost; loss for a health care system)
 - Picking up on the primary care role

Are there any trends or challenges in the profession that you feel should be addressed as part of the Competency Profile?

- Trends on a full physical exam:
 - Due to covid and online teaching, there's less focus on conducting a full physical exam and interpreting lab work results as part of the curriculum (students will learn this during their practicum).
 - There's an overall trend (similar to general family practice) to not perform a full physical exam, just the complaint oriented - NDs see smaller volumes of patients than GPs, and so there's a risk of losing the knowledge of what is normal/abnormal.
 - Conducting a full physical exam is a very important competency, and having the skills to do one when you don't see the patient in the office (virtually).
 - Discrepancy how students are taught to do a full physical exam varies across schools.
- NDs who specialize in specific areas of practice see a trend of other physicians missing red flags and passing a buck to the more specialized NDs - always have been a trend but not changing/improving.
- Loss of focus on the healing modalities due to the rise of beauty services (i.e., botox injections, fillers, et.)
- Trends for more invasive therapy (iron infusion, ozone therapy, etc.) - safety must be considered.
- Lack of critical thinking - there's a trend to treat the patient based on a set protocol.
- Referrals: NDs need to have a basic competency for referrals and what they should look like.
- Listening skills and communication: NDs need to do address patient goals and listening/communication skills are critical in achieving that.

- Resistance to move the profession forwards and to expand the scope of practice due to a divide in the profession - primary care physicians vs classical naturopaths.
 - o Finding a way to deliver standards/competencies that encompass both groups and allow them to practice at their fullest is very important.

“Potential ND Competencies” document, are there any critical entry-to-practice competencies that are missing from your perspective?

- Since the profession and its education is evolving, explicit mention of certain modalities may date the document (some are core modalities and must be tested; have addition exams for specific modalities)
- Testing modalities from safety of use perspective - physical exam, acupuncture, manipulation should be evaluated in a practical exam; botanicals, nutraceuticals, homoeopathy are knowledge and could be tested in a written exam.
- There’s a concern that the education and the scope of practice are changing, and that NDs will lose/give up elements of their practice and the identity of the profession.
- Language used publicly by practicing NDs is critical - core competency that is missing in the document (NDs have a reputation to uphold and must conduct themselves as professionals)
- Injections:
 - o The competency profile does not mention injections - should be an entry-to-practice competency (types of injections at entry should be identified i.e., B12, intramuscular, joint injections, etc.).
 - o NDs grow their practice through use of injections.
 - o In ON, injections are not at entry-to-practice (additional certifications such as “prescribing authority” are required to be able to do the injections although it is part of the education)
- Administration of oxygen - requirements vary across the country.
- Acupuncture - curriculum, requirements and regulation vary across Canada.
- Competency related to ordering/interpreting imaging/test results - may not have the same rules across the country.
- Competency profile should include the word “prognosis”- therapies, communicating with the patient their prognosis/trajectory which is part of the ND scope of practice.
- Expand on the evidence-based assessment tools such as questionnaires, assessments of conditions, checklists within the scope naturopathic practice and ability to recognize when evidence is not captured in the standard algorithm.
- Differential diagnosis - right now only certain conditions and symptoms are taught in schools and how you narrow down the diagnosis (changing based on the national survey)
- Competencies related to phlebotomy, blood draw, pelvic exams, pap, general, rectal exams are missing in the profile.
- Pharmacology background is critical to ND’s practice.
- Informed consent:
 - o ND needs to understand the conventional trajectories and how to access it.

- o ND needs to be able to communicate the conventional standard of care and the ND approach.
- Counselling and health psychology - competencies related to “prescribing mind body techniques” and “evidence-based psychological tools” are not taught at schools (in ON psychotherapy profession is regulated)
- “Lifestyle” counselling competencies are missing - sleep hygiene, hydration, etc.
- Interprofessional collaboration is not well described (when starting assessment/ treatment or with a different profession or ND)
- A competency to find and direct patients to local resources (health food stores, gym, personal trainer, groups, etc.)
- A lot of competencies on how to chart but not to actually do it.
- Discrepancies in language in regard to homeopathy - just “acute” conditions, but not all conditions are mention; “classical” homeopathy but not clinical homeopathy.
- Anatomy - a lot of focus on “spinal” but NDs are able to do adjustments on every part of the body.
- Regulating profession within a profession - competencies should be in line with other college regulations and vise versa, but not taken away.

General notes:

- It is critical to define the base level to which NDs will be assessed at entry level.
- NDs are primary care physicians but they are held at different levels across Canada - opportunity to define the minimum and extinguish what makes ND a primary care physician (or how they differ from a general practitioners (GP)).
- Profession should have the basic level of entry level proficiency to prevent province shopping.

Appendix B: Terms of Reference – Steering Committee



National Competency Profile Project CANRA STEERING COMMITTEE – TERMS OF REFERENCE

MANDATE:

The Steering Committee is responsible for providing oversight, guidance and support to the development of the entry-to-practice Competency Profile (the “Profile”) for Naturopathic Doctors in Canada.

RESPONSIBILITIES:

Working with the Consultants (Keith Johnson, Giedre Johnson, Tabasom Eftekari and Karen Coetzee), the responsibilities of the Steering Committee are to:

- 1) Recommend documentation, professional standards and literature that could help inform development of the Profile;
- 2) Source key informants and focus group participants as necessary;
- 3) Provide input into the desired purpose, form and content of the practical exam;
- 4) Recruit subject matter experts;
- 5) Review and test the validation survey;
- 6) Distribute the validation survey invitation and reminder email to registrants.

COMPOSITION:

The Advisory Committee is composed of CANRA members representing participating regulators. These individuals are expected to be able to make operational decisions on behalf of their colleges and coordinate the responsibilities listed above.

MEETINGS

Meetings will be set by the Consultants and held by teleconference (60-90 minutes in length) which will run per the following tentative schedule:

Timing	Meeting/Activity
April, 2023	Kick-off meeting - review of methodology and timing
May, 2023	Working meeting - recruitment of key informants, focus group participants and subject matter experts
May-June, 2023	Recruitment - key informants, focus group participants and subject matter experts
July, 2023	Exam meeting #1 - Discuss potential models/structures of for the practical exam
September, 2023	Update meeting - review of draft Profile
October, 2023	Working meeting - review of validation survey and content
November, 2023	Exam meeting #2 - Review and finalized desired exam structure, format and content
January, 2024	Final meeting - review or survey results and finalized Profile
One additional teleconference may be required.	

LANGUAGE

Steering Committee meetings will be conducted in English. All project documentation will be produced in English. Translation to French will be coordinated by CANRA as necessary.

TERM OF OFFICE

The members' term as part of the Steering Committee is for the duration of the project, which is projected to end by January 31, 2024.

Appendix C: Terms of Reference – Subject Matter Experts



National Competency Profile Project SUBJECT MATTER EXPERT GROUP – TERMS OF REFERENCE

MANDATE:

The Subject Matter Expert (SME) Group is responsible for providing the content expertise necessary to develop a set of professional entry-level competencies (the “Competency Profile”) for Naturopathic Doctors (NDs) in Canada’s regulated jurisdictions.

RESPONSIBILITIES:

Working under the direction of the Competency Consultants (Keith & Giedre Johnson), the responsibilities of the SME Group are to:

- Identify and review relevant information that could inform the content of the Competency Profile: literature, data provided by regulatory bodies, personal experiences, curriculum, etc.
- Work collaboratively (online meetings and offline homework) to draft, review and revise a set of entry-to-practice professional competencies (job tasks, associated knowledge, skills and attributes).
- Provide input into an online validation survey.
- Act as beta testers for the survey, and
- Review survey outcomes and adjust competencies accordingly.

COMPOSITION:

The SME Group is composed of 8-9 practicing NDs in good standing representing the following:

- Geographic variation (i.e., from a variety of regulated jurisdictions)
- Variation in experience (i.e., recent graduate and experienced practitioners)
- Variation in practice settings (i.e., solo practice vs. multi-disciplinary)
- Variation in practice focus

SME Group members must also meet the following criteria:

- Demonstrated ability to work effectively in small groups;
- Has no conflict of interest which could impact work at hand;
- Is able to be flexible in meeting times/days;

- Holds an active/practicing certificate of registration in good standing;
- A commitment to problem-solving;
- Good written and verbal communication skills;
- Has an understanding of the skills, knowledge and attributes associated with entry-level NDs in Canada;
- Has an understanding of regulated practice scope in their jurisdiction;
- Has an understanding of and is committed to the mandate of public protection.

MEETINGS

Meetings will be set by the Competency Consultants and held by teleconference and will run per the following tentative schedule:

Timing	Meeting
Mid-July, 2023	Competency Development #1 - 90-minute meeting (zoom call)
Early-August, 2023	Competency Development #2 - 90-minute meeting (zoom call)
End-August, 2023	Competency Development #3 - 90-minute meeting (zoom call)
Mid-September, 2023	Competency Development #4 - 90-minute meeting (zoom call)
November, 2023	Review/Refinement (post-survey) - 90-minute meeting (zoom call)
One or two additional teleconferences may also be required.	

COMPENSATION

CANRA will recognize the expertise and contributions of SMEs through an honorarium of \$1,000 CAD awarded at the end of the project. A total time commitment of 4.0 days of meeting time and preparation is anticipated.

LANGUAGE

Group meetings will be conducted in English. All project documentation (i.e., the online survey, finalized competencies and associated communications) will be produced in English.

TERM OF OFFICE

The members' term as part of the SME Group is for the duration of the project, which is projected to end by January, 2024.

Appendix D: Survey Invitation, Introduction and Demographic Questions

Invitation to complete the Survey - to be sent on November 1, 2023
(sent by participating regulators to all registered NDs)

Subject: *Naturopathic Doctors Entry-to-Practice Competencies Survey*

As you may be aware, the <INSERT NAME OF REGULATOR> is working closely with the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) to develop national competencies and a clinical practical examination to be delivered across the country.

The draft Competency Profile has been developed by subject matter experts representing the profession from across Canada. A uniform nationwide examination will ensure that all naturopaths have met the exact same standards at entry-to-practice: standards which ensure all naturopaths have the knowledge, skills, and judgement to practice safely, competently, and ethically.

We are now at the stage of the project where we are asking all registered NDs across Canada to validate the draft Entry-to-Practice Competencies. The survey should take approximately 30-45 minutes to complete and can be done over several shorter sessions if your time is limited. Your responses are strictly confidential and anonymous and will be used for analysis and validation purposes only.

Click here to access the entire set of draft competencies: <https://www.canra.info/competency-profile> or start the survey immediately by clicking this link: <https://www.surveymonkey.com/r/3HLNVLG>

The closing date for the survey is **November 22, 2023**.

Thank you for providing your input and expertise to this important endeavour that contributes to safe naturopathic care across Canada.

Reminder to complete the Survey - to be sent on November 15, 2023
(sent by participating regulators to all registered NDs)

Subject: *Reminder: Your Input is Important*

This is a quick reminder that the deadline to complete the survey regarding the draft Entry-to-Practice Competencies for Naturopathic Doctors is **November 22, 2023**.

For those of you who have already completed the survey, thank you for your input. If you have not completed the survey yet, we encourage you to do so before this important document is finalized. The survey should take approximately 30-45 minutes to complete and can be done over several shorter sessions if your time is limited. Your responses are strictly confidential and anonymous and will be used for analysis and validation purposes only.

Click here to access the entire set of draft competencies: <https://www.canra.info/competency-profile> or start the survey immediately by clicking this link: <https://www.surveymonkey.com/r/3HLNVLG>

The closing date for the survey is **November 22, 2023**.

Thank you for providing your input and expertise to this important endeavour that contributes to safe naturopathic care across Canada.

Survey Introduction



Thank you for participating in the survey related to a proposed set of competencies for entry-to-practice naturopathic doctors. Your feedback will help to validate and inform a set of revisions before the competencies are finalized.

The draft competencies (22 key competencies and 62 enabling competencies) are grouped thematically under five domains:

- 1) Professionalism
- 2) Communication
- 3) Assessment and Diagnosis
- 4) Therapeutic Management
- 5) Records Management

Each competency in this context is defined as *“An observable ability of an individual at the point of qualifying for a naturopathic doctor licence that integrates the knowledge, skills, and judgment required to practice safely, competently and ethically.”* Collectively, these competencies are intended to describe minimum expectations of an individual at entry-to-practice. The full document can be accessed [here](#).

The survey is divided into three parts. The first consists of series of demographic questions. In the second section, you are asked to reflect on a set of 84 draft competencies regarding their importance and appropriate level of difficulty. These will appear in no specific order. At the end of the survey, you will have an opportunity to let us know if you think any competencies are missing from the document.

The survey is anonymous – you are not required to enter your name or any type of personally-identifying information. Results will only be published in aggregate form. You may choose to discontinue the survey at any time.

The survey will take approximately 45 minutes to complete. If necessary, you can leave part-way and return - your progress will be saved automatically. In order for this setting to work properly, be sure to use the same device and web browser. If you encounter technical difficulty with any aspect of the survey, you can email the survey analyst for help at giedrejohnson@gmail.com.

The survey will close at midnight Eastern time on November 22, 2023.

Thank you once again for your contribution to this important piece of work.

Q1: Please select the jurisdiction you represent.

ANSWER CHOICES	RESPONSES	
Alberta	5.64%	22
British Columbia	31.79%	124
Manitoba	5.90%	23
Ontario	50.26%	196
Saskatchewan	5.13%	20
Other (please specify)	1.28%	5
TOTAL		390

Q2: Which best describes the location of your employment setting?

ANSWER CHOICES	RESPONSES	
Urban/Suburban	84.36%	329
Rural/Remote	15.64%	61
TOTAL		390

Q3: How many years have you been practicing as a Naturopathic Doctor in Canada?

ANSWER CHOICES	RESPONSES	
Less than 2 years	11.28%	44
Between 2 and 5 years	13.85%	54
Between 5 and 10 years	22.31%	87
Between 10 and 20 years	31.54%	123
More than 20 years	21.03%	82
TOTAL		390

Q4: In your current position, do you provide direct care to patients?

ANSWER CHOICES	RESPONSES	
Yes, 16 or more hours per week on average	67.18%	262
Yes, less than 16 hours per week on average	29.49%	115
No	3.33%	13
TOTAL		390

Q5: (If answered "Yes" to Q4) Which of the following best describes your employment/practice setting:

ANSWER CHOICES	RESPONSES	
Multi-practitioner clinic	49.46%	184
Integrative medicine clinic	19.62%	73
Solo practitioner clinic	25.27%	94
Concierge practice	0%	0
Telemedicine	3.76%	14
Home care	0.27%	1
Other (please specify)	1.61%	6
TOTAL		372

Q6: (If answered "No" to Q4) Which of the following best describes your employment/practice setting:

ANSWER CHOICES	RESPONSES	
Administration	18.18%	2
Education	9.09%	1
Research	0%	0
Other (please specify)	72.73%	8
TOTAL		11

Q7: How often do you provide care to patients within the following age groups?

	NEVER	RARELY (FEW TIMES A YEAR)	OCCASIONALLY (FEW TIMES A MONTH)	OFTEN (FEW TIMES A WEEK)	VERY OFTEN (EVERY/ALMOST EVERY DAY)	TOTAL
Pediatric (0-14 years old)	7.86% 25	33.65% 107	44.03% 140	10.06% 32	4.40% 14	318
Young adult (15-49 years old)	0.31% 1	1.86% 6	11.49% 37	28.88% 93	57.45% 185	322
Middle adult (50-65 years old)	0.31% 1	2.48% 8	5.90% 19	34.16% 110	57.14% 184	322
Geriatric (66 years old and older)	1.88% 6	10.97% 35	34.48% 110	34.48% 110	18.18% 58	319

Q8: How often do you see the following patient types:

	NEVER	RARELY (FEW TIMES A YEAR)	OCCASIONALLY (FEW TIMES A MONTH)	OFTEN (FEW TIMES A WEEK)	VERY OFTEN (EVERY/ALM OST EVERY DAY)	TOTAL
Well patients (possibly with minor illnesses)	3.74% 12	7.79% 25	30.53% 98	37.07% 119	20.87% 67	321
Perinatal care or Obstetrical	14.56% 46	34.49% 109	32.28% 102	15.19% 48	3.48% 11	316
Patients with chronic conditions	0.31% 1	1.87% 6	10.59% 34	34.89% 112	52.34% 168	321
Patients with urgent but non- emergency conditions	7.48% 24	32.40% 104	36.14% 116	17.13% 55	6.85% 22	321
Patients at end-of-life	52.96% 170	34.89% 112	8.72% 28	1.25% 4	2.18% 7	321
Patients with behavioral/m ental health conditions	3.73% 12	13.35% 43	28.88% 93	32.30% 104	21.74% 70	322
Patients with skin or aesthetic conditions	2.80% 9	14.60% 47	39.13% 126	28.26% 91	15.22% 49	322

Q9: How often do you apply the following naturopathic skills, activities or principles thereof when seeing patients:

	NEVER	RARELY (FEW TIMES A YEAR)	OCCASIONALLY (FEW TIMES A MONTH)	OFTEN (FEW TIMES A WEEK)	VERY OFTEN (EVERY/ALMOST EVERY DAY)	TOTAL
History taking (Patient evaluation/intake)	0.31% 1	0% 0	1.55% 5	8.05% 26	90.09% 291	323
Physical exam/Objective assessment	0.31% 1	3.10% 10	14.55% 47	30.65% 99	51.39% 166	323
Differential diagnosis	0% 0	1.25% 4	5.96% 19	20.38% 65	72.41% 231	319
Naturopathic manipulation	64.38% 206	17.81% 57	10.31% 33	3.44% 11	4.06% 13	320
Initiate emergency responses in clinical setting	58.39% 188	36.96% 119	3.42% 11	0% 0	1.24% 4	322
Acupuncture (and Traditional Chinese Medicine)	18.69% 60	11.21% 36	23.05% 74	24.92% 80	22.12% 71	321
Minor surgery	91.28% 293	5.61% 18	1.25% 4	0.93% 3	0.93% 3	321
Homeopathic prescribing	26.32% 85	28.79% 93	21.05% 68	13.31% 43	10.53% 34	323
IV or injection therapies	42.27% 134	3.47% 11	12.30% 39	14.83% 47	27.13% 86	317
Counseling, health psychology or lifestyle counseling	0.62% 2	3.72% 12	8.36% 27	22.29% 72	65.02% 210	323
Clinical Nutrition	0% 0	0% 0	3.10% 10	19.81% 64	77.09% 249	323
Physical Medicine	15.89% 51	24.30% 78	24.61% 79	17.13% 55	18.07% 58	321
Hydrotherapy	31.99% 103	31.06% 100	24.84% 80	8.39% 27	3.73% 12	322
Aesthetic Treatments	60.75% 195	19.00% 61	6.54% 21	6.85% 22	6.85% 22	321
Botanical Medicine	0.62% 2	4.04% 13	10.87% 35	34.47% 111	50.0% 161	322
Prescription Medications	40.13% 128	10.34% 33	10.34% 33	20.06% 64	19.12% 61	319
Interprofessional collaboration	1.89% 6	18.55% 59	31.76% 101	27.99% 89	19.81% 63	318

Q10: How often do you see patients with conditions in the following categories:

	NEVER	RARELY (FEW TIMES A YEAR)	OCCASIONALLY (FEW TIMES A MONTH)	OFTEN (FEW TIMES A WEEK)	VERY OFTEN (EVERY/ALMO ST EVERY DAY)	TOTAL
Metabolic or Endocrine	0% 0	1.24% 4	10.87% 35	32.30% 104	55.59% 179	322
Cardiovascular	0.62% 2	9.01% 29	36.34% 117	33.54% 108	20.50% 66	322
Respiratory	1.88% 6	18.44% 59	48.75% 156	23.75% 76	7.19% 23	320
Gastrointestinal	0% 0	2.18% 7	6.85% 22	29.28% 94	61.68% 198	321
Neurological	2.50% 8	15.62% 50	42.81% 137	27.81% 89	11.25% 36	320
Mental health	0.62% 2	8.39% 27	18.01% 58	33.85% 109	39.13% 126	322
Reproductive	4.39% 14	16.61% 53	27.90% 89	24.76% 79	26.33% 84	319
Musculoskeletal	1.86% 6	8.39% 27	31.37% 101	33.85% 109	24.53% 79	322
Skin	1.25% 4	11.84% 38	38.01% 122	33.64% 108	15.26% 49	321
Cancer	32.71% 105	40.50% 130	13.08% 42	6.85% 22	6.85% 22	321
Allergy and Immune	1.25% 4	6.85% 22	29.60% 95	39.88% 128	22.43% 72	321
Urinary	3.74% 12	27.41% 88	44.24% 142	19.94% 64	4.67% 15	321
EENT (Ears, eyes, nose, throat)	2.49% 8	27.73% 89	42.06% 135	22.12% 71	5.61% 18	321

Appendix E: Flagged Competencies

2.4 Demonstrates appropriate use of technology.

1 - Not important	2 - Somewhat Important	3 - Important	4 - Very important	Total				
4.17%	8	24.48%	47	47.92%	92	23.44%	45	192

71.36%

Answer Choices	Responses
1 - Too Easy	13.47% 26
2 - About Right	79.79% 154
3 - Too Hard	6.74% 13

2.4.1 Maintains digital literacy to support the delivery of quality care.

1 - Not important	2 - Somewhat Important	3 - Important	4 - Very important	Total				
4.71%	9	25.65%	49	42.41%	81	27.23%	52	191

69.64%

Answer Choices	Responses
1 - Too Easy	11.40% 22
2 - About Right	80.31% 155
3 - Too Hard	8.29% 16

4.2.4 Reports adverse reactions to therapeutic substances to Health Canada.

1 - Not important	2 - Somewhat Important	3 - Important	4 - Very important	Total				
3.13%	6	18.75%	36	44.79%	86	33.33%	64	192

78.12%

Answer Choices	Responses
1 - Too Easy	10.53% 20
2 - About Right	74.74% 142
3 - Too Hard	14.74% 28

3.4.2 Applies knowledge of pharmacology and pathophysiology to ensure accuracy of diagnostic or screening procedure(s).

1 - Not important	2 - Somewhat Important	3 - Important	4 - Very important	Total				
2.58%	5	6.19%	12	42.27%	82	48.97%	95	194

Answer Choices	Responses
1 - Too Easy	7.22% 14
2 - About Right	76.80% 149
3 - Too Hard	15.98% 31

3.7.3 Determines pathogenesis and etiologies of diagnosis.

1 - Not important	2 - Somewhat Important	3 - Important	4 - Very important	Total				
0.00%	0	10.11%	19	43.09%	81	46.81%	88	188

Answer Choices	Responses
1 - Too Easy	5.91% 11
2 - About Right	75.27% 140
3 - Too Hard	18.82% 35

4.3.1 Initiates intervention(s) to stabilize the patient in an acute, emergent, or life-threatening situation.

1 - Not important	2 - Somewhat Important	3 - Important	4 - Very important	Total				
1.07%	2	4.28%	8	27.81%	52	66.84%	125	187

Answer Choices	Responses
1 - Too Easy	5.91% 11
2 - About Right	72.58% 135
3 - Too Hard	21.51% 40

5.1.2 Demonstrates understanding of file maintenance and file transfer requirements in accordance with the standards of practice, policies, legislation and guidelines as set by the regulator.

1 - Not important	2 - Somewhat Important	3 - Important	4 - Very important	Total
1.06%	2	10.11%	19	49.47%
			93	39.36%
			74	188

Answer Choices	Responses
1 - Too Easy	10.05% 19
2 - About Right	74.60% 141
3 - Too Hard	15.34% 29

Appendix F: Summary of Written Comments

Competency	Notes
1.1.1-1.1.4 2.1, 2.1.1, 2.1.2	Many new grads are not equipped to meet the standard - concerning to me because it feels like there is potential for discrimination based on disability.
2.1.1	The descriptor "advanced" has no concrete grounding. As such, it could possibly disadvantage ESL speakers. Suggest change to "precise" or "intelligible" or "clear", etc. "Advanced" communication should be changed to "effective" or similar.
2.2	Establishes a doctor/ patient relationship... not naturopath/ patient relationship. We should be referred to as naturopathic doctors or naturopathic physicians throughout this document... not naturopaths. That's unprofessional in my opinion.
2.3	Re communication (interprofessional collaboration)- shared care and/or referred care with other NDs (not just other professionals outside of naturopathic medicine).
2.3.1	"Communicates with" describes many levels of action. A more specific level of communication will set expectations for performance and assessment.
2.4.1	Wording is imprecise. "Digital literacy" can be interpreted and applied in many ways. Similarly, "quality care" as it relates to the use of technology is ambiguous. This enabling competency is missing the detail to make it meaningful and measurable.
3.2.1	It is unclear what this competency means and how it would be performed. It the "context" being established for the patient or the practitioner. If the competency is about performance of a patient-centre interview, it should be more clear about the expectations of a PCI.
3.2.2	This competency needs development. It is lacking context and parameters.
3.3	seems unnecessarily prescriptive. Not all cases require a physical exam - many simply require observation.
3.3.2	The comparators in this competency would not be relevant in many situations. The distinction that should be captures is that the practitioner uses knowledge and critical analysis to determine what physical examinations are appropriate to the situation and when a comprehensive screening exam is warranted.
3.4.2	The application of pharmacology and pathophysiology have little relevance to determination of a diagnostic accuracy, nor is it practical in a clinical setting; a practitioner would work from illness scripts, symptomatology and evidence-based references to determine the appropriateness of a diagnostic test. Pharmacology and pathophysiology would be relevant to understanding mechanism of action and interaction, and underlying causes of disease/dysfunction, respectively. Knowledge of "test accuracy" (or "diagnostic accuracy") is alone sufficient for assessing the value of screening and testing. These are more important than knowledge of pathophysiology and pharmacology.
3.4.3	Not specifically described how the competency is performed.
3.5.2	Suggest splitting this competency into two: 1) Monitor patient, 2) Refinement of management.
3.5.1	Naturopathic principles do not aid in creating a differential diagnosis list. More aligned with management.
3.7.2	As with 3.5.1, naturopathic principles and relevance to formulating a diagnosis is not clear.
3.7.2 & 3.5.1	I find it hard to follow the logic of the following two competencies- I understand the process of clinical reasoning, and I appreciate the ND principles, but I do not follow the logic of how each principle is integrated with the clinical findings to formulate a diagnosis. Would "inconsideration of naturopathic principles" more accurately reflect the intent of these two competencies?
3.7.3	This simply not possible in all situations. If this remains a competency, it needs to be qualified (e.g. to the extent of available evidence).
4.2.1	The therapeutic order is not a universally accepted paradigm for making management decisions, nor is it evidence-based. I strongly recommend removing reference to the therapeutic order. The importance of the therapeutic order is not universally endorsed within our profession, and its inclusion as a

Competency	Notes
	competency would be contentious. Personally, I believe each intervention should be assessed on its own merits according to a careful consideration of benefits and harms in the context of a patient's values and preferences. Applying a hierarchy on top of this is unnecessary and potentially harmful.
4.2.2	Suggest removing - What does using "core" modalities entail? The competency does not express expected outcomes. Should be focused the parameters of management, not using core modalities. Practitioners need to remain within scope and utilized and evidence-based approach. They are not more competent if they use core modalities. The competency as expressed might be interpreted as eschewing evidence.
	<p>There is no core competency category that addresses the advocacy and leadership role of naturopathic doctors. (advocating within the healthcare system for health promotion and prevention initiatives; influencing communities through patient education and counselling, as individuals or groups; promotion of naturopathic care to influencers and policy makers for its place in health care systems.)</p> <p>Motivational interviewing to facilitate change, demonstrating collaborative care that empowers patient.</p> <p>Aspects of naturopathic practice management is also missing. (business practices that are effective and ethical; practicing cost-effective health care that can alleviate individual and community healthcare burdens.)</p> <p>Unethical overcharging or financial manipulation or pressures to buy products and services...NDs have a bad reputation on that front.</p> <p>Practice of evidence based medicine</p> <p>minor surgery</p> <p>Modalities (how to preform spinal manipulation, orthopedic testing, anatomical landmarking, clean needle technique)</p> <p>Diagnostics and physical exams were quite minimal. Prescriptions (herbal, orthomolecular, etc.) when the patient is on pharmaceuticals (i.e., knowing interactions)</p> <p>Emphasize the importance of critical appraisal of research supporting interventions and an understanding of clinical practice guidelines, rather than implementing interventions based on anecdote/opinion.</p> <p>Commitment to Personal Development and following Naturopathic principles</p> <p>Self-care for the naturopathic doctor</p> <p>Reference to and respect for traditional naturopathic modalities and assessments were lacking.</p> <p>Being competent in the privacy act when using EMR software.</p>
	The expectation for an entry level for a lot of them were too hard: most are learned WHILE in practice not before being in practice. Also, most potential registrants don't know what they don't know or what they need to know before BEING in practice.