# Section 2: Naturopathic Professional Formation by WHO Region

Iva Lloyd, ND

## HIGHLIGHTS

- Naturopathy originated in Germany in the late 1800s as a European traditional system of medicine and it is part of T&CM throughout all other regions of the world.
- The naturopathic profession includes a workforce of more than 110,000 practicing in over 108 countries spanning all WHO Regions.
- 34 countries have occupational licensing or statutory registration for their naturopathic workforce.
- Over 130 naturopathic educational programs exist around the world. There are two main naturopathic educational programs with over 50% being doctorate-level training programs (over 4,000 hours) and the practitioner-level training programs including 2,500+ hours.

The naturopathic profession is defined as a traditional system of medicine in Europe and as part of traditional and complementary medicine in all other WHO Regions. The formation of a distinct professional identity within the global healthcare environment depends on interrelated factors including the level and standardization and accreditation of educational programs and the regulatory status and recognition from governments achieved by the profession in different countries and Regions.

Standards within healthcare are highest and the most consistent in countries with educational standards and when practice has a defined regulatory framework. Professional formation requires establishment of professional membership organizations and is impacted by the body of evidence available to support its practice and by the involvement of the profession in supporting healthcare initiatives.

This section provides context to the level of professional formation achieved by the naturopathic profession globally. Although there is diversity in the educational standards and regulation of the naturopathic profession around the world, the profession is strongly united in the philosophies and principles that define naturopathic practice (see Chapter 2), in the core therapeutic modalities and practices used by the profession (see Chapter 1) and in the theories that guide naturopathic care (see Chapter 3). This section provides the background to understanding the complexity of the naturopathic profession and its essential role in global healthcare.

**Landscape of Naturopathy by WHO Region (Chapter 4)** provides an overview of the contemporary and historic landscape of naturopathy/naturopathic medicine by WHO Region.

- Naturopathy began in *Europe* in the 1800s where it is the traditional home of naturopathy with over 30 countries with a naturopathic workforce that includes around 60,000 naturopaths.
- Naturopathy was introduced into the *Region of Americas* in the late 1800s and currently there are over 30 countries with a naturopathic workforce that includes over 25,000 naturopaths and naturopathic doctors (NDs). North America (Canada and the United States) is considered the home of modern naturopathy. In North America naturopathic doctors are generally considered primary care practitioners in those States/Districts or Provinces/Territories with regulation. Also, North American NDs have played an essential role in the codifying of naturopathic information and in engaging in naturopathic research.
- The *Western Pacific* region has had a naturopathic workforce since the early 1900s and there are currently 14 countries practicing naturopathy with a workforce of over 10,000 naturopaths/NDs. Naturopaths/NDs in the Western Pacific region, especially in Australia, have been instrumental in furthering naturopathic research for the profession.
- Naturopathy was introduced into *South-East Asia* in the 1920s via India and currently there are at least five countries with a naturopathic workforce of over 10,000 naturopaths/NDs. In India, naturopathy is part of the Traditional System of Indian Medicine referred to as AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, Sowa-Rigpa and Homeopathy).

- Naturopathy was introduced to *Africa* in the mid-1900s and is now practiced in at least 13 countries with a workforce of about 5,000 naturopaths/NDs.
- Naturopathy has been introduced to the *Eastern Mediterranean* region since the late 1990s and is currently practiced in at least eight countries.

**Regulation of the Naturopathic Workforce (Chapter 5)** highlights the status of naturopathic regulation, licensure, and registration globally. Regulation involving the naturopathic workforce follows several legislative frameworks including voluntary certification, co-regulation, negative licensing and occupational licensing or statutory registration also referred to occupational licensing. Notable points:

- Voluntary certification regimes are found in 21 Member States across three WHO Regions including the European Region, the Americas and the Western Pacific Region.
- Co-regulation is found in four Member States across three WHO Regions – Australia, Brazil, Norway and the United Kingdom.
- Negative licensing is found in only one Member State, in the Western Pacific Region (Australia).
- Statutory registration or occupational licensing is found in 34 Member States, representing all WHO Regions.

**Naturopathic Education (Chapter 6)** provides an overview of the status of naturopathic education globally with a focus on the history of naturopathic education by WHO Region; as well as, outlining the framework of naturopathic educational programs and the future of naturopathic education globally. There are 131 naturopathic educational institutions globally with 38% residing in the region of South-East Asia, 27% in the European region, 22% in the region of the Americas, 9% in the Western Pacific region, and 4% in the African region. There are two main naturopathic educational programs – doctorate-level training programs (over 4,000 hours) and practitioner-level training programs at 2,500 hours. Over 52% of the current naturopathic medical educational programs are 4,000 hours or longer and less than 9% are under 2,000 hours. In 2010 the WHO published *Benchmarks for Training in Naturopathy.*

The full breadth of naturopathic knowledge covered within naturopathic educational programs includes:

- naturopathic history, philosophies, principles, and theories;
- naturopathic medical knowledge, including basic sciences, clinical sciences, laboratory and diagnostic testing, naturopathic assessment, and naturopathic diagnosis;
- naturopathic therapeutic modalities, practices, and treatments;
- supervised clinical practice;
- ethics and business practices; and
- research.

The naturopathic profession is primed to be a significant contributor in global healthcare.

# 4 Landscape of Naturopathy by WHO Region

Iva Lloyd, ND
Tina Hausser, Heilpraktiker Naturopath

## HIGHLIGHTS

- Naturopathy originated as a distinct healing tradition in Germany in the late 1800s.
- Naturopathy is a European traditional system of medicine and is defined as a traditional and complementary system of medicine throughout all other WHO Regions.
- The naturopathic profession has existed as a distinct profession for over 120 years.
- The naturopathic profession includes more than 110,000 naturopaths/ naturopathic doctors practicing in over 108 countries spanning all WHO Regions.

Naturopathic practice has a rich history dating back to the early philosophies on health and healing. This history contributed to the formal definition and codification of naturopathy as a distinct profession in the late 1800s [1]. The term *Naturheilkunde* (later translated into naturopathy) was first defined in the early 19th century by Lorenz Gleich, a German physician [2, 3], and was officially used in 1896 in the United States to define the naturopathic profession [1]. The historic development of the naturopathic profession predates many other recognized 'Western' traditional medical systems (for example, chiropractic or osteopathy), and the total number of naturopathic practitioners and/or countries practicing naturopathy/naturopathic medicine outnumber those in these other professions [4].

In the last 40 years there has been tremendous growth and expansion in the number of naturopathic educational programs partly due to the increased consumer demand for healthcare that focuses on prevention and offers a broader range of natural treatment options. The naturopathic workforce includes more than 110,000 naturopaths/ naturopathic doctors practicing in over 108 countries spanning all WHO Regions [5] (see Table 4.1).

This chapter overviews the development of naturopathy/naturopathic medicine by WHO Region, starting with the European Region as it is the traditional home of naturopathy and then followed by the WHO Regions based on when naturopathy/naturopathic medicine was introduced in that Region.

## European Region

Naturopathy is considered a traditional system of medicine in Europe [1] and Germany is recognized as the traditional home to naturopathy where it is still used by the majority of the population [3]. As of 2021, there are at least 30 countries in Europe (see Table 4.1) where naturopathy is practiced and it is estimated that there are over 60,000 naturopaths/naturopathic doctors in this Region [3]. There is variability in naturopathic regulation, educational standards and practice in Europe, yet efforts are underway in many European countries – such as, Belgium, France, Slovenia, Spain, and the United Kingdom – to standardize education and acquire regulation [6]. Naturopathic practitioners in Europe primarily use the titles of naturopath, *Heilpraktiker, naturópata* or *naturólogo* depending on the language of the country [7].

- **Regulation:** As of 2021, the naturopathic workforce is regulated in ten countries in Europe – Albania, Cyprus, Germany, Iceland, Liechtenstein, Norway, Portugal, Romania, Switzerland, and United Kingdom (expanded upon in Chapter 5).
- **Education:** There are 36 naturopathic educational programs that meet the WNF criteria offered across eleven European countries (expanded upon in Chapter 6).

Significant contributors to naturopathic development in Europe include Father Sebastian Kneipp, a 19th century hydrotherapist from Germany [8] who was a strong promotor of nature cure concepts. Students of

Table 4.1: Listing of countries (by WHO World Region) with a naturopathic workforce

| WHO Region | Countries with a naturopathic workforce |
|---|---|
| **African Region** | Angola, Botswana, Democratic Republic of the Congo, Ghana, Kenya, Mauritius, Namibia, Nigeria, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe |
| **Region of the Americas** | Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia, Brazil, British Virgin Islands, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Saint Lucia, Saint Martin, Trinidad and Tobago, United States of America, Uruguay, Venezuela, Virgin Islands |
| **Eastern Mediterranean Region** | Bahrain, Egypt, Iran, Kuwait, Morocco, Qatar, Saudi Arabia, United Arab Emirates |
| **European Region** | Albania, Austria, Belgium, Bosnia and Herzegovina, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Romania, Russia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine, United Kingdom |
| **South-East Asian Region** | India, Indonesia, Nepal, Sri Lanka, Thailand |
| **Western Pacific Region** | Australia, Cambodia, China, Cooks Island, Fiji, Hong Kong, Japan, Malaysia, New Zealand, Philippines, Republic of Korea, Samoa, Singapore, Vanuatu, Viet Nam |

Kneipp were instrumental in the propagation of naturopathy around the world, including Louis Kuhne who taught people from India, Pastor Felke who promoted nature cure concepts to the public, and Henry Lindlahr and Benedict Lust who brought Kneipp's nature cure concept from Germany to North America [3].

Traditional naturopathic practices comprise a significant aspect of naturopathic treatments in Europe with clinical nutrition and applied nutrition being taught in all of the European schools, along with herbal medicine, hydrotherapy and various naturopathic physical modalities taught in 85% of the schools in this Region [6]. Other naturopathic modalities commonly used in Europe include tissue salts, flower essences, humoral therapy and Hildegard Medicine [6]. In European countries with regulation of the naturopathic workforce, modalities and practices such as regenerative and intravenous therapies may be part of naturopathic practice.

The advancement of naturopathy as a recognized healthcare profession in Europe has been hindered by numerous external factors such as the diversity in languages and educational standards as well as legislative and regulatory issues; for example, the tendency of some countries to focus on the regulation of naturopathic practices versus the regulation of naturopathy as a profession.

# Region of the Americas

Naturopathy/naturopathic medicine is practiced in almost all countries in the Region of the Americas. Due to the historic and professional formation differences in the development of the naturopathic profession in North America and Latin America and the Caribbean (see Table 4.1) these areas have been expanded upon separately below.

## North America

North America (Canada and the United States) is considered home to modern naturopathy/naturopathic medicine as this is where early professionalization and integration efforts were most advanced. Naturopathy was introduced in the United States in 1896 via Benedict Lust who had studied with Sebastian Kneipp in Germany [9]. Naturopathy/naturopathic medicine is practiced in both Canada and the United States, where naturopaths/naturopathic doctors are generally referred to as naturopathic doctors or naturopathic physicians and are largely regulated as primary care practitioners [9]. Today there are over 15,000 naturopaths and/or naturopathic doctors in North America.

- **Regulation**: As of 2021, there are five provinces in Canada with occupational licensing (British Columbia, Alberta, Saskatchewan, Manitoba, and Ontario) and one with title protection (Nova Scotia) and there are 22 states, the District of Columbia, and the United States territory of the Virgin Islands that regulation of the naturopathic workforce (expanded upon in Chapter 5).
- **Education:** There are nine naturopathic educational programs that meet the WNF criteria offered in North America (expanded upon in Chapter 6).

The naturopathic profession in North America has reached a high level of professional formation with established naturopathic educational programs, professional associations, regulatory boards, specialized naturopathic associations, and research facilities. Naturopathic doctors from this Region are robust contributors to naturopathic research and to codifying naturopathic knowledge. The traditional naturopathic principles that are recognized globally by the profession were codified in the United

States and approved by both national naturopathic organizations in North America in 1989 [1]. Naturopathic doctors in the United States are also credited with the codifying of two theories recognized by the global naturopathic profession: namely, the *Naturopathic Therapeutic Order* and the *Emunctory Theory* [1].

The National University of Natural Medicine (originally called National College of Naturopathic Medicine) was established in 1956, followed two decades later by the naturopathic medical educational program at Bastyr University (originally called John Bastyr College of Naturopathic Medicine) and the Canadian College of Naturopathic Medicine (originally called the Ontario College of Naturopathic Medicine) [9]. The majority of active North American naturopathic programs have been established for over 40 years and in 2000 two new naturopathic programs were established [10]. All naturopathic educational programs recognized in Canada and the United States are over 4000 hours in length and are accredited by the Council on Naturopathic Medical Education [11].

Although North America demonstrates significant strength in educational standards and regulatory efforts, the primary challenge in this area is that not all states and provinces have occupational licensing, and some states, such as Tennessee, South Carolina, Alabama, and Iowa restrict naturopathic practice. Also, despite the high educational standards recognized in this Region, there are non-accredited or self-accredited programs – primarily located in unlicensed states and provinces that are not recognized by the national naturopathic organizations representing the naturopathic profession. Graduates from these programs and naturopaths practicing in non-regulated jurisdictions often actively thwart the regulatory efforts of the two professional national naturopathic organizations in North America – the American Association of Naturopathic Physicians [12] and the Canadian Association of Naturopathic Doctors [13] – and their affiliated state and provincial naturopathic organizations.

## Latin America and the Caribbean

Latin America is characterised by pluralistic and multicultural societies which have actively embraced traditions from other countries as well as local indigenous traditions. The respect that the naturopathic profession has for indigenous practices and its ability to integrate native herbs and practices has aided the growth of naturopathy/naturopathic medicine in this Region. Naturopathy has been practiced in Latin America since the late 1800s, with extensive growth in the last two decades. Currently there are approximately 5,000 naturopaths/naturopathic doctors across over 30 countries in Latin America where naturopathy/naturopathic medicine is practiced.

- **Regulation**: As of 2021, the naturopathic workforce is regulated in eight countries in Latin America and the Caribbean – Brazil, Chile, Colombia, Cuba, Ecuador, Peru, Puerto Rico, and Saint Lucia (expanded upon in Chapter 5).
- **Education**: There are 19 naturopathic educational programs that meet the WNF criteria offered across eight countries in Latin America and the Caribbean (expanded upon in Chapter 6).

A significant contributor to the early introduction of naturopathy in this Region is Father Tadeo de Visent who is credited with introducing naturopathy to Chile. He then shared his knowledge with Manuel Lezaeta Acharán in 1916 [5] who then mentored his son, Rafael Lezaeta to carry on the tradition. In 1958, Juan Estéve Dulin established the first school of Naturopathy in Chile. Puerto Rico offers the only CNME-accredited naturopathic medical program in this Region at the Universidad Ana G. Méndez Recinto Gurabo [14]. The first four-and-half year university degree program in naturopathic medicine accredited by the ministry of education was developed at Universidade do Sul de Santa Catarina in Brazil in 1998, followed by other naturopathic programs that opened in universities after 2000 [15]. In the last twenty years there has been tremendous growth in naturopathic educational programs in this Region [10].

Although naturopathy has been practiced in this Region for over 100 years, it has only been in the last few decades that there has been any regulation of the naturopathic workforce in this Region. Countries such as Puerto Rico and Chile have addressed this by introducing two levels of regulation which reflect the differences in educational standards between naturopaths and naturopathic doctors. This dual-regulatory framework also provides for the grandfathering of naturopathic practitioners with a long-history of practice. With the tremendous expansion of the naturopathic profession in Latin America and the Caribbean over the last two decades, the professional development of naturopathy / naturopathic medicine in this Region will be strongly influenced by the introduction of educational standards and the regulatory frameworks that are enacted.

# Western Pacific Region

Naturopathy was introduced into the Western Pacific Region around 1900 and is currently practiced in at least fifteen (15) countries in this Region (see Table 4.1) [1]. It is estimated that there are over 10,000 naturopaths/naturopathic doctors in the Western Pacific with the majority residing in Australia and New Zealand [16].

- **Regulation**: As of 2021, some form of regulation of the naturopathic workforce exists in four countries in the Western Pacific – Australia, Cooks Island, Malaysia, and Samoa (expanded upon in Chapter 5).
- **Education**: There are 12 naturopathic medical

educational programs that meet the WNF criteria in the Western Pacific (expanded upon in Chapter 6).

The first university naturopathic program was offered by Southern Cross University in 1996, with two additional universities offering programs by 2000. However, absence of regulation resulted in the closure of these university programs by 2015. In 2020, Australia's oldest existing naturopathic college Southern School of Natural Therapies (SSNT) – which was established in 1961 in Melbourne – amalgamated with Torrens University, reintroducing naturopathic education to the university sector. The first naturopathic program offered in New Zealand, the South Pacific College of Natural Medicine (originally the South Pacific College of Natural Therapeutics) was established in 1967 in Auckland [17] and is still in operation. Naturopaths/naturopathic doctors from Australia and New Zealand have contributed greatly to the body of naturopathic research, especially in the last two decades [18]. Even in the absence of formal research support networks or university departments, naturopaths have consistently been the most successful T&CM profession in securing Australian government research funding in that country [18]

Although there are currently no government-recognized educational standards in the Western Pacific for naturopathic education, there is a high degree of consistency in naturopathic education and practice within this Region. This is due in part to the work of the Australian Register of Naturopaths and Herbalists (ARONAH) which is a voluntary and independent regulatory body that maintains minimum standards for naturopathic education delivered through the Tertiary Education Quality and Standards Agency in Australia [ARONAH][19]. Similar efforts to enforce minimum standards through ARONAH are also underway in New Zealand.

Seeking statutory regulation has been the primary challenge in the Western Pacific Region, especially in Australia, for decades. Australian naturopathic organizations have been actively pursuing statutory registration for over 100 years [20, 21], most recently via lobbying [22, 23] for the inclusion of naturopathy in the National Registration and Accreditation Scheme [24]. Although every review of the regulatory requirements for naturopathic practice in Australia since 2000 has recommended statutory regulation, the naturopathic profession is the only health workforce to be formally assessed that is not currently included in Australia's national registration scheme [25]. This absence of statutory registration has resulted in variability in practice, training, and education in the naturopathic profession in that country [26]. A similar situation is found in other countries in the Region, which express similarly high levels of support for regulation [27]. Australia was and continues to be active in self-governance [19].

# South-East Asia Region

Naturopathy/naturopathic medicine is practiced in five countries in the Region of South-East Asia (see Table 4.1) with India introducing naturopathy in the 1920s and having the strongest representation in this Region. It is estimated that there are over 12,000 naturopaths / naturopathic doctors in South-East Asia [16]. Regulation in this Region exists in two countries: India and Nepal.

- **Regulation**: As of 2021, regulation of the naturopathic workforce exists in two countries in the South-East Asian Region – India and Nepal (expanded upon in Chapter 5).
- **Education:** There are over 50 naturopathic medical educational programs that meet the WNF criteria in the South-East Asian Region with 48 located in India (expanded upon in Chapter 6).

Naturopathy was first introduced to India in the 1920's through Dronamraju Venkatachalapathi Sharma who trained with naturopaths in Germany including Dr. Kuhne. Mahatma Gandhi was the patron of the National Institute in Pune and revived naturopathy in India in the 1940s, authoring multiple naturopathic texts and inspiring the opening of the Gandhi Naturopathic Medical College in 1970 [28, 29]. In India naturopathic practice is commonly incorporated in a hospital setting [7]. There has been tremendous growth and recognition of naturopathy/naturopathic medicine in India in the last few decades and India is one of the few countries where some States include naturopathic care under its government healthcare plans. At least two naturopathic educational programs have been established in Nepal and Thailand has also been progressing naturopathic professionalization, with the development of a university program in naturopathy at Surin Rajabhat University [30].

Naturopathy and Yoga are combined in education and practice in India and in other parts of South-East Asia. The naturopathic educational programs in India fall under the Central Council for Research in Yoga & Naturopathy (CCRYN) and include naturopathic programs that are over 4,000 hours and graduates earn the title Bachelor of Naturopathy and Yogic Studies (BNYS) [31].

Due to the support the Ministry of AYUSH and the Government of India, there has been tremendous growth in the naturopathic profession in India and surrounding countries. This growth has been accompanied by defined educational standards and a regulatory framework [32, 33].

# African Region

In Africa indigenous or traditional medicine performs a significant role in health care, with some African countries having up to 70% of their population depending primarily on traditional medicine [34]. The practice of naturopathy was introduced in South Africa in the mid-1900s and it is now practiced in at least 13 countries throughout Africa (see Table 4.1) [35]. The origins of naturopathy in the various African countries are as diverse as the many individual countries that comprise the Region, with the naturopathic framework being introduced primarily through diasporic communities receiving naturopathic training outside their countries of origin [7], but also due to an increasing desire to bridge traditional medicine and biomedicine via trained primary health care professionals with expertise in both areas. The practice of naturopathy can serve as a bridge with indigenous practices from this Region due to naturopathy's focus on herbal medicine, nutrition and lifestyle [35, 36]. Africa is the Region which is observing the most rapid growth of professional naturopathic formation globally. As of 2020, there are about 5,000 naturopaths/naturopathic doctors in this Region.

- **Regulation:** As of 2021, regulation of the naturopathic workforce exists in ten countries in Africa – Botswana, Democratic Republic of the Congo, Ghana, Namibia, Nigeria, South Africa, Swaziland, Tanzania, Uganda, and Zimbabwe (expanded upon in Chapter 5).
- **Education:** There are over 5 naturopathic medical educational programs that meet the WNF criteria in the African Region (expanded upon in Chapter 6).

The first degree-granting naturopathic school in Africa was established in the University of Western Cape in South Africa in 2002 [10] and in the past twenty years, due to strategies driven by the WHO regional office and key African heads of state, this Region has seen an increase in the use of traditional medicines, including naturopathy, as well as an increase in the promotion of professional training, research and policy formation [37].

# Eastern Mediterranean

Eastern Mediterranean has a rich history of indigenous health practices. Over the last two decades naturopathy has been introduced to at least eight countries in this Region (see Table 4.1). The WHO Global Report on Traditional and Complementary Medicine identified naturopathic practice communities in Iran, Pakistan, Saudi Arabia and Syria [38] [REF].

- **Regulation**: As of 2021, regulation of the naturopathic workforce exists in two countries in the Eastern Mediterranean Region – United Arab Emirates (UAE) and Saudi Arabia (expanded upon in Chapter 5).
- **Education:** Currently the WNF is not aware of any naturopathic educational programs offered in the Eastern Mediterranean Region.

Of all the WHO Regions, the introduction of naturopathy/naturopathic medicine is newest in the Eastern Mediterranean Region and lacks some of the professional infrastructure present in other Regions. Although some jurisdictions have implemented regulation for naturopathic practice, the naturopathic profession in these countries continues to rely on overseas professional training, However, recent surveys of the public in this Region suggest that naturopathy is one of the most popular T&CM professions [39]. With such a strong focus on T&CM in this Region we expect that the naturopathic profession will continue to grow.

# Summary

Naturopathy/naturopathic medicine is practiced in all WHO Regions. Europe is considered the traditional home to naturopathy and North America is consider the home to modern naturopathy or naturopathic medicine. The respect that the naturopathic profession has for indigenous practices and its ability to integrate native herbs and traditional practices has aided the growth of naturopathy/naturopathic medicine around the world. There are over 110,000 naturopaths/naturopathic doctors around the world practicing in over 108 countries that are united in their philosophical person-centred approach to healthcare.

# Literature Cited


1. Hausser, T., Lloyd, I., Yánez, J., Cottingham, P., Newman-Turner, R., and Abascal, A. *WNF White Paper: Naturopathic Philosophies, Principles and Theories.* 2017; Available from: http://worldnaturopathicfederation.org/wp-content/uploads/2015/12/White-Paper_FINAL.pdf.
2. Association of German Heilpraktiker, *150 years of Naturopathy*, U. Sieber. and U. Hilpert-Mühlig., Editors. n,d.
3. Hausser, T., *Update on Naturopathy in Europe – From its Roots to Global Modern Practice.* 2018.
4. Wardle, J., Cook, N., Steel, A., and Barker, C., *The World Naturopathic Federation: Global opportunities for the Australian profession.* Vol. 28. 2016: National Herbalists Association of Australia. 3 – 8.
5. World Health Organization, *WHO Global Report on Traditional and Complementary Medicine.* 2019: Geneva.
6. World Naturopathic Federation. *The World Naturopathic Federation Roots Report – Findings from the naturopathic roots committee survey.* 2016; Available from: http://worldnaturopathicfederation.org/wnf-publications/.
7. World Naturopathic Federation. *Global Naturopathic Regulation.* 2018; Available from: http://worldnaturopathicfederation.org/wp-content/uploads/2019/11/Global-Naturopathic-Regulation_Nov-2019.pdf.
8. Ko, Y., *Sebastian Kneipp and the Natural Cure Movement of Germany: Between Naturalism and Modern Medicine.* Uisahak, 2016. **25**(3): p. 557-590.
9. Lloyd, I., *The History of Naturopathic Medicine: A Canadian Perspective.* 2009: McArthur & Company.
10. World Naturopathic Federation Education Committee. *WNF Naturopathic Educational Program Report.* 2021; Available from: http://worldnaturopathicfederation.org/wp-content/uploads/2021/03/WNF_Naturopathic-Programs_final_March_2021.pdf.
11. Council on Naturopathic Medical Education. *CNME.* 2021; Available from: https://cnme.org.
12. The American Association of Naturopathic Physicians. *American Association of Naturopathic Physicians.* 2021; Available from: https://naturopathic.org.
13. Canadian Association of Naturopathic Doctors. *About the CAND.* 2021; Available from: https://www.cand.ca/about-the-cand/.
14. Universidad Ana G. Méndez Recinto Gurabo. *Centre fro Graduate Studies and Research Naturopathis Medicine.* 2020; Available from: https://gurabo.uagm.edu/en/estudios-graduados/naturopathic-medicine.
15. Silvia Helena Fabbri Sabbag, Beatriz Mendes Reis Nogueira, Andrea Lucila Lanfranchi De Callis, Ana Claúdia Moraes Barros Leite-Mor, Caio Fábio Schlechta Portella, Raquel de Luna Antonio, Flavia Placeres, and Rodrigues., D.M.d.O., *Origin and development of Naturology in Brazil: conceptual, historical and political aspects.* Journal of Naturology and Complementary Therapies, 2017. **6**(11).
16. World Naturopathic Federation. *Naturopathic Numbers Report.* 2016; Available from: http://worldnaturopathicfederation.org/wp-content/uploads/2015/12/2016-Naturopathic-Numbers-Report.pdf.
17. South Pacific College of Natural Medicine. *Home.* 2021; Available from: https://www.spcnm.ac.nz.
18. Wardle, J. and Adams, J., *Are the CAM professions engaging in high-level health and medical research? Trends in publicly funded complementary medicine research grants in Australia.* Complementary therapies in medicine, 2013. **21**(6): p. 746-9.
19. Australian Register of Naturopaths and Herbalists. *ARONAH protecting the public, advancing the profession.* 2021; Available from: http://www.aronah.org.
20. Lin, V., Bensoussan, A., Myers, S., McCabe, P., Cohen, M.M., Hill, S., and Howse, G., *The Practice and Regulatory Requirements of Naturopathy and Western Herbal Medicine.* 2005, Department of Human Services,: Melbourne.
21. Wardle, J., *The National Registration and Accreditation Scheme: What Would Inclusion Mean for Naturopathy and Western Herbal Medicine?: Part I – the Legislation.* Australian Journal of Medical Herbalism, 2010. **22**(4): p. 113.
22. Naturopaths for Registration, *Submission to Australian Health Ministers Advisory Council.* 2011: Alstonville.
23. Australian Naturopathic Council. *Naturopaths Registration Research Project.* 2021; Available from: https://www.naturopathiccouncil.org.au/naturopaths-regulation-research-project/.
24. Council of Australian Governments, *Intergovernmental agreement for a national registration and accreditation scheme for the health professions.* 2008.
25. Wardle, J.L., Sibbritt, D., Broom, A., Steel, A., and Adams, J., *Is Health Practitioner Regulation Keeping Pace with the Changing Practitioner and Health-Care Landscape? An Australian Perspective.* Frontiers in public health, 2016. **4**: p. 91-91.
26. Wardle, J., Steel, A., and Adams, J., *A review of tensions and risks in naturopathic education and training in Australia: a need for regulation.* Journal of Alternative and Complementary Medicine, 2012. **18**(4): p. 363-70.
27. Cottingham, P., Adams, J., Vempati, R., Dunn, J., and Sibbritt, D., *The characteristics, experiences and perceptions of naturopathic and herbal medicine practitioners: results from a national survey in New Zealand.* BMC complementary and alternative medicine, 2015. **15**: p. 114.
28. World Naturopathic Federation. *World Naturopathic Federation Report. Findings from the 1st World Naturopathic Federation survey.* 2015; Available from: http://worldnaturopathicfederation.org/wp-content/uploads/2015/12/World-Federation-Report_June2015.pdf.

29. Satyalakshmi, K., *Mahatma Gandhi and Nature Cure*. The Indian Journal of Medical Research, 2019. **149**(Suppl): p. S69-s71.
30. Wiwanitkit, V. and Kaewla, W., *Naturopathy curriculum: A step for health reform in Thailand*. Journal of Ayurveda and Integrative Medicine, 2015. **6**(3): p. 208-208.
31. Central Council for Research in Yoga and Naturopathy. *Publication of Central Council for Research in Yoga and Naturopathy*. 2021; Available from: https://ccryn.org/publication-of-central-council-for-research-in-yoga-and-naturopathy/.
32. AYUSH. *Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha, Homoeopathy* 2021; Available from: https://www.ayush.gov.in.
33. National Accreditation Board for Hospital & Healthcare Providers. *AYUSH Accreditation Programme*. Available from: https://www.nabh.co/AyushHospitals.aspx.
34. Abdullahi, A.A., *Trends and Challenges of Traditional Medicine in Africa*. African Journal of Traditional, Complementary, and Alternative Medicines: AJTCAM, 2011. **8**(5 Suppl): p. 115-123.
35. Ericksen-Pereira, W.G., Roman, N.V., and Swart, R., *An overview of the history and development of naturopathy in South Africa*. Health SA Gesondheid Journal of Interdisciplinary Health Sciences, 2018. **23**: p. 1078-1078.
36. Kasilo, O., *Progress Assessment and Quick Situation Analysis of Traditional Medicine in Zambia Undertaken in Lusaka from 13 to 17 April 2009*, W.H. Organization, Editor. 2009.
37. James, P.B., Wardle, J., Steel, A., and Adams, J., *Traditional, complementary and alternative medicine use in Sub-Saharan Africa: a systematic review*. BMJ Global Health, 2018. **3**(5): p. e000895.
38. World Health Organization, *WHO Global Report on Traditional and Complementary Medicine*. 2019: Geneva. p. 226.
39. Radwan, H., Hasan, H., Hamadeh, R., Hashim, M., Abdulwahid, Z., Gerashi, M., Hilali, M., and Naja, F., *Complementary and alternative medicine use among patients with type 2 diabetes living in the United Arab Emirates*. BMC Complementary Medicine and Therapies, 2020. **20**.

# 5 Regulation of the Naturopathic Workforce

Iva Lloyd, ND
Jill Dunn, Naturopath
Jon Wardle, ND PhD

## HIGHLIGHTS

- Occupational regulation is an important tool used by governments to assure the quality of the health workforce, to manage risk, and to protect the public.
- 34 countries with a naturopathic workforce have some form of statute-based occupational regulation.
- An additional 21 countries have voluntary certification operated by one or more naturopathy professional associations.
- While naturopathy is practiced widely in many countries and is a relatively low risk profession, it is not risk free. To address the risks, occupational licensing or statutory registration is the WNF's preferred model for regulation of the profession.
- Without enforceable minimum qualification and probity standards for entry to the naturopathy profession, other forms of occupational regulation such as voluntary certification, co-regulation and negative licensing do not provide sufficient protection for consumers.

# Background

Naturopathy is a valuable and often underestimated part of the health care systems of many countries. In 2002 the World Health Organization (WHO) published the *WHO Traditional Medicine Strategy: Geneva 1999*, the first global report on traditional and complementary medicine (T&CM) [1]. This initial report was followed by the *World Health Organization Traditional Medicine Strategy 2014 – 2023* which stated that T&CM is practiced in many countries of the world, and consumer demand for services is increasing [2, 3].

> *Many countries now recognize the need to develop a cohesive and integrative approach to health care that allows governments, health care practitioners and, most importantly, those who use health care services, to access T&CM in a safe, respectful, cost-efficient and effective manner* [3].

The *WHO Global Report on Traditional and Complementary Medicine* 2019 indicated that in 1999 only 25 of the WHO Member States had a T&CM policy, whereas in 2018 that number had increased to 98 [2]. That report also indicated that 98 Member States reported naturopathy as a type of T&CM that was used in their country and that only nine countries regulated the practice of naturopathy [2].

The WHO continues to encourage its 194 Member States to regulate T&CM practices, practitioners and products [1-3]. Likewise, the WHO *Declaration of Astana*, adopted at the *Global Conference on Primary Health Care* in October 2018 in Kazakhstan, recognized the role of traditional knowledge and extending access to a range of healthcare services, including traditional medicines, as an integral part of the drive for primary health care for all [4].

Regulation is an essential tool that is widely used by governments and other stakeholders to strengthen health systems and to assure the quality of health services. It encompasses occupational licensing laws and other non-statutory forms of regulation, registration and oversight, including bylaws and standards of practices set by professional associations that represent health professions. There is broad support from the public, health professions and policymakers for increased regulation of T&CM practice [5]. Furthermore, research on professional formation indicates the regulation of T&CM professions is at least as effective as regulation of conventional medical professions [6], and that inclusion of T&CM professions into regulatory systems supports the goals of safe, equitable access to healthcare for all [7].

In every country where naturopathy/naturopathic medicine is practiced, the naturopathic workforce is

subject to a range of local laws that impact and shape naturopathic practice, including criminal and civil law. Laws may require the licensing of businesses, facilities, equipment, or occupations. Some laws regulate specific activities such as the use of medicines and therapeutic goods, and/or impose practice obligations, for example, to deal with public health threats such as infectious diseases.

The aim of this chapter is to provide an analysis of the global profile of occupational regulation that applies to the naturopathic workforce and the practice of naturopathy/naturopathic medicine. This analysis identifies the gaps in regulation, the strengths and weaknesses of different regulatory models and the areas where existing regulatory regimes may be strengthened. It also establishes a baseline to enable changes to be monitored over time. The World Naturopathic Federation's (WNF) preferred approach to occupational regulation for the naturopathic profession is outlined and regulatory regimes that operate in ways that disenfranchise or marginalize naturopaths or unnecessarily restrict their scopes of practice (SoP) are discussed.

While we trust that this chapter will assist governments, professional organizations (e.g., professional associations and regulatory bodies), consumers, and practitioners to understand occupational regulation as it applies to the naturopathic profession worldwide, regulation is constantly evolving. We have used our best efforts to ensure the material presented here is up to date, comprehensive and complete.

# Methodology

The data informing this analysis was compiled over a six-year period between 2014 and 2021. It included several different initiatives including online searches, a review of the published and gray literature, document analysis and data collected from three WNF surveys.

## Online searches

In 2014-15, the WNF conducted an initial online search matching the name of every WHO Member State with the word "naturopathy" (or the language equivalent for that country). Using the results from this online search, supplemented by information provided to the WNF from national and regional naturopathic professional organizations (i.e., professional associations and regulatory bodies) and naturopathic educational institutions, a list of Member States was compiled where the data indicated that naturopathy is practiced. A further online search to identify any naturopathic professional associations or naturopathic educational programs available to support the naturopathic workforce was conducted and the websites of all known professional naturopathic organizations were reviewed to determine the structure and governance of the organization, the criteria for membership and types of services provided to members.

An additional online search of the responsible Ministries of Health (MoH) (or the equivalent government department) in those Member States identified as having a naturopathic workforce was conducted to identify relevant gray literature on licensing or other regulatory regimes relevant to the practice of naturopathy in that Member State. Where website information suggested the existence of an 'umbrella' law and/or multi-profession regulatory regime, a further search was undertaken to determine whether the naturopathic profession was included within the scope of the regime, or where the practice of naturopaths was otherwise impacted.

## Global surveys of education institutions, professional associations, and regulatory bodies

Nine surveys of naturopathic professional associations, educational institutions and the naturopathic workforce were conducted by the WNF (see the Chapter on *Aims, Objectives and Methods*) between 2015 and 2021. Data from three of these surveys contributed to the body of information for this analysis, including the first international survey of the naturopathic profession which was conducted by the WNF in 2015 to gather data on the characteristics of naturopathic practice globally [8] and the 2016 WNF international survey of naturopathic educational institutions which identified what was taught in naturopathic educational programs [9]. The third survey which contributed substantially to this analysis was based on a detailed international cross-sectional survey examining the characteristics of naturopathic education and regulation [10]. This survey was conducted between 2016 and 2019 in collaboration with Jill Dunn, a New Zealand-based researcher from the University of Technology Sydney (Australia). Using purposive sampling, the online survey was sent to a list of organizations from the WNF's database and complemented by additional internet searches. Two hundred and twenty-eight naturopathy organizations (professional associations and registration bodies) and educational institutions from 46 countries were surveyed. Sixty-five organizations spanning 29 countries responded [10].

## Search of legal databases

In addition to the search of government websites for gray literature, in 2021 a database search was undertaken to identify relevant laws and regulations that included the naturopathic workforce.

The search terms used included: *complementary & alternative medicine; traditional and complementary medicine; traditional medicine; complementary medicine;*

## Voluntary certification

Under voluntary certification there is no underpinning statute enacted by government that confers powers on a regulator to license members of the profession or occupation. Rather, professionals join together and establish an association with a constitution, bylaws and rules for its members. The association may be registered as a body corporate under the relevant law of a country.

On joining the association, professional members agree to abide by the rules of the association and its code of ethics. The association may operate a consumer complaints mechanism and the rules may provide for members to be expelled for serious breaches of the code of ethics. However, the system is entirely voluntary – practitioners can choose not to join an association and still practice and can continue to practice if expelled from an association for misconduct.

A variation on this type of occupational regulation is where a legal entity is established specifically to carry out regulatory functions on behalf of a profession separately from the professional association/s. While there is organizational separation of the regulatory functions from the membership representation and advocacy functions, the system continues to be entirely voluntary. While consumers, insurers and health service providers may rely on the professional association for trusted advice about who is qualified to practice the profession, there is no direct involvement or recognition from government.

## Co-regulation

Co-regulation is similar to voluntary certification. The key difference is that some of the functions of the self-regulating professional association may be either delegated from or recognized by government. This government recognition or delegation may be conditional on the certification body meeting specified standards in relation to governance and its certification standards and processes. This recognition process establishes, in effect, a partnership between government and the certifying body, and the benefits that flow to practitioners from certification create incentives for practitioners to comply with the professional association's standards.

## Negative licensing

Under a negative licensing system, there is no legal barrier to entry to an unregistered profession – anyone can set out their shingle and practice, no matter what their level of training or skill. However, a law is enacted that provides a mechanism for a statutory regulator to receive and investigate complaints about a practitioner. The regulator may issue a prohibition or banning order to remove a practitioner from practice when the regulator finds that a practitioner have committed an offense or a breach of minimum standards of practice and their continued practice presents a serious risk to the public. There may be offenses for breach of a prohibition order and an online searchable public register of prohibition orders.

## Occupational licensing (also known as statutory registration)

Under an occupational licensing system, the purpose and functions of the system are not determined by the profession alone (as in the case of voluntary certification) but are set out in legislation and are subject to public scrutiny (through the responsible parliament and minister). The legislation establishes a regulatory body with powers to register/license and regulate practitioners. Entry to a regulated profession is limited only to those the regulatory body considers to be properly qualified and of good character. This gate-keeping role is underpinned by statute, with powers for the regulatory body to prosecute unregistered persons who 'hold themselves out' as qualified to practice the profession when they are not. The statute provides an effective mechanism for restricting entry to the profession, and disciplinary powers to deal with practitioners whose practice falls below an acceptable standard.

There are two distinct models of occupational licensing: **reservation of title** and **reservation of practice**. While registration/licensing laws generally prohibit unregistered/unlicensed persons from using restricted professional titles or pretending to be qualified and registered when they are not (reservation of title), some laws go further, prohibiting unregistered persons from providing certain types of clinical services (reservation of practice). Such laws create an exclusive scope of practice, in effect a monopoly, for the profession or occupation concerned.

Figure 5.1 Types of occupational regulation [11]

*alternative medicine; naturopathic medicine; naturopathy; naturopath; naturheilpraktiker; heilpraktiker; alternative therapist; non-conventional therapies; health professions; natural and traditional medicine;* and *natural medicine*. The following databases were also searched: HeinOnline, WestLaw, Legal Information Institute Cornell University LII, WorldLII, AfricanLII, SAFLII, NZLII, AustLII, PacLII, E-Justice Europa and AsianLII.

# Document analysis

Content analysis was used to analyze the documents obtained from the searches of government websites and legal databases. This data was triangulated with data from the online searches and the survey of professional associations, to establish the type/s of occupational regulation operating in each country. The regulatory arrangements identified in Member States were categorized according to the types of occupational regulation set out in Figure 5.1 [11]. A sample of naturopathy professional associations was selected for further analysis. Documents and other content from their websites were examined, to identify key features of the governance and operation of these organizations.

Table 5.1 compares the four types of occupational regulation against key parameters such as whether the regime has a statutory basis, whether there are powers to enforce minimum standards for entry to practice, the ability to deal with complaints about the conduct or fitness to practice of practitioners and remove practitioners from practice if necessary.

Voluntary certification and co-regulation regimes generally have a public register of qualified (or disqualified) practitioners. Some co-regulation regimes have a statutory basis, others are administrative and some provide for accreditation of qualifying programs for entry to practice (such as the UK PSA program), others do not. Only statutory registration/occupational licensing provides enforceable minimum qualification and probity standards for entry to practice and provides powers for the regulator to actively monitor compliance with standards.

Table 5.1: Comparison of occupational regulation types against key parameters [12]

| Parameter | Type of Occupational Regulation | | | |
|---|---|---|---|---|
| | Voluntary Certification | Co-regulation | Negative licensing | Statutory registration/ occupational licensing |
| **Statutory basis** | No | Maybe | Yes | Yes |
| **Enforceable minimum qualifications for entry to practice** | No | No | No | Yes |
| **Probity checking of persons prior to entry to practice** | No | No | No | Yes |
| **Accreditation of qualifying programs for entry to practice** | Yes | Maybe | No | Yes |
| **Enforceable minimum standards of practice** | No | No | Yes | Yes |
| **Mandatory Continuing Professional Development** | Yes (for members) | Maybe | No | Yes |
| **Obligation to report professional misconduct by fellow practitioners** | No | No | Yes | Yes |
| **Powers to monitor practitioner compliance with practice standards** | No | No | No | Yes |
| **Powers to impose conditions on a practitioner's practice** | No | No | Yes | Yes |
| **Practice guidelines/codes issued** | Yes | No | No | Yes |
| **Complaints and disciplinary powers** | Yes (for members only) | Maybe | Yes | Yes |
| **Powers to remove unfit practitioners from practice** | No | No | Yes | Yes |
| **Offenses and penalties for unauthorized use of professional titles** | No | No | No | Yes |
| **A publicly accessible register of qualified practitioners** | Maybe | Maybe | No | Yes |
| **A publicly accessible register of disqualified or barred practitioners** | No | No | Yes | Yes |
| **Publication of disciplinary decisions** | No | No | Yes | Yes |
| **Protection from civil liability for board members discharging regulatory functions** | No | No | Yes | Yes |

# Results

Analysis of the data indicates that naturopathy is practiced in at least 108 WHO Member States. Based on the synthesis of data from the online searches, surveys and literature reviews, Table 5.2 outlines the types of occupational regulation that were identified for each Member State with a naturopathic workforce.

Table 5.2: Types of occupational regulation that apply to the naturopathy profession, by WHO Region & Member State

| WHO Region | Type of occupational regulation | | | | |
|---|---|---|---|---|---|
| | No occupational regulation, licensure or registration identified | Voluntary Certification | Co-regulation | Negative licensing | Statutory registration/ occupational licensing |
| **African Region** | Angola, Kenya, Mauritius Zambia | None identified | None identified | None identified | Botswana, Democratic Republic of the Congo, Ghana, Namibia, Nigeria, South Africa, Swaziland, Tanzania, Uganda, Zimbabwe |
| **Region of the Americas** | Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, British Virgin Islands, Costa Rica, Dominica Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Saint Martin, Trinidad and Tobago, Venezuela, Virgin Islands | Bermuda, Brazil, Canada[1], United States of America[1], Uruguay | Brazil | None identified | Canada, Chile, Colombia, Cuba, Ecuador, Peru, Puerto Rico, Saint Lucia, United States of America |
| **Eastern Mediterranean Region** | Bahrain, Egypt, Iran, Kuwait, Morocco, Qatar | None identified | None identified | None identified | Saudi Arabia, United Arab Emirates |
| **European Region** | Austria, Bosnia and Herzegovina, Finland, Hungary, Israel, Luxembourg, Russia, Slovakia, Ukraine | Belgium, Czech Republic, Denmark, France, Greece, Ireland, Italy, Norway, Netherlands, Slovenia, Spain, Sweden, United Kingdom | Norway, United Kingdom | None identified | Albania, Cyprus, Germany, Iceland, Liechtenstein, Portugal, Romania, Switzerland |
| **South-East Asia Region** | Indonesia, Sri Lanka, Thailand | None identified | None identified | None identified | India, Nepal |
| **Western Pacific Region** | Cambodia, China, Fiji, Japan, Philippines, Republic of Korea, Singapore, Vanuatu, Viet Nam | Australia, Hong Kong, New Zealand | Australia | Australia | Cook Islands, Malaysia, Samoa |

[1] Voluntary certification regimens are present in some provinces (Canada) and States (USA) when occupational licensing or statutory registration is absent.

The following highlights the regulation status of the global naturopathic workforce.

- No occupational regulation, registration or licensure was identified for half of the Member States with a naturopathic workforce.
- Voluntary certification regimes are found in 21 Member States across three WHO Regions. No voluntary certification was identified in Member States of the African, Eastern Mediterranean and South-East Asian Regions.
- Co-regulation is found in four Member States across three WHO Regions – Australia, Brazil, Norway, and the United Kingdom.
- Negative licensing is found in only one Member State, in the Western Pacific Region (Australia).
- Statutory registration or occupational licensing is found in all WHO Regions, spanning a total of 34 Member States.
- Some Member States have up to three types of occupational regulation that apply to the naturopathic workforce, operating in parallel.

The following sections present the main findings for each of type of occupational regulation.

# Voluntary Certification

As outlined in Table 5.2, voluntary certification for the naturopathic workforce is operational in 21 of the Member States across three out of six WHO Regions. Table 5.3 lists key features of four of these voluntary certification regimes, in two Member States (Spain and the United Kingdom) from the European Region and two Member States (Australia and New Zealand) from the Western Pacific Region.

These voluntary certification regimes generally include the following:

- a constitution and/or bylaws that set out the rules of the association;
- a Board of Directors constituted with persons elected by members of the association;
- published membership requirements that include:
  - a recognized qualification in naturopathic education
  - compliance with a Code of Conduct and standards of practice;
- a process for assessing and approving naturopathic education programs for membership eligibility

Table 5.3: Key features of voluntary certification regimes in selected Member States

| | WHO European Region | | WHO Western Pacific Region | |
|---|---|---|---|---|
| **Key features** | **Spain** | **United Kingdom** | **Australia** | **New Zealand** |
| **Name of professional association** | Organización Colegial Naturopática [13] | General Council and Register of Naturopaths [14] | Australian Register of Naturopaths and Herbalists [15] | Naturopaths and Medical Herbalists of New Zealand [16] |
| **Constitution and Bylaws** | Yes | Yes | Yes | Yes |
| **Board of Directors** | Yes | Yes | Yes | Yes |
| **Educational requirements for membership** | Yes | Yes | Yes | Yes |
| **Accreditation of education programs for membership** | Yes | Yes | Yes | Yes |
| **Malpractice / civil liberty insurance requirement** | Yes | Yes | Yes | Yes* |
| **Background check prior to registration** | Yes | Yes | Yes | Yes |
| **Website listing of naturopaths / NDs** | Yes | Yes | Yes | Yes# |
| **Undertake advocacy for the profession** | Yes | Yes | Yes | Yes |
| **Information on the naturopathic profession on their website** | Yes | Yes | Yes | Yes |
| **Complaints and disciplinary process** | Yes | Yes | Yes | Yes |
| **Formal policy statement in support of occupational licensing** | Yes | Yes | Yes | Yes |

*NZ has a national no fault accident compensation system

# Members may request that their details not be published on website

purposes;
- operation of a publicly accessible web-based register of practicing naturopathic members;
- policies and processes for receiving complaints about members and dealing with any misconduct;
- a mandate to undertake advocacy on behalf of members;
- a formal policy statement that the organization supports occupational regulation for the naturopathic profession.

A key function of a voluntary certification regime is to set standards of practice for members. Table 5.4 lists the practice guidelines published on the websites of the four example professional organizations (i.e., professional association or registration body) engaged in voluntary certification as outlined in Table 5.3.

# Co-Regulation

Co-regulatory regimes were identified in four Member States – Australia, Brazil, Norway, and the United Kingdom – across three WHO Regions. There is considerable diversity in the design and operation of co-regulatory arrangements which range from a well-developed program where the regulator has a suite of statutory powers and a web presence, to less formalized administrative arrangements without a statutory basis or web presence.

The most developed co-regulatory regime that involves the naturopathic workforce is in the United Kingdom where the Professional Standards Authority (PSA), a statutory regulator, has powers to operate an 'accredited voluntary registers program' [17]. Under the program, the PSA has published minimum standards for the operation of public registers. A professional association that operates a public register of qualified members may apply to the PSA for accreditation of its register. The association pays a fee to the PSA for the assessment. A practitioner who has met the membership requirements of the association and whose name appears on an accredited register may advertise that fact to the public. When choosing a health service, consumers are encouraged to choose a practitioner who is a member of a PSA accredited register. The PSA has statutory powers to suspend the accreditation of a voluntary registrant, apply conditions or remove a professional association's accreditation.

In Norway, the Norwegian Directorate of Health and Social Affairs approves practitioner organizations with at least 30 members under a voluntary registration system through the Central Coordinating Register for Legal Entities. The professional association must have articles that govern and impose professional behaviors, activities and requirements of members including a Code of Ethics and a complaints and disciplinary procedure. Changes in professional association conditions must be reported to the Directorate. Practitioner registration, implemented by the Brønnøysund Register Centre – a governmental

Table 5.4: Practice guidelines published by professional associations from four Member States: Spain, United Kingdom, Australia, and New Zealand

| WHO European Region | | WHO Western Pacific Region | |
|---|---|---|---|
| **Spain** | **United Kingdom** | **Australia** | **New Zealand** |
| Organización Colegial Naturopática | General Council and Register of Naturopaths | Australian Register of Naturopaths and Herbalists | Naturopaths and Medical Herbalists of New Zealand |
| • Professional principles & ethics<br>• Professional obligations<br>• Relations with the corporation, of the naturopaths, with each other, with the health professions & with other institutions<br>• Confidentiality<br>• Patient safety<br>• Advertising<br>• Clinic signs & supplementary specifications<br>• Special designations<br>• Continued education<br>• Procedural guarantees | • Professional conduct for registered naturopaths<br>• The registered naturopath and the law<br>• Relationships with patients<br>• Relationships with medical practitioners and surgeons<br>• Relationships within the profession<br>• Relationships with other health care practitioners<br>• Scope and standards of practice<br>• The management and control of practices<br>• Promoting the individual and the profession<br>• Professional misconduct<br>• Disciplinary procedures | • Professional conduct<br>• Providing good care<br>• Communication, confidentiality, informed consent, adverse events<br>• Working within the healthcare system<br>• Minimizing risk<br>• Maintaining professional performance<br>• Professional behaviors<br>• Reporting obligations<br>• Conflict of interest<br>• Teaching, supervising & assessing<br>• Undertaking research | • Professional conduct<br>• Integrity & professionalism<br>• Competence & standards<br>• Respect for colleagues<br>• Respect for community<br>• Working with clients<br>• Commercial bias, advertising & recommendation of products, brands, and services<br>• Confidentiality<br>• Professional boundaries<br>• Position statements<br>• Telehealth guidelines |

body under the Norway Ministry of Trade, Industry and Fisheries which consists of several different national computerized registers – requires that applicants have an approved professional association practitioner number and valid insurance for financial liability [18].

In Brazil, regulatory functions are carried out by a number of organizations. The Ministry of Labour, through the Brazilian Register of Occupations (CBO), recognizes two levels of naturopathic practitioner – a *naturologist* (equivalent to a naturopathic doctor) [19] and a mid-level technical professional referred to as a holistic therapist or naturopath [20]. The Ministry of Education accredits higher education studies in naturopathy in order to qualify as a naturologist but does not accredit training for mid-level technical practitioners, i.e., the naturopath or holistic therapist. As of 2020 there are four private universities accredited to deliver four-year undergraduate degrees in naturopathy by the Ministry of Education (MEC) for naturologists [21]. While the profession of naturopathy (termed *naturologia*) does not currently have occupational licensing, naturologists are approved to provide services within a limited scope of practice, as part of the Integrated National Health System (SUS), under the direction of the National Policy of Integrative and Complementary Practices (PNPIC) governed by the Ministry of Health [22].

In Australia, patient consultation fees charged by a naturopath may be exempt from the goods and services tax if the naturopath is qualified as a 'recognized professional' under the goods and services tax legislation [23]. As naturopathy is currently not a 'regulated health profession' [24] in Australia, to qualify for this tax-exempt status, the naturopath must be a member of a professional association that has 'uniform national registration requirements relating to the provision of those services'. While there is no legislated definition of these requirements, the Australian Taxation Office has advised that a professional association would be expected to meet certain criteria, such as to be a not-for-profit organization, have articles of association, by-laws or codes of conduct, the ability to set its own admission requirements, standards of practice and ethics, requirements for ongoing professional development and the right to impose sanctions on members who fail to abide by its rules [25]. Similar arrangements exist for recognition of naturopaths by the Australian Therapeutic Goods Administration for the purposes of eligibility for privileges such as extemporaneous product compounding and dispensing and access to restricted materials [26].

# Negative licensing

Australia is the only Member State identified with a negative licensing regime that impacts the naturopathic workforce. This negative licensing regime is in operation in four Australian states – New South Wales, Queensland, South Australia and Victoria – with a national agreement in place for regimes to be implemented in every state and territory in Australia in accordance with a nationally agreed policy framework [27]. The four negative licensing regimes operate in broadly the same way:

- A law is enacted that includes a definition of 'health service' and 'health care worker' (or equivalent). These definitions determine the scope of the regime and who it applies to.
- A statutory 'code of conduct' is made by regulation and sets minimum standards of practice for all unregistered health care workers who provide a health service, regardless of their discipline or occupation, the nature of their practice, the titles they use, or how they badge, describe or advertise the services they provide. See for example, the regime in Queensland, Australia [28].
- The regulator (a complaints commissioner supported by an administrative office) has statutory powers to receive and investigate complaints from health service users or other interested parties and has the power, if warranted, to issue a 'prohibition order', to attach conditions to a worker that limit their scope of practice, or to ban them from practice altogether.
- If a health care worker who is subject to a prohibition order breaches the order, they may be prosecuted through the courts. Offenses are punishable by fines or up to two years imprisonment.
- A publicly accessible, online register of prohibition orders informs the public of the identity of prohibited or banned workers and provides details of the misconduct. See for example the register of prohibition orders published by the NSW Health Care Complaints Commissioner in Australia [29].

# Occupational licensing/statutory registration

Occupational licensing or statutory registration is the most common type of occupational regulation for the naturopathic workforce. Occupational licensing regimes are operating in 34 Member States across all WHO Regions. Tables 5.5 to 5.12 list, by WHO Region, those Member States where occupational licensing or statutory registration applies to the naturopathy profession, as well as the legislative instrument, the name of the regulator and the classes of practitioner that are regulated under the system.

## *African Region*

As outlined in Table 5.5, ten Member States in the African Region have an occupational licensing regime that applies to the naturopathic workforce.

Table 5.5: Legislative instruments, regulators and classes of practitioners regulated in the African Region

| Member State (Year licensing first enacted) | Legislative instrument | Regulator | Class of person registered or licensed |
|---|---|---|---|
| **Botswana (1987)** | Botswana Health Professions Regulations 1988 [30] | Botswana Health Professions Council | Naturopath |
| **DR Congo (1952)** | Politique Nationale de Médecines Traditionnelle 2001 [31] | Not located | Traditional Healer Naturopathic Doctor |
| **Ghana (2000)** | Traditional Medicine Practice Act 2000 [32] | Traditional Medicine Practice Council | Naturopath |
| **Namibia (2004)** | Allied Health Professions Act, 2014 [33] | Allied Health Professions Council of Namibia | Naturopath |
| **Nigeria (2004)** | Decree No 78 under The Medical and Dental Council of Nigeria (MDCN) 2004 [34] | Medical and Dental Council of Nigeria | Naturopathic Doctor |
| **South Africa (1982)** | Allied Health Professions Act 63 of 1982 [35] | Establishment of Allied Health Professions Council of South Africa | Naturopath, Naturopathic Doctor |
| **Swaziland (1978)** | Natural Therapeutic Practitioners Regulation 1978 [36] | Not located | Naturopath |
| **Tanzania (2002)** | The Traditional and Alternative Medicines Act No 23 of 2002 [37] | Traditional and Alternative Health Practice Council | Not specified |
| **Uganda (2019)** | The Traditional and Complementary Medicine Act 2019 [38] | National Council of Traditional and Complementary Medicine Practitioners | Not specified except NOT allowed to refer to themselves as a doctor, nurse, or professor |
| **Zimbabwe (1981)** | The Health Professions Act 2001 (Chapter 27: 19) [39] | Allied Health Practitioners Council of Zimbabwe | Naturopath |

## *Region of the Americas*

Nine Member States in the Region of the Americas have an occupational licensing regime for naturopaths/naturopathic doctors including Canada, the United States of America (USA), six Member States in Latin America – Chile, Columbia, Cuba, Ecuador, Peru, and St Lucia – and one 'Associate' Member State in the Caribbean – Puerto Rico (USA).

In Canada and the USA, the power to license health professions resides with sub-national governments. Table 5.6 lists the provinces of Canada where occupational licensing applies to naturopaths/naturopathic doctors and Table 5.7 lists the states in the USA where occupational licensing is enacted.

Five out of ten Canadian provinces have legislated occupational licensing for naturopaths/naturopathic doctors. While Nova Scotia is included, its system provides for protection of title but does not include the full suite of powers that are available in the other Canadian provinces, such as powers to maintain a public register of licensed naturopathic physicians, receive and investigate complaints about the professional conduct of licensees, to conduct disciplinary hearings and to remove a person from the register who is found to be unfit to practice.

Table 5.6: Legislative instruments, regulators and classes of practitioners regulated by Canadian province

| Province (Year licensing first enacted) | Legislative instrument | Regulator | Class of person registered or licensed |
|---|---|---|---|
| **Alberta (1948)** | Health Professions Act, Naturopaths Professions Regulation 126/2012 [40] | College of Naturopathic Doctors of Alberta | Naturopath<br>Naturopathic Doctor |
| **British Columbia (1923)** | Health Professions Act [RSBC 1996] Chapter 183, Naturopathic Physicians Regulation B.C. Reg. 282/2008 [41] | College of Naturopathic Physicians of British Columbia | Naturopath<br>Naturopathic Doctor<br>Naturopathic Physician |
| **Manitoba (1946)** | The Naturopathic Act 2007 [42] | Manitoba Naturopathic Association | Naturopath<br>Naturopathic Doctor |
| **Ontario (1925)** | Naturopathy Act 2015 [43] | College of Naturopaths of Ontario | Naturopath<br>Naturopathic Doctor |
| **Nova Scotia (2008)** | Naturopathic Doctors Act, Chapter 5 of the Acts of 2008 [44] | Nova Scotia Association of Naturopathic Doctors | Naturopath<br>Naturopathic Doctor |
| **Saskatchewan (1954)** | The Naturopathy Act 1978, Chapter N-4 of the Revised Statutes of Saskatchewan 1978 [45] | Saskatchewan Association of Naturopathic Practitioners | Naturopath<br>Naturopathic Doctor |

As outlined in Table 5.7, almost half of the USA states/districts (24 out of 51) have occupational licensing regimes for their naturopathic workforce.

Table 5.7: Legislative instruments, regulators and classes of practitioners regulated by USA state

| State (Year licensing first enacted) | Legislative instrument | Regulator | Class of person registered or licensed |
|---|---|---|---|
| **Alaska (1987)** | Alaska Statutes and Regulations<br>Naturopaths [46]<br>Naturopath Statutes (AS 08.45)<br>Naturopath Regulations (12 AAC 42) | The Department of Commerce, Community, and Economic Development | A person who practices naturopathy<br>(Doctor of Naturopathic Medicine) |
| **Arizona (1935)** | Arizona Revised Statutes Title 32 – Professions and Occupations<br>Chapter 14 Naturopathic Physicians [47]<br>Chapter 32 Health Professionals [48] | Naturopathic Physicians Medical Board | Doctor of naturopathic medicine<br>Naturopathic medical assistant<br>Naturopathic medical student |
| **California (2003)** | California Business and Professions Code, Division 2, Chapter 8.2 Naturopathic Doctors Act [49] | California Department of Consumer Affairs: Naturopathic Medicine Committee | Naturopath<br>Naturopathic doctor |
| **Colorado (2013)** | Colorado Revised Statutes 2021, Title 12, Article 37.3 Naturopathic Doctor Act [50] | Colorado Department of Regulatory Agencies: Office of Naturopathic Doctor Registration | Naturopath<br>Naturopathic doctor |
| **Connecticut (1922)** | General Statutes of Connecticut Chapter 373. Naturopathy [51] | Department of State Health | Naturopath<br>Naturopathic doctor |
| **District of Columbia (2012)** | District of Columbia Municipal Regulations and District of Columbia Register. Title: 17 Business, Occupations and Professionals. Chapter: 17 – 52 Naturopathic Medicine, 2012 [52] | DC Board of Medicine | Naturopath<br>Naturopathic doctor |
| **Hawaii (1925)** | Hawaii Revised Statutes Chapter 455 Naturopathic Medicine – no date [53]<br>Hawaii Administrative Rules, Title 16, Chapter 88 Naturopaths 2018 [54] | State of Hawaii Department of Commerce and Consumer Affairs Professional & Vocational Licensing: Board of Naturopathic Medicine | Naturopath<br>Naturopathic doctor |

| State (Year licensing first enacted) | Legislative instrument | Regulator | Class of person registered or licensed |
|---|---|---|---|
| **Idaho (2020)** | Title 54 Professions, Vocations, and Businesses. Chapter 51 Naturopathic Medicine Licensing [55] | Idaho Naturopathic Medical Board | Naturopathic medical doctor |
| **Kansas (2002)** | Kansas Statutes Annotated Chapter 65, Article 72 Naturopathic Doctors [56] | Kansas State Board of Healing Arts | Naturopathic doctor |
| **Maine (1996)** | Maine Revised Statutes Title 32, Chapter 113-B: Complementary Health Care Providers. Subchapter 3: Naturopathic Medicine Licensing Requirements and Scope of Practice [57] | State of Maine Complementary Health Care Providers Board | Naturopathic doctor |
| **Maryland (2014)** | Code of Maryland (Statutes), Article – Health Occupations, Title 15, Section 14-5F [58] | Maryland Department of Health Maryland Board of Physicians | Naturopath<br>Naturopathic doctor |
| **Massachusetts (2017)** | Session Laws, Acts (2016), Chapter 400 An Act Establishing a Board of Registration in Naturopathy [59] | Board of Registration in Naturopathy | Naturopath<br>Naturopathic doctor |
| **Minnesota (2008)** | Minnesota Statutes, Chapter 147E. Registered Naturopathic Doctors [60] | Minnesota Board of Medical Practice | Naturopath<br>Naturopathic doctor |
| **Montana (1992)** | Montana Code Annotated 2019, Title 37, Ch 26 Naturopathic Physicians 2019 [61] | Montana Department of Labor & Industry Business Standards Division: Board of Alternative Health Care | Naturopath<br>Naturopathic doctor |
| **New Hampshire (1995)** | New Hampshire Statutes Occupations and Professions, Chapter 328-E: Naturopathic Health Care Practice [62] | New Hampshire Office of Professional Licensure and Certification: Naturopathic Board of Examiners | Naturopath<br>Naturopathic doctor |
| **New Mexico (2020)** | Naturopathic Doctors' Practice Act [63] | New Mexico Medical Board | Naturopath<br>Naturopathic doctor |
| **North Dakota (2011):** | North Dakota Century Code, Title 43, Chapter 43-58 Naturopaths [64]<br>North Dakota Administrative Code, Title 112, Article 112-02 Naturopathic, 2013 [65] | North Dakota Board of Integrative Health Care | Naturopath<br>Naturopathic doctor |
| **Oregon (1927)** | Oregon Revised Statues 2019 Edition Chapter 685 — Naturopathic Physicians [66] | State of Oregon Board of Naturopathic Medicine | Naturopath<br>Naturopathic doctor |
| **Pennsylvania (2016)** | Naturopathic Doctor Registration Act. Act No. 128 [67] | Pennsylvania Department of State: State Board of Medicine. | Naturopath<br>Naturopathic doctor |
| **Rhode Island (2018)** | State of Rhode Island, 2017-H5474, Chapter 5-36.1 License of Naturopathy Act of 2017 [68] | Rhode Island Department of Health | Naturopath<br>Naturopathic doctor |
| **US Virgin Islands (2001)** | Professions and Occupations. VI Code, title 27, Chapter 4 [69] | Virgin Islands Department of Health: Board of Naturopathic Physicians | Naturopath<br>Naturopathic doctor |
| **Utah (1996)** | Utah Code. Table 58. Occupations and Professions. Chapter 1: Division of Occupational and Professional Licensing Act [70] | Utah Naturopathic Physician Licensing Board | Naturopath<br>Naturopathic doctor |
| **Vermont (1996)** | Vermont Statutes Annotated, Title 26, Chapter 81: Naturopathic Physicians [71] | Office of Professional Regulation Naturopathic Physician Licensing | Naturopath<br>Naturopathic doctor |

| State (Year licensing first enacted) | Legislative instrument | Regulator | Class of person registered or licensed |
|---|---|---|---|
| **Washington State (1919)** | Revised Code of Washington, Title 18, Chapter 18.36a Naturopathy [72, 73]<br>Washington Administrative Code, Title 246, Chapter 246-836 Naturopathic Physicians [74] | Washington State Department of Health | Naturopath<br>Naturopathic doctor |

In addition to these state- and province-based regulators, national organizations that have been established in Canada and the USA to support the regulators' activities, the Federation of Naturopathic Medical Regulatory Authorities (FNMRA) supports the efforts of all the statutory regulators in the USA [75] and in Canada, the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) has been established with a similar purpose [76].

As outlined in Table 5.8, occupational licensing for the naturopathic workforce operates in seven Member States in Latin America and the Caribbean.

Table 5.8: Legislative instruments, regulators and classes of practitioners regulated in Latin America & the Caribbean

| Member State (Year licensing first enacted) | Legislative instrument | Regulator | Class of person registered or licensed |
|---|---|---|---|
| **Chile (2013)** | Chile Decree No. 42/2005 [77]<br>Chile Decree No. 5/2013 [78] | Department of Pharmaceutical Policy and Medical Professions of the Division of Healthy Public Policy and Advocacy | (1) Naturópata<br>(2) Holistic Naturopath |
| **Colombia (2007)** | Law 1164/2007 Human Talent in Health [79]<br>Law 30/1992 Basics of Higher Education [80] | Not specified | N/A |
| **Cuba (2009)** | Ministerial Resolution 261/2009 [81]<br>Decree Law 133/1992 The National System of Scientific Degrees [82] | Regulatory Bureau for Health | N/A |
| **Ecuador (2016)** | Organic Health Law 2006<br>Ministerial Agreement 000037.2016 [83] | National Health Authority | Alternative therapist, Naturopath |
| **Peru (1997)** | General Health Law 26842 Title II Chapter 1<br>Ministerial Resolution 207-2011 MINSA [84] | Not specified | N/A |
| **Puerto Rico (USA) (1999)** | (1) Laws of Puerto Rico Title 20, Chapter 80 Board of Examiners of Doctors [20 L.P.R.A. § 2451] [85]<br>(2) Naturopathy & Chapter 80A Board of Examiners of Naturopaths [20 L.P.R.A. § 2501] [86] | Board of Regulators attached to the Department of Health | (1) Naturopathic Doctor<br>(2) Licensed Naturopath |
| **Saint Lucia (2006)** | Health Practitioners Act 33/2006 [87] | Medical and Dental Council | Naturopath |

## *Eastern Mediterranean Region*

As outlined in Table 5.9, two Member States in the Eastern Mediterranean Region – Saudi Arabia and United Arab Emirates (UAE) – have occupational licensing for their naturopathic workforce.

Table 5.9: Legislative instruments, regulators and classes of practitioners regulated in the Eastern Mediterranean Region

| Member State (Year licensing first enacted) | Legislative instrument | Regulator | Class of person registered or licensed |
|---|---|---|---|
| **Saudi Arabia (2009)** | Organization of the National Center for Alternative and Complementary Medicine. Cabinet Resolution No. (367) dated 7/11/1430 [88]<br>Ministry of Health Regulations of Complementary and Alternative Medicine Second Edition 1441H (2019G)<br>The Regulation of the National Centre for Complementary and Alternative Medicine. | Kingdom of Saudi Arabia, Ministry of Health, The National Centre for Alternative and Complementary Medicine | Naturopathy |
| **United Arab Emirates (2011)** | Unified Healthcare Professional Qualification Requirements [89] | Health Regulatory Authorities in the United Arab Emirates:<br>Ministry of Health<br>Department of Health Abu-Dhabi<br>Dubai Health Authority Health | Naturopath |

## *European Region*

As outlined in Table 5.10, nine Member States in the European Region – Albania, Cyprus, Iceland, Germany, Liechtenstein, Norway, Portugal, Romania, and Switzerland – have some form of occupational licensing for their naturopathic workforce, although the legislative, governance and administrative arrangements vary. Switzerland's licensing arrangements for naturopaths are in the process of being implemented across its 26 Cantons.

Table 5.10: Legislative instruments, regulators and classes of practitioners regulated in the European Region

| Member State (Year licensing first enacted) | Legislative instrument | Regulator | Class of person registered or licensed |
|---|---|---|---|
| **Albania (2009)** | Law on Healthcare Law 10.107 [30.03.2009], Art.20 – regulates treatment not practitioner [90] | Minister of Health | Restricted to medical doctors |
| **Cyprus (2008/2011)** | Natural Medicine Act 2008 (Law 33 (I) / 2008) [91] and<br>The Law on Registration of Physicians of Medicine (Amending) Law of 2011 (Law 45 (I) / 2011) [92] | General Council of Alternative and Complementary Medicine | Restricted to medical doctors |
| **Iceland (2012)** | NR1220/2012<br>Regulation on the education, rights and obligations of natural scientists in health care and the conditions for obtaining an operating license [93]<br>Act No 34/2012 on Healthcare Practitioners [94]<br>Recognition under EU Directive 2005/36/EC | Medical Director of Health | Náttúrufræðingur í heilbrigðisþjónustu [naturalist] |
| **Germany (1939)** | Law on the professional practice of medicine without approbation as a medical doctor (Heilpraktikergesetz) [95] | State Public Health Authority | Heilpraktiker |
| **Liechtenstein (2008)** | Health Act (GesG) [94] Liechtenstein National Law Gazette No. 39. Health Ordinance [GesV] 2008 [96] | Office of Public Health | Naturheilpraktiker |
| **Norway (2003)** | Act on Alternative Treatment of Illness<br>Health Personnel Act 1999 [97] | Director of Health Approved Professional Associations<br>ALTBAS Registry [98] | Alternative therapist |

| Member State (Year licensing first enacted) | Legislative instrument | Regulator | Class of person registered or licensed |
|---|---|---|---|
| **Portugal (2003)** | Republica Portuguesa. Law No.45/2003 [99] | Administração Central do Sistema de Saude (ACSS) | Profissão de Naturopata |
| **Romania (2007)** | LAW no. 118 of May 2, 2007 [100] | Ministry of Public Health | Not specified |
| **Switzerland (2015)** | Federal Constitution of the Swiss Confederation Article 118a [2009] [101]<br><br>Administered at the Canton level | Organisation of the World of Work Complementary Therapy (OrTra MA) oversees Federal Degree examination<br>NAREG National register | Naturheilpraktiker mit Eidgenössischem Diplom |

## *South-East Asia Region*

As outlined in Table 5.11, two Member States in the South-East Asia Region – India and Nepal – have occupational licensing for their naturopathic workforce. In India, national standards for naturopaths are in the process of being implemented in the 29 States and seven Union Territories.

Table 5.11: Legislative instruments, regulators and classes of practitioners regulated in the South-East Asian Region

| Member State (Year licensing first enacted) | Legislative instrument | Regulator | Class of person registered or licensed |
|---|---|---|---|
| **India (1970 / 2014)** | Central Council for Research in Yoga & Naturopathy (CCRYN) [102] | Central Council for Research in Yoga and Naturopathy | Naturopath<br>Naturopathic Doctor |
| **Nepal** | National Policy on Traditional Medicine [103] | Nepal Health Professional Council | Naturopathic Physician<br>Naturopath |

## *Western Pacific Region*

As outlined in Table 5.12, three Member States in the Western Pacific Region have occupational licensing for their naturopathic workforce – the Cook Islands, Malaysia, and Samoa. Malaysia's regime is still in the process of implementation.

Table 5.12: Legislative instruments, regulators and classes of practitioners regulated in the Western Pacific Region

| Member State (Year licensing first enacted) | Legislative instrument | Regulator | Class of person registered or licensed |
|---|---|---|---|
| **Cook Islands (2013)** | Ministry of Health Act [104] | Ministry of Health | Naturopath |
| **Malaysia (1971)** | Act 775<br>Traditional and Complementary Medicine Act 2016 [105] | Traditional and Complementary Medicine Council (administered within the Ministry of Health) | No titles gazetted to date.<br>Recognized practice areas include Traditional Indian Medicine. Prescribed qualifications for registration include 'Yoga and Naturopathy' |
| **Samoa (2014)** | Allied Health Professions Act [106] | Allied Health Professions Council | Naturopath |

# Key features of occupational licensing laws

The legislative frameworks and the details contained in the statutory registrations vary across WHO Regions and within countries. Table 5.13 lists key features of the occupational licensing arrangements in two Member States in the African Region (Nigeria and South Africa) and two in European Region (Switzerland and Portugal) and Table 5.14 sets out key features of the occupational licensing arrangements in four Member States in the Region of the Americas – Canada (the province of Ontario), Chile, Puerto Rico, and the United States (the State of Oregon).

Table 5.13: Key features of occupational licensing laws for naturopaths in two Member States in Africa & two Member States in Europe

| Key feature | African region | | European region | |
|---|---|---|---|---|
| | South Africa | Nigeria | Switzerland | Portugal |
| **Legislative instrument** | The Allied Health Professions Act [63 of 1982] [35] | Medical and Dental Practitioner's Act. Decree No 78 [34] | Federal Constitution of the Swiss Confederation Article 118a [2009] [101] | Republica Portuguesa. Law No.45/2003 [99]<br>Republica Portuguesa. Law No.71/2013 [107] |
| **Regulator** | Professional Board for Homeopathy, Naturopathy and Phytotherapy | The Medical and Dental Council of Nigeria (MDCN) | The Swiss Alternative Medicine Organization [OrTra MA] an umbrella organization of 11 professional associations under the supervision of the State Secretariat for Education, Research and Innovation (SERI). The Swiss Red Cross is responsible for undertaking academic equivalency assessment and naturopaths/NDs are listed on a national register of health professionals termed Nationales Register der Gesundheitsberufe (NAREG) [108].<br>Implementation of regulation is in process at the Canton level. | Administração Central do Sistema de Saude (ACSS) |
| **Professions regulated** | Acupuncture, chiropractic, naturopathy, phytotherapy, therapeutic massage therapy, Chinese medicine, Ayurveda, homeopathy, osteopathy, therapeutic aromatherapy, therapeutic reflexology, Unani-Tibb | Naturopathy, homeopathy, acupuncture, osteopathy | The Naturopath Degree is divided into four specialties: European Traditional Medicine, Traditional Chinese Medicine, Ayurvedic medicine and Homeopathy [109, 110]. | Acupuncture, chiropractic, osteopathy, phytotherapy, naturopathy, traditional Chinese medicine and homeopathy |
| **Reserved Titles** | Naturopath | Medical Practitioner | Naturopathic Practitioner with Federal Diploma [101] | Naturopath [111] |
| **Entry requirements** | **Educational requirements:** a three-year degree in basic medical sciences with a two-year specialization in naturopathy from the University of the Western Cape | **Educational requirements:** Bachelor of Medicine and Surgery Internship requirements | **Educational requirements:** training in excess of 4,250 hours [101] | **Educational requirements:** training of at least 240 credits over the duration of eight semesters, totaling around 6,000 hours |

Table 5.13: Key features of occupational licensing laws for naturopaths in two Member States in Africa & two Member States in Europe continued

| Key feature | African region | | European region | |
|---|---|---|---|---|
| | South Africa | Nigeria | Switzerland | Portugal |
| **Restrictions on scope of practice** | Naturopaths are not allowed to compound and dispense – restricted to homeopaths and phytotherapists; Naturopaths can only prescribe proprietary herbal products; Naturopaths cannot prescribe homeopathy except for tissue salts<br>Naturopaths cannot inject or draw blood.<br>Letters of indisposition (sick notes) may be issued | None identified | Determined at a Canton level [112] | None identified |
| **Scope of Practice** | The following acts specifically pertain to the profession of a naturopath: (a) The physical examination of any person for the purpose of diagnosing any physical defect, illness or deficiency in such person. (b) The treatment or prevention of any physical defect, illness or deficiency in any person by- (i) light therapy; (ii) hydrotherapy; (iii) thermal therapy; (iv) acupuncture or acupressure therapy; (v) electrotherapy; (vi) massage therapy; (vii) exercise therapy; (viii) vibration therapy; (ix) reflex therapy; or (x) remedies, dietary advice or dietary supplementation. Naturopathic can prescribe vitamins except injectable forms of vitamin A and B12; can prescribe substances intended for exclusive use on skin except homeopathic preparations; can prescribe minerals except homeopathic; can prescribe tissue salts. | Medical practice with additional use of alternative medicine – naturopathy, acupuncture, osteopathy | Naturopaths/naturopathic doctors can treat patients with acute, chronic, somatic or psychosomatic problems.<br>Scope includes dietetic and nutrition, manual therapies, detox therapy, phytotherapy, therapy using medication, vital substances and the diagnostic tools (e.g., laboratory testing and iridology) | Naturopaths undertake practices that support health promotion, disease prevention, health maintenance and restoration of health.<br>Naturopathy consists of a holistic, energetic and natural approach to the human being, through methods of diagnosis, prescription and naturopathic treatments – nutrition, dietary counseling and dietary supplementation, guidance on lifestyles, phytotherapy, homeopathy, hydrotherapy, geotherapy, manipulation therapies, use of energy therapies.<br>Uses physical agents and energy methods, based on Western and Eastern philosophies, through which it diagnoses, treats and cares for patients, using systems and practices that are based on treatments and care of bio-psychophysiological and hygienic action, which aim to rebalance the organic functions and other abnormal situations for health maintenance and to support recovery to achieve self-healing. |
| **Complaints & discipline** | Yes | Yes | Complaints received/actioned by Canton Health Authority | Yes |

Table 5.14: Key features of occupational licensing laws for naturopaths in four Member States in the Region of the Americas

| Key feature | Ontario (Canada) | Oregon (USA) | Chile (Latin America) | Puerto Rico (The Caribbean) |
|---|---|---|---|---|
| **Year first regulated** | 1925 | 1927 | 2012; 2004 | 1997 |
| **Legislative instrument** | Naturopathy Act 2007 [43]<br>Health Professions Procedural Code in Schedule 2 of the Regulated Health Professions Act 1991 | Oregon Revised Statutes Chapter 685 – Naturopathic Physicians Occupations and Profession [66] | Decree 5 recognizes naturism and regulates Naturopathy as an Auxiliary Health profession [2013][78]<br>Decree 42 Approved Regulations for the Exercise of Alternative Medical Practices such as Auxiliary Health Professions and the Venues in which they are carried out [2005] [77] | 1: Laws of Puerto Rico Title 20, Chapter 80 Board of Examiners of Doctors [20 L.P.R.A. § 2451] [85]<br>2: Naturopathy & Chapter 80A Board of Examiners of Naturopaths [20 L.P.R.A. § 2501] [86] |
| **Name of Regulator** | College of Naturopaths of Ontario | Oregon Board of Naturopathic Medicine | Ministry of Health | Two boards under the Ministry of Health:<br>1: The Puerto Rico Board of Examiners of Doctors [of] Naturopathy<br>2: The Puerto Rico Board of Examiners of Naturopaths |
| **Governance arrangements** | 15 Council Members<br>8 NDs and 7 public members | 7 Council Members<br>5 NDs and 2 public members | License and oversight provided by Regional Ministerial Secretariat of Health | 1. ND Council – 5 Council Members – 3 NDs; 1 MD; 1 public member<br>2. Naturopaths Council – 7 Council Members – 5 Licensed naturopaths, 1 physician who practices naturopathy and 1 public member |
| **Qualification requirements** | **Educational requirements:**<br>Graduation from a CNME-accredited school (4,000+ hours post University graduation)<br>Clinical training program in Naturopathic Medicine (NM)<br>Completion of entrance to practice examination<br>Fit-to-practice assessment<br>Internship: 1,200 hours | **Educational requirements:**<br>Graduation from a CNME-accredited school (4,000+ hours post University graduation)<br>Clinical training program in NM<br>Completion of entrance to practice examination<br>Fit-to-practice assessment<br>Internship: 1,200 hours | **Educational requirements:**<br>The regulation in Chile stipulates specific courses that must be included and a minimum requirement of 1600 hours, yet the two naturopathic schools recognized by the Chilean government exceed this and provide naturopathic programs of 2400 hours. | **1: Naturopathic Doctor.**<br>Graduation from a CNME-accredited school (4,000+ hours post University graduation)<br>Clinical training program in NM<br>Completion of entrance to practice examination<br>Fit-to-practice assessment<br>**Internship:** 1,200 hours<br><br>**2: Licensed Naturopaths:**<br>90 credits approved by the Council on Higher Education of Puerto Rico. Postgraduate studies in naturopathic science in a university institution. Entrance exam given by the Board. |

Table 5.14: Key features of occupational licensing laws for naturopaths in four Member States in the Region of the Americas continued

| Key feature | Ontario (Canada) | Oregon (USA) | Chile (Latin America) | Puerto Rico (The Caribbean) |
|---|---|---|---|---|
| **Reservation of Title** | Yes<br>Naturopath,<br>Naturopathic Doctor | Yes<br>Naturopathic Doctor, ND,<br>Naturopathic Physician | Yes – two levels<br>*Naturopatas* [naturopath]<br>*Holistic naturopath* [T&CM therapist] | Yes – two levels<br>Doctor of Naturopathy (ND)<br>Licensed Naturopath (Nat) |
| **Scope of Practice defined in law/ regulation** | Yes | Yes | Yes | Yes, for both ND and Licensed Naturopath |
| **Identified Scope of Practice** | The practice of naturopathy is the assessment of diseases, disorders and dysfunctions and the naturopathic diagnosis and treatment of diseases, disorders and dysfunctions using naturopathic techniques to promote, maintain or restore health. | Naturopathic medicine is a unique and distinct system of health care that emphasizes the use of prevention and natural therapeutics. The doctors are trained to serve as primary care general practitioners who engage in the prevention, diagnosis, management, and treatment of both acute and chronic health conditions. Oregon naturopathic physicians may prescribe medication from one of the most comprehensive formularies in the nation. Naturopathic physicians may perform minor surgery, practice natural childbirth, and administer injection therapies, giving Oregon NDs an expansive scope of practice. | Evaluate people's health status, using the knowledge and techniques of Naturopathy.<br><br>Indicate and administer therapies related to the agents of nature and procedures typical of naturism.<br><br>Advise on Naturopathy techniques to maintain or optimize the health of healthy people and a healthy lifestyle. In the course of their activities, the naturopath can use food, food supplements, food for athletes, traditional herbal medicines, direct selling phytopharmaceuticals and homeopathic preparations, in the event of having training as a homeopathic therapist.<br><br>Help in the medical treatment granted by conventional medicine.<br><br>Collaborate with the health authority in health promotion programs in the context of their competences. | **1: Naturopathic Doctors**<br>**(a)** Recommend or prescribe natural products that do not require a medical prescription.<br>**(b)** Make evaluations or diagnoses and provide treatments and therapies proper to naturopathic medicine.<br>**(c)** Listing of therapeutic modalities<br>**(d)** Listing of the diagnostic tests<br><br>**2: Naturopaths** are engaged in the prevention of diseases and to the restoration and maintenance of the health. *Condensed from SOP:*<br>**(a)** Lifestyle education and the use of natural therapies.<br>**(b)** Collaboration: Interact and participate with physicians and other health professionals.<br>**(c)** Recommend or prescribe natural or integral feeding and other natural, non-toxic products that do not require a medical prescription.<br>**(d)** Use of use assessment methods germane to naturopathy. |

Table 5.14: Key features of occupational licensing laws for naturopaths in four Member States in the Region of the Americas continued

| Key feature | Ontario (Canada) | Oregon (USA) | Chile (Latin America) | Puerto Rico (The Caribbean) |
|---|---|---|---|---|
| **Authorized Acts** | Putting an instrument, hand or finger beyond the labia majora but not beyond the cervix.<br>Putting an instrument, hand or finger beyond the anal verge but not beyond the rectal-sigmoidal junction.<br>Administering, by injection or inhalation, a prescribed substance.<br>Performing prescribed procedures involving moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.<br>Communicating a naturopathic diagnosis identifying, as the cause of an individual's symptoms, a disease, disorder or dysfunction that may be identified through an assessment that uses naturopathic techniques.<br>Taking blood samples from veins or by skin pricking for the purpose of prescribed naturopathic examinations on the samples.<br>Prescribing, dispensing, compounding or selling a drug designated in the regulations. | (a) Administering, dispensing or writing prescriptions for drugs (recognized by US Pharmacopeia, National Formulary, US Homeopathic Pharmacopoeia or another drug compendium).<br>(b) Recommending the use of specific and appropriate over-the-counter pharmaceuticals.<br>(c) Administering anesthetics or antiseptics in connection with minor surgery as defined in ORS 685.010.<br>(d) Ordering diagnostic tests.<br>(e) Using radiopaque substances administered by mouth or rectum necessary for Roentgen diagnostic purposes.<br>(f) Administering substances by penetration of the skin or mucous membrane of the human body for diagnostic, preventive or therapeutic purposes. | None specified | None specified except NDs can use physicians' diagnostic methods for diagnosis of physical conditions. |

Table 5.14: Key features of occupational licensing laws for naturopaths in four Member States in the Region of the Americas continued

| Key feature | Ontario (Canada) | Oregon (USA) | Chile (Latin America) | Puerto Rico (The Caribbean) |
|---|---|---|---|---|
| **Standards of Practice (SOP)** | Website lists 31 Standards of Practice[1] | Website lists 14 Standards of Practice[2] | Website lists four Standards of Practice[3] | For NDs the website lists two Standards of Practice[4]<br>For naturopaths listing of restrictions. |
| **Complaints & Discipline Process** | Yes | Yes | Yes | Yes |
| **Quality Assurance of Practice Process** | Yes | Yes | Yes | Yes |
| **Links to other statutory laws included in the regulation for the naturopathic workforce.** | Regulated Health Professions Act, 1991<br>Canadian Charter of Rights and Freedoms<br>Drug and Pharmacies Regulation Act<br>Health Care Consent Act<br>Laboratory and Specimen Collection Centre Licensing Act<br>Ontario Human Rights Code<br>Official Languages Act<br>Occupational Health and Safety Act<br>Personal Health Information Act | DEA Drug Schedules<br>Formulary Laws & Rules Division 60<br>Formulary Compendium Exclusions OAR 850-060-0223<br>Formulary Compendium Classifications OAR 850-060-0226 | Health Code<br>Penal Code | None identified |

[1] Standards of Practice include Core Competencies, Code of Ethics, Acupuncture, Advertising, Collecting Clinical Samples, Communicating a Diagnosis, Compounding, Conflict of Interest, Consent, Delegation, Dispensing, Dual Registration, Emergency Preparedness, Fees & Billing, Infection Control, Inhalation, Injection, Internal Examinations, Intravenous Infusion Therapy, Manipulation, Performing Authorized Acts, Point of Care Testing, Prescribing, Recommending Non-Scheduled Substances, Record Keeping, Requisitioning Laboratory Tests, Restricted Titles, Scope of Practice, Selling, Therapeutic Relationships and Professional Boundaries

[2] AANP Code of Ethics, Advertising, Child Abuse, Communicable Disease, Continuing Professional education, Drug listing classification, Prescription of Controlled Substances, Education & Reporting Requirements for Injection & Intravenous Therapy, Elder Abuse, Natural Childbirth Certification, Oregon Acute Opioid Prescribing Guidelines, Telemedicine Guidelines, Telemedicine: Treating patients in states other than Oregon

[3] Clinic Facilities, Diagnosis and referral, Record Keeping, Title protection

[4] Title protection, Diagnosis and referral

# Regulation of the use of natural health products by naturopaths

The naturopathic workforce employs a range of therapeutic modalities as part of naturopathic practice including herbal medicines, nutraceuticals, homeopathy, essential oils, and other natural health products [8, 113]. Also, the naturopathic workforce in some Member States is regulated as primary care clinicians and their scope of practice may also include the use of intravenous therapies, regenerative injection therapies and pharmaceutical drug prescription rights [114]. Access to the tools of trade for naturopathic practice is a necessary consideration both when regulating natural health products and the naturopathic workforce.

According to the *WHO Global Report on Traditional and Complementary Medicine 2019,* 110 WHO Member States indicated the use of herbal medicine and 100 the use of homeopathy. In comparison, only 24 of those same Member States indicated that they regulate the use of herbal medicine and 22 indicated that they regulate the use of homeopathy [2].

The *2015 international WNF survey* indicated the modalities and treatments that were commonly used as part of naturopathic care around the globe. An excerpt of the applicable data from this survey is presented in Table 5.15 outlining those natural health products commonly used in naturopathic practice and the rate of use and access as reported by naturopathic organizations [8].

The findings from the 2015 WNF survey have been supported by the 2016 WNF survey of naturopathic educational institutions, the International Survey of Patients and Practices conducted in 2021 (see Chapter 9) [113], and the Access and Equity in Naturopathic Care survey of naturopathic community clinics (see Chapter 12) [21].

Table 5.15: Reported use of natural health products as reported by naturopathic organizations.

| | Allowed in all regions (doesn't require legislation) | Allowed in all regions (under legislation) | Allowed in some regions | Allowed with additional training | Restricted in some way | Prohibited | Not applicable |
|---|---|---|---|---|---|---|---|
| **Clinical nutrition/nutraceuticals** | 66.67% | 13.33% | 0.00% | 6.67% | 13.33% | 0.00% | 0.00% |
| **Herbal medicine** | 66.67% | 20.00% | 0.00% | 0.00% | 13.33% | 0.00% | 6.67% |
| **Homeopathy** | 64.71% | 11.76% | 0.00% | 5.88% | 5.88% | 11.76% | 0.00% |
| **Pharmaceutical prescribing** | 16.67% | 25.00% | 8.33% | 8.33% | 8.33% | 33.33% | 16.67% |
| **Bio-identical hormone prescribing** | 9.09% | 18.18% | 9.09% | 9.09% | 18.18% | 36.36% | 18.18% |
| **Intravenous Therapy** | 25.00% | 16.67% | 8.33% | 8.33% | 16.67% | 16.67% | 16.67% |

# Discussion

This chapter demonstrates the diversity in the types of occupational regulation that is applied in those Member States with a naturopathic workforce. While all four occupational regulation types are evident, the most common type is occupational licensing or statutory registration. The least common type is negative licensing which is a relatively new type of regulation as applied to health occupations and found in only one Member State. Voluntary certification is found in 21 Member States and co-regulation is found in four.

The following section discusses key findings from the analysis, in particular: the trends in occupational licensing of the naturopathic workforce; whether voluntary certification and other regulatory models provide sufficient public protection; concerns with occupational licensing laws that restrict the naturopathic workforce from practicing, responding to the structure of the naturopathic workforce, ensuring access to the naturopathic tools of trade, and the preferred type of regulation for the naturopathic workforce.

# Trends in occupational licensing or statutory registration of the naturopathic workforce

While the *WHO Global Report on Traditional and Complementary Medicine 2019* reported nine Member States with occupational licensing of the naturopathic workforce [2], our analysis indicates 34 Member States spanning all six WHO Regions have some form of occupational licensing or statutory registration. The reason for this difference in reported numbers is unclear and may have been impacted by the self-reporting nature of the WHO report. The difference may also reflect the difficulties in identifying whether naturopathy is a licensed profession when the legislative mechanism used is that of an 'umbrella law' and a multi-profession regulatory regime is in operation, or where regulation of health professionals occurs at a sub-national (e.g., State, Provincial, Cantonal) rather than a national level.

Another contributing factor may be that Member States are enacting new licensing laws for the naturopathic profession, at an accelerating rate. For instance, since 2010, eight Member States have introduced occupational licensing for their naturopathic workforce and in the federated jurisdiction of the USA eight US States/Districts have also introduced occupational licensing during this same timeframe.

The number of occupational licensing regimes is highest in the African Region (ten Member States), the Region of the Americas (nine Member States) and in the European Region (eight Member States). This is perhaps not surprising given the European tradition of naturopathy was exported via colonization to the Americas, and African countries have a strong tradition of herbal medicine which has facilitated the growth of the naturopathic profession in that region. Factors that impact occupational licensing implementation include level of professional formation in the Member State, national versus sub-national implementation, the legislative mechanism enacted and regulatory best practices. Below are some examples.

## *Professional formation*

The high proportion of jurisdictions in Canada and the USA with occupation licensing may reflect the fact that the naturopathic profession has a high level of professional formation and has been actively campaigning for licensing of the naturopathic workforce for over three decades [115].

Close to half the USA States/Districts, and half the Canadian Provinces/Territories have occupational licensing regimes. These are generally well-developed with all the key statutory functions expected present including enforceable standards for entry to practice, maintenance of a public register of qualified practitioners, title protection, powers to assess and accredit education programs for entry to practice, defined standards of practice, power to deal with complaints and discipline and offenses for unauthorized practice.

There are national and provincial/state professional associations and there is a strong institutional base for collaborative and cooperative work across jurisdictions, with bodies such as the Association of Accredited Naturopathic Medical Colleges (AANMC) [116], the Council on Naturopathic Medical Education (CNME) [117] and the North American Board of Naturopathic Examiners (NABNE) [118] which support the high standard of naturopathic education in this region. Also, the Federation of Naturopathic Medical Regulatory Authorities (FNMRA) [75] and the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) [76] provide an opportunity for the naturopathic regulatory colleges to support each other.

These organizations have played an important role in fostering collaboration and improving standardization of naturopathic education and regulatory practice in these jurisdictions. The naturopathic organizations in Canada and the USA also work together aiding licensure efforts in unlicensed jurisdictions through provision of resources, infrastructure, and policy capacity.

## *National versus sub-national implementation*

In some federated jurisdictions such as India and Switzerland, national laws have been enacted to establish occupational licensing for the naturopathic workforce with implementation of administration proceeding at the sub-national (state or canton) level. Likewise, Australia's negative licensing arrangements are being implemented at the sub-national (state and territory) level. While federated systems of government have provided the opportunity for innovation and trialing of new regulatory approaches, the diffusion of innovation generally takes time and results in a patchwork of regulation across sub-national governments, often with variability in standards [11].

## *Legislative mechanism*

The legislative mechanism used by Member States to enact occupational licensing for the naturopathic workforce varies. For instance, in some Member States there is a specific law enacted for the naturopathic profession (i.e., a 'Naturopathy Act') whereas in other Member States naturopaths/naturopathic doctors are licensed under an umbrella law.

In some cases, the umbrella law is a generic 'health professions law' with regulations enacted for each participating profession (such as in the Provinces of Alberta and British Columbia in Canada). In others, the naturopathy profession is regulated alongside other allied health or traditional medicine professions (such as in Samoa and South Africa).

In most Members States (28 out of 34, or 82%), the legislative mechanism used is an umbrella law. There are some advantages of this approach for governments, however, this type of legislative mechanism may not sufficiently include naturopathic-specific expertise in regulatory decision-making and therefore may not support effective regulation. For instance, there may be no naturopaths/naturopathic doctors on the governing board of the regulator and there may be little, or no naturopathic-specific material published on entry to practice qualifications, scope of practice or standards of practice. Effective profession-specific input into regulatory decision-making is a key foundation for good regulation.

Whatever legislative mechanism is used, the WNF considers it critical to ensure sufficient naturopathy expertise is brought to bear in regulatory decision-making, that is, in setting standards for entry to practice, in setting and applying accreditation standards to assess education programs and providers, in monitoring professional practice and in dealing with complaints and discipline that are not only critical and rigorous, but appropriate, responsive and representative for the profession being regulated. Ensuring the principle of peer review underpins the system should safeguard standards, promote trust, and better protect the public.

### *Best practice regulation*

Legislative frameworks (laws, regulations, codes, guidelines) require regular review and updating to ensure they remain fit for purpose. The regulations governing the naturopathic workforce are no different. They should be regularly reviewed to ensure that they support safe and effective naturopathic practice, foster a flexible, responsive and sustainable naturopathic health workforce and enable innovation in education and service delivery. As the profession evolves and standards of training increase, licensed naturopaths should have opportunities to expand their scopes of practice in accordance with their competencies.

## Voluntary certification, co-regulation and negative licensing may not provide sufficient public protection

Voluntary certification, co-regulation and negative licensing systems can be effective mechanisms to offer some protection for the public from unqualified, unfit, or unethical practitioners of naturopathy, but they may have serious limitations.

### *Voluntary certification and co-regulation*

Relying solely on voluntary certification can be problematic where the practices of a health profession present potentially serious risk to public health and safety.

> *Where there are no statutory powers to restrict entry to a profession, those with minimal or no qualifications can set up practice and use the titles of the profession without meeting acceptable minimum standards of training and practice. This has led to widely varying standards of practice and levels of qualifications, substantial fragmentation of these professions, and no widely recognized and accepted peak bodies [118].*

The oversight of voluntary certification and co-regulation falls to the professional association/s. Although this maximizes profession-specific expertise, it also presents challenges. Most associations rely on volunteers drawn from the profession and may lack access to the necessary skills, resources and capacity to handle the complexity associated with effective regulation, particularly as they are generally excluded from the support mechanisms and collaborative activities associated with statutory schemes [119, 120]. Conflicts of interest in the operation of voluntary certification can compromise public protection, for instance, where the professional association is responsible for representing its members' interests and at the same time accrediting programs that are tied to membership and dealing with complaints about members.

A voluntary certification system that is established and governed at arms-length from the member-based professional association/s goes some way to addressing these shortcomings. For example, in Australia a voluntary certification regime has been established with its principal mandate to protect public health and safety. It operates independently of the naturopathy professional associations, while the associations continue to represent the interests of their members and lobby for statutory registration [119, 120]. However, such models are often constrained by poor resourcing and policy capacity, and as with all voluntary certification, the standards apply only to those practitioners who choose to opt-in.

Seven key elements of an effective self-regulation (voluntary certification) system have been identified [118]. While many of these elements are evident in the voluntary certification regimes detailed in Table 5.3, such systems generally lack two important elements:

- Effective incentives for practitioners who choose not to be part of the voluntary scheme to comply with profession-specific codes of practice and sanctions for non-compliance.
- Strong and consistent institutional support for the system from the profession, educational institutions, employer bodies and government.

Professional associations may have difficulty establishing and enforcing practice standards and guidelines via self-regulatory measures alone [121]. For instance, a United Kingdom study found only one of eleven unregulated professions had evidence-based guidelines compared with 100 percent of the regulated health professions [122].

Another deficiency with voluntary certification or co-regulation relates to the right of practitioners to use (prescribe or administer) restricted medicines. In some Member States, the legal right to prescribe some herbal

medicines is limited to medically qualified or registered practitioners. Hence access to herbal medicine and natural health products listed on specific schedules is often restricted and access to high-dose natural health products (e.g., Vitamin D above 1,000 IU) may be prohibited altogether for naturopaths [118].

***Case Example: Voluntary certification of naturopaths in Australia***

In the absence of statutory registration, a voluntary register – the Australian Register of Naturopaths and Herbalists (ARONAH) – was established by the profession to set minimum standards of education and practice for naturopathy and Western herbal medicine. The function of ARONAH mirrors statutorily regulated Boards administered by the Australian Health Practitioner Regulation Authority (AHPRA) of the National Registration and Accreditation Scheme and it is intended as a stepping-stone to statutory registration for these professions. ARONAH competencies and standards for naturopathic training reach beyond Australia with New Zealand increasingly looking to a trans-Tasman agreement in education standards [15].

With voluntary certification or co-regulation, the naturopathic workforce may be overlooked or actively excluded from participation in national healthcare policies or in communications from government to the general healthcare workforce (such as public health notifications), which are often limited to professions that are regulated [123]. This is highly problematic, particularly during health crises, as naturopaths, as primary care physicians, need to stay informed of public health directives.

The entirely voluntary nature of this type of occupational regulation remains its key limitation – practitioners can simply choose not to join an association and still practice, even if expelled from an association or non-naturopathic profession for misconduct. Without reservation or protection of title for the naturopathic workforce, few probity checks or minimum standards of education and training can be enforced. This generally results in a lack of recognition and equality compared to other health care professions with occupational licensing or statutory registration.

Without some form of official recognition or oversight, the professional representation is often fragmented with the risk of multiple sets of education and practice standards which results in confusion for the profession and other stakeholders and exacerbates risk to the public. Although there is greater involvement of government under co-regulatory arrangements, the limitations and challenges of co-regulation are similar to those of voluntary certification – a practitioner expelled from an accredited register for misconduct can continue to practice without scrutiny or oversight.

## *Negative licensing*

Compared with occupational licensing, negative licensing is a relatively low-cost form of regulation that provides an effective mechanism to remove unfit practitioners from practice where they commit a serious offense or breach of minimum standards [124]. However, it is largely reactive, with regulatory action triggered by a complaint, usually once harm has already occurred. It does not provide proactive measures such as enforceable minimum qualifications and probity checks for entry to practice, meaning any person may practice an unregulated profession no matter what their level of training or skill [121].

Under a negative licensing regime, the threshold for regulatory action is generally 'serious risk to public health and safety' or commission of a serious criminal offense. This is a high threshold. As a consequence, only the most egregious cases result in a prohibition order. Also, negative licensing schemes do not provide the infrastructure to enable proactive and non-punitive quality assurance. For instance, minimum levels of practitioner training are not enforceable, nor are education programs to assist practitioners to identify and prevent inappropriate practice behaviors – measures that would be expected to prevent recidivism and reduce the risk of breaches by other practitioners [124].

Naturopaths/naturopathic doctors are primary care practitioners, commonly operating in independent private practice. Their scopes of practice in many Member states include practices deemed higher risk if practiced improperly, such as acupuncture, herbal medicine, intravenous therapies, regenerative therapies and other natural therapeutics. As outlined in *Chapter 7, Safety and Risks of Naturopathic Practice,* the risk profile of the naturopathic profession is changing. Factors include increasing interest in natural medicine, co-option of the term "naturopath" by untrained and unqualified persons (some of whom have taken the title to continue practice after being prohibited from practicing regulated professions). Court cases have highlighted the importance of enforceable barriers to entry, particularly given the link between training and safe and effective practice. As such, reliance on accredited voluntary register systems, co-regulation or negative licensing alone does not provide sufficient public protection for consumers of naturopathic services.

## Concern with occupational licensing laws that restrict the naturopathic workforce from practice

In a few Member States, such as Albania and Cyprus, occupational licensing laws operate to restrict or prevent a naturopath from practicing their profession unless they are also qualified and licensed as a medical practitioner. Even where such restrictions are not present, regulations that designate naturopathy as a practice rather than a profession – as seen in Cuba and Peru – effectively limit those with specific training in naturopathy from practicing naturopathy as a whole system of health care, and instead encourage naturopathic modalities to be co-opted by other health practitioners [81]. This has constrained the development and integration of the naturopathy profession in Member States with such laws, stifling innovation and preventing realization of the benefits of naturopathic practice.

Such laws operate in ways that are anti-competitive, unreasonably restrain trade and are contrary to regulatory best practice [125]. They also deny members of the public the right to access the health services of their choice. Restrictions of this nature can be considered contrary to the intent of the Declaration of Astana and WHO policies designed to support the integration of T&CM practitioners into the mainstream public health systems, as well as the development of paramedical, direct-entry and graduate entry (for other health professions) education programs for all health professions.

## Responding to the structure of the naturopathic workforce

The design of an occupational licensing law must be based on an understanding of the profile of the naturopathic workforce and the differences in educational attainment of its members. This is particularly important in jurisdictions where there has been a long history of a naturopathic practice and where professionalization of naturopathy is well progressed. When a licensing scheme is introduced for the first time, there must be provision to bring into the scheme those practitioners who qualified some years ago when educational options were more limited and degree level training was not available. This process is known as 'grandparenting' and should specify the broad powers of the regulator to grandparent existing practitioners onto the register based on policies developed in consultation with the profession. The legislation should specify the broad powers of the regulator to grandparent existing practitioners onto the register based on a combination of qualifications and a safe practice record but may also include requiring a practitioner to undertake further training as a condition of registration or requiring an applicant to sit an examination to assess their competence.

***Case Example: Naturopaths and Naturopathic Doctors in Puerto Rico***

In Puerto Rico both naturopaths and naturopathic doctors are subject to occupational licensing [114]. The legislation limits naturopaths to disease prevention and maintenance of well-being [85] whereas the naturopathic doctor has the additional ability to order some laboratory tests, to provide a diagnosis and to treat disease [85]. This dual practice arrangement was implemented in response to arrests of and criminal charges against practitioners of natural medicine for illegally practicing medicine [126]. Court challenges led legislators to declare naturopathy to be a "socially valuable curative practice that is not worthy of criminal repression as an illegal practice of medicine" [127], with transitional arrangements put in place to both decriminalize naturopathy and to develop an academically trained primary-care naturopathic profession [127].

Where a Member States has two levels of naturopathic practitioner (e.g., naturopathic technician and naturopathic doctor), it is appropriate to implement a differentiated register with two levels or divisions – naturopaths and naturopathic doctors – that reflect these different levels of education and training (similar to licensing of nurses and nurse practitioner). This approach provides a more flexible mechanism for bringing the profession into the licensing regime. The research conducted by the WNF indicates that all naturopathic practitioners share common foundational philosophies and principles, with the main differences in educational training related to biomedical knowledge and biomedical assessment and diagnostic skills (outlined further in *Chapter 6: Educational Standards for the Naturopathic Workforce*). Legislation outlining the scope of practice for the naturopathic workforce with 'doctor-equivalent' recognition tends to include controlled acts that are more in line with conventional medical assessment and diagnosis and for treatments that carry a higher risk, in recognition of advanced training in that group. Whereas legislation outlining the scope of practice for non-doctor-equivalent practitioners tends to focus either on the restrictions of practice or on the application of assessment and treatments that are considered low-risk and that are often

within the public domain. Such a distinction is well outlined in Table 5.14 in the legislative framework for the naturopathic workforce in Puerto Rico, where accredited doctoral-level education has been introduced, but arrangements have been put in place to allow existing practitioners to continue practicing.

# Ensuring access to the naturopathic tools of trade

The lack of access to natural health products commonly used by the naturopathic workforce can prevent naturopaths/naturopathic doctors from practicing to their full scope. Some Member States, especially in the European Region and in Latin America have placed restrictions on the ability of the naturopathic workforce to access and use their tools of trade, making it difficult for them to practice to the full breadth of naturopathic care and thereby encouraging co-option and anti-competitive practices [10]. Occupational licensing provides a robust and reliable mechanism for suitably trained naturopaths/naturopathic doctors to be authorized to access their tools of trade.

T&CM products are used widely by the public throughout the world [128]. Regulation of these products is an important step towards improving the quality of products globally, to ensuring effectiveness, public safety and in providing consumers access to important information with which to make informed healthcare decisions [129]. Naturopathic researchers around the globe are actively engaged in research on T&CM products and in adding to the growing body of scientific evidence for natural health products.

# Profession-specific occupational licensing is the preferred regulatory model for the naturopathic workforce

On balance, profession-specific statutory regulatory mechanisms (such as occupational licensing) appear to be the most appropriate regulatory regime for the naturopathy profession and accords with WHO recommendations that all member states regulate T&CM professions, practices and products [2, 3]. The main reasons for recommending occupational licensing or statutory registration include reservation of title, risks association with naturopathic practice and the flexibility to design a legislative scheme that reflects and supports local naturopathic practice.

## *Reservation of title*

Occupational licensing or statutory registration protects the public by affording reservation of title to naturopaths/naturopathic doctors. Reservation of title, also known as title protection, generally prohibits unregistered persons from using restricted professional titles or pretending to be qualified and registered when they are not. This approach ensures that consumers are able to identify appropriately trained individuals who have undergone probity checks and met entry requirements (i.e., minimum standards of accredited training and education) before providing care to the public.

## *Risks associated with naturopathic practice*

The risks associated with the naturopathic profession (both by virtue of their scope of practice and role in primary health care), necessitate regulatory requirements above and beyond voluntary certification, co-regulation and negative licensing systems. As outlined in *Chapter 7: Safety and Risks of Naturopathic Practice*, there are inherent direct and indirect risks associated with an unqualified individual providing services as a 'naturopath' to the public, and naturopathic titles appear to be more at-risk from co-option by unqualified practitioners due to their high level of recognition by the public, deliberate confusion with 'natural medicine' movements, and alignment with growing consumer preferences for non-pharmacological approaches to disease. This causes confusion for the public and may result in adverse events for the public. Naturopathic practice carries greater risks than many other health professions that are, at least in some Member States, already subject to licensing. More thorough processes of regulatory impact assessment have reached the same conclusion [119]. In some instances, occupational licensing may also regulate the professional scope. The data presented indicate a diversity of approaches to regulating professional scopes of naturopathic practice. Some laws legislate scopes of practice and offenses for unlawful practice, others legislate core practice restrictions or 'restricted acts' that only registered practitioners may carry out.

## *Various legislative options are available*

Occupational licensing can be implemented through either standalone, or 'profession specific' law, or through 'umbrella' law enacted via multi-profession administrative agencies. The trend in health workforce regulation is towards the latter as this approach enables governments to streamline their statute books and better maintain an up-to-date and responsive regulatory framework, as well as encouraging standardization between professions. Regardless of legislative model employed, it is critical that sufficient naturopathic expertise is brought to bear in regulatory decision-making; that is, in setting standards for entry to practice, in setting and applying accreditation standards to assess education programs and providers, in monitoring professional practice and in dealing with complaints and discipline. It is also important to ensure profession-specific requirements – such as minimum standards of naturopathic-specific education and

training – are explicitly incorporated into such schemes. Ensuring the principle of peer review underpins such a system should safeguard standards, promote trust and better protect the public. It is also important to ensure that the professional titles most used by naturopaths in a Member State are reserved by law, and that naturopathic practitioners are authorized to practice to their full scope, in accordance with their training and competencies. Research shows that standards of education and practice are highest and consistency more apparent in countries with regulation [10], and that where such regulation is lacking, research in the naturopathic profession has shown it be counter to the development of consistent standards of education and professional standards, resulting in difficulties in enforcing and sustaining minimum standards of training and practice [119].

# Summary

With growing consumer demand for T&CM globally, those T&CM professions widely utilized by the community, such as naturopathy/naturopathic medicine, should be regulated in the same way as other primary care professions [130]. Although some governments have been slower to regulate T&CM practice than T&CM products, there is broad support for such regulation [5] and there are clear benefits to the community [7].

Occupational licensing or statutory registration is the most common form of regulation in the naturopathic profession and is found in 34 of the 108 countries with a naturopathic workforce, while voluntary certification is in place in 21 countries. No occupational regulation, registration or licensure was identified for half of the Member States with a naturopathic workforce. The number of occupational licensing regimes is highest in the African Region (ten Member States), the Region of the Americas (nine Member States) and in the European Region (eight Member States).

The most developed occupational licensing regimes and the broadest scope of practice for the naturopathic workforce exists in Canada and the United States. In most WHO Regions there is diversity in the types of occupational regulation that apply to the naturopathic workforce. In some countries (e.g., DR Congo, Samoa) there is comprehensive legislation but no educational standards or programs, whereas in other countries (e.g., Australia and New Zealand) there are well-established educational standards and degree level university based naturopathic educational programs but no statutory registration. Although significant progress has been made in recent years, there remain many jurisdictions where naturopathic practice is restricted or even prohibited [10].

The current evidence suggests the best outcomes to ensure public safety and access to naturopathic care are achieved through the occupational licensing of the naturopathic workforce. Occupational licensing ensures reservation of title, can effectively address the safety issues associated with naturopathic practice and can be implemented via a range of legislative models in accordance with the requirements of the Member State.

# Literature Cited


1. World Health Organization. *WHO Traditional Medicine Strategy 2002 – 2005*. 2002; Available from: https://apps.who.int/iris/handle/10665/67163.
2. World Health Organization, *WHO Global Report on Traditional and Complementary Medicine*. 2019: Geneva.
3. World Health Organization, *World Health Organization Traditional Medicine Strategy 2014 – 2023*. 2013: Geneva.
4. World Health Organization and the United Nations Children's Fund (UNICEF). *Global Conference on Primary Health Care Declaration of Astana*. 2018; Available from: https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf.
5. Carè, J., Steel, A., and Wardle, J., *Stakeholder attitudes to the regulation of traditional and complementary medicine professions: a systematic review*. Human Resources for Health, 2021. **19**(1): p. 42.
6. Sibbritt, D., Kaye, M., Millbank, J., Stuhmcke, A., Wardle, J., and Karpin, I., *How are complementary health professions regulated in Australia? An examination of complementary health professions in the national registration and accreditation scheme*. Complementary Therapies in Medicine, 2018. **37**: p. 6-12.
7. Lin, V. and Gillick, D., *Does workforce regulation have the intended effect? The case of Chinese medicine practitioner registration*. Australian Health Review, 2011. **35**(4): p. 455-61.
8. World Naturopathic Federation, *World Naturopathic Federation Report*. 2015.
9. World Naturopathic Federation, *WNF – Naturopathic Roots Report*. 2016: Canada.
10. Dunn, J.M., Steel, A.E., Adams, J., Lloyd, I., De Groot, N., Hausser, T., and Wardle, J., *Characteristics of global naturopathic education, regulation, and practice frameworks: results from an international survey*. BMC Complementary Medicine and Therapies, 2021. **21**(1): p. 67.
11. Carlton, A.L., *The forces shaping regulation of the health professions in Australia: from club government to inclusive regulatory institutions*. 2017, La Trobe University: School

of Public Health.
12. Carlton, A.L., Lloyd, I. *Discussion during the writing of the Health Technology Assessment – Naturopathy.* 2021
13. Naturopathic Collegiate Organization (Organización Colegial Naturopática). *About us.* 2021; Available from: https://www.colegionaturopatas.es/nosotros/.
14. GCRN. *General Council and Register of Naturopaths.* 2021; Available from: https://www.gcrn.org.uk.
15. Australian Register of Naturopaths and Herbalists. *ARONAH protecting the public, advancing the profession.* 2021; Available from: http://www.aronah.org.
16. Naturopaths & Medical Herbalists of New Zealand. *Naturopaths & Medical Herbalists of New Zealand.* 2021; Available from: https://naturopath.org.nz.
17. Professional Standards Authority for Health and Social Care. *What We Do.* 2021; Available from: https://www.professionalstandards.org.uk/what-we-do/accredited-registers.
18. *Regulations relating to voluntary registration scheme for practitioners of alternative treatment*, in *ACT-2003-06-27-64-§3.* 2003: Norway.
19. Ministry of Labour and Employment. *Naturologist.* CBO 2263-20 n,d; Available from: https://www.ocupacoes.com.br/cbo-mte/226320-naturologo.
20. Ministry of Labour and Employment. *Holistic Therapist.* CBO 3221-25 n,d; Available from: https://www.ocupacoes.com.br/cbo-mte/322125-terapeuta-holistico.
21. Lloyd I, Gerontakos S, and Cardozo V, *Global naturopathic community clinic reach: an international cross-sectional survey.* BMC Health Services Research, 2021.
22. Cherini, G. *Regulamenta a profissão de Naturólogo.* 2012; Available from: http://www.camara.gov.br/proposicoesWeb/fichadetramitacao?idProposicao=543332.
23. *A New Tax System (Goods and Services Tax) Act 1999.* 1999: Australia.
24. National Health Practitioner Obudsman. *The National Scheme.* 2021; Available from: https://www.nhpo.gov.au/the-national-scheme.
25. Australian Taxation Office. *Other Health Services.* 2021; Available from: https://www.ato.gov.au/business/gst/in-detail/your-industry/gst-and-health/?anchor=Recipientofthesupply.
26. Therapeutic Goods Association. *Australian Regulatory Guidelines for Listed Medicines and Registered Complementary Medicines.* 2020; Available from: https://www.tga.gov.au/publication/australian-regulatory-guidelines-listed-medicines-and-registered-complementary-medicines.
27. Victorian Department of Health on behalf of the Australian Health Ministers' Advisory Council, *Final Report A National Code of Conduct for health care workers.* 2015.
28. Queensland Health. *The National Code of Conduct for Health Care Workers (Queensland).* 2015; Available from: https://www.health.qld.gov.au/system-governance/policies-standards/national-code-of-conduct.
29. Health Care Complaints Commission. *Prohibtion Orders.* 2021; Available from: https://www.health.qld.gov.au/system-governance/policies-standards/national-code-of-conduct.
30. Botswana Ministry of Health, *Botswana Health Professions (Professional Conduct) Regulations*, in *Section 18.* 1988: Botswana.
31. World Health Organization, *Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review.* 2001, World Health Organization: Geneva.
32. *Traditional Medicine Practice Act*, in *575.* 2000: Ghana.
33. Republic of Namibia, *No. 90 Regualtons relating to the scope of practice of a naturopath: Allied Health Professioanls Act, 2004*, Ministry of Health and Social Services, Editor. 2014.
34. Federation of Nigeria, *Medical and Dental Practitioners Act*, in *CAP M8.* 2004: Nigeria.
35. Minister of Health South Africa, *Chiropractors, Homeopaths and Allied Health Service Professions Amendment Act*, in *63 of 1982.* 1982: South Africa.
36. *Control of Natural Therapeutic Practitioners Regulations of 1978.* 1978: Swaziland.
37. The United Republic of Tanzania, *The Traditional and Alternative Medicines Act*, in *23 of 2002.* 2002: Tanzania.
38. The Republic of Uganda, *The Traditional and Complementary Act.* 2019: Uganda.
39. *Health Professions Act* in *Chapter 27:19.* 2001: Zimbabwe.
40. Province of Alberta, *Health Professionals Act.* 2000: Canada.
41. British Columbia, *Naturopathic Physcians Regulation*, in *Reg. 156/2009.* 2008: British Columbia.
42. Legislative Assembly of Manitoba, *The Naturopathic Act.* 2007.
43. College of Naturopaths of Ontario. *Legislation, Regulations and By-Laws.* 2021; Available from: https://www.collegeofnaturopaths.on.ca/about-us/legislation-regulations-bylaws/.
44. *Naturopathic Doctors Act* 2008: Nova Scotia.
45. Government of Saskatchewan, *Bill No. 172 An Act respecting the Practice of Naturopathic Medicine and the College of Naturopathic Doctors of Saskatchewan*, in *172.* 1978: Saskatchewan.
46. The Great State of Alaska, *Statutes and Regulations – Naturopaths.* 2016: Alaska.
47. State of Arizona, *Naturopathic Medicine.* 2016: Arizona.
48. State of Arizona, *Health Professionals*, in *Title 32 – Professions and Occupations, Chapter 32.*
49. Department of Consumer Affairs Naturopathic Medicine Committee, *Laws & Regulations.* 2021: State of California.
50. Colorado Department of Regulatory Agencies Division of Professions and Occupations, *Title 12 Healthcare Professions and Occupations, Artilce 250: Naturopathic Doctors.* 2021.
51. Connecticut State Department of Health, *General Statutes of Connecticut – Naturopathic Physician*, in *Chapter 373.* Connecticut.
52. District of Columbia Municipal Regulations and District

of Columbia Register, *Chapter 17-52 Naturopathic Medicine, Title 17 Business, Occupations, and Professionals*.
53. *Hawaii Revised Statutes Chapter 455 Naturopathic Medicine*, in *Chapter 455*, D.o.C.a.C. Affairs, Editor., State of Hawaii: Hawaii.
54. *Hawaii Administrative Rules, Title 16, Chapter 88 Naturopaths* in *16*, D.o.C.a.C. Affairs, Editor. 2018, State of Hawaii: Hawaii.
55. Idaho Legislature, *Title 54 Professions, Vocations and Businesses*, in *Chapter 51 Naturopathic Medicine Licensing*. Idaho.
56. *Kansas Statutes Annotated Chapter 65, Article 72 Naturopathic Doctors*. 2020, State of Kansas.
57. Maine Government, *Title 32, Chapter 113-B: Complementary Health Care Providers*, in *Subchapter 3: Naturopathic Medicine Licensing Requirements and Scope of Practice*. Maine.
58. *Code of Maryland (Statutes), Article – Health Occupations, Title 14, Section 14-5F*.
59. Commonwealth of Massachusetts, *An Act Establishing a Board of Registration In Naturopathy*. 2016: Massachusetts.
60. Minnesota Legislature Office of the Revisor of Statutes, *Chapter 147E. Registered Naturopathic Doctors*. 2020: Minnesota.
61. State of Montana, *Chapter 26: Naturopathic Physicians*, in *37*, Montana Department of Labor & Industry, Editor. 2021: Montana.
62. New Hampshire, *328-E: NATUROPATHIC HEALTH CARE PRACTICE*, in *328-E*, Office of Professional Licensure and Certification, Editor.: New Hampshire.
63. Government of New Mexico, *Naturopathic Doctors' Practice Act* New Mexico.
64. State of North Dakota, *North Dakota Century Code, Chapter 43-58 Naturopaths*, in *43*, N.D.L. Assembly, Editor., State of North Dakota: North Dakota.
65. State of North Dakota, *North Dakota Administrative Code, Article 112-02 Naturopathic Licensure*, in 112, N.D.L. Assembly, Editor. 2013, State of North Dakota: North Dakota.
66. State of Oregon, *Chapter 685 – Naturopathic Physicians*. Oregon.
67. Commonwealth of Pennsylvania, *Naturopathic Doctor Registration Act*, in *HB516*. 2016: Pennsylvania.
68. State of Rhode Island, *Chapter 36.1 Licensure of Naturopathy Act*, in *LC001505/SUB A*. 2017: Rhode Island.
69. Government of the Virgin Islands, *Professions and Occupations – Chapter 4.*, in *27*. Virgin Islands.
70. State of Utah, *Table 58. Occupations and Professions. Chapter 1: Division of Occupational and Professional Licensing Act*, in *58*. Utah.
71. Vermont, S.o., *Professions and Occupations Chapter 81: Naturopathic Physcians*, in *26*. Vermont.
72. State of Washington, *Revised Code of Washington, Chapter 18.36a Naturopathy*, in *18*, Washington State Department of Health, Editor. 1987: Washington State.
73. Washington State Department of Health. *Laws*. 2021; Available from: https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/NaturopathicPhysician/Laws.
74. State of Washington, *Washington Administrative Code, Chapter 246-836 Naturopathic Physicians*, in *246*, Washington State Department of Health, Editor.: Washington State.
75. The Federation of Naturopathic Medicine Regulatory Authorities. *Naturopathic Regulatory Authority General Information Links*. 2021; Available from: https://www.fnmra.org/ras.
76. Canadian Alliance of Naturopathic Regulatory Authorities. *Our Mission*. 2021; Available from: https://www.canra.info/.
77. Ministry of Health – Chile, *Decree No. 42* P.R. Department of Policies, Health Providers and Complementary Medicines, Editor. 2005.
78. Ministry of Health – Chile, *Decree No. 5/2013*, Department of Pharmaceutical Policies and Medical Professions of the Division of Healthy Public Policies and Promotion, Editor. 2013.
79. The Congress of Colombia, *Law 1164 of 2007*. 2007.
80. The Congress of Colombia, *Law 30 of 1992*. 1992.
81. Republic of Cuba, *Ministerial Resolution No. 261/2009*, Ministry of Public Health, Editor. 2009.
82. *Program for the Development and generalisation of Traditional and Natural Medicine*, Ministry of Public Health Vice Ministry of Medical and Social Assistance, Editor. 2011: Havana.
83. Ministry of Public Health, *Regulation for the exercise of Alternative Therapies*. 2016: Ecuador.
84. *Ministerial Resolution No. 207 – 2011* 2011: Republic of Peru.
85. Government of Puerto Rico, *Chapter 80. Board of Examiners of Doctor of Naturopathy, in 20 Examing Boards and Professional Colleges*. 1998: Puerto Rico.
86. Government of Puerto Rico, *Chapter 80A. Board of Examiners of Naturopaths, in 20 Examining Boards and Professional Colleges*. 1998: Puerto Rico.
87. Saint Lucia, *Health Practitioners Act No. 33*. 2006: Saint Lucia.
88. Saudi Arabia Council of Ministers, *Organization of the National Center for Alternative and Complementary Medicine 1430 H., in Cabinet Resolution No. (367) dated 7/11/1430* 2009.
89. United Arab Emirates, *Unified Healthcare Professional Qualification Requirements*, Ministry of Health – UAE, Department of Health -Abu Dhabi, and Dubai Health Authority, Editors. 2017: Dubai.
90. Republic of Albania, *Law 10.107, on the Health Care in the Republic of Albania, Art,20., in Law 10.107*. 2009: Albania.
91. *Natural Medicine Act 2008, in Law 33 (I) / 2008*. 2008: Cyprus.
92. *The Law on Registration of Physicists of Medicine (Amending) Law of 2011*. 2011: Cyprus.
93. Goverment of Iceland, *2012 Regulation on the education, rights and obligations of natural scientists in health care and the conditions for obtaining an operating license, in*

*NR1220/2009*. 2009: Iceland.
94. *Act No 34/2012 on Healthcare Practitioners in 34/2012*. 2012: Iceland.
95. *Law on the professional practice of medicine without appointment (Heilpraktikergesetz)*. 1939: Germany.
96. Office of Health, *Naturopathic practitioner*. Liechtenstein.
97. *Act No. 64 of 27 June 2003 relating to the alternative treatment of disease, illness, etc.*, in *Act No. 64 of 27*. 2003: Norway.
98. The Brønnøysund Register Centre. *Register alternative therapists*. 2021; Available from: https://www.brreg.no/en/citizen-2/register-alternative-therapists/?nocache=1634604281542.
99. República Portuguesa, *Law No.45/2003*. 2003, Diário da República Eletrónico: Portugal.
100. Government of Romania, *Law no 118 of May 2, 2007*. 2007: Romania.
101. The Organization of Working World Alternative Medicine Switzerland (OdA AM). *Regulations in Switzerland*. Available from: https://www.oda-am.ch/de/hoehere-fachpruefung/reglemente.
102. *The Indian Medicine Central Council (Amendment) Bill, 2020, in No. 245 of 2020*. 2020: India.
103. Government of Nepal. Ministry of Health and Population, *National Policy on Traditional Medicine*. Nepal.
104. Cook Islands Government, *Ministry of Health Act 2013 (Act No. 6 of 2013)*. 2013: Cook Islands.
105. Ministry of Health Malaysia Traditional and Complementary Medicine Division, *Traditional and Complementary Medicine (T&CM) Act 2016*, in ACT 775. 2016: Malaysia.
106. Government of Samoa, *Allied Health Professions* Act. 2014: Samoa.
107. República Portuguesa, *Law no.71/2013*. 2013, Diário da República Eletrónico: Portugal.
108. World Labour Organization – Alternative Medicine of Switzerland OrTra MA. *Profession*. n,d; Available from: https://www.oda-am.ch/fr/profession/.
109. Confederation Suisse; State Secretariat for Education Research and Innovation SERI, *Competent Recognition Authorities. Federal Government of Switzerland*.
110. Confederation Suisse, *Swiss education: Federal and Advanced Federal Diploma of Higher Education Examinations*. 2021, Federal Government of Switzerland.
111. República Portuguesa, *Ordinance No. 20-A/2014, in 207-A/2014*, Ministries of Health and Education and Science, Editor. 2014.
112. Confederation Suisse, *Alternative medicine or complementary therapy sector*, Federal Department of Economic Affairs Education and Research EAER, Editor. 2020.
113. Steel, A., Foley, H., Bradley, R., Van De Venter, C., Lloyd, I., Schloss, J., Wardle, J., and Reid, R., *Overview of international naturopathic practice and patient characteristics: results from a cross-sectional study in 14 countries*. BMC Complementary Medicine and Therapies, 2020. **20**(1): p. 59.
114. World Naturopathic Federation. *Global Naturopathic Regulation*. 2018; Available from: http://worldnaturopathicfederation.org/wp-content/uploads/2018/10/Global-Naturopathic-Regulation_finalb.pdf.
115. American Association of Naturopathic Physicians. *Advocacy*. 2021; Available from: https://naturopathic.org/page/Advocacy.
116. Association of Accredited Naturopathic Medical Colleges. *Accredited Naturopathic Medical Schools*. 2021; Available from: https://aanmc.org/naturopathic-schools/.
117. Council on Naturopathic Medical Education. *CNME*. 2021; Available from: https://cnme.org.
118. Carlton, A.L., *Occupational Regulation of Complementary Medicine Practitioners*, in *Crime in the Professions*, R.G. Smith, Editor. 2002, Ashgate Publishing Ltd.
119. Lin, V., Bensoussan, A., Myers, S., McCabe, P., Cohen, M.M., Hill, S., and Howse, G., *The Practice and Regulatory Requirements of Naturopathy and Western Herbal Medicine*. 2005, Department of Human Services,: Melbourne.
120. Robinson, N., Lorenc, A., and Lewith, G., *Complementary and alternative medicine (CAM) professional practice and safety: A consensus building workshop*. European Journal of Integrative Medicine, 2011. **3**(2): p. e49-e53.
121. Wardle, J.L. and Adams, J., *Indirect and non-health risks associated with complementary and alternative medicine use: An integrative review*. European Journal of Integrative Medicine, 2014. **6**(4): p. 409-422.
122. Hunt, K. and Ernst, E., *Evidence-based practice in British complementary and alternative medicine: Double standards?* Journal of Health Services Research & Policy, 2009. **14**(4): p. 219-223.
123. Twohig, J., *The complementary and alternative health care system in Australia*, in *Understanding the Australian health care system*, E. Willis, L. Reynolds, and H. Keleher, Editors. 2016, Elsevier: Chatswood, N.S.W.; .
124. Wardle, J., Weir, M., Marshall, B.D., and Archer, E., *Regulatory and legislative protections for consumers in complementary medicine: Lessons from Australian policy and legal development*. European Journal of Integrative Medicine, 2014. **6**: p. 423-433.
125. Ross, J.K., *The Inverted Pyramid: 10 Less Restrictive Alternatives to Occupational Licensing*. 2017, Insitute for Justice.
126. Beauchamp, J.J., *Drama e historia de una confrontación : medicina tradicional y medicina alternativa*. 1996, Río Piedras: Ubec.
127. Rodriguez, A.B., *La Aplicacion De La Ley Penal Mas Favorable*. Revista Juridica Universidad de Puerto Rico, 2000. **69**(1): p. 29-134.
128. Walji, R. and Boon, H., *Natural health product regulations: perceptions and impact*. Trends in Food Science & Technology, 2008. **19**(9): p. 494-497.
129. Walji, R. and Wiktorowicz, M., *Governance of natural health products regulation: an iterative process*. Health Policy, 2013. **111**(1): p. 86-94.
130. Wardle, J.L., Sibbritt, D., Broom, A., Steel, A., and Adams, J., *Is Health Practitioner Regulation Keeping Pace with the Changing Practitioner and Health-Care Landscape? An Australian Perspective*. Frontiers in public health, 2016. **4**: p. 91-91.

# 6 Educational Standards for the Naturopathic Workforce

Iva Lloyd, ND
Tina Hausser, Heilpraktiker Naturopath
Jill Dunn, Naturopath

## HIGHLIGHTS

- There are over 130 naturopathic educational programs, spanning six WHO Regions.
- *Benchmarks for Training in Naturopathy* were first published by the WHO in 2010.
- There are two main types of naturopathic educational programs.
  - Doctorate-level training programs (over 4,000 hours), which represents more than 50% of naturopathic educational programs
  - Practitioner-level training programs (around 2,500 hours)
- There is diversity in naturopathic educational programs in some WHO Regions, especially Europe and Latin America, though there is a trend towards higher naturopathic educational programs globally.

It is essential that the naturopathic workforce be appropriately trained to ensure they can provide safe, effective, and appropriate care to patients. Educational standards are an important step in professional formation and often influence the regulation of the naturopathic workforce. This chapter provides an overview of the analyses conducted by the World Naturopathic Federation (WNF) on the global status of naturopathic education, an overview of naturopathic education by WHO Region, as well as outlining the framework of naturopathic educational programs and the future of naturopathic education globally.

## Background on Naturopathic Education

Formal naturopathic educational programs have been in existence for over 100 years. The first educational institution specifically focused on naturopathic education was established in New York City, USA in 1901 [1]. Further expansion of naturopathic education took place in Europe – first in Spain in 1925 [2] and Germany [3] and the United Kingdom [4] in 1936. Naturopathic medical training has been offered in India since the 1950's and has been in Latin America and the Caribbean since 1958 with the first school in that Region being established in Chile. In Australia the oldest and still existing naturopathic school, Southern School of Natural Therapies (SSNT), was established in 1961 in Melbourne. Since 2000 there has been a tremendous growth in the interest in naturopathy and naturopathic medicine which has resulted in significant increase in the number of naturopathic educational programs around the world [5].

Government-recognized standardization of naturopathic education has been in place since 1978 in both North America and in India. In the USA, the Council on Naturopathic Medical Education (CNME), an accrediting agency for doctoral programs in naturopathic medicine (ND programs) that exceed 4000 hours was established in 1978 to ensure consistency of naturopathic medical educational programs in Canada and the USA. In India, naturopathic educational programs are overseen by the Central Council for Research in Yoga & Naturopathy (CCRYN), an autonomous institution for Research and Development in Yoga & Naturopathy, under the Societies Registration Act, 1860. CCRYN is fully funded by the Ministry of AYUSH, Government of India. The objectives of CCRYN include undertaking any educational, training, research and/or other programmes in Yoga & Naturopathy. The naturopathic programs under CCRYN include a 5 ½ year undergraduate medical degree in yoga and naturopathy with graduates earning the title Bachelor of Naturopathy and Yogic Studies (BNYS) [6, 7].

In 2010 the WHO published the *Benchmarks for Training in Naturopathy* that states that the minimum educational standards for naturopaths/naturopathic doctors consists of a minimum of 1500 hours, including no less than 400 hours of supervised clinical practice [8]. As part of an ongoing effort of the global naturopathic profession to ensure the highest in naturopathic educational standards in their country, many naturopathic professional organizations, through their voluntary certification processes, require specified educational requirements for membership in their association. Recognition of naturopathic educational programs by the WNF requires that the program must meet the *WHO Benchmarks for Training in Naturopathy*, that it offers the highest educational standards set by the professional associations in the respective country and that at least 60% of the naturopathic educational program be offered face-to-face.

# Methodology

Since 2016 the WNF has conducted two online surveys of naturopathic educational institutions, has conducted online analyses of naturopathic educational programs, and has collaborated with a naturopathic researcher on an international cross-sectional survey exploring the educational and regulatory status of the naturopathic profession. Figure 6.1 presents an overview of the progression of the methodology used to collect the data informing this chapter.

Between 2014 and 2016 the WNF conducted an online search matching the word "naturopathy" and "naturopathic education" (or the language equivalency for that country) with every country identified within the various WHO Regions. A listing of countries with a naturopathic presence was compiled based on the online search and collaboration with naturopathic organizations globally. A further online search was conducted for those countries that were identified as having a naturopathic workforce to determine if they recognized or delivered naturopathic educational programs.

In 2016 an online survey was sent to 85 naturopathic educational institutions from 49 different countries across six WHO Regions identified as having a naturopathic program that, at a minimum, met the *WHO Benchmarks for Training Naturopathy* [8]. As a follow-up to the 2016 WNF survey, members from the WNF Educational Committee conducted a more extensive online analysis to determine the length and program content of naturopathic educational programs and the credentials associated with each type of program [9].

Between 2016 and 2019, in collaboration with Jill Dunn, a New Zealand based researcher from the University of Technology Sydney, an international cross-sectional survey examining the characteristics of naturopathic education and regulation in countries with a naturopathic workforce was undertaken [10]. Naturopathic organizations were identified by the WNF and complemented by additional interest searches. Using purposive sampling, the online survey was sent to a list of organisations from the WNF's database. Two hundred and twenty-eight (228) naturopathy organizations (educational institutions, professional associations, and regulatory bodies) from forty-six (46) countries were surveyed. Sixty-five (65) organizations spanning twenty-nine (29) countries responded.

Based on the online analyses conducted up to 2020 and the results of the previous surveys, 177 educational institutions / programs around the world were identified as teaching a naturopathic program. In 2020 all naturopathic educational institutions identified were invited to complete a subsequent online survey capturing further details about their naturopathic programs.

# Results

Below is a synopsis of the results from the two WNF online surveys, the online analyses conducted by the WNF Educational committee and the results of the international cross-sectional survey of naturopathic education and regulation.

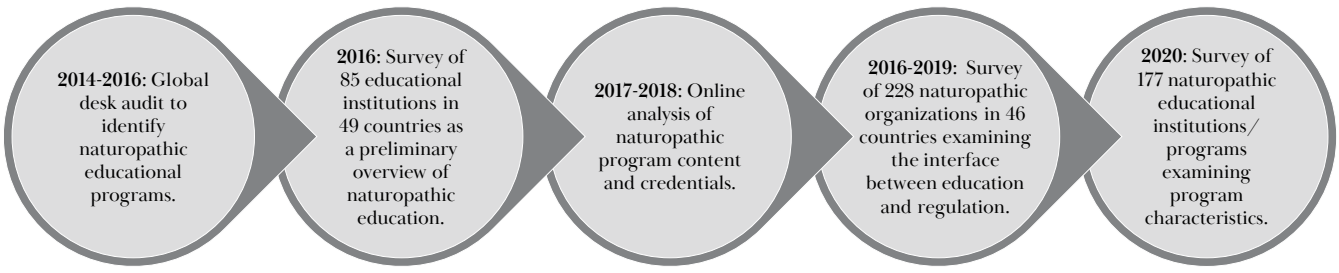


Figure 6.1: Progression of studies examining naturopathic education

# Preliminary survey of naturopathic educational programs

Thirty educational institutions from 17 countries across five WHO Regions responded to the 2016 survey with the results published in the *WNF Naturopathic Roots Report June 2016* [7]. The results of the 2020 survey supported many of the results received from the 2015 survey [3] that was sent to professional naturopathic organizations. The areas of consistency included:

- Agreement on the naturopathic philosophies, principles and theories that are foundational to naturopathic practice.
- Agreement on the breadth of naturopathic practice including the assessment and diagnostic skills taught in naturopathic educational programs.
- Agreement on the core therapeutic modalities common to naturopathic practice.

# Mapping of Naturopathic Education and Credentials

The results of the detailed online analysis of naturopathic educational programs was published in August of 2018 in the WNF report titled, *WNF Education and Credentials* [9] and outlined the five different naturopathic programs offered globally:

- Diploma in Naturopathy consisting of a 1500-hour program.
- Professional diploma in Naturopathy consisting of a 2500-hour program.
- 3-year professional degree in Naturopathy consisting of a 3500+-hour program.
- 4-year professional degree in Naturopathic Medicine consisting of a 4000+ hour program.
- 2-year naturopathic bridge program for those healthcare providers with another designation wanting to study naturopathy.

# International Survey on the Characteristics of Naturopathic Education and Regulation

Sixty-five organizations (educational institutions (n=25), professional associations (n=35), and regulatory bodies (n=5)) from 29 countries responded to the international cross-sectional survey on the characteristics of naturopathic education and regulation. As outlined in Table 6.1, 63.1% of participants reported naturopathic education met or exceeded the WHO education guidelines for naturopathic training with 25 participating schools (80%) reporting programs that exceeded three years and almost 50% indicated programs that were four years in length [10]. Most schools (68%) reported program delivery via a national qualification's framework [NQF], with higher education most apparent (60%). Program delivery via a NQF was reported in Australia, Brazil, Canada, Nepal, NZ, Puerto Rico, South Africa, the UK, and the USA.

According to the international cross-sectional survey, naturopathic education is provided by the private education sector and qualifications accredited by the countries National Qualification Authority or regulatory bodies (e.g., South Africa, Switzerland, and the UK) or voluntary professional organizations (e.g., France and Sweden). Countries in North America [Canada, Puerto Rico and the USA] reported regional accreditation by an independent professional accreditation body – the Council on Naturopathic Education [CNME] [11].

Most naturopathic educational institutions (76%) (n=19) reported some form of external audit – mostly content delivery and assessment, and clinical program audit. The most frequently reported program audits were undertaken by professional associations (33.3%) (n=12), followed by government (30.5%) (n=11) and accreditation bodies (30.5%) (n=11). In Canada, Mexico, Italy and the USA independent accreditation and regulatory bodies were reported, and in Nepal, Portugal, Switzerland, and South Africa dual purpose boards for both accreditation and regulation were reported.

Table 6.1 Characteristics of global naturopathic education, programs, and institutions [10]

| **Characteristics of naturopathic educational programs (n=25)** | | |
|---|---|---|
| Program length | | |
| *2 years* | 4 | 16.0 |
| *3 years* | 8 | 32.0 |
| *4 years* | 12 | 48.0 |
| Program and Qualification type | | |
| *Vocational (Diploma or unspecified qualification level)* | 10 | 40.0 |
| *Higher education* | 15 | 60.0 |

| | | |
|---|---|---|
| *Undergraduate bachelor's degree [Australia, Brazil, NZ]* | 6 | 24.0 |
| *Postgraduate qualification [Canada, Puerto Rico, South Africa, UK, USA]* | 9 | 36.0 |
| Qualification delivered by national qualifications' framework | | |
| **Yes* | 17 | 68.0 |
| *No* | 8 | 32.0 |
| **Characteristics of naturopathic educational institutions (n=25)** | | |
| *For profit* | 15 | 60.0 |
| *Not for profit* | 9 | 36.0 |
| *State* | 1 | 4.0 |
| Year educational institution first offered naturopathic program | | |
| *1956-1975* | 4 | 16.0 |
| *1976-1995* | 5 | 20.0 |
| *1996-2015* | 14 | 56.0 |
| **Characteristics of program audits (n=25)** | | |
| Schools reporting some type of external audit | | |
| *Yes* | 19 | 76.0 |
| *No* | 6 | 24.0 |
| Organizations responsible for external audits1 | | |
| *Government* | 11 | 30.6 |
| *Private* | 0 | 0.0 |
| *Professional association* | 12 | 33.3 |
| *Accrediting body* | 11 | 30.6 |
| *Other* | 2 | 5.6 |
| External audit type[2] | | |
| *Governance/quality assurance* | 18 | 19.8 |
| *Course content, delivery, and assessment* | 27 | 29.7 |
| *Clinical processes* | 20 | 22.0 |
| *Financial* | 17 | 18.7 |
| *Other* | 9 | 9.9 |
| **Characteristics of organizational influence on naturopathic education (n=65)** | | |
| Perceived influence of organizations (other than educational institution) on delivery and content of education | | |
| *National Professional Association* | 49 | 75.4 |
| *Regional Professional Association* | 13 | 20.0 |
| *Accreditation Body* | 27 | 41.5 |
| *Regulatory Board* | 22 | 33.8 |
| *National Government* | 18 | 27.7 |
| *Regional Government* | 6 | 9.2 |
| *Other Health Professionals* | 14 | 21.5 |
| *Third-Party Funders* | 13 | 20.0 |
| *Multi-National Body* | 8 | 12.3 |

*Included Italy based on UNI ISO standard; 1. (n=19 [36 responses]); 2. (n=24 [91 responses])

# WNF Naturopathic Educational Report

According to the 2021 *WNF Naturopathic Educational Programs Report,* 131 naturopathic educational programs across 29 countries, spanning six WHO Regions have been identified and recognized by the professional naturopathic organizations in their country [5]. Thirty-eight percent (38%) of the naturopathic educational programs reside in Asia, 27% in Europe, 22% in the Region of the Americas (15% in Latin America and the Caribbean and 7% in North America), 9% in the Western Pacific, and 4% are located in Africa [5]. Many of the naturopathic educational programs exist within naturopathic-dedicated educational institutions, yet there is a growing number that exist as part of the formal accredited comprehensive University sector including naturopathic programs offered in Australia, Brazil, India, Mexico, South Africa, Spain, Thailand, and the United States.

# Naturopathic Education by WHO Region

The countries that offer a naturopathic educational program and the number of naturopathic programs offered within each WHO Region is shown in Table 6.2.

Figure 6.2 presents the number of naturopathic educational programs currently in operation based on the year they were established and the length of naturopathic program. It indicates that there has been tremendous growth in naturopathic educational programs in the last 40 years. It also demonstrates that the recent growth in naturopathic programs has favoured the longer naturopathic medical educational programs, with the greatest growth evident in the number of naturopathic programs with over 4,000 hours in length.

Table 6.2: Overview of the number of naturopathic educational programs, by WHO Region [5]

| WHO Region | Countries with naturopathic educational programs | Total no. of naturopathic educational programs |
|---|---|---|
| African Region | Ghana, Nigeria, South Africa, Zambia | 8 |
| Region of the Americas | Argentina, Brazil, Canada, Chile, Mexico, Paraguay, Puerto Rico, United States of America, Venezuela, Uruguay | 29 |
| Eastern Mediterranean Region | None identified | – |
| European Region | Belgium, Czech Republic, France, Germany, Italy, Netherlands, Norway, Portugal, Slovenia, Spain, Switzerland, United Kingdom | 35 |
| South-East Asia Region | India, Nepal | 51 |
| Western Pacific Region | Australia, New Zealand | 8 |

Note: Listing of naturopathic educational programs that meet the WHO Benchmarks for Training in Naturopathy and the highest naturopathic educational standards in their respective country.

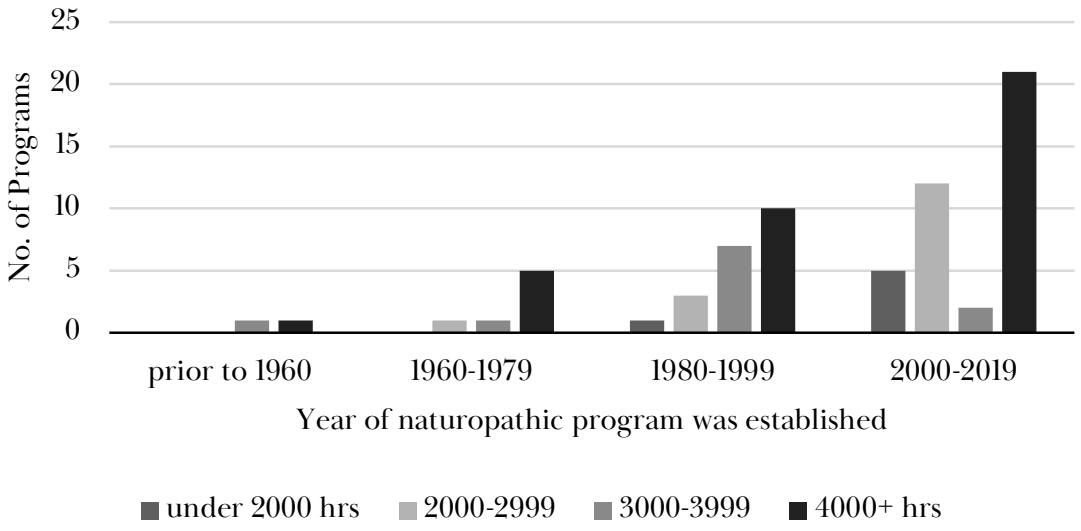


Figure 6.2: Number of naturopathic educational programs based on year of establishment and the number of hours of the program duration

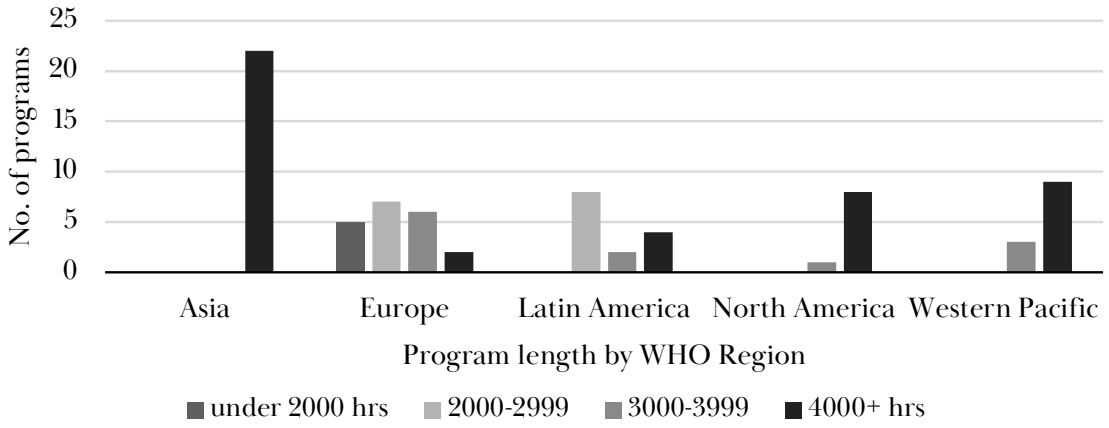


Figure 6.3: Duration of naturopathic educational program, by WHO Region

Diversity in the length of naturopathic programs primarily exists in Europe and Latin America. As seen in Figure 6.3, the naturopathic programs in Asia, North America and Western Pacific are commonly over 4,000 hours in length. The naturopathic educational programs in Europe range from under 2,000 hours to programs exceeding 4,000 hours. Most naturopathic programs that are between 2,000 and 2,999 hours are in Latin America.

## Naturopathic Education Program Content

The 2016 and 2020 WNF educational surveys identify that there is a high degree of consistency in the educational framework of naturopathic educational programs, despite the diversity in length of programs in some WHO Regions. The full breadth of naturopathic knowledge covered in naturopathic educational programs includes [9]:

1. Naturopathic history, philosophies, principles, and theories (expanded upon in Chapter 2 & 3)
2. Naturopathic medical knowledge, including basic sciences, clinical sciences, laboratory and diagnostic testing, naturopathic assessment, and naturopathic diagnosis.
3. Naturopathic practice and treatments (expanded upon in Chapter 1)
4. Supervised clinical practice.
5. Ethics and business practices.
6. Research (expanded upon in Section 4).

Figure 6.4 presents an overview of the naturopathic educational program content compared by naturopathic program duration [9].

Due to the integration of naturopathic program content (i.e., nutritional biochemistry as part of both Biochemistry and Clinical Nutrition), it is often difficult to delineate the actual hours in each section. However, the survey results suggest that the time spent on each aspect

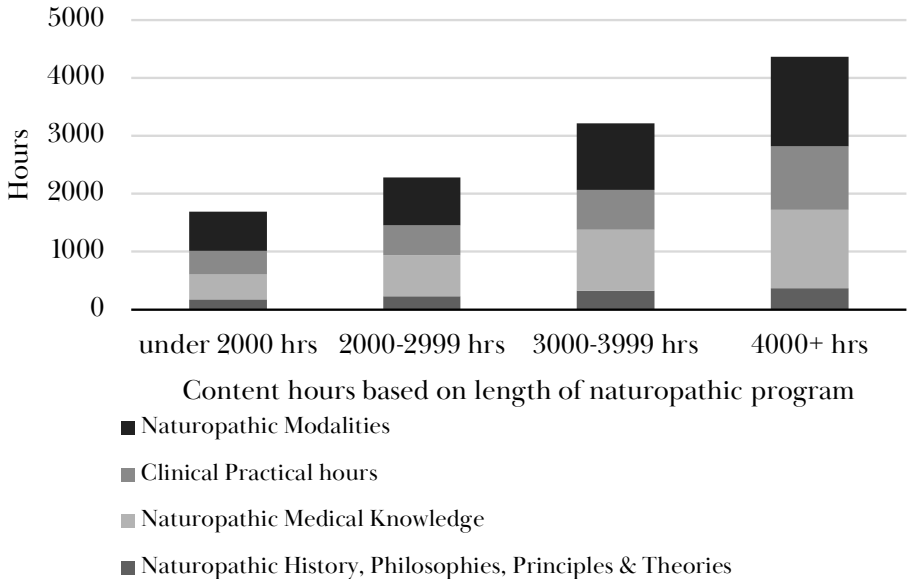


Figure 6.4: Overview of program content based on naturopathic program duration, in hours

of the naturopathic curriculum increases proportionally to the total number of hours; the longer the program, the more time spent in each aspect of the naturopathic curriculum. This is especially true for the contact hours dedicated to naturopathic medical knowledge and naturopathic clinical practice which is generally substantially longer in naturopathic educational programs 4000 hours in length or longer [5].

# Discussion

Ensuring the highest in education standards for the naturopathic profession supported by quality assurance processes that engender constant quality improvement is an essential step of professional formation. Educational standards influence or reflect the type of regulation and the legislative framework for the profession, and they impact the ability of the workforce to offer the public safe and consistent effective healthcare. The analyses conducted by the WNF on the global status of naturopathic education has revealed the following strengths and challenges of naturopathic educational programs.

## Consistency in the Core Components of Naturopathic Education

The research conducted by the WNF has identified that the full breadth of naturopathic knowledge includes the following six components:

1. Naturopathic history, philosophies, principles, and theories (expanded upon in Chapter 2 & 3)
2. Naturopathic medical knowledge, including basic sciences, clinical sciences, laboratory and diagnostic testing, naturopathic assessment, and naturopathic diagnosis.
3. Naturopathic practice and treatments (expanded upon in Chapter 1)
4. Supervised clinical practice.
5. Ethics and business practices.
6. Research (expanded upon in Section 4).

The naturopathic profession is defined by its philosophies, principles and theories and the WNF surveys have indicated this is an area of global consensus [6, 7]. The details of this have been codified in the *WNF White Paper: Naturopathic Philosophies, Principles and Theories* [12]. The WNF surveys have also substantiated that naturopathic practice is multi-modal and offers diversity in naturopathic modalities, therapies and practices [6, 7]. Based on an international practice survey of the naturopathic workforce, naturopathic visits include the use of four or more therapies [13]. There are a set of core therapeutic modalities and practices that are common to naturopathic care [6, 7, 14]:

- Clinical nutrition and diet modification/ counselling
- Applied nutrition (use of dietary supplements, traditional medicines, and natural health care products)
- Herbal medicine
- Lifestyle counselling
- Hydrotherapy
- Homeopathy, including complex homeopathy
- Physical modalities based on the treatment modalities taught and allowed in each jurisdiction including yoga, naturopathic manipulation, muscle release techniques.

A strength of naturopathy / naturopathic medicine is that it is an integrated system; as such, each jurisdiction incorporates modalities based on regional traditional health care practices and on the level of education and regulation in the region. Modalities integrated into practice include acupuncture, and therapies associated with additional education such as intravenous therapies and prescribing of restricted products.

Naturopathic medical knowledge – including basic sciences, clinical sciences, laboratory and diagnostic testing, naturopathic assessment skills, and naturopathic diagnosis – is the component of naturopathic knowledge with the greatest diversity in the number of hours provided within the various naturopathic programs. When comparing the naturopathic educational programs under 2500 hours versus those that are over 4000 hours there is often a three-fold difference in the number of hours dedicated to naturopathic medical knowledge [5].

The naturopathic educational programs 4000 hours or longer generally include over 1100 hours of supervised clinical practice, whereas the minimum supervised clinical practice hours set by the WHO is 400 hours [5, 8]. Engagement in and use of research is becoming increasingly prevalent in naturopathic care. The role of naturopathic research is expanded upon in Sections 3 and 4 of this HTA.

## Diversity in Length of Naturopathic Educational Programs

Diversity in the length of naturopathic educational programs has been a challenge in the professional development of the naturopathic workforce in some WHO Regions, especially in the European Region and the Region of Latin America and the Caribbean.

Since the late 1990s the interest in naturopathic and natural medicine has grown significantly. With this increased interest has come a growth in the establishment of naturopathic educational programs. This has been both advantageous and challenging for the global naturopathic profession. For example, this growth has resulted

in tremendous expansion of naturopathy in India with all schools having defined educational standards set by the Central Council for Research in Yoga & Naturopathy (CCRYN) which includes naturopathic programs that are over 4,000 hours and graduates earn the title Bachelor of Naturopathy and Yogic Studies (BNYS) [15]. It has also resulted in an increase in naturopathic programs, especially throughout Europe and Latin America, with some schools offering programs that are not reflective of the comprehensive knowledge expected in a naturopathic educational program, either through inadequate hours especially as it applies to naturopathic medical knowledge, or a focus on natural medicine education (i.e., the use of natural therapies) without adequate training in naturopathic philosophies and principles.

The minimum standards set for naturopathic education in the *Benchmarks for Training in Naturopathy* and the lack of regulation in many countries has made it difficult to establish or sustain advanced levels of naturopathic education in some WHO Regions, even with professional and public support [16]. Many countries are working to establish naturopathic educational standards to ensure that the integrity of the naturopathic profession and patient safety is paramount. Efforts are being made by many WHO Regions, with the support of the WNF, to ensure a higher level of consistency in naturopathic educational standards with WHO Regions.

# Diversity in Naturopathic Credentials

The naturopathic profession includes naturopathic practitioners with the credentials of a traditional naturopath, licensed naturopath, a diploma or degree in naturopathy, naturopathic doctor or naturopathic physician, and a master's degree in naturopathy [9]. This variation in credentials is reflective of external factors influencing the degree structure or model of regulation, the educational standards permitted by local legislation and the educational programs available in the different WHO Regions [9]. In some jurisdictions, such as Australia, even though the standard of education is commensurate to that of a primary care provider, the doctor title is largely unused due to sociocultural preferences among the local naturopathic profession although legally allowed. In other jurisdictions, such as North America, the titles 'naturopathic doctor', 'doctor of naturopathy', 'doctor of naturopathic medicine' or 'naturopathic physician' – referred to as an ND or NMD are often protected [7]. Some naturopathic educational institutions also offer bridge programs, generally around 2,200 hours, for healthcare professionals with a recognized health care designation (i.e., MD or DC) that are seeking dual recognition as a naturopathic doctor [9].

In some jurisdictions the regulations around education credentials are adversely impacting the development of appropriate naturopathic education. For example, in France naturopathic qualifications are ineligible for inclusion in official credentials regardless of appropriate length or content, and in New Zealand government degree requirements limit naturopathic education to three years compared to four-year minimums seen in countries with similar education frameworks such as Australia.

The WNF report titled, *WNF Education and Credentials* outlines the credentials most applicable and most commonly associated with the different naturopathic programs and states [9]:

- The title of naturopath is common to the general naturopathic workforce.
- The title of naturopathic doctor is generally reserved for those in the naturopathic workforce with more advanced naturopathic training.

# Limitations in Naturopathic Education in some WHO Regions

In some WHO Regions the naturopathic workforce is limited in their ability to assess and diagnose either due to restrictions in regulation and/or limitations in their naturopathic education. Programs under 2500 hours and those limited by existing regulation often limit the scope of naturopathic assessment and diagnosis. When naturopathic education and/or legislative restrictions limit a naturopath's access to general physical examination, and laboratory tests it may limit the naturopath's ability to properly identify risk, or it can impede objective analysis of the optimal naturopathic treatment approach. As such pathophysiology and clinical content in education may have limitations which has potential public safety or scope of practice implications [10].

- Full access to biomedical or conventional physical examination is reported as being either partially or fully limited in Belgium, Chile, Czech Republic, Egypt, Peru, Slovenia, Spain, and Uruguay.
- Full access to requisitioning blood tests is reported as being either partially or fully limited in Belgium, Chile, Czech Republic, Egypt, France, Hong Kong, Slovenia, UK, Uruguay, and Venezuela.

# Accreditation of Naturopathic Educational Programs

Accreditation of naturopathic educational programs occurs through non-governmental accrediting agencies, governmental accrediting agencies and through self-accreditation. Results from the international cross-sectional survey found that countries in which naturopathy was unregulated reported audits by the professional

association as the primary method of accreditation, whereas accreditation body and government audits were more commonly reported where the profession was regulated. Government audits were also reported when programs were delivered via a national framework regardless of regulatory status, although as reported in Australia such audits may focus more on educational features rather than professional outcomes. [11].

## *Non-Governmental Accrediting Agencies*

Formal national standardization offered by non-governmental accrediting agencies for naturopathic educational programs occurs in Canada and the United States, and Australia and in parts of New Zealand.

North America currently has one of the highest accreditation standards for naturopathic medical educational programs globally. Programs exceeding 4,000 hours in length (17) are accredited by the Council on Naturopathic Medical Education (CNME), recognized as the programmatic accreditor for naturopathic medical programs by the U.S. Department of Education. CNME is an independent accrediting agency formed in 1978 to accredit naturopathic medical programs in North America [17]. Graduates of North American accredited naturopathic programs and those practicing in regulated jurisdictions or belonging to their professional association are required to pass standardized entrance-to-practice exams. In 1999, the North American Board of Naturopathic Examiners (NABNE) an independent, non-profit organization formed as a service to the naturopathic profession in North America and the agencies that license/register naturopathic physicians in this Region [18]. NABNE serves regulating bodies by qualifying applicants to take the NPLEX (Naturopathic Physicians Licensing Examinations), administering the examinations, and sending exam results and transcripts to regulatory authorities [18]. In Ontario, and a few other provinces in Canada, the entrance to practice exam is administered by the College of Naturopaths of Ontario [19].

The Association of Accredited Naturopathic Medical Colleges (AANMC) was established in 2001 to advance the naturopathic medical profession by actively supporting the academic efforts of accredited and recognized schools of naturopathic medicine. The AANMC supports the six CNME-accredited naturopathic medical educational programs in Canada and the United States [20].

Although there are currently no government-recognized educational standards in the Western Pacific for naturopathy/naturopathic medicine, there is a high degree of consistency in naturopathic education and practice within this Region due to the work of the Australian Register of Naturopaths and Herbalists (ARONAH). The ARONAH complements government accreditation of higher education. ARONAH is a voluntary and independent regulatory body that maintains minimum standards for naturopathic education and delivery of programs through the 'National Qualifications Frameworks' in this Region [21]. Similar efforts to enforce minimum standards through ARONAH are also underway in New Zealand.

## *Government-based Accrediting Agencies*

Some naturopathic educational programs are accredited by government-based accrediting agencies, such as those in India, Portugal, and Switzerland.

The naturopathic educational programs in India fall under the Central Council for Research in Yoga & Naturopathy (CCRYN), an autonomous institution for Research and Development in Yoga & Naturopathy, established in 1978 under the Societies Registration Act, 1860. The Council is fully funded by the Ministry of AYUSH, Govt. of India. The objectives of the Council include undertaking any educational, training, research and/or other programs in Yoga & Naturopathy. The naturopathic programs under CCRYN include a 5 ½ year undergraduate medical degree in yoga and naturopathy with graduates earning the title of Bachelor of Naturopathy and Yogic Studies (BNYS) [6, 7].

In Switzerland the Organisation der Arbeitswelt Alternativmedizin Schweiz (OdA AM) accredits naturopathic programs under Traditional European Naturopathy (TEN). The OdA AM has developed a procedure for the accreditation of training providers and module degrees. Only candidates who have attended the modules and module degrees at an accredited training provider can be admitted to the higher specialist examination for naturopathic practitioners. Those who pass the exam receive a diploma signed by the Directorate of the State Secretariat for Education, Research, and Innovation (SERI) and by the Presidium of the Quality Assurance Commission and are entitled to use the title: *Naturopath with a Federal Diploma in Traditional European Naturopathy TEN.*

## *Self-Accredited Educational Programs*

The professional naturopathic associations in many countries engage in voluntary certification as a way of ensuring a level of consistency of their members (see Chapter 5). In the absence of statutory regulation, voluntary certification often includes professional naturopathic associations stipulating the educational requirements for their members and self-accrediting those naturopathic educational programs that qualify.

As of this report, efforts are underway amongst the naturopathic educational program providers and the naturopathic professional organizations in Europe to establish standards for naturopathic educational programs in this Region.

## Technology-Enhanced Educational Programs

Technology-enhanced education is part of the future of higher education. Virtual education – that is any distance education conducted in a virtual environment with electronic study content designed for self-paced (asynchronous) or live web-conferencing (synchronous) online teaching and tutoring and where teachers and learners are physically separated in terms of either place, time, or both – needs to be carefully considered as part of education delivery. In March of 2021 the WNF, based on the input from its members, published the *WNF Technology Enhanced Education* report which recommends that face-to-face education be the preferred method of delivery for the central aspects of naturopathic educational programs and encompasses a minimum of 60% of the total naturopathic program hours. [22].

## Recommendation for Naturopathic Educational Programs

There has been significant global growth in naturopathic educational programs over the last 40 years. The emerging trend is for two different naturopathic programs to be recognized: one commensurate to naturopathic-doctor level training (over 4000+ hours of training) and one at the level of a naturopathic practitioner (around 2500 hours of training). The WNF and its members recognize the importance of high educational standards and the relationship between education, accreditation, and regulation. The WNF recommends training and education commensurate with primary care provision in each country that ensures public safety.

## Summary

Currently there are over 131 identified naturopathic programs providing medical education to students wishing to become naturopaths/naturopathic doctors. Just over half (52%) of all naturopathic programs are over 4,000 hours in length. The full breadth of naturopathic training encompasses naturopathic history, philosophies, principles, and theories; naturopathic medical knowledge; naturopathic therapeutic modalities and practices; supervised clinical practice; ethics and business practices; and research. The longer the naturopathic educational program, the more hours that is spent in each aspect of the program.

There is a global trend towards levels of naturopathic education commensurate with the appropriate level for primary health care practice. There is broad support for this trend from the public, profession, and government policymakers. However, lack of regulation, or lack of recognition of naturopathic education, particularly within higher education regulations, has limited the development of naturopathic education in some jurisdictions.

# Literature Cited


1. Lloyd, I., *The History of Naturopathic Medicine: A Canadian Perspective*. 2009: McArthur & Company.
2. Castro, J. *Con José Castro (1890 – 1981), Comienza la Naturopatía española* 2020.
3. World Naturopathic Federation. *World Naturopathic Federation Report. Findings from the 1st World Naturopathic Federation survey.* 2015; Available from: http://worldnaturopathicfederation.org/wp-content/uploads/2015/12/World-Federation-Report_June2015.pdf.
4. British College of Osteopathic Medicine. *About BCOM*. 2021; Available from: https://www.bcom.ac.uk/about-bcom/.
5. World Naturopathic Federation Education Committee. *WNF Naturopathic Educational Program Report*. 2021; Available from: http://worldnaturopathicfederation.org/wp-content/uploads/2021/03/WNF_Naturopathic-Programs_final_March_2021.pdf.
6. Government of India – Ministry of AYUSH. *Central Council for Research in Yoga and Naturopathy*. 2021; Available from: http://ccryn.gov.in.
7. World Naturopathic Federation. *The World Naturopathic Federation Roots Report – Findings from the naturopathic roots committee survey*. 2016; Available from: http://worldnaturopathicfederation.org/wnf-publications/.
8. World Health Organization, *Benchmarks for Training in Naturopathy, in Benchmarks for Training in Traditonal/Complementary and Alternative Medicine*. 2010, World Health Organization: Geneva.
9. World Naturopathic Federation Education Committee. *Correlation between Education and Credentials*. 2018; Available from: http://worldnaturopathicfederation.org/wp-content/uploads/2018/08/WNF-Education_and_Credentials_complete.pdf.
10. Dunn, J., Steel, A., Adams, J., Lloyd, I., De Groot, N., Hausser, T., and Wardle, J., *Characteristics of global naturopathic education, regulation, and practice frameworks: results from an international survey*. BMC Complementary Medicine and Therapies, 2021. **21**(1): p. 1-19.
11. Dunn, J.M., Steel, A.E., Adams, J., Lloyd, I., De Groot,

N., Hausser, T., and Wardle, J., *Characteristics of global naturopathic education, regulation, and practice frameworks: results from an international survey.* BMC Complementary Medicine and Therapies, 2021. **21**(1): p. 67.
12. Hausser, T., Lloyd, I., Yánez, J., Cottingham, P., Newman-Turner, R., and Abascal, A. *WNF White Paper: Naturopathic Philosophies, Principles and Theories.* 2017; Available from: http://worldnaturopathicfederation.org/wp-content/uploads/2015/12/White-Paper_FINAL.pdf.
13. Steel, A., Foley, H., Bradley, R., Van De Venter, C., Lloyd, I., Schloss, J., Wardle, J., and Reid, R., *Overview of international naturopathic practice and patient characteristics: results from a cross-sectional study in 14 countries.* BMC Complementary Medicine and Therapies, 2020. **20**(1): p. 59.
14. World Naturopathic Federation. *Defining the Global Naturopathic Profession.* 2017; Available from: http://worldnaturopathicfederation.org/wp-content/uploads/2016/03/Defining-the-Global-Naturopathic-Profession_WNF-2017_.pdf.
15. Central Council for Research in Yoga and Naturopathy. *Publication of Central Council for Research in Yoga and Naturopathy.* 2021; Available from: https://ccryn.org/publication-of-central-council-for-research-in-yoga-and-naturopathy/.
16. Wardle, J., Steel, A., and Adams, J., *A review of tensions and risks in naturopathic education and training in Australia: a need for regulation.* Journal of Alternative and Complementary Medicine, 2012. **18**(4): p. 363-70.
17. Council on Naturopathic Medical Education. *Accredited Programs.* 2021; Available from: https://cnme.org/accredited-programs/.
18. NABNE. *North American Board of Naturopathic Examiners.* 2021; Available from: https://www.nabne.org.
19. College of Naturopaths of Ontario. *Our Role.* 2021; Available from: https://www.collegeofnaturopaths.on.ca.
20. Association of Accredited Naturopathic Medical Colleges. *Accredited Naturopathic Medical Schools.* 2021; Available from: https://aanmc.org/naturopathic-schools/.
21. Australian Register of Naturopaths and Herbalists. *ARONAH protecting the public, advancing the profession.* 2021; Available from: http://www.aronah.org.
22. World Naturopathic Federation. *Technology-Enhanced Education.* 2021; Available from: http://worldnaturopathicfederation.org/wp-content/uploads/2021/03/WNF_Technology-Enhanced-Education_March_2021.pdf.