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## Regulation of the Naturopathic Workforce

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### 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
<b>African Region</b>	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
<b>Region of the Americas</b>	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 <sup>1</sup> , United States of America <sup>1</sup> , Uruguay	Brazil	None identified	Canada, Chile, Colombia, Cuba, Ecuador, Peru, Puerto Rico, Saint Lucia, United States of America
<b>Eastern Mediterranean Region</b>	Bahrain, Egypt, Iran, Kuwait, Morocco, Qatar	None identified	None identified	None identified	Saudi Arabia, United Arab Emirates
<b>European Region</b>	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
<b>South-East Asia Region</b>	Indonesia, Sri Lanka, Thailand	None identified	None identified	None identified	India, Nepal
<b>Western Pacific Region</b>	Cambodia, China, Fiji, Japan, Philippines, Republic of Korea, Singapore, Vanuatu, Viet Nam	Australia, Hong Kong, New Zealand	Australia	Australia	Cook Islands, Malaysia, Samoa

<sup>1</sup> 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

Key features	WHO European Region		WHO Western Pacific Region	
	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 <sup>#</sup>
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

<sup>#</sup> 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
<ul style="list-style-type: none"> <li>• Professional principles &amp; ethics</li> <li>• Professional obligations</li> <li>• Relations with the corporation, of the naturopaths, with each other, with the health professions &amp; with other institutions</li> <li>• Confidentiality</li> <li>• Patient safety</li> <li>• Advertising</li> <li>• Clinic signs &amp; supplementary specifications</li> <li>• Special designations</li> <li>• Continued education</li> <li>• Procedural guarantees</li> </ul>	<ul style="list-style-type: none"> <li>• Professional conduct for registered naturopaths</li> <li>• The registered naturopath and the law</li> <li>• Relationships with patients</li> <li>• Relationships with medical practitioners and surgeons</li> <li>• Relationships within the profession</li> <li>• Relationships with other health care practitioners</li> <li>• Scope and standards of practice</li> <li>• The management and control of practices</li> <li>• Promoting the individual and the profession</li> <li>• Professional misconduct</li> <li>• Disciplinary procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Professional conduct</li> <li>• Providing good care</li> <li>• Communication, confidentiality, informed consent, adverse events</li> <li>• Working within the healthcare system</li> <li>• Minimizing risk</li> <li>• Maintaining professional performance</li> <li>• Professional behaviors</li> <li>• Reporting obligations</li> <li>• Conflict of interest</li> <li>• Teaching, supervising &amp; assessing</li> <li>• Undertaking research</li> </ul>	<ul style="list-style-type: none"> <li>• Professional conduct</li> <li>• Integrity &amp; professionalism</li> <li>• Competence &amp; standards</li> <li>• Respect for colleagues</li> <li>• Respect for community</li> <li>• Working with clients</li> <li>• Commercial bias, advertising &amp; recommendation of products, brands, and services</li> <li>• Confidentiality</li> <li>• Professional boundaries</li> <li>• Position statements</li> <li>• Telehealth guidelines</li> </ul>

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 *naturopologist* (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 naturopologist 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 naturopologists [21]. While the profession of naturopathy (termed *naturopatia*) does not currently have occupational licensing, naturopologists 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. Offences 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
<b>Botswana (1987)</b>	Botswana Health Professions Regulations 1988 [30]	Botswana Health Professions Council	Naturopath
<b>DR Congo (1952)</b>	Politique Nationale de Médecines Traditionnelle 2001 [31]	Not located	Traditional Healer Naturopathic Doctor
<b>Ghana (2000)</b>	Traditional Medicine Practice Act 2000 [32]	Traditional Medicine Practice Council	Naturopath
<b>Namibia (2004)</b>	Allied Health Professions Act, 2014 [33]	Allied Health Professions Council of Namibia	Naturopath
<b>Nigeria (2004)</b>	Decree No 78 under The Medical and Dental Council of Nigeria (MDCN) 2004 [34]	Medical and Dental Council of Nigeria	Naturopathic Doctor
<b>South Africa (1982)</b>	Allied Health Professions Act 63 of 1982 [35]	Establishment of Allied Health Professions Council of South Africa	Naturopath, Naturopathic Doctor
<b>Swaziland (1978)</b>	Natural Therapeutic Practitioners Regulation 1978 [36]	Not located	Naturopath
<b>Tanzania (2002)</b>	The Traditional and Alternative Medicines Act No 23 of 2002 [37]	Traditional and Alternative Health Practice Council	Not specified
<b>Uganda (2019)</b>	The Traditional and Complementary Medicine Act 2019 [38]	National Council of Traditional and Complementary Medicine Practitioners	Not specified except NOT allowed to refer to them- selves as a doctor, nurse, or professor
<b>Zimbabwe (1981)</b>	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 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 Naturopathic Doctor Naturopathic Physician
Manitoba (1946)	The Naturopathic Act 2007 [42]	Manitoba Naturopathic Association	Naturopath Naturopathic Doctor
Ontario (1925)	Naturopathy Act 2015 [43]	College of Naturopaths of Ontario	Naturopath Naturopathic Doctor
Nova Scotia (2008)	Naturopathic Doctors Act, Chapter 5 of the Acts of 2008 [44]	Nova Scotia Association of Naturopathic Doctors	Naturopath 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 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 Naturopaths [46] Naturopath Statutes (AS 08.45) Naturopath Regulations (12 AAC 42)	The Department of Commerce, Community, and Economic Development	A person who practices naturopathy (Doctor of Naturopathic Medicine)
Arizona (1935)	Arizona Revised Statutes Title 32 – Professions and Occupations Chapter 14 Naturopathic Physicians [47] Chapter 32 Health Professionals [48]	Naturopathic Physicians Medical Board	Doctor of naturopathic medicine Naturopathic medical assistant 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 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 Naturopathic doctor
Connecticut (1922)	General Statutes of Connecticut Chapter 373. Naturopathy [51]	Department of State Health	Naturopath 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 Naturopathic doctor
Hawaii (1925)	Hawaii Revised Statutes Chapter 455 Naturopathic Medicine – no date [53] 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 Naturopathic doctor

Section 2: Naturopathic Professional Formation by Region

State (Year licensing first enacted)	Legislative instrument	Regulator	Class of person registered or licensed
<b>Idaho (2020)</b>	Title 54 Professions, Vocations, and Businesses. Chapter 51 Naturopathic Medicine Licensing [55]	Idaho Naturopathic Medical Board	Naturopathic medical doctor
<b>Kansas (2002)</b>	Kansas Statutes Annotated Chapter 65, Article 72 Naturopathic Doctors [56]	Kansas State Board of Healing Arts	Naturopathic doctor
<b>Maine (1996)</b>	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
<b>Maryland (2014)</b>	Code of Maryland (Statutes), Article – Health Occupations, Title 15, Section 14-5F [58]	Maryland Department of Health Maryland Board of Physicians	Naturopath Naturopathic doctor
<b>Massachusetts (2017)</b>	Session Laws, Acts (2016), Chapter 400 An Act Establishing a Board of Registration in Naturopathy [59]	Board of Registration in Naturopathy	Naturopath Naturopathic doctor
<b>Minnesota (2008)</b>	Minnesota Statutes, Chapter 147E. Registered Naturopathic Doctors [60]	Minnesota Board of Medical Practice	Naturopath Naturopathic doctor
<b>Montana (1992)</b>	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 Naturopathic doctor
<b>New Hampshire (1995)</b>	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 Naturopathic doctor
<b>New Mexico (2020)</b>	Naturopathic Doctors' Practice Act [63]	New Mexico Medical Board	Naturopath Naturopathic doctor
<b>North Dakota (2011):</b>	North Dakota Century Code, Title 43, Chapter 43-58 Naturopaths [64] North Dakota Administrative Code, Title 112, Article 112-02 Naturopathic, 2013 [65]	North Dakota Board of Integrative Health Care	Naturopath Naturopathic doctor
<b>Oregon (1927)</b>	Oregon Revised Statues 2019 Edition Chapter 685 – Naturopathic Physicians [66]	State of Oregon Board of Naturopathic Medicine	Naturopath Naturopathic doctor
<b>Pennsylvania (2016)</b>	Naturopathic Doctor Registration Act. Act No. 128 [67]	Pennsylvania Department of State: State Board of Medicine.	Naturopath Naturopathic doctor
<b>Rhode Island (2018)</b>	State of Rhode Island, 2017-H5474, Chapter 5-36.1 License of Naturopathy Act of 2017 [68]	Rhode Island Department of Health	Naturopath Naturopathic doctor
<b>US Virgin Islands (2001)</b>	Professions and Occupations. VI Code, title 27, Chapter 4 [69]	Virgin Islands Department of Health: Board of Naturopathic Physicians	Naturopath Naturopathic doctor
<b>Utah (1996)</b>	Utah Code. Table 58. Occupations and Professions. Chapter 1: Division of Occupational and Professional Licensing Act [70]	Utah Naturopathic Physician Licensing Board	Naturopath Naturopathic doctor
<b>Vermont (1996)</b>	Vermont Statutes Annotated, Title 26, Chapter 81: Naturopathic Physicians [71]	Office of Professional Regulation Naturopathic Physician Licensing	Naturopath 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] Washington Administrative Code, Title 246, Chapter 246-836 Naturopathic Physicians [74]	Washington State Department of Health	Naturopath 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] Chile Decree No. 5/2013 [78]	Department of Pharmaceutical Policy and Medical Professions of the Division of Healthy Public Policy and Advocacy	(1) Naturópata (2) Holistic Naturopath
Colombia (2007)	Law 1164/2007 Human Talent in Health [79] Law 30/1992 Basics of Higher Education [80]	Not specified	N/A
Cuba (2009)	Ministerial Resolution 261/2009 [81] Decree Law 133/1992 The National System of Scientific Degrees [82]	Regulatory Bureau for Health	N/A
Ecuador (2016)	Organic Health Law 2006 Ministerial Agreement 000037.2016 [83]	National Health Authority	Alternative therapist, Naturopath
Peru (1997)	General Health Law 26842 Title II Chapter I 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] (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 (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
<b>Saudi Arabia (2009)</b>	Organization of the National Center for Alternative and Complementary Medicine. Cabinet Resolution No. (367) dated 7/11/1430 [88] Ministry of Health Regulations of Complementary and Alternative Medicine Second Edition 1441H (2019C) 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
<b>United Arab Emirates (2011)</b>	Unified Healthcare Professional Qualification Requirements [89]	Health Regulatory Authorities in the United Arab Emirates: Ministry of Health Department of Health Abu-Dhabi 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
<b>Albania (2009)</b>	Law on Healthcare Law 10.107 [30.03.2009], Art.20 – regulates treatment not practitioner [90]	Minister of Health	Restricted to medical doctors
<b>Cyprus (2008/2011)</b>	Natural Medicine Act 2008 (Law 33 (I) / 2008) [91] and 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
<b>Iceland (2012)</b>	NR1220/2012 Regulation on the education, rights and obligations of natural scientists in health care and the conditions for obtaining an operating license [93] Act No 34/2012 on Healthcare Practitioners [94] Recognition under EU Directive 2005/36/EC	Medical Director of Health	Náttúrufræðingur í heilbrigðisþjónustu [naturalist]
<b>Germany (1939)</b>	Law on the professional practice of medicine without approbation as a medical doctor (Heilpraktikergesetz) [95]	State Public Health Authority	Heilpraktiker
<b>Liechtenstein (2008)</b>	Health Act (GesG) [94] Liechtenstein National Law Gazette No. 39. Health Ordinance [GesV] 2008 [96]	Office of Public Health	Naturheilpraktiker
<b>Norway (2003)</b>	Act on Alternative Treatment of Illness Health Personnel Act 1999 [97]	Director of Health Approved Professional Associations 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]  Administered at the Canton level	Organisation of the World of Work Complementary Therapy (OrTra MA) oversees Federal Degree examination 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 Naturopathic Doctor
Nepal	National Policy on Traditional Medicine [103]	Nepal Health Professional Council	Naturopathic Physician 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 Traditional and Complementary Medicine Act 2016 [105]	Traditional and Complementary Medicine Council (administered within the Ministry of Health)	No titles gazetted to date. 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 &amp; two Member States in Europe

Key feature	African region		European region	
	South Africa	Nigeria	Switzerland	Portugal
<b>Legislative instrument</b>	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] Republica Portuguesa. Law No.71/2013 [107]
<b>Regulator</b>	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]. Implementation of regulation is in process at the Canton level.	Administração Central do Sistema de Saude (ACSS)
<b>Professions regulated</b>	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
<b>Reserved Titles</b>	Naturopath	Medical Practitioner	Naturopathic Practitioner with Federal Diploma [101]	Naturopath [111]
<b>Entry requirements</b>	<b>Educational requirements:</b> a three-year degree in basic medical sciences with a two-year specialization in naturopathy from the University of the Western Cape	<b>Educational requirements:</b> Bachelor of Medicine and Surgery Internship requirements	<b>Educational requirements:</b> training in excess of 4,250 hours [101]	<b>Educational requirements:</b> training of at least 240 credits over the duration of eight semesters, totalling 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
<b>Restrictions on scope of practice</b>	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 Naturopaths cannot inject or draw blood. Letters of indisposition (sick notes) may be issued	None identified	Determined at a Canton level [112]	None identified
<b>Scope of Practice</b>	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. 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. 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. 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.
<b>Complaints &amp; discipline</b>	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] 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 naturopathy and regulates Naturopathy as an Auxiliary Health profession [2013][78] 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] 2: Naturopathy & Chapter 80/A 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: 1: The Puerto Rico Board of Examiners of Doctors [of] Naturopathy 2: The Puerto Rico Board of Examiners of Naturopaths
Governance arrangements	15 Council Members 8 NDs and 7 public members	7 Council Members 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 2. Naturopaths Council – 7 Council Members – 5 Licensed naturopaths, 1 physician who practices naturopathy and 1 public member
Qualification requirements	<b>Educational requirements:</b> Graduation from a CNME-accredited school (4,000+ hours post University graduation) Clinical training program in Naturopathic Medicine (NM) Completion of entrance to practice examination Fit-to-practice assessment Internship: 1,200 hours	<b>Educational requirements:</b> Graduation from a CNME-accredited school (4,000+ hours post University graduation) Clinical training program in NM Completion of entrance to practice examination Fit-to-practice assessment Internship: 1,200 hours	<b>Educational requirements:</b> 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.	<b>1: Naturopathic Doctor:</b> Graduation from a CNME-accredited school (4,000+ hours post University graduation) Clinical training program in NM Completion of entrance to practice examination Fit-to-practice assessment <b>Internship:</b> 1,200 hours <b>2: Licensed Naturopaths:</b> 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)
<b>Reservation of Title</b>	Yes Naturopath, Naturopathic Doctor	Yes Naturopathic Doctor, ND, Naturopathic Physician	Yes – two levels <i>Naturopatas</i> [naturopath] <i>Holistic naturopath</i> [T&CM therapist]	Yes – two levels Doctor of Naturopathy (ND) Licensed Naturopath (Nat)
<b>Scope of Practice defined in law / regulation</b>	Yes	Yes	Yes	Yes, for both ND and Licensed Naturopath
<b>Identified Scope of Practice</b>	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.  Indicate and administer therapies related to the agents of nature and procedures typical of naturopathy.  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.  Help in the medical treatment granted by conventional medicine.  Collaborate with the health authority in health promotion programs in the context of their competences.	<b>1: Naturopathic Doctors</b> (a) Recommend or prescribe natural products that do not require a medical prescription. (b) Make evaluations or diagnoses and provide treatments and therapies proper to naturopathic medicine. (c) Listing of therapeutic modalities (d) Listing of the diagnostic tests  <b>2: Naturopaths</b> are engaged in the prevention of diseases and to the restoration and maintenance of the health. <i>Condensed from SOP:</i> (a) Lifestyle education and the use of natural therapies. (b) Collaboration: Interact and participate with physicians and other health professionals. (c) Recommend or prescribe natural or integral feeding and other natural, non-toxic products that do not require a medical prescription. (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	<p>Putting an instrument, hand or finger beyond the labia majora but not beyond the cervix.</p> <p>Putting an instrument, hand or finger beyond the anal verge but not beyond the rectal-sigmoidal junction.</p> <p>Administering, by injection or inhalation, a prescribed substance.</p> <p>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.</p> <p>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.</p> <p>Taking blood samples from veins or by skin pricking for the purpose of prescribed naturopathic examinations on the samples.</p> <p>Prescribing, dispensing, compounding or selling a drug designated in the regulations.</p>	<p>(a) Administering, dispensing or writing prescriptions for drugs (recognized by US Pharmacopeia, National Formulary, US Homeopathic Pharmacopoeia or another drug compendium).</p> <p>(b) Recommending the use of specific and appropriate over-the-counter pharmaceuticals.</p> <p>(c) Administering anesthetics or antiseptics in connection with minor surgery as defined in ORS 685.010.</p> <p>(d) Ordering diagnostic tests.</p> <p>(e) Using radiopaque substances administered by mouth or rectum necessary for Roentgen diagnostic purposes.</p> <p>(f) Administering substances by penetration of the skin or mucous membrane of the human body for diagnostic, preventive or therapeutic purposes.</p>	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 <sup>1</sup>	Website lists 14 Standards of Practice <sup>2</sup>	Website lists four Standards of Practice <sup>3</sup>	For NDs the website lists two Standards of Practice <sup>4</sup> 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 Canadian Charter of Rights and Freedoms Drug and Pharmacies Regulation Act Health Care Consent Act Laboratory and Specimen Collection Centre Licensing Act Ontario Human Rights Code Official Languages Act Occupational Health and Safety Act Personal Health Information Act	DEA Drug Schedules Formulary Laws & Rules Division 60 Formulary Compendium Exclusions OAR 850-060-0223 Formulary Compendium Classifications OAR 850-060-0226	Health Code Penal Code	None identified

<sup>1</sup> 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

<sup>2</sup> 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

<sup>3</sup> Clinic Facilities, Diagnosis and referral, Record Keeping, Title protection

<sup>4</sup> 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 Member 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.

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