

Defining Naturopathic Medicine in the Context of Comprehensive Team Primary Care

Greg Nasmith,¹ MA, ND (Inactive)



I recently played a consulting role for the involvement of naturopathic medicine organizations in a national initiative to advance team-based primary care in Canada. The Team Primary Care Training for Transformation (TPC) project, led by the College of Family Physicians of Canada and the Canadian Health Workforce Network, aimed to advance team-based primary care through innovation in interprofessional training.¹ The Canadian College of Naturopathic Medicine and the Canadian Association of Naturopathic Doctors were invited, along with two dozen other primary care professions, to define the scope, education, and regulation of our profession and how it can contribute to domains of primary care in a team context. To be clear, I do not speak on behalf of any of the above organizations. I do, however, have personal insights about the prospect of greater interprofessional collaboration for naturopathic medicine.

The TPC project materialized at a critical time for primary care in Canada, when an increasing percentage of the population does not have access to a family physician or primary care provider. The crisis has renewed calls for primary care reform, from health education² to practice models.³ As members of our profession have aptly argued, while naturopathic doctors (NDs) have the expertise to manage a wide range of complex health concerns using evidence-informed, patient-centered, and holistic approaches, we are underutilized in the health system. Although many NDs in Canada collaborate to some degree with other health providers, and some have developed strong interprofessional relationships, there have been few opportunities to advance a systematic framework for integrating NDs into comprehensive primary care teams.

Naturopathic medicine's involvement in the TPC project may present a starting point for such an opportunity. Clearly defining NDs' roles and identifying their value within a comprehensive team is crucial for interprofessional collaboration⁴ and requires language and concepts that other providers can understand. Given the breadth and diversity of the profession, I suspect that many or most health providers do not understand what naturopathic medicine is.

To effectively communicate our added value to a primary care team, I think NDs need to articulate the areas of overlap where we can lessen the clinical burden on other providers while highlighting

our unique approaches and expertise. These dialogues need to be rooted in evidence-informed practice. Otherwise, I fear we risk losing our audience and missing an extraordinary chance to raise the profile and, more importantly, the reach of the profession.

The prospect of narrowing our professional identity to better integrate into primary care teams will surely raise concerns. However, tailoring our roles to comprehensive team care does not mean eliminating hard-won areas for our scope or even losing our distinctly plural nature; these can co-exist. It does, nevertheless, require a willingness to espouse humility, self-reflection, and mutual respect—qualities that have too often been lacking in public discourse surrounding this topic.

The dominant health paradigm is far from perfect, and some in the profession may be reticent to become more closely entwined with it. I would argue that naturopathic medicine has a great deal to offer a system seeking transformation and support, and that we can only do so through more significant integration. To contribute more substantially towards a better healthcare future for all, we need to see ourselves as part of a constellation of care providers rather than an island of opposition.

Although funding for the TPC project ended earlier this year, there was a shared sense of optimism at its final meeting that the diverse primary care providers involved were moving towards a new vision of team-based care, one that is more collaborative, less hierarchical, and more responsive to community needs. There is space for NDs in this vision, but it is up to us to make a case that other providers and policymakers can understand and endorse.

In addition to defining the initial roles and activities of NDs in comprehensive team-based care, there are a few ways we can advance this agenda: integrate interprofessional competencies more robustly into both pre- and post-licensure education; create more interprofessional opportunities for our learners; continue to advocate for an expanded scope and role in primary care; and continue to cultivate productive relationships with other providers.

No doubt there are barriers to NDs integrating into primary care teams, not least of which is the current funding model. Our profession has faced adamant opposition from critics who may never change their minds. Nevertheless, countless NDs have accomplished tremendous achievements on which we can continue to

Correspondence to: Greg Nasmith, 411-589 Rideau Street, Ottawa, ON K1N 6A1, Canada. **E-mail:** Greg.nasmith@gmail.com

To cite: Nasmith G. Defining naturopathic medicine in the context of comprehensive team primary care. *CAND Journal*. 2024;31(3):3-4. <https://doi.org/10.54434/candj.183>

Received: 12 July 2024; **Accepted:** 15 July 2024; **Published:** 19 September 2024

© 2024 Canadian Association of Naturopathic Doctors. For permissions, please contact candj@cand.ca.

build in this endeavour. Moreover, in my own recent experiences, I have noted a positive shift in the perception of naturopathic medicine among primary care providers. Now is the time to act, and act accordingly.

AUTHOR AFFILIATIONS

¹Independent Scholar, Ottawa, ON, Canada.

ACKNOWLEDGEMENTS

Not applicable

CONFLICTS OF INTEREST DISCLOSURE

I was employed as a consultant by the Canadian College of Naturopathic Medicine using funding from the Team Primary Care project.

FUNDING

This research did not receive any funding.

REFERENCES

1. Team Primary Care – Training for Transformation. About Team Primary Care. n.d. Accessed July 2, 2024. <https://www.teamprimarycare.ca/about>
2. Lewis S. New Canadian medical schools will fail to solve issues. *Saskatoon Star Phoenix*. January 19, 2024. Accessed July 5, 2024. <https://thestarphenix.com/opinion/columnists/steven-lewis-new-canadian-medical-schools-will-fail-to-solve-issues>
3. Kiran T. Keeping the front door open: ensuring access to primary care for all in Canada. *CMAJ*. 2022;194(48):E1655-E1656. doi:10.1503/cmaj.221563
4. Canadian Interprofessional Health Collaborative. CIHC Competency Framework for Advancing Collaboration. 2024. Accessed July 7, 2024. <https://cihc-cpis.com/wp-content/uploads/2024/06/CIHC-Competency-Framework.pdf>