

# **Aftershocks**

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This has been a fall of major political shifts, many of which herald significant changes to the landscape in which our members practice. Since September, new provincial governments have been elected in British Columbia, Saskatchewan, New Brunswick, and Nova Scotia, and there are credible rumours of early elections in Ontario and federally in 2025. As a result, several provincial associations are now having to negotiate with new Ministers of Health, new bureaucracies, and new stakeholders with varying ideas of where we fit into the Canadian primary care landscape.

Additionally, it's hard to ignore the earthquake that has happened in the United States with the recent presidential election and controversial nomination for Secretary of Health and Human Services (HHS), an agency which directs the work of the National Institutes of Health (NIH), Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) in that country. Changes at these agencies could affect the research and public health agendas in Canada as well, since our federal health agencies often follow the research priorities set out by the NIH.<sup>1</sup>

In British Columbia, ND regulation has itself undergone a seismic shift with the province's new *Health Professions and Occupations Act* (HPOA) of 2022, which sought to amalgamate the College of Naturopathic Doctors of BC with chiropractic, massage therapy and Traditional Chinese medicine colleges to create a new College of Complementary Health Professionals of BC (CCHPBC). In this issue, we have an update on the amalgamation progress from BC's Naturopathic Doctors (BCND), as the formation of the new CCHPBC structure is now well underway.

Still, despite these changes to the cultural healthcare fault lines, the profession is in a strong position in Canada due to the efforts of our national leadership over the last 20 years to achieve congruency in training, regulation, and insurance coverage. For example, we now have professional regulation and licensure in over half of the provinces and territories in Canada, GST/HST exemption for naturopathic visits, coverage of naturopathic services for Veterans, and established national education standards for professional formation. Taken together, this makes the Canadian naturopathic profession unique among World Naturopathic Federation (WNF)

member countries, despite our challenges with being outside of the single payer system (Iva Lloyd, ND, email communication, October 2024).

One area where we have a distinct advantage over other countries is that the CAND was able to negotiate at ground level with private extended health benefit providers as they were considering the addition of naturopathic services in the early 2000s. As a result, Canadian NDs have the ability to bill for time spent with patients, rather than from a corporate- or government-driven scale of fee coding that prioritizes procedures over time spent in care delivery. We were able to extend this model to current and former members of the Canadian Forces via our agreement with Veteran's Affairs in 2023.

We have also had a strong stakeholder presence during the formation and evolution of the federal Natural and Non-Prescription Health Products Directorate (NNHPD), which regulates the natural health products (NHPs) many of our patients rely on for their health.

Understandably, there are many areas where we will need to make progress in order to practice to the full extent of our training and scope: some provinces and territories remain unregulated, and even among the regulated provinces, prescribing authority and access to lab and diagnostic testing is not uniform. There is also still work to be done on the NHP cost-recovery revisions proposed by the federal government, which are still being negotiated, and on adding NDs to the non-insured health benefits plan for First Nations, Métis, and Inuit in Canada.

In many ways, and despite these continued challenges, Canadian naturopathic leadership is helping define what is possible for the profession globally through the WNF, and for this, we are justifiably proud. In turn, we on the *CANDJ* editorial team are proud to play our own role by highlighting the outstanding work of our Canadian researchers and clinicians, and we are encouraged to see the growth this publication has undergone since our digital transition in 2021.

We have two other articles for this edition. Leslie Solomonian offers us a Perspectives piece discussing the role of NDs in engaging with planetary health guidelines to reduce environmental

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footprints of practice and to help treat downstream effects of climate change on human health. She also outlines a Planetary Health Continuing Education Certificate program she developed at the University of Toronto in concert with the President-Elect of the Canadian Association of Physicians for the Environment (CAPE), and the feedback they received from participants of the first cohort of the program offered in 2023.

Our other article is original research from Remy, Gratton, and Cooley at the Canadian College of Naturopathic Medicine (CCNM), describing a survey of North American NDs on their assessments of natural product quality. Although the results are preliminary, they point to a potential framework for further study in this area that could help guide clinical practices and counterbalance industry influences on NHP prescribing patterns.

With this edition, we say goodbye to our long-serving CAND Executive Director and Director of Government Relations, Shawn O'Reilly, who has been the driving force behind much of the progress the CAND has made in the two decades she has been at the helm. We wish her a well-deserved break from captaining our "small-but-mighty" ship, and some quality time with her family.

We also welcome our new CEO, Gemma Beierback, who comes to us from the Canadian Board of Chiropractic Examiners, where she served for several years. There are a lot of files on the go at head office right now, but we are confident she will be able to move the profession ahead as we move confidently into a more collaborative healthcare environment in the years to come.

### **AUTHOR AFFILIATIONS**

<sup>1</sup>Editor in Chief, CAND Journal.

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#### **CONFLICTS OF INTEREST DISCLOSURE**

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# **REFERENCES**

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