

# Retaining our Voice in a World of Co-regulation

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As the *CANDJ* team travelled to the Nova Scotia professional conference in October, we heard encouraging news from their provincial association annual meeting: naturopathic medicine will be a fully regulated Health Profession there by mid-2026, in an amalgamated College with the Nova Scotia College of Chiropractors (NSCC). Once this transition is achieved, it will bring the number of Canadian jurisdictions where naturopathic doctors are fully regulated to seven, well over half of the provinces and territories within Canada.

After what seems like several years of stalled regulatory expansion, this is a very positive step forward, and a collaborative model that makes sense for smaller provinces and territories where the naturopathic profession may have limited resources to create regulations and bylaws from the ground up.

Nova Scotia will actually be the second province to embrace co-regulation of regulated healthcare professions, after the amalgamation of the College of Naturopathic Physicians of BC (CNPBC) with the colleges of chiropractors, registered massage therapists, and traditional Chinese medicine practitioners and acupuncturists to create a new College of Complementary Health Professionals of BC (CCHPBC). While co-regulation offers efficiencies that ultimately help smaller healthcare professions like ours, it is important to underscore the importance of ensuring that each profession retains a strong voice and representation within any amalgamated structure. On the other hand, with each increase in the number of regulated provinces, it becomes easier to maintain forward momentum on regulatory expansion, as provincial Ministries of Health see the advantages of safely regulated naturopathic medicine to help fill the acknowledged and growing gaps in primary care delivery across Canada.

Globally, there are several advantages to professional regulation. Not only does it strengthen public confidence by providing appropriate oversight and title protection, it also allows room for the profession to grow and innovate. Additionally, it increases opportunities for interprofessional learning and collaboration, which the national team Primary Care Project has been proposing for several years.

Increasing the number of regulated provinces will also strengthen the foundation for greater alignment in scope and recognition

across Canada, creating more opportunities for naturopathic doctors to contribute fully to primary care and service delivery, particularly in underserved areas.

This edition leads off with two reviews: one on integrative strategies for managing endometriosis, by Kolomitseva, and the second from an international team exploring recent findings on the interaction of the gastrointestinal (GI) microbiome and cancer. The Kolomitseva review synthesizes recent literature on a range of integrative and naturopathic therapeutics for endometriosis, with a systematic and critical approach that addresses a known gap in the literature, and makes the case for inclusion of well-supported therapies in interdisciplinary frameworks. The second review, by Barry et al., is the first in a two-part series the authors have in development. The one we are publishing in this edition focuses on the state of current knowledge of the role of the microbiome in the formation and treatment of cancers, centring on conventional therapeutics.

Our commentary in this issue is a broad-ranging narrative from Iva Lloyd, previously the President and currently the CEO of the World Naturopathic Federation, about the evolution of the World Health Organization's engagement with traditional medicine (TM) since the 1970s. As someone who has had a ringside seat for much of the evolution of the WHO's approach to TM (which includes naturopathic medicine and naturopathy), she outlines current progress but also challenges that could impact the naturopathic profession. One of the issues she discusses is a series of changes by the WHO to the nomenclature and definition of terms within traditional and complementary medicine over the last decade, which have resulted in confusion for both peer-reviewed publications such as ours, and also for the many researchers and authors trying to keep abreast of current naming standards. Instead of the current standard WHO language of traditional, complementary, and integrative medicine or TCIM, she proposes a change to TICIM (traditional, Indigenous, complementary, and integrative medicine) to distinguish systems of medicine from practice or assessment tools.

Since our transition at *CANDJ* to open access format in June, our editorial team has noticed a definite uptick in submissions,

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**AUTHOR AFFILIATION**

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