

POLICY BRIEF: UNLOCKING NATUROPATHIC DOCTORS' CAPACITY TO STRENGTHEN PRIMARY CARE IN ONTARIO

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EXECUTIVE SUMMARY

Ontario's health system is facing unprecedented pressures: rapid population growth, rising chronic disease, and limited access to primary care. Over 2.3 million Ontarians lack a primary care provider. Women's health needs remain unmet, chronic disease continues to escalate, and high-needs communities face persistent barriers.

However, there is significant clinical capacity left untapped. Naturopathic Doctors are one of the only regulated professions, beyond physicians and nurse practitioners, authorized to assess, diagnose, and independently develop comprehensive treatment plans that span multiple organ systems.

With 1,700+ Naturopathic Doctors (NDs) trained in prevention, chronic disease management, diagnostics, lifestyle medicine, and pharmacology, Ontario has an underutilized health workforce capable of alleviating system strain and improving access to care. Based on OAND member survey data, NDs have the capacity to care for approximately 2 million Ontarians annually, particularly in chronic disease, pain, aging, indigenous and women's health. Naturopathic care focuses on identifying and treating the root cause of illness and are therefore experts in prevention.

The extensive training and scope of practice of the naturopathic workforce in Ontario position them to contribute significantly to the healthcare challenges facing Ontario. With increased recognition from the Ministry of Health and regulatory frameworks that remain within a risk-based framework and allow for modernization, the naturopathic workforce in Ontario would be ready and able to assume a more significant healthcare role.

At a time when millions of Ontarians lack access to primary care, failing to fully leverage this workforce is a strategic gap in Ontario's health system planning.

THE SUCCESS OF THE NATUROPATHIC WORKFORCE ACROSS CANADA

NDs in British Columbia, Canada

The scope of practice in British Columbia is much broader and includes expanded prescription rights, mesotherapy, prolotherapy and access to vaccines. British Columbia has had proven success in using NDs in its health system, resulting in system efficiencies, reduced avoidable public-system utilization, and longitudinal primary care for patients who often cannot access it elsewhere.

BC has benefited from system efficiencies such as avoided ER and urgent-care visits, stabilization of chronic conditions through regular follow-up, prevention-focused care that addresses issues before they escalate, reduced duplication when patients can have diagnostics, prescriptions, and follow-ups managed by one provider, and improved access and continuity for patients with no family physician. Timely primary care and proactive chronic disease management therefore reduce downstream costs.

- Many NDs report that a significant proportion of their patients, often 20 to 30 percent or more, have no family doctor and rely on NDs as their ongoing primary provider.
- NDs provide longer appointment times, typically 45 to 60 minutes, which supports early identification of issues, better chronic disease management, and fewer complications.
- Patients are most commonly seen every 3 to 6 months, indicating continuous, longitudinal care.
- Most patients NDs see are described as moderate to high complexity, requiring ongoing monitoring, coordination, and treatment across multiple chronic conditions.
- Survey responses show NDs are frequently managing acute conditions that would otherwise fall to walk-in clinics or emergency departments, including UTIs, acute infections, respiratory issues, injuries, asthma flares, acute GI episodes, and urgent hormonal problems.
- In many rural or underserved communities, patients present to NDs because walk-in clinics are unavailable or have prohibitive wait times.

(Please see Appendix I for more information regarding NDs in BC).

NDs in Alberta, Canada

The Alberta Government has requested the College of Naturopaths of Alberta submit a proposal by April 2026, to expand the scope of NDs in Alberta to match the scope of BC NDs. Therefore, it is expected that NDs in Alberta will have the same expanded scope as BC in the coming months. The increasing alignment between BC and Alberta has amplified workforce migration pressures for Ontario. A growing number of new graduates are either relocating, or actively considering relocation to these jurisdictions, where they are permitted to practice more fully and in a manner that reflects the scope of training they received in Ontario. The opportunity to exercise their full clinical competencies, rather than operate within Ontario's comparatively restrictive scope and regulatory constraints, is a material factor influencing these decisions.

THE STRUGGLING HEALTHCARE SYSTEM

According to data from the Ministry of Health and recent publications on Ontario's healthcare landscape, the province's health system is experiencing strain across many areas.

1. Rising chronic illness

- Chronic illness in Ontario is projected to rise from 1.8 million in 2020 to 3.1 million by 2040 (Dalla Lana School of Public Health, 2024).
- The Dalla Lana School of Public Health reports that *"Ontario's health system must galvanize around the findings of this study and aggressively focus on prevention, early detection and effective treatment of chronic disease. Many chronic diseases can be managed outside the hospital with appropriate support, and investments in disease prevention, early detection and early and continuous treatment can reduce the subsequent strain on the hospital system"* (Dalla Lana School of Public Health, 2024)

2. Gaps in primary care access

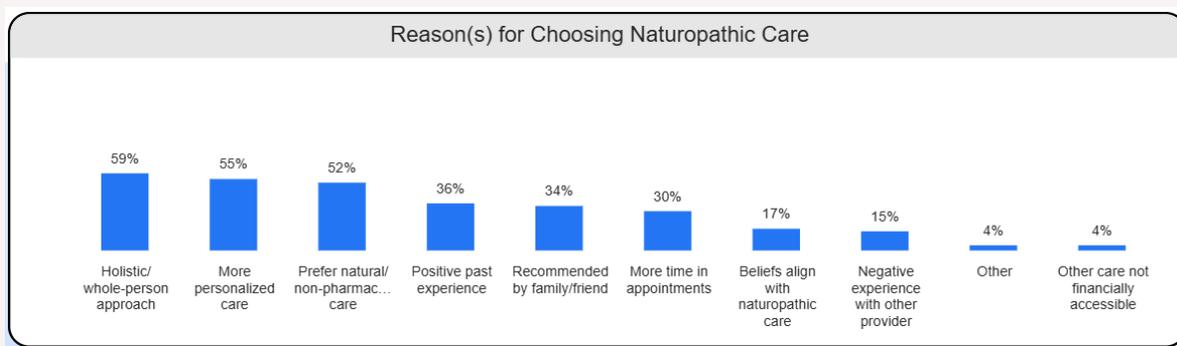
- A significant proportion of Ontarians cannot access timely primary care.
- **54% of women report the health system does not meet their needs.**
- Indigenous populations face persistent inequities, with **70–86% valuing access to traditional medicines.**

3. Public confidence and patient demand

Mainstreet Research (2025) found:

- **56%** of Ontarians believe NDs have the knowledge, skills, and judgment to take on a bigger role in primary care teams.
- **61%** would choose an ND if they could prescribe more medications.
- **54%** would book with an ND for non-urgent care within 72 hours if available locally.

The College of Naturopaths of Ontario’s (CoNO) *Voice of the Patient survey*, released in 2025, highlights several reasons patients choose Naturopathic care, including a whole-person/personalized approach, a preference for non-pharmaceutical care, and more time spent in appointments.



THE OPPORTUNITY: NATUROPATHIC DOCTORS AS A SOLUTION TO SYSTEM STRAIN

Ontario’s health system needs providers skilled in prevention, early detection, chronic disease management, and culturally safe care. NDs already fit this profile—but regulatory limitations in Ontario prevent full utilization.

About Naturopathic Medicine

Naturopathic Medicine is a primary healthcare system defined by its philosophical approach. Naturopathic principles focus on identifying and treating the root causes of symptoms and conditions using an individualized approach. Naturopathic care combines scientific knowledge with a range of traditional evidence-based therapies. NDs focus on prevention and on increasing health literacy through education, diet and lifestyle counselling, and other individualized, proactive measures. Naturopathic care incorporates a detailed health assessment that focuses on lifestyle, external, and environmental factors, as well as modern diagnostic tools to help determine the cause of illness. Naturopathic Doctors are extensively trained, and their scope of practice includes communicating diagnoses, requisitioning of some laboratory tests, and performing physical exams. Naturopathic care is complex and multi-modal. Although the scope of practice in Ontario does include intravenous therapies, the list of prescribed substances is quite limited compared to ND colleagues in BC.

(See Appendix II for the list of requested scope increase - prescribing drugs for NDs in Ontario).

Facts about Naturopathic Medicine

- Licensed NDs receive rigorous, science-based education in anatomy, physiology, biochemistry, pathology, and pharmacology.
- NDs complete a 4-year doctoral program and study a broad medical science and natural therapy curriculum. Their scope is broad, encompassing diagnosis and a range of treatment modalities.
- In licensed jurisdictions, NDs are regulated health professionals who must complete a four-year, in-residence doctoral program from an accredited school and pass the Naturopathic Physicians Licensing Examinations (NPLEX) (Ontario uses its own exam). This is distinct from health coaches or unlicensed holistic practitioners who may have minimal training. NDs can serve as primary care providers and are trained to diagnose conditions, order lab tests, and perform minor procedures.
- Naturopathic medicine is often referred to as "integrative" because it is designed to work in conjunction with conventional care. NDs are trained to collaborate with medical doctors and specialists and will refer patients to emergency care or specialists when necessary.
- NDs are trained in pharmacology and understand that prescription medications are necessary in many situations. They learn about drug interactions with supplements and herbs to ensure the safest and most effective recommendations. The focus is on finding the most appropriate treatment option for the patient, which may include pharmaceuticals.

Naturopathic Medical Education & Competencies

- Naturopathic medical education has been offered in Ontario for over fifty years and is accredited by The Council on Naturopathic Medical Education. The Canadian College of Naturopathic Medicine (CCNM) is the largest naturopathic-only educational institution in the world, and CCNM is recognized by the Council on Naturopathic Medical Education (CNME). Naturopathic medical education includes:
 - Undergraduate degree prerequisites

- Six educational modalities:
 - Naturopathic history, philosophy, principles and theories
 - Medical knowledge, including basic and clinical sciences, diagnostics, and pharmacology
 - Naturopathic modalities, therapies and practices
 - Supervised clinical practice
 - Research
 - Ethics and business practices
- A four-year, accredited Doctor of Naturopathy degree
- Entrance-to-practice exams
- Ongoing continuing education requirements

Comparative Summary of Clinical Training and Practice Focus for NPs, Pharmacists, and NDs

Name of Practice	Nurse Practitioners (NPs)	Pharmacists (PharmD)	Naturopathic Doctors (NDs)
Entry pathway	RN with BScN + 2 years RN practice (≥3,640–3,900 hrs) before NP program	Undergraduate prerequisite; Entry-to-practice PharmD (CCAPP-accredited)	Undergraduate prerequisite; 4-year Doctor of Naturopathy at CCNM (CNME-accredited)
Program length	2 years (MN/NP or Grad Dip PHCNP)	4 years (3-year accelerated at U of T)	4 years full-time
Healthcare focus	Primary Care	Medication Management	Primary Care
Didactic focus	Health assessment, pathophysiology, pharmacotherapeutics, primary care	Pharmacotherapy, patient-care practice, toxicology, systems	Biomedical sciences, clinical nutrition, Lifestyle management, TCM, botanical/herbal medicine and physical medicine
Clinical hours	~728 hrs + prior RN experience	≥1,600 hrs experiential practice	≥1,200 hrs supervised clinical training

NDs deliver evidence-based, patient-centred care and are comparable to nurse practitioners and general medical practitioners in their ability to enhance team-based care.

What NDs currently provide

NDs support patients in:

- Chronic disease prevention and management
- Pain and musculoskeletal conditions
- Women’s health
- Mental health
- Healthy aging
- Digestive disorders
- Lifestyle modification and counselling

Impact on primary care

According to Canadian Medical Association Journal (2013), NDs:

- Improve chronic disease prevention
- Reduce reliance on acute care
- Strengthen team-based approaches
- Increase patient access and satisfaction

REGULATORY BARRIERS TO THE FULSOME AND EFFICIENT PRACTICE OF NATUROPATHIC MEDICINE

I. Restricted Scope of Practice

Scope needs to more closely align with ND training

Naturopathic Doctors are one of a few regulated health professions (aside from MDs and NPs) with the scope to examine, diagnose and formulate/coordinate a treatment plan (not limited to oral health, mental health, medication dispensing). Ontario NDs receive extensive training to prescribe a broad range of medications (see Appendix II) and to order a wider array of laboratory tests, but regulatory restrictions currently prevent them from exercising this full scope of practice. This results in:

- Inability to manage chronic conditions efficiently
- Unnecessary referrals and extra system touchpoints
- Negative impact on patient choice and access to care
- Providing less timely care

In a recent survey to OAND members (see appendix 3), 88% of NDs agreed that scope limitations disproportionately affect patients who already face barriers to care (e.g. long wait times, lack of primary care provider). While 93% stated that scope modernization would improve their ability to attract and retain patients.

The survey also showed that Naturopathic Doctors are routinely required to refer patients elsewhere for services they are fully trained to provide but are not permitted to deliver under Ontario’s current scope of practice. In a recent member survey, nearly 94% of NDs (487 respondents) report making these referrals, and the impacts on patients are significant. When asked what typically happens after a referral driven by scope limitations, respondents reported:

- Delayed care – 396 selections
- Patient confusion or frustration – 342
- Loss of continuity of care – 346
- Increased out-of-pocket cost – 281
- Patient did not follow through with the referral – 243

These are all avoidable harms tied directly to gaps between ND training and the ND scope. OAND Members also identified the specific areas that would reduce these unnecessary referrals, including:

- Expanded prescribing authority – 398 selections
- Improved laboratory access – 388
- Broader diagnostic authority – 312
- Ability to participate in team-based care models – 294
- Public funding or system integration – 261

When asked if they believed NDs are currently underutilized in Ontario’s healthcare system, an overwhelming 99% agreed. Collectively, this data shows a clear pattern: patients are being delayed, diverted, or lost in the system because NDs cannot provide timely care in areas for which they are qualified. Modernization is necessary to align ND practice with their training and with public demand in Ontario.

Scope should include Lab Access and Expanded Prescribing

Modernizing regulations to expand ND’s scope of practice with [lab access represents](#) an evidence-informed solution to strengthen Ontario’s strained health system and better support patients.

Four concrete examples include:

1. **HPV:** Cancer Care Ontario’s recent shift in guidelines for cervical cancer screening must be accompanied by an update to the regulations on NDs’ laboratory list. By [not updating the standard of care](#) for Pap smears to include HPV testing, patient safety is compromised. As Pap smears and HPV tests use the same collection process, NDs remain fully trained and competent to perform this screening. The continued exclusion of HPV testing from the authorized lab list directly impacts patient safety and access, an area squarely within the CoNO’s public-protection mandate. For many women, they are now forced to have two internal exams done in order to get HPV testing, or they are going without HPV testing. This is especially problematic for those with a history of trauma or who prefer continuity with their trusted ND—being forced to seek another provider or delay screening undermines both access, quality of care and results in inefficient and unnecessary touchpoints in the system.

2. **Finger Prick tests:** NDs are permitted to send a patient home with an IgG kit but are not permitted to perform finger prick tests in their clinics. This rationale is not evidence-based. NDs are authorized to order several laboratory tests that rely on self-collected finger-prick blood samples, such as IgG food sensitivity and other specialty panels. OAND recognizes that statutory interpretation ultimately rests with the regulator; however, the current interpretation has created practical barriers that merit policy review considering the evidence and its system impact. The College's current interpretation of the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA) prevents NDs from assisting with or performing the same specimen collection in-office unless they operate a licensed specimen-collection centre. This restrictive interpretation by the College has created an unnecessary barrier: the tests themselves are approved, patients may collect samples at home using identical methods, yet NDs cannot assist with the same process in a safer, controlled and accountable clinical environment. This policy-level inconsistency limits patient access, offers no demonstrable public-safety benefit, and undermines testing quality and continuity of care. To OAND's knowledge, there have been no documented public-safety incidents related to ND laboratory testing or point-of-care (PoC) testing in Ontario over the past 20 years, underscoring the safety and reliability of these practices.

3. **Point-of-care (PoC) testing** is increasingly used across healthcare settings to provide immediate diagnostic information and support timely clinical decisions. NDs are well-positioned to perform low-risk PoC tests, such as capillary lipid screening, which enables on-the-spot assessment of cardiovascular risk factors and early intervention in metabolic disease.

Despite clear clinical utility, the College has indicated that no new PoC tests will be considered, citing infection-control concerns related to blood collection. However, evidence does not support this rationale. Published studies and infection-control reviews have found no increased risk of infection associated with in-office capillary blood collection when standard precautions are followed. These procedures are routinely performed in primary care and pharmacy settings in accordance with existing IPAC standards.

Prohibiting new PoC tests on this basis not only misrepresents the evidence but also limits patient access to timely, preventive care and forces reliance on delayed off-site testing. Allowing qualified NDs to perform safe, evidence-based PoC tests such as lipid screening would enhance early detection, improve care coordination, and align with provincial priorities for chronic disease prevention and system efficiency.

4. **Oral micronized progesterone (OMP):** This therapeutic agent has been identified in multiple clinical guidelines as the *gold-standard* form of progesterone for endometrial protection and symptom management in hormone therapy. Despite NDs in Ontario being authorized to prescribe other forms of progesterone, [OMP remains excluded from the prescribing list](#), although there has just recently been some movement on this submission. This misalignment between current clinical standards and the College's inaction in updating the table of Drugs that may be Prescribed in the General Regulation, O. Reg. 168/15 made under the *Naturopathy Act, 2007 S.O. 2007 c. 10*, has created barriers to care, forced unnecessary referrals, and introduced risks related to treatment

continuity and patient safety. The profession raised this issue repeatedly and ultimately initiated the proposal for regulatory amendment, yet the College has still not implemented it more than a year later. This demonstrates how delays in regulatory responsiveness can negatively impact access to care and patient safety.

Despite increasing pressures on the healthcare system and strong evidence of ND safety and effectiveness, CoNO does not appear to support the changes needed to modernize the scope of practice.

II. Ontario Naturopathic Doctor Regulation is not meeting Ontario’s health care needs

Engagement and collaboration are crucial in health regulation because they move the system away from top-down, punitive, or fragmented approaches toward a proactive, patient-centered, sustainable framework. This builds trust, enhances safety, reduces health inequalities, and ensures regulations are effective and relevant – which is inherently in the best interest of the public which regulators serve.

Limited Collaboration

There have been instances where regulatory approaches have limited collaboration which was solidified at CoNO’s January 2026 meeting of Council. CoNO CEO, Andrew Parr, presented Defining Relationships and Related Terminology (page 102) to Council at this meeting. The framework is intended to clarify how the College categorizes and engages with external organizations. Following this presentation, CoNO Council passed the motion formally designating OAND as an “interested party” rather than a stakeholder or health partner.

While the College’s classification table appears, on its face, to still include OAND in consultation processes, the reclassification of OAND as an “interested party” rather than a stakeholder or health partner has significant strategic implications. In regulatory practice, this terminology materially lowers the College’s obligations to engage meaningfully, demonstrate responsiveness, or report on its relationship with OAND under the College Performance Measurement Framework. In effect, it shifts OAND’s role from a recognized representative of the profession to a discretionary participant whose engagement can be limited to information-sharing rather than dialogue or influence.

This creates a governance risk, as it is difficult to reconcile with the RHPA’s requirement that the College promote and enhance relations with key stakeholders representing its members, and it may reduce transparency, accountability, and trust at a time when regulatory decisions are having increasing impact on registrants and the public.

OAND is the professional association representing Naturopathic Doctors in Ontario. The OAND mandate includes supporting registrants, advancing professional standards, and contributing constructively to public policy and health system improvement. For this reason, the Council’s decision raises important governance and accountability questions.

Collaboration in Consultation Process

CoNO released seven consultations in 2025, with four intensive consultations taking place simultaneously in September. One of those four was given a five-week consultation period, which made responding as a stakeholder extremely

challenging, given the volume of simultaneous consultations. OAND requested that the one (Labs Framework) consultation be extended to the standard 60 days; however, CoNO rejected the request.

All four policies proceeding through consultation were approved by Council without amendment. While OAND and its members provided detailed feedback during the consultation period, the final policies reflect no discernible modifications from that input. Meaningful consultation is not defined solely by the opportunity to submit comments, but by transparent consideration and demonstrated responsiveness. The absence of visible amendments or response analysis raises important questions about collaboration and the effectiveness of the consultation process.

Recent cancellation of the Clinical Practice Exam for Graduates without Notice or Stakeholder Engagement

The recent cancellation of the Clinical Practice Exam for graduates, undertaken without notice or stakeholder consultation, exemplifies this pattern and has undermined confidence in CoNO's regulatory approach.

- CoNO cancelled the February 2026 clinical exam without giving notice to applicants or the profession.
- More than 15 recent graduates have been directly affected by the exam cancellation.
- At the December Council meeting, CoNO indicated that the February sitting was cancelled due to cost considerations, noting that it was not financially efficient to administer the exam for a small number of candidates. While CoNO has expressed confidence in its overall financial position, this decision has resulted in recent graduates being unable to complete their registration pathway as anticipated delaying their entry into practice and postponing the care they are trained and ready to provide to patients. CoNO is confident in their financial management and position but have suggested that for cost-management purposes, these students lose the opportunity to fulfil their professional journey and delay the care they can provide to patients.
- These individuals are no longer students but are unable to register because there is no available practical examination until July. Some students were unable to secure a seat for the July 2025 exam due to limited availability. For many, this represents a delay of several months in entering practice, with some forced to wait one full year from graduation, despite having completed all educational requirements.
- At the same time, the predictability, fairness, and accessibility of the registration process are foundational to public confidence in the regulatory system. Cancelling this exam prevents graduates from practicing and therefore, from contributing to Ontario's health care system. It is also adding significant financial strain on graduates who are already managing substantial educational debt and cost-of-living challenges. Reducing access to exams directly delays their ability to work, earn income, and repay any debts incurred during their program. This has also created a bottleneck that could impact future cohorts if left unaddressed.
- The implications extend beyond individual registrants. At a time when Ontario's health care system is facing well-documented access challenges, delays in licensing qualified practitioners may inadvertently limit patient access to care and contribute to broader system strain.

Scope Expansion Is a Precondition to Access

At a public Council meeting on December 10, 2025, the CEO and Registrar of the College of Naturopaths of Ontario expressed the view that expansion of naturopathic scope of practice is not a current priority and suggested that increasing patient utilization should precede any consideration of scope modernization. The remarks emphasized comparative workforce numbers of other professions, such as nurse practitioners and pharmacists, and implied that patient access and market growth are more pressing concerns than regulatory scope changes. It was also suggested that a significant portion of the profession does not currently exercise its prescribing authority, and that expanding the patient base may be of greater relevance than expanding scope. However, 83% of OAND members believe patient demand for their services is limited by their current scope.

From OAND's perspective, these remarks suggest a misunderstanding of the relationship between patient access and professional scope of practice. The ability of NDs to expand their patient base is directly linked to having a modern, relevant, and functional scope of practice that aligns with patient needs and contemporary health-care realities. Indicating that scope expansion is unnecessary or secondary overlooks the documented barriers NDs face when their scope is outdated or inconsistent with public expectations. In OAND's view, modernizing scope is not a right to be earned from having more patients— it is a foundational requirement that enables broader access, supports safe and integrated care, and ensures the profession can meet the evolving needs of Ontarians.

- Evidence from across the health system shows that scope modernization enables patient access, and it should therefore not be delayed. 93% of OAND members refer their patients elsewhere for care they are trained to provide.
- Patients do not seek care based solely on professional titles; they seek care based on capability, integration, referral pathways, and system recognition. When a profession's scope is unnecessarily constrained, its ability to attract patients, integrate into care teams, and relieve system pressure is likewise constrained. OAND members are overwhelmingly aligned with 90% hearing from their patients that they would prefer to receive care from their NDs that NDs are unable to provide due to scope or regulatory limitations.

Other regulated health professions, such as nurse practitioners and pharmacists, did not expand their patient reach before scope modernization. Rather, their scope expansions:

- Increased public awareness and trust
- Enabled integration into publicly funded and team-based models
- Improved referral relationships
- Made services easier for patients to access
- Created the conditions for utilization.

Ontario's health system has repeatedly relied on scope modernization to unlock capacity. Applying a different logic to Naturopathic Doctors risks entrenching access barriers rather than resolving them. Policy advancement depends on constructive collaboration among government, regulators, and regulated professions. The naturopathic profession

remains committed to collaboration and evidence-based modernization. However, collaboration requires mutual engagement. Without the regulator’s support for scope modernization, policy advancement becomes constrained, regardless of the profession’s readiness or the system’s needs.

III. Governance and financial failures weaken regulatory credibility

Based on OAND’s review and analysis of CoNO’s 2024 Annual Report and publicly available audited financial statements of comparable Ontario health colleges, it appears that CoNO appears reluctant to implement risk-based regulation—the gold standard in modern regulatory practice—which has resulted in:

- Escalating legal and investigation costs
- Excessive focus on low-risk issues (e.g., advertising, administrative infractions)
- A disciplinary system consuming a disproportionate amount of CoNO’s resources
- Operational inefficiencies and deficits
- The highest salary/benefits expenditures relative to similar-sized Ontario health colleges, based on analysis of the 2024–2025 audited financial statements.

The [fees by-law consultation](#) was one of the four released simultaneously in 2025, in which CoNO proposed several fee increases that will have detrimental consequences for Naturopathic Doctors in Ontario, including charging for statutory Quality Assurance activities.

OAND is concerned with CoNO’s assertion that its administrative burdens stem from “registrant non-responsiveness,” as stated in the College’s *Mandatory Consultation – By-Law Changes Relating to Information to Be Provided and Fees* document, where CoNO proposes additional fees for follow-up activities when registrants do not comply with regulatory requests. This narrative shifts responsibility from internal inefficiency to member behaviour — an approach that lacks evidence and undermines trust. Based on analysis of the College’s 2024–2025 audited financial statements, when 0.3% of registrants trigger 30% of the budget, the issue cannot be member compliance. It is believed this approach has created an adversarial culture of mistrust between the regulator and the profession. This is inconsistent with the WHO’s 2024 framework for effective professional regulation. It recommended collaborative and transparent governance and highlighted flexibility, proportionality, and partnership as key features.

CoNO’s Proposed Fee Increases

Fee Category	Current	Proposed	% Change
Registration – General Class	\$1,885	\$2,135	+ 13%
Registration – Inactive	\$946	\$1,196	+ 26%
Corp Renewal	\$250	\$1,100	+ 340%
Inspection (5-year)	\$2,000	\$3,000	+ 50%
IV Therapy Exam	\$650	\$1,350	+ 108%
QA: Peer & Practice Assessment	N/A	\$100	New

CoNO’s own financial projections show a cumulative deficit of \$1.825 million by 2028, despite a \$584,000 projected increase in revenue over the same period. Nearly half of this cumulative deficit (\$911,000) arises from escalating salary and benefit costs, which are projected to grow by 39% from \$2.35 million in 2025 to \$3.27 million by 2028. Salaries and benefits now consume over 60% of total annual expenditure, far exceeding comparable health regulators.

The College received only 18 complaints in 2024/25, yet the professional conduct infrastructure it maintains consumes nearly one-third of its annual budget. It is believed that this imbalance demonstrates that the College’s fiscal crisis is not caused by underfunding from registrants, but by poor internal oversight and inefficient regulatory processes.

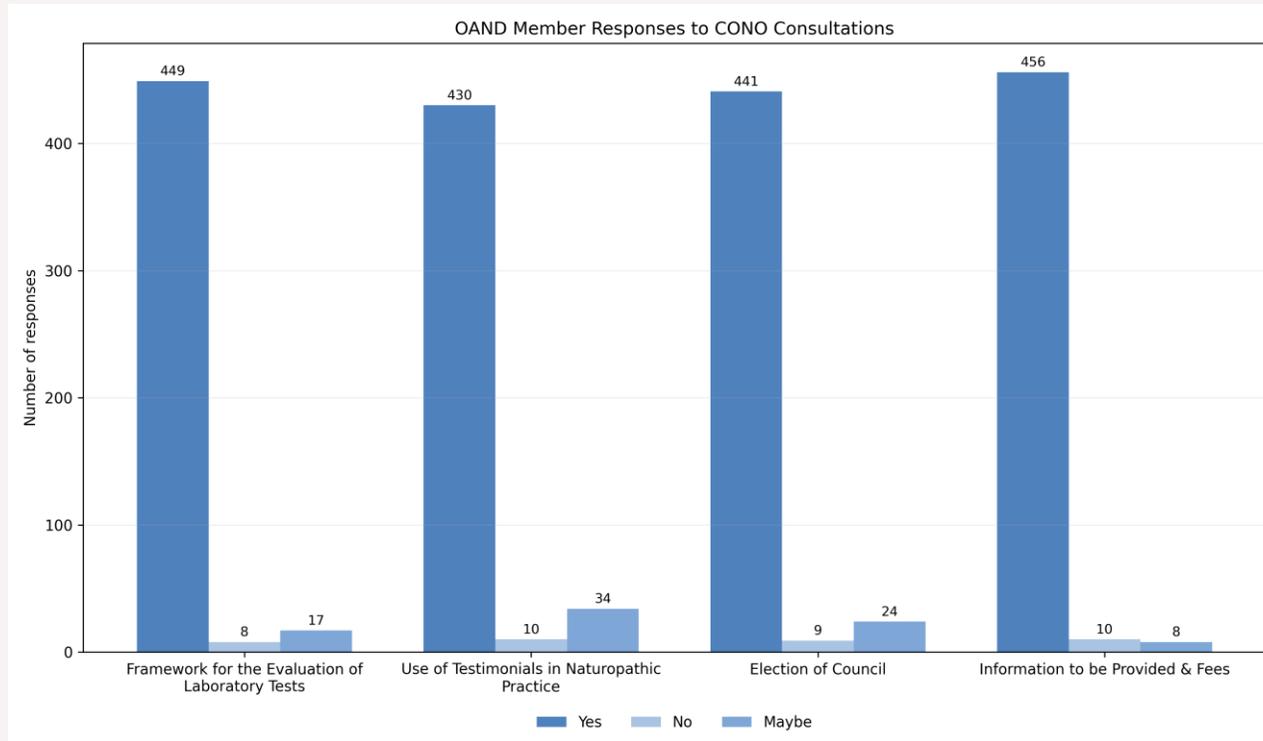
These systemic failures have undermined regulatory stability and eroded the profession’s confidence in the regulator’s ability to support the modernization required for health-system integration.

In its response to the consultation, OAND requested that the Minister and Ministry review matters related to CoNO’s governance and regulatory mandate and also requested a formal meeting to discuss these issues further. CoNO subsequently corresponded to ask that this request be reconsidered. OAND maintains that a formal meeting would provide an appropriate forum for constructive dialogue and for gaining greater clarity regarding the financial considerations communicated to registrants in relation to proposed fee increases.

ND Voice in Ontario

OAND surveyed its membership in November 2025 and asked whether members agreed with OAND’s submissions across four recent CoNO consultations. With 40% participation, the results demonstrated strong alignment with OAND’s positions, with 91% to 96% of respondents answering “Yes” to each question (Do you agree with OAND’s response to X consultation). Support was strongest for the proposed By-law Amendments on Information to be Provided and Fees (96%

Yes), followed by the Framework for the Evaluation of Laboratory Tests (95% Yes) and the Election of Council By-law amendments (93% Yes). The consultation on the Use of Testimonials in Naturopathic Practice also received strong endorsement (91% Yes).



In a more detailed survey of membership conducted between December 2025 and February 2026 (487 responses), when asked about trust in the regulatory consultation process, 69% reported low or very low trust, and only 3% reported high trust. This aligns closely with responses to whether feedback is considered in the regulatory consultation process: 57% indicated that their input is not considered, while only 8% felt it was. This credibility gap is further reflected in regulatory-climate questions elsewhere in the survey, where 87% of respondents indicated that regulatory rules or uncertainty require them to practice more conservatively, and 76% reported avoiding offering a service they are trained to provide due to fear of scrutiny. Overall, the findings demonstrate consistent alignment across key themes emerging from the analysis — including underutilization, scope modernization, regulatory climate, and system integration — and reinforce OAND’s broader strategic and advocacy approach.

POLICY PRIORITIES FOR ONTARIO

I. Modernize ND Scope of Practice

Enable NDs to work to the top of their training by expanding:

- Prescribing authority for schedule 1 medications with reasonable exclusions, in line with modern scope jurisdictions such as BC and NWT
- Ordering access for lab tests
- Expanded PoC testing
- Authority to partner under integrated care agreements

This will:

- Improve chronic disease management to reduce excessive use of public health system resources and decrease touchpoints across the system.
- Reduce unnecessary primary care visits
- Increase access for women, indigenous and high-needs populations
- Support prevention, early detection, and timely intervention
- Create a healthier Ontario

II. Integrate NDs into Primary Care Collaborative Models

Embed NDs into:

- Family Health Teams
- NLPCs
- Ontario Health Teams
- Community Health Centres
- Seniors' care models
- Women's health hubs
- Indigenous and culturally grounded health teams

Evidence shows ND inclusion can:

- Improve patient flow
- Reduce emergency department use for non-urgent care
- Increase patient satisfaction
- Enhance prevention and chronic disease outcomes

III. Enable Regulatory Reform to Support Modernization

Ontario should require that CoNO:

- Implement genuine risk-based regulatory practices
- Improve fiscal accountability and governance performance
- Publish transparent KPIs, timelines, and service standards
- Engage constructively with government and the profession in scope modernization
- Align regulatory processes with system transformation goals

Regulators must protect the public, but must also enable **access** to safe, competent providers who are part of the solution. Maintaining an outdated scope and obstructing system integration does not serve the public interest.

WHY THIS MATTERS

Ontario is entering a new era of primary care transformation. Meeting the needs of 15 million residents requires leveraging every safe, regulated, competent health professional. Provinces that have prescribing rights also have procedural authority in the extended practice category, meaning that Ontario has the least procedural authority of all regulated jurisdictions. NDs are trained, willing, and ready to make an impact. Ontario cannot afford to leave this workforce underutilized—especially when public confidence is high, demand is strong, and chronic disease and health system pressures are rising dramatically.

Strengthening the professionalization and integration of Naturopathic Doctors in Ontario requires active support from government and system leaders. Clear alignment of scope with education and competencies, inclusion in health system planning and research initiatives, and opportunities for structured collaboration with physicians and other providers are essential to building confidence and trust across professions. Professional legitimacy is not achieved in isolation; it is established through policy, institutional recognition, and shared clinical environments that allow regulated health professionals to demonstrate their value within the system.

RECOMMENDATIONS

To the Ministry of Health

1. Initiate a scope-of-practice modernization process for NDs aligned with training, evidence of safety and effectiveness, and the experience of other jurisdictions (i.e., British Columbia, NWT and soon to be, Alberta) and public need.
2. Include NDs in primary care collaborative models across Ontario to positively impact access, chronic disease outcomes, and ED diversion.
3. Recognize NDs as eligible members of interprofessional care teams in the provincial funding model
4. Direct regulatory modernization, to ensure:
 - a. Risk-based regulation
 - b. Transparent financial and governance reporting
 - c. Performance and accountability metrics
5. Support evidence-based integration pilots to measure success

To the College of Naturopaths of Ontario

1. Support scope modernization in alignment with ND competencies.
2. Adopt the risk-based, right-touch regulatory framework used by other Ontario colleges.
3. Work collaboratively with OAND and the Ministry to advance system integration. Improve fiscal stewardship, governance capacity, and transparency. Prioritize regulatory reforms that improve public access to safe, effective care.

CONCLUSION

Ontario's health system requires bold, evidence-based solutions. Naturopathic Doctors are a highly trained, trusted, and underused workforce capable of improving access, strengthening prevention, reducing the burden of chronic disease, and supporting women's and Indigenous health needs. Scope modernization and system integration are urgently needed—and achievable. Meaningful scope modernization occurs when regulators act as facilitators—working collaboratively with the profession, policymakers, and system partners to align public safety, workforce capacity, and access objectives.

At present, opportunities for such collaboration are limited. Expecting professional integration without policy and institutional support places an unreasonable burden on individual practitioners and undermines system-wide collaboration. While the profession remains willing and ready to engage constructively, progress on modernization will require clearer alignment among all parties and a shared commitment to enabling regulated professionals to contribute fully to system needs.

APPENDIX I – BRITISH COLUMBIA NDS

From the BC MoH data and the BCND Association survey, the most impactful medication categories include:

- Menopause and hormonal care.
- Progesterone and estradiol are consistently the highest-volume ND prescriptions.
- Thyroid disease. Levothyroxine and desiccated thyroid are foundational for managing hypothyroidism, energy, cognitive function, fertility, and metabolic stability.
- Metabolic health. Semaglutide and metformin
- Mental health. SSRIs and SNRIs
- Gastrointestinal conditions. Rifaximin, prucalopride, and neomycin support treatment of IBS, SIBO, and chronic constipation.
- Infections: Antibiotics such as doxycycline and amoxicillin or clavulanate allow NDs to treat everyday infections that would otherwise require a walk-in or urgent care visit.
- Low-dose naltrexone. Frequently used for autoimmune conditions, chronic pain, and long COVID.

There is clear, direct data from the BC Ministry of Health identifying the top medications prescribed by NDs in British Columbia for the period January 1 to August 31, 2024. These align closely with what NDs reported in the BCND survey regarding the medications that most meaningfully support patient outcomes.

Top drugs by number of dispenses	Top drugs by number of prescribers
1. Non-drug PIN items	1. Non-drug PIN items
2. Progesterone, micronized	2. Progesterone, micronized
3. Estradiol	3. Levothyroxine sodium
4. Semaglutide	4. Hormone topical compound (non-benefit)
5. Levothyroxine sodium	5. Hormone oral compound (non-benefit)

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Across the board, ND prescribing is concentrated in chronic disease management, hormonal care, gastrointestinal health, metabolic conditions, mental health, and common infections.

- NDs are managing complex patients who require continuity and coordination yet do so without full access to diagnostic tools.
- Many patients rely on NDs because they cannot access primary care elsewhere.
- Acute care is a substantial part of ND practice, supporting system off-loading by treating infections, asthma flares, injuries, and urgent hormonal issues.
- Optimizing the ND scope is a low-cost strategy to increase access and reduce duplication within the existing regulatory framework.
- Patients experience delays, costs, and fragmentation when NDs cannot order tests or refer appropriately, leading to avoidable system use, often in emergency departments.

APPENDIX II

Below is the list of substances NDs in Ontario need to be included in their scope to provide the best care for their patients and improve efficiencies in Ontario health care delivery.

Substance	Common Conditions Treated	Advocacy / Policy Rationale
Low-Dose Naltrexone (LDN) (off-label)	<ul style="list-style-type: none"> Chronic pain (fibromyalgia, neuropathic pain) Autoimmune diseases (MS, Crohn's, RA, Hashimoto's) Inflammatory conditions (CFS/ME, long-COVID) 	Well-tolerated, low-risk option that reduces reliance on higher-risk medications and supports chronic condition management.
Hydrocortisol (Hydrocortisone)	<ul style="list-style-type: none"> Adrenal insufficiency Inflammatory/immune conditions Dermatitis (when applicable) 	Supports continuity of care for endocrine and inflammatory conditions; safe when monitored.
Oral Estrogen	<ul style="list-style-type: none"> Menopause symptoms Hormonal dysregulation Osteoporosis prevention Urogenital symptoms 	Addresses a major gap in women's health access; safer, earlier intervention reduces downstream system strain.
T3 (Liothyronine)	<ul style="list-style-type: none"> Hypothyroidism (combination or monotherapy) Treatment-resistant hypothyroidism 	Enables individualized thyroid care where T4 alone is insufficient; improves quality of life and reduces specialist referrals.
T4 (Levothyroxine)	<ul style="list-style-type: none"> Primary hypothyroidism Post-thyroidectomy support Hashimoto's thyroiditis 	One of the most common primary-care prescriptions; improved access reduces burden on physicians.
Doxycycline	<ul style="list-style-type: none"> Acne/rosacea Lyme disease (early) Respiratory infections Sinusitis Chlamydia and other STIs 	Essential first-line antibiotic with strong safety profile; improves timely treatment and reduces ER/clinic burden.
Amoxicillin	<ul style="list-style-type: none"> Ear, nose, and throat infections Respiratory infections Urinary tract infections Dental infections 	One of the most commonly used antibiotics; allows NDs to manage basic primary-care conditions effectively.
Metronidazole	<ul style="list-style-type: none"> Bacterial vaginosis Parasitic infections Certain GI infections (e.g., C. difficile adjunct) 	Addresses common urgent-care presentations, particularly in women's health and gastrointestinal care.
Valaciclovir	<ul style="list-style-type: none"> Herpes simplex (oral/genital) Shingles (varicella zoster) Cold sore outbreaks 	Common, safe antiviral therapy that reduces complications and transmission.
Nitrofurantoin	<ul style="list-style-type: none"> Uncomplicated urinary tract infections (UTIs) 	First-line UTI treatment; rapid prescribing reduces delayed care, ER visits, and complications.

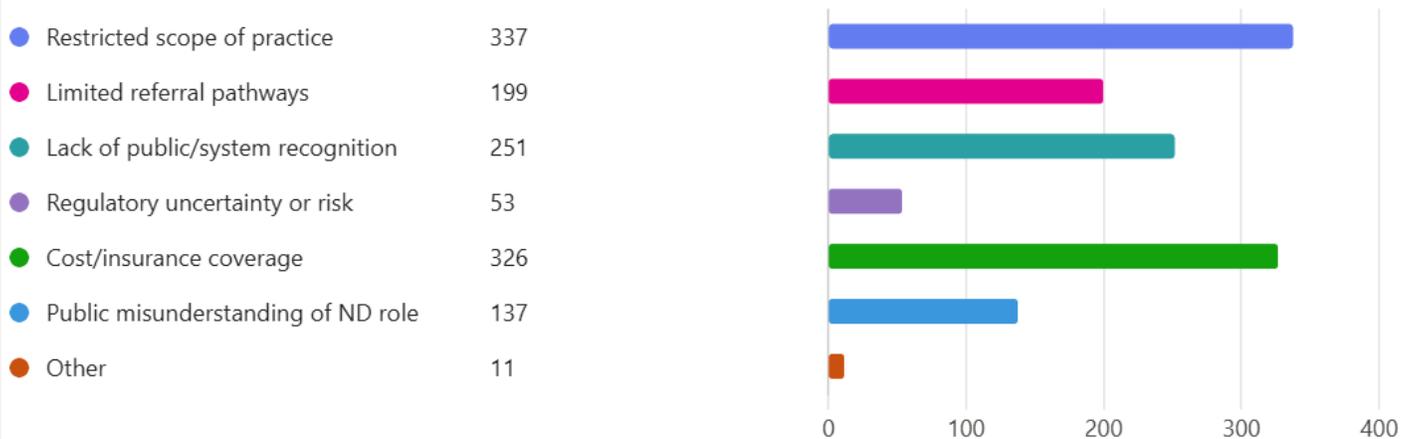
APPENDIX III

OAND surveyed its membership from December 2025 to February 2026. A total of 487 responses were received, representing approximately 38% of the membership.

In your view, is patient demand for your services currently limited by your scope of practice?

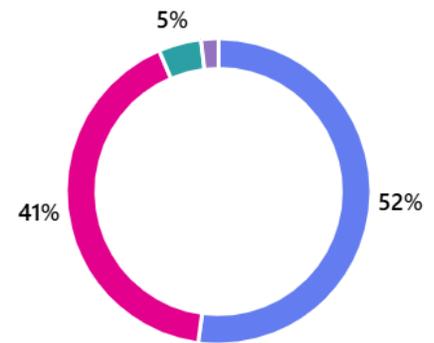


Which of the following most limits patients' ability to access your care? (Select up to three)



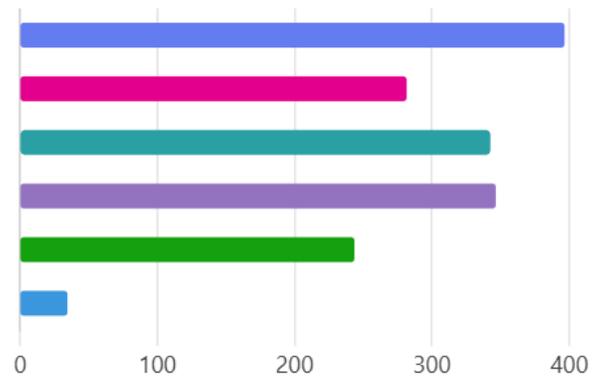
Have limitations in your scope of practice ever required you to refer a patient elsewhere for care you are trained to provide?

● Yes, frequently	254
● Yes, occasionally	202
● No	22
● Unsure	9



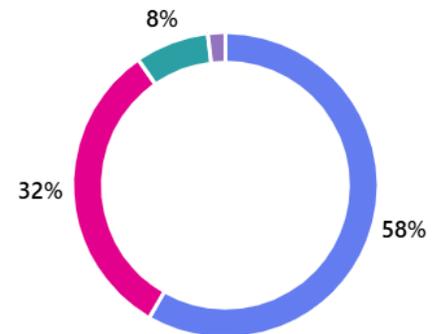
In these situations, how did the referral most often affect the patient? (Select all that apply)

● Delayed care	396
● Increased cost to the patient	281
● Patient confusion or frustration	342
● Loss of continuity of care	346
● Patient did not follow through with referral	243
● No negative impact observed	34



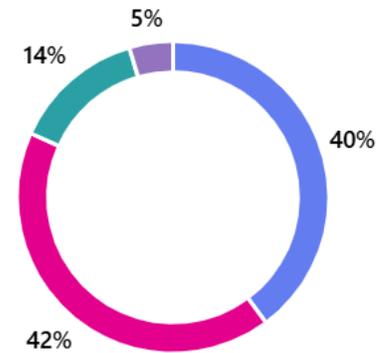
Have patients ever told you they would prefer to receive more of their care from you but were unable to due to scope or regulatory limitations?

● Yes, frequently	284
● Yes, occasionally	156
● No	38
● Unsure	9



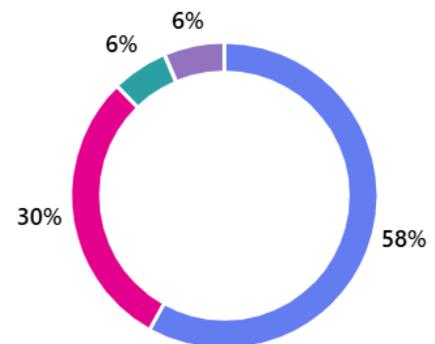
To what extent do scope limitations reduce your ability to provide timely care for patients with ongoing or chronic conditions?

● Significantly	194
● Moderately	204
● Slightly	67
● Not at all	22



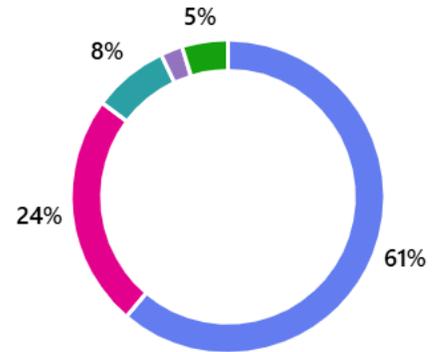
In your experience, do scope limitations disproportionately affect patients who already face barriers to care (e.g., long wait times, lack of primary care provider)?

● Yes, significantly	283
● Yes, somewhat	144
● No	29
● Unsure	31



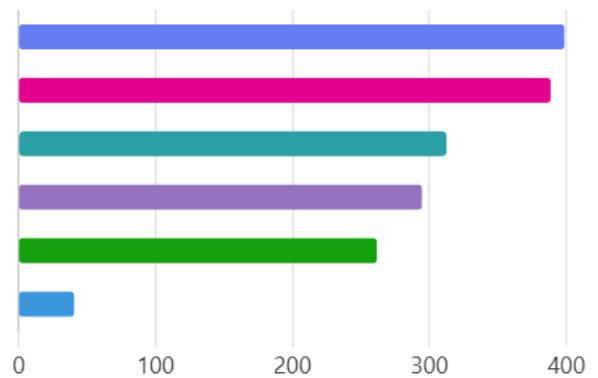
If your scope of practice were modernized, how would this affect your ability to attract and retain patients?

● Significantly improve	298
● Moderately improve	117
● Slightly improve	38
● No impact	11
● Unsure	23



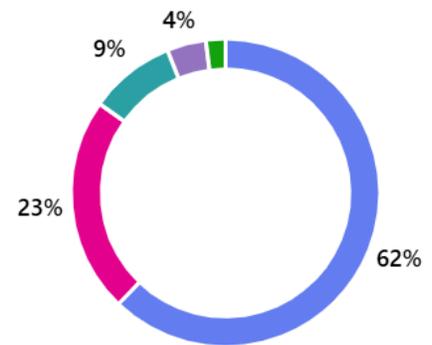
Which scope expansions would most improve patient access and continuity of care in your practice? (Select all that apply)

● Expanded prescribing authority	398
● Improved laboratory access	388
● Broader diagnostic authority	312
● Ability to participate in team-based care models	294
● Public funding or system integration	261
● Other	40



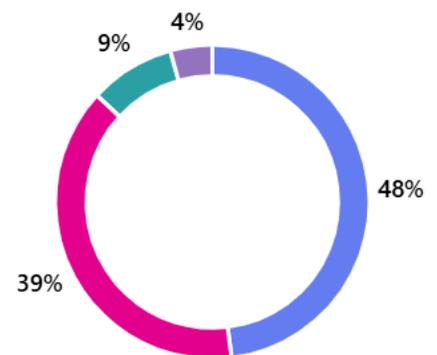
If prescribing scope were expanded and regulatory barriers reduced, would you consider expanding your clinical services?

● Yes, significantly	303
● Yes, somewhat	110
● Possibly	44
● No	20
● Unsure	10



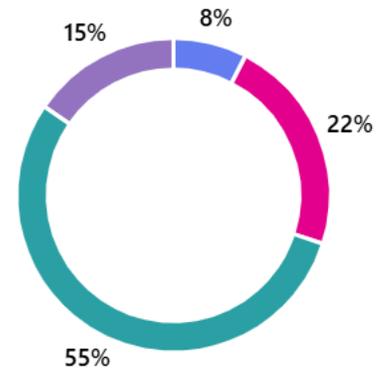
To what extent do regulatory rules or uncertainty influence how conservatively you practice?

● Significantly	234
● Moderately	189
● Slightly	43
● Not at all	21



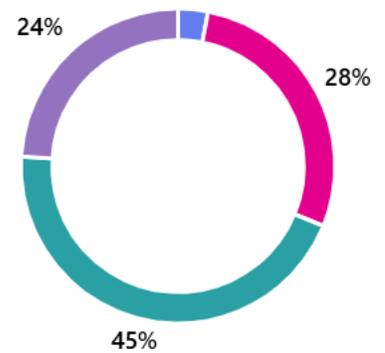
Do you feel your feedback is meaningfully considered by the regulator when consultations are conducted?

● Yes	37
● Somewhat	109
● No	266
● Unsure	75



How would you describe your level of trust in the regulatory consultation process?

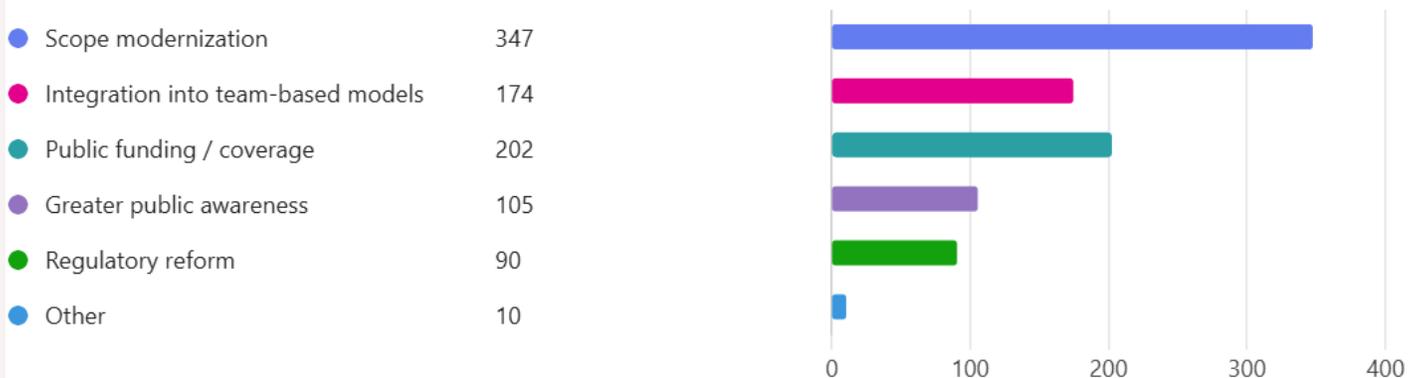
● High	15
● Moderate	137
● Low	218
● Vey Low	117



Do you believe naturopathic doctors are currently underutilized in Ontario's healthcare system?



In your view, what would most increase patient access to ND care in Ontario?



REFERENCES

Dalla Lana School of Public Health. (2024). *New study shows significant strain on health care system over the next two decades*. University of Toronto. <https://www.dlsph.utoronto.ca/2024/10/16/new-study-shows-significant-strain-on-health-care-system-over-the-next-two-decades/>.