

PUBLIC BRIEFING SUMMARY – FEBRUARY 2026

UNLOCKING NATUROPATHIC DOCTORS' CAPACITY TO STRENGTHEN PRIMARY CARE IN ONTARIO

ONTARIO'S HEALTHCARE CRISIS IS DEEPENING

- Over 2.3 million Ontarians lack a primary care provider.
- Chronic illness is rising dramatically — from 1.8M (2020) to 3.1M (2040).
- Women's health needs are not being met; Indigenous communities face barriers.
- **Public confidence in Naturopathic Doctors (NDs) is high:**
 - 56% believe NDs have the skills to take on a bigger primary care role.
 - 61% would choose an ND if prescribing expanded.
 - 54% would see an ND within 72 hours for non-urgent care.

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.

THE OPPORTUNITY: NATUROPATHIC DOCTORS AS A SOLUTION TO SYSTEM STRAIN

- 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
- **1,700+ licensed NDs** trained in prevention, whole-person care with training in biomedical sciences, diagnostics, pharmacology, physical medicine, and lifestyle management
- Capable of caring for up to **2 million Ontarians** annually.
- Provide longer appointments, better prevention, and support moderate–high complexity patients.
- Provide continuous, longitudinal care to many.

BC DEMONSTRATES THE SUCCESS OF AN EXPANDED NATUROPATHIC DOCTOR SCOPE

BC NDs have broader prescribing, lab access, PoC testing, mesotherapy/prolotherapy, and vaccine access. Alberta soon to have the same scope as BC.

Proven system benefits:

- Avoided ER/walk-in visits
- Improved chronic disease management
- Preventive care reduces system strain
- Reduced duplication of care

ND prescribing in BC focuses on core primary-care needs (hormones, thyroid disease, GI, metabolic conditions, mental health, infections).

Ontario remains the most restricted ND jurisdiction in Canada.**THE BARRIER: OUTDATED REGULATORY FRAMEWORK IN ONTARIO**

Scope Misaligned with Training: Ontario NDs are extensively trained to prescribe a broader list of medications and order diagnostic tests but cannot due to outdated regulatory scope. This leads to delayed care, fragmented pathways, and unnecessary referrals.

The College of Naturopaths of Ontario (CoNO):

- Is not operating within a modern risk-based regulatory framework.
- Has not supported scope modernization despite evidence and Ministry priorities.
- Repeatedly restricts NDs in ways that harm patients and the system:
 - No HPV testing access despite identical collection method to Pap tests.
 - No in-office finger-prick collection though at-home kits are allowed.
 - Refusal to consider Point-of-Care testing, citing inconsistent and non-evidence-based infection control concerns.
 - Delayed listing of oral micronized progesterone (OMP) despite clinical consensus.

Limited Collaboration***OAND now designated as “Interested Party”***

At the January 2026 meeting of Council, CoNO Council passed the motion formally designating OAND as an “interested party” rather than a stakeholder or health partner. This reclassification of OAND has significant strategic implications by materially lowering the College’s obligations to engage meaningfully, demonstrate responsiveness, or report on its relationship with OAND under the College Performance Measurement Framework. It also makes it more 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.

Effectiveness of Policy Consultation Process

CoNO released four simultaneous, intensive policy consultations in September, one of which was given a five-week consultation period, which made responding as a stakeholder extremely challenging, given the volume of simultaneous consultations. We requested that the one (Labs Framework) consultation be extended to the standard 60 days; however, CoNO refused the request.

All four policies proceed through consultation were approved by Council without amendment. OAND and its members provided detailed feedback during the consultation period, yet 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.

Exam Cancellation Crisis

- CoNO canceled the 2025 clinical exam with no notice due to financial difficulties.
- Graduates now face 1-year delays in entering the workforce.
- Causes erosion of clinical skills, financial hardship, and worsens system provider shortages.

Governance, Financial Instability, and Regulatory Failures at CoNO

- Chronic deficits projected: \$1.825M by 2028.
- Salaries/benefits projected to grow 39% (to \$3.27M) consuming >60% of the budget.
- Only 18 complaints annually, yet discipline consumes 1/3 of spending.
- Four major consultations released simultaneously with unreasonably short timelines.
- Proposed massive fee increases, including:
 - Corporate renewal: +340%
 - IV Exam: +108%
 - New \$100 QA assessment fee

These issues demonstrate unsafe governance, excessive cost pressures on NDs, and systemic inefficiency.

MEMBER SUPPORT FOR OAND'S ADVOCACY IS EXTREMELY HIGH

- November 2025 survey: 40% membership participation.
- **91%–96% agreement with OAND's consultation submissions.**
- Clear mandate and alignment across the profession.

THREE POLICY PRIORITY SOLUTIONS

1. **Modernize ND Scope of Practice:** Update prescribing and lab authority to match training and public need.
 - Expanded prescribing aligned with BC/NWT (and soon to be Alberta).
 - Comprehensive lab access.
 - Expanded PoC testing.
 - Ability to participate in integrated care agreements.
 - Benefits include:
 - Better chronic disease management
 - Reduced ER and walk-in visits
 - Improved women’s, Indigenous, and rural health
 - Better prevention and early detection

2. **Integrate NDs Into Primary Care Teams.** Include NDs in Family Health Teams, NPLCs, CHCs, OHTs, Indigenous health teams, women’s health hubs, seniors’ care.

3. **Enable Regulatory Reform at CONO:** Require CoNO to adopt risk-based regulation, transparency standards, KPIs, fiscal accountability and collaborative engagement.

Why This Matters

Ontario’s system cannot meet population needs without leveraging all regulated health professionals.

- NDs are a safe, cost-effective, evidence-based solution ready for integration.
- Modernization will:
 - Improve access
 - Reduce ER/walk-in strain
 - Strengthen chronic disease prevention
 - Enhance women’s and Indigenous health
 - Reduce system duplication
 - Support team-based care transformation

CORE RECOMMENDATION TO THE MINISTRY OF HEALTH

Initiate ND scope modernization now, aligned with evidence, education, other jurisdictions, and urgent system needs — and mandate regulatory reform at College of Naturopaths of Ontario (CoNO) to support system integration.