



**COUNCIL ON NATUROPATHIC
MEDICAL EDUCATION**

Accreditation Standards
Adopted June 2009

STANDARD I: MISSION

A. MISSION STATEMENT AND PROGRAMMATIC OBJECTIVES

1. A naturopathic medicine educational and clinical training program (henceforth referred to as the “program”) has a clear, concise and realistic mission statement that identifies what it intends to accomplish, and encompasses the educational preparation of naturopathic physicians/doctors.
2. The mission statement is consistent with the operating authority of the program and institution, and lies within the scope of postsecondary education. For a program located within a multipurpose higher education institution, the programmatic and institutional mission statements must be compatible.
3. The mission must be accompanied by a set of programmatic objectives that address instruction, research/scholarship and service. The objectives must be consistent with the mission and guide the program in establishing specific measurable educational outcomes for students in the program.

B. DEVELOPMENT AND IMPLEMENTATION OF THE MISSION STATEMENT AND PROGRAMMATIC OBJECTIVES

1. The program’s mission statement and programmatic objectives are formally adopted or accepted by the institution’s governing board. They are developed—and, when necessary, revised—through an inclusive process that involves broad input from the program’s constituencies, including the administration, faculty and students.
2. The mission and programmatic objectives are widely disseminated, consistently appear in appropriate program publications (including the catalog or academic calendar), and are generally understood and supported by the program’s communities of interest.
3. The mission and programmatic objectives serve as the foundation for all of the program’s activities, services and policies; they inform the strategic planning process and guide the allocation of resources.

C. RE-EVALUATION OF THE MISSION STATEMENT AND PROGRAMMATIC OBJECTIVES

1. The mission statement and programmatic objectives are periodically re-evaluated within the context of an ongoing self-study process to ensure that (i) the program is fulfilling its mission and objectives, (ii) the mission and objectives are compatible with naturopathic principles, philosophy, and clinical theory and practice, and (iii) the mission and objectives provide appropriate direction for current and anticipated programs, activities and services related to naturopathic medicine.
2. The re-evaluation process takes into account the results of the program’s assessment and outcomes review processes.

STANDARD II: ORGANIZATION, GOVERNANCE AND ADMINISTRATION

A. LEGAL ORGANIZATION AND GOVERNANCE

1. The institution offering the program must be a legally organized not-for-profit organization authorized to operate under the applicable laws of the state or province and local community in which it is located, and must have authorization to offer a Doctor of Naturopathic Medicine degree or designation from the appropriate state or provincial agency.
2. A program in the U.S. that has CNME candidacy status is eligible for initial accreditation by CNME only if it also has candidacy or accreditation status with an institutional accrediting agency recognized by the U.S. Dept. of Education.
3. A program in Canada that has CNME candidacy status is eligible for initial accreditation by CNME only if it also has provincial approval for participation in government-funded student-aid programs.
4. The institution offering the program must have an effective governing board—composed of qualified members with diverse professional backgrounds—that operates according to a set of bylaws. Two-thirds of the board members must have no contractual, employment or personal financial interest in the institution or program.
5. The governing board exercises ultimate authority over the institution, free of undue outside influence; it is responsible for such activities as establishing broad policy, approving long-range plans, appointing and evaluating the chief executive officer, ensuring fiscal viability, approving budgets, ensuring the integrity of the institution, approving major program changes, and evaluating its own performance. The governing board is informed about the CNME accreditation process.
6. The institution must have an appropriate conflict-of-interest policy in place. The institution must keep on file a current signed statement from each governing board member indicating any actual or potential conflict of interest, or stating that no conflict of interest exists.
7. There must be means by which the program can formally, regularly and effectively communicate to the governing board its needs for resources and provide input on relevant institutional and programmatic issues.

B. ADMINISTRATION

1. The program is located in an institution that has an appropriately qualified chief executive officer (e.g., president) whose full-time or major responsibility is to the institution.
2. The program must have an appropriately qualified chief academic officer (e.g., dean)—or an appropriate academic leadership team—whose full-time or major responsibility is to the program. The chief academic officer or the academic leadership team must have appropriate authority and autonomy to manage the program and must ensure that (i) fiscally responsible strategic or long-range planning is periodically carried out in order to enable the program to adapt to changing circumstances, and (ii) the program of study is regularly reviewed and revised as needed.
3. The program must have an appropriately qualified and stable administrative staff sufficient in size to meet the needs of the program and achieve the program's mission. The organizational structure of the administrative staff should be clearly set forth in an organizational chart or some other document. Staff members should have clearly defined roles and responsibilities, and have sufficient authority to carry out their responsibilities effectively.

4. Within the institution's administrative hierarchy, the naturopathic medicine program must be placed at the same level and have the same administrative status (reflected in sections B.2 and B.3 above) as other comparable healthcare related programs leading to doctoral degrees or designations. There should be evidence of strong senior level commitment to and support for the program.
5. There must be in place a comprehensive set of human resources policies and procedures that include procedures for evaluating the performance of administrative staff on a regular basis, a grievance policy for employees, and non-discrimination and equal opportunity policies. Within the constraints of its resources, the institution and program provide employees opportunities for professional development.
6. There must be mechanisms in place to allow all appropriate constituencies within the program—including faculty, administrative staff and students—to communicate their needs and provide input in matters of significant interest to them to the program's leadership team. In particular, faculty members must have opportunities to provide substantive input into policy matters directly related to the educational program and faculty.

STANDARD III: FINANCIAL RESOURCES

A. SUFFICIENCY OF RESOURCES

1. The institution in which the program is located must be financially sound, and have resources sufficient to carry out the program's mission and educational objectives in the current, short and long term.
2. The program shall have an adequate financial base to meet existing program commitments and to complete the instructional commitment to current enrollees. Financial considerations must not compromise the mission and quality of the program, or cause more students to be enrolled than the program's resources can reasonably accommodate.
3. The financial resources of the program must adequately provide for instruction, research/scholarship and service, administration, learning resources, student services and activities, maintenance, equipment, supplies, and other specific needs and functions that are consistent with the program's mission and objectives.
4. Adequate resources must be available to meet debt-service requirements of short-term and long-term indebtedness without adversely impacting the quality of the program.
5. The institution shall have the financial capacity to respond to financial exigencies and unanticipated occurrences. If an accumulated deficit has been recorded, a plan with reasonable and attainable benchmarks to eliminate the deficit must be implemented.

B. FINANCIAL MANAGEMENT

1. The institution shall have a qualified business manager or chief financial officer.
2. The institution must have control of its financial resources and budgetary process and be free from undue influence or pressure from external funding sources or agencies. In multipurpose institutions, there must be a program budget and the program must have sufficient control over the program budget to effectively carry out its mission and objectives.
3. The financial management system of the institution must conform to generally accepted accounting principles, and an annual institutional financial audit must be conducted by an outside independent certified or chartered public accountant. The audit must provide a detailed and accurate picture of the financial status of the institution and program for the preceding fiscal year; it must include an opinion/management letter, a balance sheet statement, a statement of revenue and expenditures, and a report on the change in fund balance and/or financial position. The audit must be reviewed by the appropriate individuals or responsible groups within the institution.
4. Accurate financial records and effective internal financial controls must be maintained. Financial reports are regularly generated.
5. The process by which the program's annual budget is established—and resources allocated—must be clearly defined, be based upon periodic assessments of program effectiveness, and be consistently implemented. The annual budget must provide a realistic projection of the program's revenue and expenditures based on reasonable assumptions. The annual budget must be reviewed and approved by the institution's governing board.
6. The current operating budget and projected budgets are regularly reviewed, and changes are made as necessary. Program administrators and other relevant personnel are provided with regular financial reports and are informed of budget changes in a timely manner.

7. Fundraising activities shall be carried out ethically, and in accordance with any applicable legal requirements and generally accepted standards. Accurate records of donated funds are maintained and required reports are filed in a timely manner.
8. Endowment funds and other investments shall be administered responsibly, and in accordance with any applicable legal requirements and with policies developed or approved by the governing board.
9. Research funding provided by an external funding source shall be administered in accordance with any applicable legal requirements and with the funding source's requirements.
10. The program must clearly define and uniformly follow a fair and equitable refund policy for unearned tuition that complies with applicable state/provincial and federal laws and regulations.

C. PLANNING

1. The program must have sufficient input into and involvement with strategic and financial planning ensure that its ongoing and developing needs will be met.
2. The program must have a multiyear financial plan and be able to project its expenditures and revenues for at least a three-year period, including the current fiscal year.
3. Whenever a significant amount of money is borrowed for capital improvements or for other purposes, there is evidence of careful planning to determine that sufficient reserves exist—or that sufficient revenues will be generated by the improvements or by other means—to repay the loan without jeopardizing the financial viability of the institution or compromising the quality of the program.

STANDARD IV: PROGRAM FACULTY

A. FACULTY QUALIFICATIONS

1. Faculty members for didactic and clinical courses have appropriate education and experience for their teaching positions/responsibilities in the program. Individual faculty members must possess appropriate advanced or professional degrees—usually terminal degrees in their field—and any other qualifications required to provide instruction in their assigned areas at the doctoral level. The program must keep on file documents that verify each faculty member's current credentials.
2. Didactic and clinical faculty members must possess sufficient skills in instructional methodology, including assessment of student competence, to ensure that the program is effectively delivered.
3. Clinical faculty members must have a minimum of two years of clinical experience, and the majority of clinical faculty members should have a minimum of five years of experience. Individuals who have fewer than two years of clinical experience and are currently in a CNME-approved postdoctoral residency program in naturopathic medicine, or who have graduated from such a program, may contribute to the provision of clinical instruction in a mentored environment. Clinical faculty must have a current license or registration from a state or province.
4. The overall composition and combined experience of the faculty must adequately reflect the naturopathic orientation of the program, and provide strong assurance of the program's potential to produce graduates who are capable of integrating naturopathic principles, philosophy and clinical theory into clinical practice.

B. FACULTY SUFFICIENCY

1. The number of full- and part-time members of the faculty is sufficient to effectively meet program needs.
2. An adequate, stable cohort of full-time or near full-time faculty with primary professional commitments to the program and/or institution provides for coherent academic planning, coordination of instruction, and curriculum development.

C. FACULTY ORIENTATION AND PERFORMANCE EVALUATION

1. The program provides an orientation for all new faculty members. For faculty members trained in fields other than naturopathic medicine, the orientation provides a basic understanding and appreciation of naturopathic medical principles, philosophy, clinical theory and clinical practice.
2. To ensure and improve the quality and effectiveness of instruction, all faculty members are evaluated periodically. In addition to instructional capability, faculty members are evaluated on their research/scholarship activities and on the performance of assigned responsibilities.
3. Faculty evaluation procedures provide for the effective evaluation of faculty members by administrators and students, and may provide for peer evaluation. Procedures are in place to ensure that the results of evaluations are reviewed with individual faculty members. When deficiencies are identified during the review process, remedial measures to address them are implemented.

D. FACULTY PROFESSIONAL DEVELOPMENT

1. The institution and the program encourage and support the on-going professional growth of faculty members through appropriate policies and the provision of opportunities, assistance and incentives for professional development. The administration provides or makes available remedial and professional development offerings to support the attainment of developmental goals identified through the faculty performance evaluation process.
2. Individual faculty members are engaged in a process of on-going professional development and growth to enhance their effectiveness in meeting the missions and objectives of the institution and the program. Provision is made to ensure the continuing competence and currency of members of the academic and clinical faculty and to develop and maintain their skills as teachers and/or clinicians.

E. FACULTY PARTICIPATION IN PROGRAM DEVELOPMENT AND ACADEMIC ADMINISTRATION

1. The faculty must have an appropriate role in the development of institutional and program policies. Structures and mechanisms, including a faculty governance organization as described in E.2 below, must be in place to facilitate communication among the faculty and between the faculty and administration.
2. A faculty governance organization must be in place and meet periodically. The organization must be appropriate to the size and complexity of the institution, be representative of the faculty, and have a set of bylaws or a policy document that sets forth its procedures for conducting business.
3. Faculty members contribute to the academic integrity of the program. The faculty is involved in the development and implementation of the program's curriculum and academic policies, including student selection, evaluation, discipline, academic standing and graduation. Faculty members participate in the review and recommendation of teaching methods, the identification of needs related to academic facilities and equipment, and any planning processes established to deal with the growth and development of the program and the institution as a whole.

F. CONDITIONS OF FACULTY EMPLOYMENT

1. The institution publishes a faculty handbook or comparable publication that clearly sets forth policies regarding hiring and termination, faculty rank and promotion, salary and benefits, performance evaluation, tenure (if applicable), teaching loads, instructional responsibilities, non-instructional responsibilities, conflict of interest, the resolution of grievances, and intellectual property. The handbook or comparable publication also contains an academic freedom policy that ensures academic freedom in teaching, scholarship and research. Policies with respect to promotion and tenure must include provision for faculty input.
2. Human resources policies and actions pertaining to faculty reflect a commitment to equal employment opportunity and non-discrimination.
3. Salaries and benefits are adequate to attract and retain a qualified faculty. Faculty compensation is regularly reviewed for adequacy in light of economic changes.

STANDARD V: STUDENT SERVICES

A. GENERAL PROVISIONS

1. The program shall provide student services and activities that reflect the program's mission and objectives, support good student morale, and assist students in the achievement of personal and professional growth while they progress through the program. Student services shall include, at a minimum, well-developed programs in the following areas: (i) admissions, (ii) orientation, (iii) advisement and counseling, (iv) financial aid (if offered), (v) tutorial services, and (vi) career development services.
2. The program must publish in the student handbook (or in a comparable publication) a statement that clearly defines the rights, privileges and responsibilities of students, and that specifies the procedure for conducting disciplinary and academic standing proceedings for violations of those responsibilities. Whenever the faculty or administration takes a formal action that adversely affects the academic, clinical or enrollment status of a student, there must be a fair, clearly defined and documented process that includes timely notice of the impending action, disclosure of the grounds on which the action would be based, and an opportunity for the student to respond.
3. The program shall provide a means for systematically obtaining student views and input into institutional and programmatic planning and decision-making.
4. The program must publish in the student handbook (or in a comparable publication) fair and efficient procedures for reviewing and responding to formal grievances made by students, and must maintain a record of their disposition during the preceding three-year period demonstrating that these grievances were handled in an equitable manner.
5. The institution shall make adequate provision for the safety and security of its students and their property. Information concerning campus safety shall be distributed as required by federal and state/provincial laws and regulations.

B. ADMISSIONS

1. The program shall have a published student admission policy that (i) reflects the program's mission and objectives, and (ii) clearly specifies the educational prerequisites, personal characteristics and minimum qualifications of applicants that the program considers necessary for academic and professional success. The program shall endeavor to select students who possess the intellectual capacity, integrity and personal characteristics necessary to become effective naturopathic physicians/doctors. The admissions process should include an in-person interview with applicants.
2. Admission policies must comply with applicable federal and state/provincial laws and regulations regarding non-discrimination and physical challenges that do not preclude the ability to meet the intellectual and technical standards of the program.
3. Faculty must be involved in the creation of the admissions policies, and should be involved in the student selection process. The program has final responsibility for recommending student selection.
4. Specific admissions policies (e.g., policies pertaining to transfer credit, advanced standing, re-admittance into the program, non-discrimination, etc.) shall be clearly stated in institutional publications. Enrollment, cancellation and refund policies shall comply with applicable federal and state/provincial laws and regulations.
5. The program must adhere to its published admissions policies; any exceptions to a policy are based on well-founded and documented reasons. Admissions files for students contain required documents.

6. Recruitment and admissions activities shall be conducted legally, and with honesty and integrity. The content of marketing materials and of any representations made to prospective students must be clear and accurate.
7. The program may accept transfer credit toward the naturopathic medicine program that the program judges to be equivalent to its requirements for graduation.
8. The program must demonstrate an acceptable process for assuring equivalence of transfer credits and for granting advanced standing. In considering education and training obtained in foreign countries, the program must obtain advisory assistance from a reputable educational credentials evaluation service for the interpretation of foreign educational credentials whenever the program lacks sufficient information or expertise to make an interpretation.
9. The admissions policy must involve planning and periodic assessment to determine whether the policy is adequately serving the needs and interests of the students, program and profession, and how it could be doing so more effectively.

C. STUDENT RECORDS

1. The program shall have an accurate and complete record keeping system, including permanent academic records that document the completion of program requirements. Students should have reasonably convenient access to their academic, attendance, financial and other records.
2. Policies shall be in place regarding the data to be included in the students' permanent records, as well as the retention, safety, security and disposal of records. Policies on record keeping, access to records and release of information must reflect the rights of individual privacy, the confidentiality of records, and the best interests of the student and the program; they comply with state/provincial and federal laws and regulations.
3. The program must maintain data that will facilitate the compilation of the following records and statistics: student profiles showing the number of students enrolled, graduated and readmitted; admissions data showing the number of applications received and accepted; pass rates on Parts I and II of the NPLEX examination; student loan default rates; and ages, gender, educational backgrounds, and racial/ethnic origins (optional) of the student body.

D. FINANCIAL AID

1. If the institution utilizes public resources to provide financial aid to students enrolled in the program, the financial aid program must be administered in accordance with applicable state/provincial and federal requirements. Financial aid personnel must regularly participate in professional training programs in order to remain current in their knowledge of financial aid requirements and practices; they must also participate in any government-mandated training programs. Financial aid records must be kept according to state/provincial and federal requirements.
2. The program must provide precise and complete information to students about opportunities and requirements for financial aid. The program must ensure that students receiving financial aid participate in entry and exit interviews where loan repayment responsibilities are explained. Students have the opportunity to receive staff assistance in planning for the most efficient use of financial aid and the student's own resources for education in order to help students keep their borrowing at a responsible level.
3. The institution closely monitors student loan default rates and compliance with its responsibilities regarding governmental student loan programs; the institution's default rate on loan programs is within acceptable limits under applicable state/provincial and federal law.

E. COUNSELING

1. Students must have ready access academic and career counseling, and should have ready access to personal counseling. Provision for academic counseling must incorporate and reinforce the efforts of faculty members, program administration and student affairs officers to support student success in the program.
2. A program should have in place mechanisms to identify at-risk students and address their needs in a timely manner; should it become apparent that a student lacks the abilities necessary to successfully complete the program, he or she should be counseled out of the program in a timely manner.

F. OFFICIAL PUBLICATIONS AND ONLINE RESOURCES

1. The program shall make available to students and to the general public a catalog, calendar, student handbook or comparable official publication (or publications) that accurately sets forth its:
 - Current mission and programmatic objectives
 - Admissions requirements and procedures
 - Transfer credit and advanced standing policies, including the criteria for accepting transfer credit
 - Tuition, fees and refund policies
 - Opportunities and requirements for financial aid (if applicable)
 - Academic performance requirements
 - Policies and procedures related to satisfactory academic progress
 - Rules for student conduct
 - Student disciplinary procedures
 - Student grievance procedures
 - Grading and attendance policies
 - Program completion requirements
 - Members of the administration, including their positions
 - Professional education and qualifications of full- and part-time faculty
 - Members of the governing board
 - Non-discrimination policy
 - Academic calendar
 - Program sequence or outline
 - Description of each academic program, including the curriculum and course descriptions for each course
 - Description of the learning and other physical resources
 - Sources of information on the legal requirements for licensure and entry into the profession
2. Publications, advertising and other communications concerning the institution's programs, services, activities and personnel must provide complete, accurate and clear information regarding the naturopathic medical program. Courses and faculty not available during a given academic year must be identified clearly. Publications and advertising must accurately represent employment, career and licensure opportunities.
3. The program must publish its status and relationship with the Council and provide the Council's address and phone number in accordance with CNME policy.

STANDARD VI: PROGRAM OF STUDY

A. PROGRAM DEVELOPMENT, DELIVERY AND INTEGRATION

1. The entire program of study, including the academic and clinical components, is “competency based.” A naturopathic medicine program clearly articulates—both for individual courses and for the program in its entirety—the core competencies and educational objectives necessary for a student to graduate as a competent doctor of naturopathic medicine. The program also incorporates all competencies formally adopted by CNME.
2. A naturopathic medicine program consists of a minimum of four academic years. It is a residential program, typically presented in a quarter, trimester or semester format. Including clinical education, a naturopathic medicine program requires a minimum of 4,100 clock hours. Assignment of credits to individual courses is consistent with accepted practices in higher education.
3. The program is clearly and accurately described in published materials. A syllabus must be prepared for each course or major unit of instruction, distributed to each student in the course, and maintained in the program’s curriculum files. The syllabus must contain, at a minimum, the following information:
 - The purpose of the course
 - The objectives of the course in specific terms, and the educational competencies to be attained
 - An outline of the content of the course and laboratory instruction in enough detail to permit the student to see its full scope
 - The method(s) of instruction and assessment
 - The requirements of the course with important dates (e.g., papers, projects, examinations)
 - The type of grading system used
 - The required and recommended reading
4. The instructional methods and policies reflect the program’s mission and objectives, as well as the specific objectives of individual courses.
5. Academic and clinical education components are carefully coordinated, integrated, and are mutually reinforcing. The program allows for a graduated progression in the student’s development of knowledge, skills, attitudes and behaviors, and fosters the student’s consequent ability to manage increasingly complex clinical knowledge and patient cases.
6. Throughout the entire program, naturopathic principles, philosophy, and clinical theory and practice are integrated into the academic and clinical education components of the program.
7. The program must establish and publish course prerequisites, and ensure that prerequisites are followed.
8. The Principles of Naturopathic Medicine, as adopted by the American Association of Naturopathic Physicians (AANP) and the Canadian Association of Naturopathic Doctors (CAND), are appropriately reflected in all program components:
 - The healing power of nature
 - First do no harm
 - Identify and treat the cause
 - Physician/doctor as teacher;
 - Heal the whole person

- Prevention is the best cure
9. A curriculum review committee regularly reviews, evaluates and revises as needed the content and instructional methodology of the program to ensure that required competencies and expected outcomes are achieved; the review process takes into account findings identified by the program's or institution's outcomes assessment processes and advances in medical sciences.

B. ACADEMIC COMPONENT

1. The academic component of the program of study is competency based, and fosters the development of required knowledge, skills, attitudes and behaviors in naturopathic medicine, including biomedical sciences and clinical sciences. Courses that prepare students to assess and diagnose the causes of disease incorporate an awareness and understanding of naturopathic principles, philosophy, clinical theory and clinical practice.
2. Students learn how to advise patients on prevention and wellness, how to effectively treat patients who have identified health concerns, diseases or conditions using naturopathic therapeutics and principles, how to make a prognosis, and how to evaluate and manage patient outcomes.
3. Laboratory instruction and clinical demonstrations are utilized in the learning process in order to assist in the development of clinical acumen. Students learn the skills necessary to access and evaluate information from diverse media. Practical or applied skills are acquired through practical coursework and the clinical education experience (see Section C, Clinical Education Component, below).
4. The program's academic component:
 - a. Includes courses/subject matter in naturopathic medical history, principles, philosophy and clinical theory, and integrates this subject matter throughout the program.
 - b. Supports development of the student's skills in patient lifestyle counseling in preventive approaches, including health education/promotion, disease prevention and mind-body medicine.
 - c. Supports development of the student's ability to competently take and record a patient's health history, effectively evaluate the causes and evolution of the chief complaints and present health status, appropriately utilize naturopathic assessments (including physical examination and laboratory findings), develop a differential diagnosis, create a treatment plan consistent with naturopathic principles, philosophy, clinical theory and clinical practice, make a prognosis, and evaluate clinical outcomes.
 - d. Supports students in becoming clinically competent, caring and ethical primary care/general practice physicians/doctors, with a well-developed sense of personal wellness, knowledge of their unique skills as healers, and full understanding of their scope of practice and its strengths and limitations.
 - e. Supports development of the student's ability to evaluate and apply knowledge and information obtained from a variety of sources, including scientific and professional literature, clinical experience, and traditional naturopathic practices.
 - f. Supports development of an understanding of principles of financial recordkeeping, marketing and naturopathic practice management.
 - g. Supports students in developing the verbal and written communication skills necessary to work effectively with patients, the general public and other healthcare practitioners, and the ability to make appropriate referrals.
 - h. Supports the ability of the student to participate in research and scholarly activity, including the ability to document the outcomes of naturopathic medicine.
 - i. Emphasizes the importance of lifelong learning.
5. The academic component provides an in-depth study of the human body, as well as

instruction in a variety of therapeutic and clinical subject areas relevant to the practice of naturopathic medicine; where appropriate, instruction includes related experiences in laboratory settings designed to reinforce and augment students' classroom learning. The following subject matter/courses are included:

- a. Anatomy (includes gross anatomy, dissection and/or prosection, neuroanatomy, embryology and histology)
- b. Physiology
- c. Pathology and microbiology
- d. Biochemistry, genetics and selected elements of biophysics relevant to the program
- e. Environmental and public health (including epidemiology, clinical ecology, immunology and infectious diseases)
- f. Pharmacology and pharmacognosy
- g. Diagnostic subject matter/courses – physical, psychological, clinical, laboratory, diagnostic imaging, and differential diagnoses
- h. Therapeutic subject matter/courses – botanical medicine, homeopathy, emergency and legend drugs, clinical nutrition, physical medicine, exercise therapy, hydrotherapy, counseling, nature cure, basic acupuncture and Oriental medicine, medical procedures/emergencies, and minor surgery
- i. Clinical subject matter/courses – body systems and their interactions, cardiology, psychology, dermatology, endocrinology, EENT, gastroenterology, urology, proctology, gynecology, neurology, orthopedics, pulmonology, natural childbirth/obstetrics, pediatrics, geriatrics, rheumatology, oncology and hematology
- j. Ethics, jurisprudence, practice management and research methodology

C. CLINICAL EDUCATION COMPONENT

1. The clinical education component of the program is competency based and is carefully integrated with the academic component of the program of study. It provides an opportunity for students to develop competence in integrating naturopathic principles, philosophy and clinical theory into clinical practice, as well as for further development and application of the knowledge, attitudes, behaviors and values introduced in the academic component.
2. The clinical educational component enables students to develop the clinical competence, professionalism and confidence necessary for successful clinical practice. The clinical component also teaches students to be an integral member of the health care profession and an active participant in the community, to collaborate effectively with providers in other health care fields, and to work in an integrative health care setting.
3. Student achievement standards, competencies, policies, and evaluation procedures in the clinical education component are consistent with the principle of gradually ascending student responsibility: the level of clinical responsibility accorded student clinicians is gradually increased in accordance with their level of competence.
4. The following are among the elements that characterize the clinical education component:
 - a. A clinical experience that integrates naturopathic principles, philosophy, clinical theory and clinical practice into every clinical interaction;
 - b. A clinical experience that provides students with the opportunities to develop the clinical knowledge, skills and critical judgment necessary for safe and effective practice as a primary care/general practice naturopathic physician/doctor, including patient counseling on health promotion and disease prevention, patient assessment, diagnosis, treatment, prognosis and management, and referral as appropriate;
 - c. Opportunities to demonstrate competence in the full range of naturopathic therapies as set forth in this standard;
 - d. Opportunities to develop the skills, attitudes and behaviors necessary to establish effective professional relationships with patients, faculty, colleagues, other health care practitioners and the public.

- e. Opportunities to treat patients of all ages, to treat a wide variety of conditions and diseases, and to develop case management skills;
 - f. Opportunities to interact with other healthcare providers;
 - g. Group forums for discussion among clinical faculty and students on a variety of clinical subjects and case analyses, with the inclusion of naturopathic principles, philosophy and clinical theory in all relevant aspects of the forum;
 - h. Opportunities to develop cultural/ethnic competence including socio-sexual and gender sensitivity, as well as an understanding of medical ethics and the medical consequences of common societal and environmental problems;
 - i. Opportunities to develop a thorough knowledge and the necessary skills of charting practices and patient record maintenance, including applicable legal requirements; and
 - j. Opportunities in naturopathic practice management (e.g., attracting and retaining patients, time management, charging and collecting fees, etc.).
5. The program's clinical education component provides at least 1,200 clock hours of clinical training involving patient contact in a clinical setting. The following requirements pertain to the clinical education component:
- a. Of the 1,200 hours, student clinicians must spend a minimum of 850 hours involved in patient care—in either a primary or secondary capacity—under supervision of clinical faculty members, in a naturopathic clinic where clinical competencies are evaluated by the program.
 - b. The 1,200 hours of clinical experience may include the time students spend in preceptorship and field observation experiences in practicing naturopathic physicians' offices or in other clinical settings; however, time spent in preceptorship and field observation may not count towards the fulfillment of the 850 hours requirement stated in the previous section.
 - c. The program must have a written policy covering preceptorships that ensures a consistent and worthwhile educational experience, and must have a formal relationship with each preceptor based on its written policy.
 - d. The program establishes and maintains specific minimum numbers of separately scheduled patient interactions as follows: (i) a total number of patient interactions that each student clinician—practicing in either a primary, secondary or preceptorship capacity—must attain by graduation (this number must be at least 450), and (ii) the number of patient interactions that each student clinician—working in a primary capacity involving assessment and/or treatment of patients under clinical faculty supervision—must attain by graduation (this number must be at least 225). The minimum numbers established by the program must be demonstrably sufficient to ensure student acquisition of required competencies.
 - e. Of the required 1,200 hours of clinical education, at least 900 clock hours are supervised by licensed/registered naturopathic physicians/doctors. The type of supervision provided and the faculty-to-student clinician ratio are appropriate for achieving both high-quality clinical training and high-quality patient care. For most clinical education settings, the faculty-to-student clinician ratio should be 1 to 6 or better.
 - f. Students may participate in grand rounds, community service, and skills classes, as well as in clinical posts such as the dispensary/medicinary, laboratory, reception, diagnostic imaging, etc. These activities may not, however, count towards the fulfillment of the 1,200 hour clinical requirement.

D. CLINIC ADMINISTRATION, RESOURCES, AND FACILITIES

1. Clinical education is overseen by an appropriately qualified senior academic administrator who is involved in (i) curriculum design and implementation, (ii) oversight of clinical faculty, and (iii) the development of standards, policies and procedures pertaining to clinical education.
2. Clinical education takes place in healthcare clinics and/or hospitals that provide patient care

in accordance with applicable local, state/provincial and federal requirements governing health and safety.

3. Clinical education is conducted in accordance with published policies on ethical behavior for students, clinical faculty, administrators and staff, and in accordance with policies and procedures on quality assurance and conflict-of-interest for the dispensary/medicinary.
4. Sufficient resources are allocated to the clinical education component of the program to achieve its educational goals and objectives. There is sufficient patient volume for the number of student clinicians, and the clinical facilities are adequate in size and equipped as needed to provide experience in all aspects of naturopathic assessment, diagnosis and treatment covered in the program curriculum.
5. Administrative staffing for the clinical education component is sufficient to meet its needs, patient-care rooms are appropriately equipped, physical medicine facilities and equipment are adequate, the clinical laboratory is appropriately equipped, and a naturopathic dispensary fully serves the needs of patients, faculty and students.
6. There are record-keeping procedures in place that fully document completion of clinical education requirements.
7. The program must maintain clinical records of patients that are accurate, secured, backed up, complete and are kept confidential in accordance with applicable legal requirements. Clinical record keeping practices must conform to generally accepted standards of healthcare practice; clinical charts must be signed by the student and the supervisor.
8. The following requirements pertain to affiliated clinical training sites at which students may fulfill a portion of the 850 hours clinical education requirement stated above:
 - a. A written affiliation agreement must be in place whenever an affiliated clinical training site is not under the direct administration of the program. The agreement must clearly state the educational goals for the training site and the role of the student clinicians.
 - b. The program's standards, policies and procedures must be consistently applied to student clinicians regardless of the training site, and student clinicians must receive comparable educational opportunities and experiences at all sites;
 - c. The program must employ student evaluation procedures at affiliated training sites comparable to those used at the principal teaching clinic, including procedures for evaluation of clinical competencies and student achievement;
 - d. Instructors at affiliated sites must have a formal written arrangement with the program, and must have qualifications comparable to the program's clinical faculty and perform the same functions.

STANDARD VII: EVALUATION AND ASSESSMENT

The program must have in place thorough processes for (i) evaluating each student's academic and clinical performance, (ii) evaluating the professional success of its graduates, and (iii) assessing overall program outcomes and effectiveness in relation to the program's mission and programmatic objectives. The program must regularly use the information generated through its evaluation and assessment processes to make related changes and improvements in its program of study, allocation of resources, and academic and institutional policies and procedures.

- A. The program must maintain a written policy or plan that outlines the processes it uses to assess the educational performance of individual students and the attainment of program outcomes, and that specifies the individuals responsible for implementing the policy or plan. These processes are clearly defined, encompass all of the programmatic offerings, and are conducted regularly.
- B. As part of its assessment processes, the program gathers and maintains a sufficient variety and amount of data—including various outcomes measures—on students and graduates to enable the program to (i) document student achievement of individual clinical competencies and comprehension of subject matter, and (ii) evaluate and document the overall effectiveness of its training and the accomplishment of the program's stated mission and programmatic objectives. Findings from assessment processes are integrated into the institutional planning process.
- C. The program utilizes both formative and summative processes for evaluating student learning. The evaluation processes are fair, emphasize objective techniques and approaches, and are applied consistently. Evaluation processes enable faculty to support and assist student learning and to verify each student's achievement of required academic and clinical competencies. Students who do not perform at the required level receive timely notification of the remedial options available to them.
- D. Evaluation of student clinical performance is referenced to specific criteria, is performed regularly, and incorporates a variety of measures of knowledge and competence. Clinical faculty members have completed an orientation session that includes information on the program's evaluation processes pertaining to clinical performance, receive periodic in-service training to ensure consistency in evaluation, and have their individual performance as evaluators reviewed periodically.
- E. The program maintains data for the latest five-year period on the program's completion rates. When data do not support a conclusion that the program consistently graduates 75% of the students who enter the program within the timeframe set by the program, a formal analysis is conducted, and a report containing information on measures being taken to improve completion rates is compiled and placed on file.
- F. The program maintains data for the latest five-year period on the overall pass rate of its students and graduates on NPLEX examinations. When the data indicate that 70 percent of first-time test-takers do not consistently pass NPLEX Part I (biomedical sciences) or NPLEX Part II (clinical sciences), the program conducts a formal analysis, compiles a report containing information on measures being taken to improve the program's overall pass rate, and places the report on file.
- G. The following are examples of outcome measures that may be used as elements of a program's assessment policy or plan (note that a program may select other elements not listed below):
 1. Systematic approaches to the evaluation of student competence in physical and clinical diagnosis (e.g. Objective Structured Clinical Evaluation, Criterion Referenced Evaluation, Evaluation with Standardized Patients, etc.) at various stages in the training, such as pre-clinic, midway through the clinical component, and post-clinic
 2. Descriptive reports related to the student clinical experience (e.g., the variety of patient

conditions typically seen, the depth of the clinical exposure, etc.)

3. Structured observation and assessment of student clinical performance and ability to make independent clinical decisions
4. Review of patient charts to assess student clinicians' knowledge and skills
5. Structured observation and documentation of student clinician performance in case presentations and grand rounds
6. Analysis of NPLEX scores and pass rates
7. A longitudinal analysis of course grades for students
8. Analysis of attrition rates for students
9. An entrance examination for newly matriculated students, as a baseline for longitudinal studies
10. Survey data on patient satisfaction with student or intern performance and on quality of patient care
11. Noel-Levitz surveys on student satisfaction
12. Periodic alumni surveys on matters related to the quality and appropriateness of the training, and graduates' success in finding satisfactory employment
13. Student exit surveys on various matters such as satisfaction with the program and instruction
14. Student evaluations of courses and instruction
15. Indications of faculty productivity such as the volume and quality of research projects, publications or other scholarly activity such as workshops, conferences, presentations and papers
16. Strength of demand for admission to the program and undergraduate educational data such as average GPA
17. Graduate participation in residency programs
18. Student loan repayment and default rates
19. Clinic patient retention
20. Analysis of connection between entrance requirements and success in the program

STANDARD VIII: CONTINUING MEDICAL EDUCATION

- A. An institution or a naturopathic medical program that offers or sponsors continuing education courses or programs related to naturopathic medicine must have in place an administrative structure that exercises academic control over the courses or programs in order to ensure appropriateness, quality and consistency. For all of its continuing education workshops, courses, seminars and certificate programs related to naturopathic medicine, the institution shall ensure that:
1. Programs are well-designed and of good quality.
 2. Instructors have appropriate qualifications to teach the subject matter of the course or program.
 3. Any conflict of interest on the part of the instructor or course sponsor is publicized.
 4. Accurate records of attendance, grades and other relevant information are maintained.
 5. Programs are evaluated by attendees and program administrators.
 6. The naturopathic medicine program does not allow students to take continuing education courses or programs as part of the core curriculum; however, programs may allow students to take continuing education courses or programs for elective credit within the naturopathic medicine program provided that the academic requirements and rigor are consistent with courses offered as part of the core curriculum.
 7. No certificate or other credential signifying completion of a continuing education course or program is issued prior to actual completion of all requirements.

STANDARD IX: LIBRARY AND LEARNING RESOURCES

A. ORGANIZATION AND ADMINISTRATION

1. The library is managed by a professional librarian who has a minimum of a Master's degree in Library and Information Science from an American Library Association (ALA) accredited program, or comparable professional education and experience. The librarian reports to—or otherwise has regular access to—senior management of the institution.
2. Staff members have appropriate education and experience to carry out professional and technical operations to manage resources and services of the physical and the web-based library.
3. The staffing is sufficient to support facilities, resources, services, programs, and the volume of students, faculty and other patrons.
4. Professional development of library staff—including participation in professional organizations as appropriate—is supported by the institution.
5. A Library Advisory Committee (or an equivalent body) provides advice and feedback on the library, and includes adequate representation from faculty and students.
6. The library's information technology and technical support needs are adequately met. The library is responsive to changing roles and services in an evolving technological environment.
7. Policies and procedures that govern the use of library services and resources are documented and easily accessed by patrons.
8. Policies and procedures that govern operational functions are clearly defined and documented for library staff use.

B. PLANNING AND EVALUATION

1. The institution's and/or program's long-range planning activities include planning for the development of the library in order to meet the evolving information needs of primary patrons. Library planning and the formulation of the library's goals and priorities are guided by the institution's mission and the missions of the educational programs it offers.
2. In planning activities, consideration is given to anticipated future requirements for equipment associated with information technologies or other technologies relevant to the library, and to anticipated future physical space requirements for the library and other learning resources.
3. Appropriate methods are used to measure library performance (e.g., benchmarks for performance based on peer group comparison) and the information obtained is used in planning activities.
4. There is formal provision for program administration to provide periodic feedback on the library's responsiveness to program needs.

C. BUDGET

1. The library has its own budget that provides adequate funding to meet the needs of library patrons, including funding for staffing, collections, services, equipment, facilities and other resources.

D. ACCESS

1. Access to library and information resources is attained through the implementation of services and by utilizing new developments in information management. This includes but is not limited to:
 - a. Competent and timely assistance to patrons, and service hours that are reasonable and convenient to primary patrons
 - b. A circulation system that enables patrons to take reasonable advantage of the available resources
 - c. A web-based or a central catalogue reflecting all available resources and providing multiple concurrent access
 - d. Organization of materials based on standard bibliographic norms and systems that effectively manage information
 - e. Sufficient infrastructure needed to access resources
 - f. Orientations to the library for new students and faculty and ongoing information literacy programs to educate patrons about available resources and services

E. COLLECTIONS

1. The library provides comprehensive, authoritative and current information resources that support learning outcomes and research. The library has in place policies and procedures to protect the collection from theft and other types of loss.
2. Collections comprise a variety of formats that include, but are not limited to, print materials, sound recordings, digital services, graphics, models and web-based applications. The library should be responsive to changes in information technology
3. Collection development policies guide the acquisition and retention of current and historic materials. Faculty and, where appropriate, other patron groups actively participate in the selection and evaluation of resources.
4. Provision is made for interlibrary loan or other resource sharing agreements, and/or membership in library consortia, to access materials.

F. FACILITIES

1. The available learning resources accommodate current needs for networked computers and other information technology equipment, collections, staff workspace, and areas for quiet or group study.
2. Electronic equipment is sufficient to enable access to resources and to meet the academic and instructional needs of students and faculty.
3. Secure and reliable remote access is available.

STANDARD X: RESEARCH AND SCHOLARSHIP

Research and scholarship can be broadly conceived as falling into four domains: discovery, integration, application and teaching. Research and scholarship are integral to the educational environment of the program and contribute to the advancement of knowledge and the quality of health care in the field of naturopathic medicine. The program encourages through diverse means faculty, student and alumni involvement in research and scholarly activities.

A. RESEARCH POLICIES AND PRACTICES

1. Research activities are consistent with the mission and educational objectives of the program. The level of faculty research and scholarship within a program reflects the overall level of development of the program.
2. A research committee of administrators and faculty members that ideally includes individuals who represent the ND program (or another formal administrative mechanism) must be established to:
 - a. approve and oversee research activities associated with the program;
 - b. develop appropriate research policies, including policies that articulate the intellectual property rights that derive from research and scholarship;
 - c. ensure that research activities conducted under the program's auspices are in accordance with the program's and institution's policies, external legal requirements and accepted research practices;
 - d. ensure that funds for research derived from external grants, contracts or other sources are expended in accordance with the funding source's requirements; and
 - e. develop data and safety monitoring plans, as may be required.
3. The institution has an Institutional Review Board that ensures adequate protection of subjects and addresses issues of medical ethics.
4. Research investigators are assured academic freedom in conducting their research and retain the right to publish and report the results of their research.

B. SUPPORT FOR RESEARCH

1. The institution provides, secures and/or arranges adequate funding, facilities, equipment, staff, library resources, information technology and other resources to accommodate the research and scholarship activities of the program.
2. The program's commitment to research and scholarship is reflected in such areas as: (i) the teaching load and assignment of faculty responsibilities, (ii) the provision of stipends and other remuneration for research and scholarship activities, (iii) support for seeking external funding, (iv) opportunities for faculty leave to conduct and participate in appropriate research programs, and (v) professional development opportunities to increase research capabilities.
3. The program provides opportunities for interested faculty and students to be mentored and to participate in research activities.

STANDARD XI: PHYSICAL RESOURCES

- A. The program has sufficient physical resources—including instructional, library, clinical, office and research facilities, equipment and supplies—to achieve its mission and objectives.
- B. The program’s physical facilities shall either be owned by the program, leased or otherwise contractually secured to guarantee their availability; any facility lease or contract must include an adequate notice period (in general, at least one full academic year) should the owner wish to terminate the lease or contract.
- C. The facilities shall be sufficient to house and provide for the effective functioning of the program, and to accommodate the needs of the faculty, staff and student body. Faculty and staff offices, conference areas and other resources are sufficient for carrying out teaching, research, administrative and other assigned responsibilities.
- D. Physical resources for the program are allocated in accordance with a comprehensive plan that is consistent with the program’s mission and objectives. Appropriate program faculty and staff are involved in the planning process to ensure that the program’s needs are addressed.
- E. The facilities shall be safe, accessible and appropriately maintained. A schedule for routine and preventive maintenance and necessary capital improvements of the facilities and for maintenance of the grounds is developed and implemented.
- F. There are sufficient instructional, office, computer/IT and other systems, equipment and supplies to meet the needs of the faculty, staff and student body. A schedule for routine maintenance of equipment is developed and implemented, and adequate funds are budgeted to allow for maintenance and replacement as needed.
- G. Facilities and records must comply with federal, state/provincial and local fire, safety, health and accessibility laws and regulations. The institution should have a comprehensive emergency preparedness plan in place that includes appropriate training of students, faculty and staff.
- H. Adequate record storage, back-up and recovery procedures must exist for all essential records, including student and patient records.