

**HANDBOOK ON CNME  
POSTDOCTORAL NATUROPATHIC  
MEDICAL EDUCATION  
SPONSOR RECOGNITION PROCESS  
AND STANDARDS**

*2005 Edition*

**CNME**

COUNCIL ON NATUROPATHIC MEDICAL EDUCATION

**HANDBOOK ON CNME  
POSTDOCTORAL NATUROPATHIC MEDICAL EDUCATION (PNME)  
SPONSOR RECOGNITION PROCESS AND STANDARDS**

**(For Naturopathic Medical Programs seeking CNME RECOGNITION AS SPONSORS OF APPROVED PNME PROGRAMS, and the right to identify individual *AFFILIATED PNME/Residency Program Sites* as CNME APPROVED)**

**Introduction**

The Council on Naturopathic Medical Education (CNME) was established in 1978 to ensure the high quality of naturopathic medical education through a voluntary accreditation process. The naturopathic medicine programs recognized by the Council offer four-year, graduate-level medical training that leads to qualification as a Doctor of Naturopathic Medicine or Doctor of Naturopathy (N.D. or N.M.D.). Each college or university that offers a recognized program has a mission that encompasses preparation of students for practice as licensed primary-care naturopathic physicians.

A POSTDOCTORAL NATUROPATHIC MEDICAL EDUCATION PROGRAM (PNMEP) is an educational experience, following graduation as an N.D. or N.M.D. that provides a mentored opportunity for experience and learning in a clinic or other appropriate setting. Such educational experiences—commonly called “residencies”— must be a minimum of one year in duration. Students following such programs are commonly referred to as “residents”.

A fundamental objective of any postdoctoral naturopathic medical education program is for the naturopathic physician to increase professional competence, knowledge and skills, as well as develop greater confidence in clinical judgement.

The Council on Naturopathic Medical Education recognizes the importance of postdoctoral naturopathic medical education programs to the continuing growth and evolution of naturopathic medicine as a profession. Increasing demand for such programs is presenting a number of challenges for both CNME and the profession’s educational institutions and programs. In response, CNME has developed the process and Standards, set out in this handbook, under which Educational institutions and programs meeting CNME requirements and Standards will be accepted as RECOGNIZED SPONSORS of Approved Programs in postdoctoral naturopathic medical education. CNME Recognized Sponsors have the right to designate individual affiliated PNME/Residency Programs that they have verified to meet or exceed CNME Standards as “CNME APPROVED”.

The accreditation process is a cooperative activity that includes continuing self-assessment on the part of each institution and external review, including site visits, directed by the CNME. CNME Recognized Sponsors are obligated to broaden their self-study process to monitor individually approved PNMEP’s for continuing to meet CNME Standards. CNME will verify that the Sponsor is discharging this obligation by reviewing the Sponsor’s analysis and visiting randomly selected affiliated PNMEP’s during on-site accreditation reviews of the educational program in naturopathic medicine.

Such review helps the residency programs in attaining and maintaining educational excellence. A

residency program's designation as "CNME Approved" serves to inform the public, licensing agencies, specialty boards, residents, and applicants for residencies that a residency program and its sponsoring institution are in compliance with the Council's Standards.

CNME's Board of Directors is responsible for periodically reviewing and approving CNME Approval Standards and evaluation procedures. The Committee on Postdoctoral Medical Education (CPME) has been assigned responsibility for developing the Standards for Sponsor Recognition and PNMEP/Residency Approval. The CPME develops procedures, conducts the actual review of Recognized Sponsors of Postdoctoral Naturopathic Medical Education Programs (and determines related Recognition and Approval awards). CPME is composed of six members of the Board of Directors, including at least one public member. Through CPME, the Council identifies Recognized Sponsors and Approves their Postdoctoral Naturopathic Medical Education Programs.

### **Purpose of Handbook**

The purpose of this Handbook is to outline CNME's Standards for Recognition and Approval. It is intended as a resource for CNME RECOGNIZED SPONSORS. It provides information on becoming a CNME Recognized Sponsor. It also describes the Standards CNME requires each affiliated PNME/Residency Program to meet, as well as the responsibility the Recognized Sponsor carries to verify the ongoing compliance of each affiliated PNME/Residency Program. Along with this responsibility goes the right to identify these affiliated programs as "CNME Approved".

CNME recognizes that PNMEP's are in their earliest stages of development. Many challenges are involved, including the need to identify and develop residency sites, to identify and orient faculty who can mentor and guide residents, to further develop program policies, procedures and educational content, and to operate within budget constraints. The satisfactory growth and evolution of Postdoctoral Naturopathic Medical Education is vitally important to the profession and the public it serves, and CNME accepts a responsibility to contribute to and support this development. The Standards CNME has identified are felt to be consistent with this early stage of development of PNMEP's while adequate to ensure the basic quality of those meeting the Standards. CNME intends to periodically review and upgrade these Standards to ensure that they stimulate further growth and improvement as programs develop and mature.

In this context, particular attention should be paid to the wording of the Standards. For instance, a statement may employ either the word "must" or the word "should". The difference in wording signifies the *current importance of the particular Standard as a requirement for Approval*. Definitions of the wording used in the internship/residency program Standards are as follows:

#### ***Must; Shall; CNME expects; It is expected;***

These words or phrases indicate program Standards that are considered to be essential or mandatory.

#### ***Should:***

This word implies that compliance with the Standard is highly desirable.

#### ***May or Could:***

These words indicate freedom or liberty to follow an alternative to the stated requirement.

CNME anticipates that, as PNMEP's mature, selected "should" statements will become "must"

statements in future editions of these Standards.

**A GLOSSARY with definitions of other relevant terms may be found at the end of this handbook.**

## SECTION ONE: OVERVIEW

### A. The Education of Naturopathic Physicians

Naturopathic medical education in the United States and Canada occurs in four major phases:

**Undergraduate Education:** The first phase is a student's undergraduate education, including the prerequisite courses for entering a naturopathic medicine program. Each accredited naturopathic medicine program establishes its own prerequisites, with all programs generally recommending a bachelor's degree in pre-medicine or the natural sciences.

**Graduate-Level Medical Education:** The second phase of the process is the graduate-level naturopathic medical education that leads to qualification as a Doctor of Naturopathy or Doctor of Naturopathic Medicine (N.D. or N.M.D.). Ensuring the high quality of naturopathic medical education through the voluntary accreditation of naturopathic medicine programs is the Council's primary mission. The Council's Handbook of Accreditation for Naturopathic Medicine Programs contains the eligibility requirements, standards, procedures, and policies related to the evaluation and accreditation of naturopathic medicine programs.

**Postdoctoral Medical Education:** The third phase of the educational process consists of optional postdoctoral medical education programs, often also called "graduate medical education programs." These optional programs may be centered upon differing kinds of activity and experience (see article 3.3). These programs include the residencies that further develop the skills that naturopathic physicians bring to primary-care practice naturopathic medicine or a specialty. The purpose of such residencies is to provide an organized, supervised educational and training experience for the resident. The training of the resident relies primarily on learning acquired through providing patient care under supervision, and the resident takes on progressively greater responsibility for patient care during the course of the residency. Other forms of postdoctoral medical education include internships and fellowships.

**Continuing Education:** The fourth phase is the continuing education of naturopathic physicians so they remain current in their fields, as well as meet requirements for maintaining licensure. Continuing education has many forms, including seminars, hands-on training, lectures, and distance-learning courses. The Council views continuing education as an important adjunct to the primary mission of naturopathic medicine programs, and it has adopted a separate accreditation standard to ensure the high quality of their continuing education offerings. Naturopathic physicians also participate in continuing education programs offered by professional associations and scientific societies.

### B. Naturopathic Licensure

Licensure is a process of state and provincial government through which an individual naturopathic physician is permitted to practice naturopathic medicine in a particular state, province, or other jurisdiction. An authorized agency (e.g., a state's Board of Naturopathic Medical Examiners or an

agency with a similar name) grants naturopathic licenses. In the U.S., (as of the date of the printing of this handbook) naturopathic licensure laws have been adopted by Alaska, Arizona, California, Connecticut, Hawaii, Idaho, Maine, Montana, New Hampshire, Oregon, Puerto Rico, the U.S. Virgin Islands, Utah, Vermont, Washington D.C., and Washington. Kansas has a registration law for naturopathic physicians. In Canada, naturopathic licensing laws have been adopted by British Columbia, Manitoba, Ontario, and Saskatchewan.

### **C. Board Certification in a Naturopathic Specialty**

Board certification is the process for determining whether an individual naturopathic physician has met established requirements within a particular naturopathic medical specialty. The respective specialty board (e.g., the Homeopathic Academy of Naturopathic Physicians) conducts this process.

### **D. CNME APPROVAL of Postdoctoral Naturopathic Medical Education Programs**

For a residency program (PNMEP) to become “CNME APPROVED” it must be affiliated with a qualified sponsoring educational program or institution— a CNME RECOGNIZED SPONSOR.

Standards for CNME Recognition are set out in Section Two under Recognition Standards (General). Section Three (Program Approval Standards) sets out the additional Standards the Recognized Sponsor must verify that an individual residency training site meets in order to list the Residency as CNME APPROVED.

The CNME Committee on Postdoctoral Medical Education makes the initial determination that a sponsor shall be recognized and monitors and evaluates the sponsor’s continuing compliance with all Standards.

## **SECTION TWO: GENERAL RECOGNITION STANDARDS**

To become CNME RECOGNIZED, an educational program or institution must be in compliance with the following Standards:

**2.1 Scholarly and Supportive Environment:** The sponsoring institution must exhibit a scholarly environment appropriate for developing, supporting and monitoring the PNMEP’s with which it is affiliated. The sponsoring institution must have a published statement of its commitment to postdoctoral medical education that is supported by the institution’s governing authority, administration, and teaching staff.

**2.2 Letter of Intent:** CNME must be provided with a written Letter of Intent declaring the prospective sponsor’s commitment to maintain compliance with the General Recognition Standards (presented in this section) and to assume responsibility for ensuring that every PNMEP/Residency it identifies as Approved complies with and maintains compliance with the Standards set out in Section Three (Program Approval Standards)

**2.3 Educational Oversight:** An organized administrative system must be in place to oversee the residency program sponsored by an institution. An individual must be designated as the “Director of Postdoctoral Naturopathic Medical Education Programs.”

The Director of Postdoctoral Naturopathic Medical Education Programs must hold at least two meetings annually that in one way or another involve all individuals responsible for supervising resident experience at Affiliated Training Sites. Personnel at remote sites may be connected to these meetings by phone or other appropriate electronic means. Everyone involved does not have to be brought into the same meeting—i.e., the Director may organize attendance to suit local circumstances. However, attendance and minutes of meetings must be kept and documentation made available for inspection by on-site evaluation teams. Topics that must be covered over the course of the year include the following:

- a) CNME Standards for Approval of PNMEP's, and, in particular, establishment of arrangements at each site for resident experience, supervision, mentoring and instruction that meet these standards;
- b) Development and implementation of policies and procedures for the selection, evaluation, promotion, and dismissal of residents;
- c) Agreement on how the Recognized Sponsor will monitor training site compliance with policies and success in meeting educational goals;
- d) Identification of any of the Recognized Sponsor's Resources which are available for use by training sites;
- e) Arrangements for on-going communication and liaison between the Recognized Sponsor and its Training Sites;
- f) Agreement on policy and procedures to be employed for discipline and the adjudication of complaints and grievances relevant to a PNME/Residency Program. These policies and procedures must satisfy the requirements of fairness and due process, and they must apply equally to all residents and teaching staff of the sponsoring institution.

Ideally, all of the above should be accomplished within a Postdoctoral Medical Education Committee or Graduate Medical Education Committee responsible for advising on and monitoring all aspects of residency education. Committee members should include the Director of Postdoctoral Naturopathic Medical Education Programs, teaching staff, and residents. Such a committee should meet regularly; minutes should be kept and made available for inspection by on-site evaluation teams. In addition to the points listed above, the committee should advise on and monitor the following:

- Assurance of appropriate and equitable funding for resident positions, including benefits and support services.
- Appropriate working conditions and duty hours of residents.
- Regular review of ethical, socioeconomic, and medical-legal issues that affect resident education.

**2.4 Program Structure:** The structure of a PNMEP/Residency may involve any of several administrative forms. A program may be conducted within the sponsoring institution, with the assignment of residents limited to that institution and the training sites it directly administers. A sponsoring institution may also establish affiliation agreements or contract with one or more organizations to offer residents additional training sites. Or, two or more sponsoring institutions may choose to jointly sponsor a specific training site, or a separate residency program. Regardless of the administrative structure, the quality of the program and its qualification for CNME Approval are still the responsibility of the sponsoring institution(s).

**2.5 Site-Vetting:** The sponsoring institution must vet prospective PNMEP/Residency sites to

ensure the existence and availability of those basic educational and patient care resources necessary to provide of the resident with meaningful involvement and responsibility in the required clinical care.

**2.6 Affiliation Agreements:** When a PNME/Residency Program is not entirely within the administrative domain of a single sponsoring institution, there must be a formal affiliation agreement with each training site cooperating in the provision of a residency program.

- a) **The Affiliation Agreement shall specify any agreements concerning residents, including:**
  - i. The number of residents to be accommodated.
  - ii. The period of assignment of residents to the PNMEP provided at the training site, together with any criteria for selection of the resident(s).
  - iii. Any service obligations of residents.
  
- b) **The Affiliation Agreement shall briefly describe the planned types of clinical experience and the anticipated volume or extent of these.**
  
- c) **The Affiliation Agreement must identify the respective responsibilities of the Recognized Sponsor and the Training Site as well as their joint commitments or agreements.**
  
- d) **The Outlined Responsibilities of the Recognized Sponsor shall include:**
  - i. A specific reference to a commitment to ensuring the provision of organized educational programs with guidance, mentoring and supervision of the resident adequate to facilitate the resident's personal growth and progressively increasing professional competence and autonomy.
  - ii. A description of the Sponsor's planned provision for monitoring this achievement and for providing helpful counsel and educational expertise to PNMEP's.
  - iii. A descriptive listing of the Sponsor's planned educational contributions to the PNMEP.
  - iv. Detail on any related legal or financial obligations of the Sponsor.
  
- e) **The Outlined Responsibilities of the PNMEP Training Site shall include:**
  - i. Consultation with the Sponsor to identify a single Supervisor for the residency program at the site and outlining the Supervisor's responsibility and authority for educational activities at the site.
  - ii. Consultation with the Sponsor to identify any other teaching staff responsible for the instruction and supervision of residents at the training site;
  - iii. A specific reference acknowledging a commitment to the single most important responsibility of any Training Site—assuring a residency experience that will fulfill the educational objectives and facilitate each resident's progressive professional growth;
  - iv. A brief descriptive listing of the Training Site's planned educational contributions to the PNMEP.
  - v. Detail on any related legal or financial obligations of the Training Site.
  
- f) **Joint Agreement on Resident Eligibility and Selection**

Both parties must agree to formal procedures for recruiting and appointing residents, which shall include:

- i. **Resident Eligibility.** Applicants with one of the following qualifications are eligible for appointment to Approved Residency Programs:
  - Graduates of naturopathic medicine programs that are accredited by or have candidate status with the Council on Naturopathic Medical Education.
  - Doctors of naturopathic medicine who have (or will have before the end of the first academic term) a current and valid license to practice naturopathic medicine in a U.S. or Canadian licensing jurisdiction and who are in good standing with the jurisdiction's regulatory authority.
- ii. **Resident Selection.** An applicant's aptitude, academic credentials, and communication and interpersonal skills should be considered in the selection process. Policies must be in place to ensure that the selection process supports equal opportunity for all qualified persons.

### **SECTION THREE: PNMEP/RESIDENCY TRAINING SITE STANDARDS**

A Postdoctoral Naturopathic Medical Education Program/Residency relies on an integration of didactic activity in a structured curriculum with diagnosis and management of patients under appropriate levels of supervision, as well as scholarly activity aimed at developing and maintaining lifelong learning skills. The quality of this experience is directly related to the quality of patient care, which is always the highest priority.

**A CNME RECOGNIZED SPONSOR may identify and publicize as "CNME APPROVED" those PNMEP's/residencies it has verified and is monitoring to be *currently* in substantial compliance with the Standards set out below. (It is emphasized that the CNME Recognized Sponsor's responsibility for monitoring and evaluating PNMEP/residency compliance with CNME Standards is ongoing).**

#### **3.1 Program Duration**

To be eligible for Approval, a residency program must be a minimum of 12 months, full-time in length. Residency programs may be longer, but are usually divided into twelve-month intervals. The resident's appointment may be limited to a single year or renewed and extended as appropriate. The written agreement or contract with each resident states the length of the appointment.

#### **3.2 Program Size**

A residency program may be of any size commensurate with the program's capacity to offer each resident an educational experience that meets the objectives of the program and allows continuing compliance with CNME Standards. Council requires Recognized Sponsors to impose limitations on the permitted number of residents where PNMEP's demonstrate continuing problems providing adequate resident supervision and mentoring, resource problems or other deficiencies.

#### **3.3 Types of PNMEP and Scope of Training**

CNME APPROVAL may be granted to 3 different types of PNMEP/Residencies:

##### **a) General**

General programs or residencies are defined as those in which the first year of a residency

program has a minimum of sixty percent of the training in primary-care naturopathic medicine. The program may have an emphasis on a specialty in addition to the training in primary-care naturopathic medicine, but training in that emphasis does not exceed forty percent of the overall training. Naturopathic philosophy and principles are integrated throughout the program, at all training sites if rotations are involved. Rotations may be employed to provide residents with the diversity of patient contacts necessary to reflect the scope of a general practice in Naturopathic Medicine.

**b) Selective**

Selective programs or residencies are defined as those in which the first year of a residency program has a minimum of sixty percent of the training in one or two specific disciplines or modalities of primary-care naturopathic medicine. Rotations may be employed to focus resident experience appropriately. Naturopathic philosophy and principles are integrated throughout the program, at all training sites where there are rotations. The program may provide experience in other disciplines or modalities of primary-care naturopathic medicine, but does not make special provision to ensure that it encompasses the scope and diversity of a general practice in Naturopathic Medicine.

If the program is longer than twelve months, it may provide after the first year any division of training necessary to achieve the goals of the specialty training, with naturopathic philosophy and principles emphasized in a manner appropriate to that specialty.

**c) Complementary**

Complementary programs or residencies are defined as those that do not fall under either of the above categories, and where sixty percent of the experiential learning is of interest and value to Naturopathic physicians but is less commonly associated with everyday naturopathic general practice. Examples of complementary residencies are opportunities to learn the operation of a health-related business, to take part in public or community health programs, or to be involved in allopathic rotations in pediatrics, geriatrics, internal medicine, obstetrics and gynecology, psychology and psychiatry, physical medicine, surgery and emergency medicine. Forty percent of the first year program must provide for supervised experience in naturopathic primary care practice.

If the program is longer than twelve months, it may provide after the first year any division of training necessary to achieve the goals of the specialty training, with naturopathic philosophy and principles emphasized in a manner appropriate to that specialty. Experienced naturopathic physicians entering a residency program may be placed directly into the second year.

### **3.4 Identification of Goals**

The General Goals of the PNMEP/residency experience must be specified. A selection from the following more common goals may be included. All will *not* be applicable to *every* residency and others may be specified.

The resident may:

- Develop depth, skill, judgement and confidence as a practitioner
- Benefit from a mentoring process *providing models* for particular future role in private practice, education, institutional care, research, health-related business, etc.

- Learn to deal more effectively with complex cases
- Expand diagnostic awareness
- Develop teaching skills
- Develop practice management skills
- Develop appreciation of how the naturopathic philosophy applies in particular context
- Develop understanding of/participate in clinical, basic science or other research
- Develop appreciation and understanding of how research benefits clinical practice
- Develop appreciation of the need for Continuing Education and Scholarly Activity
- Practice collaborative medicine
- Gain experience working with other health practitioners
- Gain experience working in group practice, institutional or business settings
- Develop awareness of associated legal and regulatory frameworks
- Develop responsiveness to the larger context and system of health care, as well as the ability to call upon other resources in the system to provide optimal health care.
- Develop understanding of authorized scope of practice, personal abilities and limitations
- Develop understanding of the possible role and contribution of naturopaths in a jurisdiction that does not yet license naturopathic physicians.

### **3.5 Adequacy of Resource Base**

The sponsoring institution must ensure the existence and availability of those basic educational and patient care resources necessary to provide of the resident with meaningful involvement and responsibility in the required clinical care and to permit goals to be achieved.

The resource base required to provide such assurance has physical, human, financial, clinical and educational dimensions:

- a) Physical, human and financial resources must be sufficient to support the PNMEP.
- b) Clinical dimensions must be adequate. This includes adequacy of patient volume and availability/appropriateness of the case mix.
- c) Educational Dimensions include provision for Formative Mentoring, Summative Evaluation and Supportive Didactic Instruction.

### **3.6 Appointment and Qualifications of PNMEP/Residency Supervisor**

- a) A single PNMEP/Residency Site Supervisor, appointed in consultation with the CNME Recognized Sponsor, must be responsible for the PNMEP/Residency. Continuity of leadership is desirable.
- b) The PNMEP/Residency Site Supervisor must possess appropriate professional expertise, and have demonstrated ability and confidence as a clinician. Prior to assuming this position, the Supervisor should have had a minimum of two years of full-time professional activity in active practice (or one day per week of active practice during two years of full-time employment in naturopathic education).
- c) Previous teaching experience is highly desirable. The Supervisor must demonstrate a strong interest in the education of residents and must support the goals and objectives of the educational program in which they are participating.
- d) The Supervisor must demonstrate a commitment to his or her own continuing medical education and interest and involvement in scholarly activities.
- e) The Supervisor must be capable of administering the program in an effective manner. Prior administrative experience is desirable.

- f) The Supervisor must be able to devote a sufficient amount of time to the educational program and his or her responsibilities for resident instruction, mentoring, and evaluation.

### **3.7 Maintenance of Naturopathic Perspective in Complementary Programs**

Postdoctoral Naturopathic Medical Education Programs/Residencies are by definition supervised learning experiences intended to develop *naturopathic* clinical skills, confidence and judgement. Complementary PNMEP's/Residencies make valuable contributions to the resident's professional and personal growth, but may be directed by a professional other than a naturopathic physician. In such cases, efforts must be made to ensure *maintenance of a naturopathic perspective for the experience as a whole*.

- a) In some cases, the professional may be an individual whose experience includes working with naturopathic physicians and who brings his or her own personally acquired familiarity with the naturopathic perspective to the direction of the program. In other cases, the central program must provide an orientation program and/or package for the non-naturopathic Supervisor.
- b) In all cases, a *Naturopathic Advisor* must also be appointed. The advisor must be available as a consultant to the Supervisor and Recognized Sponsor, should be involved in the process of identifying/revising program goals and the overall activity plan to be implemented for their achievement, and should periodically meet with residents to assist placement of their experience in a naturopathic context.
- c) The *Naturopathic Advisor* must be a licensed naturopathic physician and, where applicable, familiar with the contemporary requirements of naturopathic practice in the regulatory jurisdiction where the program is located.

### **3.8 Experiential Program**

There must be evidence of a plan to ensure that the PNMEP's Goals for resident learning experiences are achieved. Planning involves the identification of objectives and activities that will contribute to the attainment of each objective. Formative and summative evaluation must be used to expedite resident attainment of objectives and to verify success. (See 3.10 below)

### **3.9 Didactic Program**

A PNMEP/Residency is centered upon the resident's opportunity to learn from supervised clinical experience. However, such experiential learning must be reinforced by appropriate didactic instruction.

- a) There must be provision—either on the PNME site, through the Central School or digital individualized instruction programs, etc.— for residents to follow a didactic curriculum supportive to the goals of the residency.
- b) A PNMEP/Residency must be able to demonstrate that its residents have access to a minimum of 35 hours per year of such didactic instruction. A total of 70 hours or more per year is considered desirable.
- c) Didactic instruction should be at a graduate, post graduate, specialized or expert level. It must not simply be a repetition of course elements from a doctoral program but may include electives from the naturopathic doctoral program that a resident has not completed.
- d) The educational program must be structured to achieve its stated goals and objectives.

### **3.10 Evaluation**

The sponsoring institution or program—in conjunction with the Supervisor/on-site faculty—must

ensure that residents are evaluated to assist their learning (formative evaluation) and to assess their achievement (summative evaluation).

- a) **Formative evaluation is part of the mentoring process.** Regular and timely performance feedback is essential. The residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program so that residents can utilize the results to improve their performance. Written assessments should be provided to each resident at least semi-annually.
- b) **Summative evaluation verifies success.** The Supervisor/on-site faculty must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should attest that the resident has demonstrated professional growth. The final assessment may give consideration to clinical performance evaluations by Supervisor/on-site faculty, evaluation by patients, peers, self, and other professional staff. The results of summative evaluations should be submitted to the Sponsoring Institution as well as the resident.
- c) Evaluation, both formative and summative, should cover dimensions such as the resident's competence in patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism, and systems based practice.
- d) Criterion referenced clinical evaluation or other methods that produce an accurate assessment of a resident's clinical skills should be employed to the fullest extent possible.

### **3.11 Research and Scholarly Activity**

- a) Resident training must take place in an environment of inquiry and scholarship where residents can observe (or ideally participate) in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry and critical thinking. The participation of each resident in an active research program is encouraged as an essential part of preparation for a lifetime of self-education after the completion of formal training. Such experience gives residents an awareness of the basic principles of study design, performance, analysis, and reporting, as well as an awareness of the relevance of research to patient care. Clinical research verifying the efficacy of naturopathic treatment also contributes to public understanding of and support for naturopathic medicine. Generally, this activity is concurrent with other assignments, provided the responsibilities of the resident are adjusted in a way to permit a reasonable time for research activity. Guidance and technical support should be available to residents involved in research projects.
- b) Residents must participate in some scholarly activities that promote a spirit of inquiry, scholarship, and critical thinking such as discussions, rounds, study clubs, presentations, conferences and local, regional or national professional associations and scientific societies.
- c) Residents should make case presentations on a regular basis.

### **3.12 Quality Assurance:**

Training Sites must conduct formal quality assurance programs and review any complications.

- a) Residents must be informed of an institution's procedures for quality assurance. They should participate in the quality assurance activities of the clinical services to which they are assigned and have access to outcome studies of patient care, including successful and unsuccessful treatment protocols.
- b) The medical records system of a health care institution documents each patient's illness, course, and care, and represents a valuable resource that should be available to support the education of residents, not only with respect to quality assurance activities, but also for approved research projects or scholarly activity.

### **3.13 Resident Workload**

Educational quality and patient care quality are interdependent and must be pursued in such a manner that they enhance one another. A proper balance must be maintained so that a program does not rely on residents to meet service needs at the expense of educational objectives.

- a) Residency programs must avoid placing residents in situations where they must carry excessive workloads, have an inappropriate intensity of service or case mix, or excessive length and frequency of call contributing to excessive fatigue and stress. Residents must be informed at the beginning of their residency as to the expected workload in terms of hours per week in various duties, and also as to the amount of support they can expect from supervisory physicians.
- b) Where possible, residency programs should encourage residents to undertake some teaching/supervision responsibilities. The extent of such responsibilities should reflect the resident's experience—i.e. graduated, growing responsibility as the residency progresses.
- c) Program staff must be sensitive to the residents' needs for confidential counseling or psychological support regarding potential mental and emotional stress or substance abuse. Training situations that consistently produce undesirable stress on residents must be identified and modified. To prevent impairment and promote physician well-being, residents should be encouraged to balance personal and professional responsibilities in a way that can be maintained throughout their careers.

### **3.14 Manuals**

When a residency program is located at an institution providing a range of services, residents should have access to the "institutional" administrative manual. It should clearly present the institutional relationships, policies and procedures, and job descriptions of teaching and administrative staff. Such institutions often publish or contribute to a separate manual for residents that reviews the policies and procedures relevant to the residents' experience in the program.

There should be such a resident manual that includes (but is not limited to) the following:

- a) A statement of the residency program's mission and educational objectives;
- b) The program's curriculum, including scholarly activities and the clinical rotations.
- c) Policies and procedures stating the residents' clinical duties and responsibilities;
- d) Clinical procedures and general orders;
- e) Compensation and benefits, including policies governing leave; and
- f) Policies governing evaluation, discipline, and appeal.

### **3.15 The Resident's Rights**

The Residents shall have a right to:

- a) Develop a personal program of self-study and professional growth with guidance from the teaching staff.
- b) Participate in safe, effective, and compassionate patient care, under supervision, commensurate with their level of advancement and responsibility.
- c) Participate appropriately in the educational and scholarly activities of their program (e.g., grand rounds presentations, continuing education experiences, public and professional lecturing, research)
- d) Participate in the evaluation of the quality of education provided by the residency program.
- e) Participate as practical on the institution's committees and councils, especially those related to patient-care review activities.

### **3.16 The Resident's Responsibilities**

The Resident shall have a responsibility to:

- a) Respect the law, including applicable regulations, and adhere to the institution's established practices, policies, and procedures.
- b) Observe professional decorum.
- c) Interact cooperatively with other professionals.
- d) Practice professionally, ethically and compassionately.
- e) Undertake some teaching and supervising of other residents and students (if the nature and resources of the residency program permit).

### **3.17 Certificate of Completion**

- a) Upon the completion of the first year of each residency, an Approved PNME/Residency Program must award a certificate indicating that the resident has completed one year of the specific type of residency (General, Selective or Complementary). The certificate may provide detail on the nature of the residency and may identify the PNMEP/Residency as CNME APPROVED if the site at which the resident trained is an approved site when the resident completes the first year.
- b) Upon the resident's completion of any additional period of time, a further certificate may be awarded.

Individuals in possession of a valid Certificate of Completion may obtain an application form for a CNME Postdoctoral Naturopathic Medical Education Certificate from the Executive Director of CNME. The CNME Certificate is available only to candidates who can verify (to CNME's satisfaction) completion of a PNMEP/Residency approved by CNME, and who have paid the CNME administrative fee of \$120.00 (U.S. Funds)

## **SECTION FOUR: CNME *INITIAL RECOGNITION* PROCESS (Applying to become a CNME Recognized Sponsor)**

An institution offering a doctoral level educational program in Naturopathic Medicine or an educational program preparing naturopathic physicians may apply to become a CNME RECOGNIZED SPONSOR of Postdoctoral Naturopathic Medical Education Programs (PNMEP's)/Residency Programs. Applications will be assessed for compliance with the CNME Standards set forth in this handbook in Section Two, above, as well as for potential to ensure the *compliance of affiliated PNMEP's/Residencies with the Standards set forth in Section Three.* Ensuring the continuing compliance of affiliated PNMEP's/Residencies with these CNME

Standards is a requirement for *Continuing Recognition*.

### **Form of Application**

The institution or educational program seeking CNME recognition should contact CNME's Executive Director and request the "CPME Database CD". This CD provides copies of a Database that the program or institution must utilize in completing its Application for Recognition. Ready to use templates are available in *Microsoft Access*© and *FileMaker Pro*©, but applicants may utilize any database that is capable of importing these CPME templates and EXPORTING DATA to either Access or Filemaker Pro. Completion of the application involves opening the database and completing INPUT FORMS as identified in the README file. Completion of these forms enters the collected data into the appropriate database tables.

**It should be noted that the Sponsor's demonstration of each PNMEP's/Residency's Compliance with CNME Standards (see Section Five) also requires utilization of PNMEP input forms linked to the same database.** Completion of these additional input forms enters the collected data into several database tables. All of the tables form part of the same relational database and may be referenced in order to view or print reports formatting the selected data in various ways. Further guidance is provided in the README file on the CPME Database CD.

CNME has chosen to require use of the Database for several important reasons.

- 1) Entry and updating of data by the "data generator" avoids duplication of effort by data users and assures currency of information recorded. CPME and the CNME Recognized Sponsor are partners in the process of monitoring PNMEP/Residency compliance with CNME Standards. Maintenance of the database by the Sponsor greatly simplifies monitoring by CPME and the ability of the partnership to work together efficiently and effectively.
- 2) Initial data collection and submission as well as subsequent updating of program information are expedited. Individual PNMEP's/Residencies should find the database approach useful not only in submitting evidence they are meeting CNME Standards, but also in organizing and maintaining their own records and producing their own reports.
- 3) Data submission and storage formats are standardized.
- 4) A comprehensive, structured, longitudinal information resource is developed that is potentially valuable for maintaining a central registry of individuals who have completed approved PNMEP's/Residencies and for research and reporting (when appropriate permissions are granted and conditions specified).
- 5) There is potential to link this developing database in future to centralized resident selection and placement mechanisms.

### **SECTION FIVE: CNME *INITIAL APPROVAL* PROCESS (The Process of Becoming a "CNME APPROVED" PNMEP/Residency)**

5.1 When a program or institution offering a Postdoctoral Naturopathic Medical Education Program first becomes a CNME RECOGNIZED SPONSOR, all of the PNME/Residency Programs entered into the database submitted to CPME automatically become "CNME APPROVED". The new CNME RECOGNIZED SPONSOR has provided satisfactory assurance of the compliance of the individual sites with CNME Standards.

The Recognized Sponsor may designate an individual PNME/Residency Program as holding:

### **Approval**

Acceptance, by the CNME, through its Committee on Postdoctoral Medical Education (CPME), of a particular PNMEP (residency program) as APPROVED (compliant with the relevant CNME Standards as verified by a Recognized Sponsor).

### **Provisional Approval**

This identification is appropriate if a developing PNME/Residency Program is non-compliant in some areas but has strong potential to correct the situation and achieve full compliance within one year.

### **Probational Approval**

Probational Approval is a public sanction on a PNME/Residency Program that falls out of compliance with one or more approval Standards and has failed to address the situation within a specified time. The program is given a specific date by which it must demonstrate correction of the deficiency or Approval will be withdrawn.

**5.2 CNME Right to Intervene:** CPME relies upon the RECOGNIZED SPONSOR to identify APPROVED PNME/Residency Programs. When CPME identifies concerns with respect to the Approval of one or more programs, the Sponsor is normally expected to address them as part of the process of maintaining CNME RECOGNITION. This process will be followed and respected by CPME and CNME to the fullest extent possible. However, CNME reserves the right to INTERVENE and to change or qualify the Approval Status of an individual PNMEP/Residency if a Sponsor has failed to recognize or address a serious issue in a timely fashion and CPME has strong concerns that failure to act immediately is having significant and serious negative impact upon residents and/or creating legal problems or vulnerabilities for CNME.

In accordance with the determination of CPME, the CNME may WITHHOLD RECOGNITION or grant PROVISIONAL RECOGNITION. (See Glossary, Section Eleven)

When Recognition is withheld, *none* of the affiliated sites is CNME APPROVED.

While CNME Provisional Recognition is in place, CPME has discretion to specify *which* PNMEP's/Residencies may be considered CNME APPROVED. When full CNME Recognition is attained, all of the PNMEP's/Residencies identified by the CNME RECOGNIZED SPONSOR are automatically CNME APPROVED.

## **SECTION SIX: MAINTAINING CNME RECOGNITION AND APPROVAL: UPDATING THE INFORMATIONAL DATABASE**

**CNME's Standards, as set out in this handbook, focus in particular on the following characteristics of a satisfactory PNME/Residency Program:**

- a) The PNMEP is sponsored by a Central School that has the educational philosophy, policies, procedures, and human and other resources required to provide appropriate leadership, guidance and support.
- b) The PNMEP provides a supervised educational experience that is structured to meet specific goals and has a scope congruent with either the general, selective or

- complementary PNMEP categories identified by CNME.
- c) An Affiliation Agreement defines the respective responsibilities of the Recognized Sponsor and the PNMEP site.
- d) The PNMEP site has the educational philosophy, policies, procedures, and human and other resources required to conduct the on-site educational experience (including volume and diversity of the resident's opportunities for patient care).
- e) The program includes appropriate supporting didactic instruction, opportunities for research/scholarly activity and working with/observing other professionals.
- f) The program's residents have appropriate rights and responsibilities and are assured of increasingly autonomous participation in patient care as they progress through the program.
- g) Resident mentoring is assured through formative evaluation and counseling, and the resident's overall achievement is verified by summative evaluation.

### **6.0 Maintaining CNME Recognition and Approval of Affiliated Sites**

The two previous Sections of this Handbook, *Section Four, CNME Initial Recognition Process*, and *Section Five, CNME Initial Approval Process*, rely upon the collection of data on the above topics and its submission to CNME in the form of a *Database*. INITIAL RECOGNITION is granted on the basis of CPME review of such submissions. INITIAL APPROVAL of the listed affiliated PNMEP's/Residencies is automatic if unqualified CNME RECOGNITION is granted. Updating and maintenance of the Database is required for ongoing CNME RECOGNITION.

#### **6.1 Sponsor's Updating Responsibility:**

A CNME RECOGNIZED SPONSOR **must update** the Database annually and submit an updated copy to CNME. A conventional academic year takes place within the overall time period that begins around September 1<sup>st</sup> in one year and ends around August 30<sup>th</sup> the following year. Accordingly, updates with information on the current academic year are due annually on or before November 15<sup>th</sup>. The CNME Recognized Sponsor is responsible for submitting a CD with updated input as collected through both the *CNME Recognition Input Form* **and** the *CNME Approval Input Form* completed by each PNMEP/Residency that the CNME Recognized Sponsor identifies as APPROVED.

#### **6.2 Cooperation of Affiliated Sites**

Each CNME APPROVED PNMEP/Residency site **must provide updated information to the CNME Recognized Sponsor** by reviewing the information collected through the *Approval Input Form* and submitting the updated copy to its affiliated sponsor.

## **SECTION SEVEN: MAINTAINING CNME RECOGNITION AND APPROVAL: MONITORING AND SELF-STUDY RESPONSIBILITIES**

### **7.1 Sponsor's Monitoring Responsibility**

The CNME RECOGNIZED SPONSOR has a responsibility to monitor each PNMEP for ongoing compliance with CNME Standards, and to take such steps as are necessary to assist a PNMEP to remedy existing or developing deficiencies.

### **7.2 Review of Monitoring**

Recognized Sponsors are also obligated to broaden their Central School self-study process **to show how they have monitored individually approved PNMEP's** for continuing to meet CNME Standards. CPME will verify that the Sponsor is discharging this obligation by reviewing the

Sponsor’s analysis and visiting one or more randomly selected affiliated PNMEP’s during on-site accreditation reviews of the educational program in Naturopathic Medicine.

The Review of Monitoring must include the following:

- a) Description of provision for monitoring.
- b) Self-study Reports from each affiliated PNMEP with CNME Approval (see 7.3).
- c) Conclusions of review process: For each PNMEP site, the conclusions shall specify PNMEP Major Challenges, Areas for Refinement/Further Improvement and Major Strengths.

### **7.3 PNMEP Site Contributions to Self-Study**

Each PNMEP should conduct—and submit to its affiliated sponsor for inclusion in the Central School’s overall Self-Study—its own review of compliance with the following CNME Standards as set out in Section Three, above:

- 3.1 Program Duration**
- 3.2 Program Size**
- 3.3 Types of PNMEP and Scope of Training**
- 3.4 Identification of Goals**
- 3.5 Adequacy of Resource Base**
- 3.6 Appointment and Qualifications of PNMEP/Residency Director**
- 3.7 Maintenance of Naturopathic Perspective**
- 3.8 Experiential Curriculum**
- 3.9 Didactic Curriculum**
- 3.10 Evaluation**
- 3.11 Research and Scholarly Activity**
- 3.12 Quality Assurance:**
- 3.13 Resident Workload**
- 3.14 Manuals**
- 3.15 The Resident’s Rights**
- 3.16 The Resident’s Responsibilities**
- 3.17 Certificate of Completion**

The framework of the self-study should be the sequential consideration of each of the above topics. In some cases, very brief descriptions of the current situation and possibly some analytical comments will be sufficient. Particular attention should be given to the following, where current status reports, thoughtful analysis and supporting documentation are required:

#### **3.4 Identification of Goals**

This should include an analysis of the residents’ opportunities for experiential learning/rotations. What experience is being provided? How well does it relate to program goals? What challenges need to be met? What changes have been made or are being planned?

Assess outcomes: What evidence is there of the effectiveness of the program? What has been learned from resident critiques? How well satisfied are current and former residents?

### **3.5 Adequacy of Resource Base**

Identify any resource deficiencies that are affecting compliance. Make recommendations, if practical and appropriate, concerning possible solutions.

### **3.8 Experiential Learning Curriculum**

Provide a description of how the residency program's experiential goals have been translated into appropriate objectives and planned activities and the extent to which they are being met. How is the resident's experiential learning organized and structured in a fashion that ensures mentored and supervised progress congruent with a resident's progressive achievement and increasing capacity for independence?

### **3.9 Didactic Curriculum**

Provide brief descriptions of didactic courses that residents take. Append course descriptions. Comment on the extent to which the didactic instruction provided complements the residents' experiential learning. Describe any planned changes.

### **3.10 Evaluation**

Describe current provision for timely and regular feedback on clinical performance (formative evaluation) that helps residents to learn. How is final evaluation (summative evaluation) carried out? What evidence is there of resident satisfaction? Describe any planned changes. Append related documentation on policies and procedures.

### **3.11 Research and Scholarly Activity**

Describe provision for resident exposure to (or involvement in) research activities. How successful has the PNMEP been in encouraging resident interest? Can any outcomes/evidence of success be referenced? How much are residents involved in scholarly activity (discussions, rounds, study clubs, presentations, conferences, meetings of professional associations and scientific societies). Append related documentation.

## **7.4 On-Site Review By Accreditation Team**

One or more PNMEP's/Residencies affiliated with a CNME RECOGNIZED SPONSOR will be visited by CPME representatives on the CNME Accreditation Evaluation Team during the course of On-site Review of the Sponsor's Doctoral Program in Naturopathic Medicine. Sites may be chosen randomly or arbitrarily, at Council's discretion. Sites will be notified of their selection one month in advance of the date of the site visit.

On-site review presents an opportunity to clarify and augment information on PNMEP's/Residencies presented in the self study, and to verify accuracy and completeness of documentation.

## **SECTION EIGHT: CNME RECOGNITION ACTIONS**

**Please see Sections Four and Five, above, for information on CPME's review and processing of Initial Applications for Recognition and the implications of CNME Awards for the Approval of individual PNMEP's/Residencies. Section Eight describes determination processes and possible awards and sanctions related to the process of Maintenance of**

## **Recognition and its implications for individual PNMEP/Residency Approval.**

### **8.1 Determination Process**

To maintain the confidentiality of the information that sponsoring institutions provide, CPME meetings are usually open only to the Council's board members and staff, sponsoring institution representatives, and evaluation team members. The committee holds two in-person regular meetings a year in conjunction with the twice-yearly regular meetings of the Council's Board of Directors. The committee may schedule other meetings, called "special meetings." Special meetings may be by phone, video conference, or in person.

CPME may hold a special meeting at any time to review the impact on CNME Recognition or CNME Approval of any substantive changes or significant problems that have come to the committee's attention. CPME also reviews all reports dealing with PNMEP's/Residencies that are included within self-studies submitted by a Central School/Sponsor and that are currently under review by Council.

At CPME's first regular meeting the evaluation team chair reviews the appropriate portions of the team's report in a closed session with CPME members and presents the team's confidential recommendation. The meeting is then opened to the sponsoring institution's representatives. The representatives may make a presentation that includes an oral and/or written response to the team's report. The institution may also send any written response directly to CPME members prior to the meeting. CPME members may ask questions following the presentation.

The meeting is closed again. CPME members then arrive at a CNME Determination by considering the program's self-study report, the evaluation team's report, the sponsoring institution's presentation and response to the report, and the team's confidential recommendation. CPME's actions may include directives and recommendations.

### **8.2 CPME may take the following CNME Recognition Actions:**

**Reaffirm existing CNME Recognition;  
Issue a warning notice;  
Impose Provisional Recognition; or  
Withdraw CNME Recognition.**

#### **8.21 Reaffirming Existing CNME Recognition**

Following an evaluation visit to a Sponsoring Institution and PNMEP/Residency sites, CPME may reaffirm:

- a) CNME Recognition of the Central School as a CNME recognized Sponsor, if the committee determines that the Sponsor's responsibilities are being satisfactorily met. Each individual PNMEP/Residency documented by the Recognized Sponsor is automatically CNME Approved.

#### **8.22 Issuing a Warning Notice**

CPME issues a nonpublic warning notice to the CNME Recognized Sponsor if:

- a) The committee (CPME) believes the Recognized Sponsor is not satisfactorily meeting responsibilities, and/or
- b) The committee (CPME) believes one or more specific PNMEP's/Residency Programs no longer comply with all CNME Approval Standards.

The notice states CPME's concerns, and advises that CNME will impose probation (Provisional Recognition) or withdraw CNME Recognition if deficiencies noted are not corrected within a specified time. The notice also requests an interim report and it may request an evaluation visit, which would take place after the sponsoring institution's submission of its interim report. Following submission of the interim report and any evaluation visit, CPME reaffirms Recognition of the Central School as a Recognized Sponsor (or reaffirms an individual PNMEP's CNME Approval) if deficiencies have been corrected to the committee's satisfaction. Otherwise, CPME either imposes probation (Provisional Recognition) or withdraws CNME Recognition.

### **8.23 Imposing Probation (Provisional Recognition)**

CPME may impose the probational status of Provisional Recognition for a previously noted noncompliance with the CNME Recognition Standards, or —without prior notice— for a new noncompliance that is having or may potentially have a significant adverse impact on the Sponsoring School's ability to meet its responsibilities or ensure the quality of one or more PNMEP's/Residency Programs. Evaluation visits may be subsequently scheduled at intervals of no longer than two years. After reviewing a Sponsor under probation, CPME may remove probation, continue probation, or withdraw CNME RECOGNITION.

A Sponsor that remains under probation for four consecutive years automatically loses CNME Approval four years from the date that CPME first imposed probation.

Provisional Recognition may also be granted on a discretionary basis, when CPME is satisfied that there are good reasons (consistent with the best interests of residents) to give a new, prospective sponsor immediate qualified recognition and time to develop compliance (or to be exempted from specified conditions of recognition for a specified period of time).

It should be noted that **during any period of time when PROVISIONAL RECOGNITION is in place, automatic CNME Approval of PNMEP's/Residencies is suspended, and CPME has discretion to specify the Approval status of the individual affiliated PNMEP's/Residencies.** The effective date for the withdrawal of CNME APPROVAL from a PNMEP/Residency is normally the end of the training year in which the action takes place (to allow for the completion of that year's training of residents).

### **8.3 Withdrawal of CNME Recognition**

CNME Recognition may be withdrawn in several ways:

#### **8.31 Withdrawal of CNME Recognition for Noncompliance**

CPME may at any time withdraw a Central School's Recognition for noncompliance with one or more CNME Approval Standards. Usually, CPME first notifies the party or parties of any noncompliance in the form of a directive, nonpublic warning notice, or public probation. Withdrawal, however, may be without prior notice if the nature of the noncompliance demonstrates to CPME that Sponsoring Institution or the PNMEP/Residency Program is no longer worthy of CNME Approval. The effective date for the withdrawal of CNME Recognition for noncompliance is the end of the training year in which the action takes place (to allow for the completion of that year's training of residents, except that CPME may set any earlier date if it determines the program poses a risk to the health of patients or residents).

### **8.32 Withdrawal by Administrative Action**

Withdrawal by administrative action occurs under any of the four conditions below.

**a. Annual Fee Delinquency.** A Sponsoring Institution delinquent in the payment of its annual fee has its CNME Recognition withdrawn at the end of the 120th day of delinquency. The affected party may at any time re-apply, following payment of all outstanding dues.

**b. Denying Requests Related to the Evaluation Process.** A Sponsoring Institution has its CNME Recognition withdrawn if the party refuses:

- To undergo a requested evaluation visit and review, or
- To provide an on-site evaluation team or CPME with requested information, unless a legal reason prohibits disclosure.

**c. Program Inactivity.** A Sponsoring Institution has its CNME Recognition withdrawn if it has been inactive for two years.

**d. Loss of Resources.** A Sponsoring Institution has its CNME Recognition withdrawn if it incurs the loss of an essential resource (e.g., teaching staff, primary facilities, or primary funding).

The withdrawal of CNME Recognition by administrative action is automatic and effective immediately. The Council's executive director notifies the affected party or parties in writing, ensuring that notice is received within fifteen days after the effective date of the decision to impose withdrawal by administrative action.

### **8.4 Withdrawing from CNME Recognition Voluntarily**

A sponsoring institution or PNMEP may withdraw from CNME Recognition by notifying the Council in writing. The party may specify an effective date for the withdrawal. Otherwise, the withdrawal is effective the date the Council receives the notification. Reasons a program may wish to withdraw from CNME Approval include a major change in institutional mission, or the closure or transfer of Affiliated PNMEP's/Residencies.

### **8.5 Deferral of CNME Recognition Action**

CPME may defer to its next regular meeting, or to a special meeting before then, a decision on taking a CNME Recognition action if the committee desires the sponsoring institution or an affiliated PNME/Residency Program to provide more information or to change one or more existing circumstances. A decision so deferred may not be deferred again.

### **8.6 Substantive Change**

A Sponsoring Institution must submit to the Council's executive director one copy of a substantive change report, unbound, whenever a substantive change is planned in the institution or its approved program(s). A substantive change is a change of any nature that could have a significant negative impact on the quality of any individual PNMEP/Residency Program. The following are examples:

- a) A change in the Recognized Sponsor's mission, legal status or control, or the expectation that financial, personnel, or physical resources will significantly diminish.
- b) A major change in the primary training site (e.g., the site's removal or relocation, or a significant loss of funding, personnel, or physical resources at the site).
- c) A major change in an affiliated and Approved PNMEP's/Residency's structure, curriculum or supporting resources.

A substantive change report describes the reasons for the planned change and the potential impact on the educational quality of the PNMEP/Residency Program. The sponsoring institution submits the report before the planned change is implemented, allowing at least thirty days (when possible) for CPME to review the change before it is implemented.

A sponsoring institution that makes a substantive change without submitting a report for CPME's prior review risks withdrawal of CNME Recognition and/or an individual PNMEP's/Residency Program's Approval unless it can demonstrate the change has not had and will not have negative impact on the educational quality of the program.

The replacement of the residency program director is also not a substantive change, but the sponsoring institution **must notify the Council within thirty days** of the former director's departure (and of the new director's appointment, also within thirty days).

The addition or elimination of training sites other than the primary site is not a substantive change. A CNME Recognized Sponsor provides information on any new PNMEP/Residency Program training sites being developed during the past year, and notes any closed sites, in its annual update of its Approval Database. Changes in personnel, such as the appointment of a new Site Supervisor must be reported in the update. (See Article 6.1)

### **8.7 Letters of Notification**

CPME "CNME RECOGNITION" decisions (together with any implications for APPROVAL of individual PNMEP's/Residencies) are reported to the Sponsoring Institutions by formal letters of notification. When CPME grants CNME RECOGNITION, or when a program's existing CNME RECOGNITION is affirmed following a review, the notification letter includes reference to the approximate time of the next on-site evaluation.

### **8.8 Notifying Residents and Applicants of Recognition Status**

- a) At any and all times, applicants and residents have the right to know the recognition status of a Sponsor and the Approval status of a PNMEP/Residency. The Sponsoring institution or program carries primary responsibility for ensuring that current applicants and residents have current information in this regard. Each affiliated PNMEP/Residency is responsible for cooperating fully in this regard.
- b) Sponsoring institutions/programs must inform residents, as well as applicants, of their new or reaffirmed status as a CNME Recognized Sponsor. Residents may be informed of CNME RECOGNITION by either the Sponsoring Institution or the PNMEP/Residency Program on-site supervisor. The information on CNME RECOGNITION status is provided in writing prior to having applicants come to the program for interviews. The sponsoring institution also provides written notice (to any resident or applicant considering an appointment to an unapproved site) that the program site does not have CNME Approval.
- c) If CPME imposes probation or withdraws CNME Approval, the Sponsoring Institution or PNMEP/Residency Program on-site director notifies residents and applicants in writing within two weeks. A copy of the notice is sent to the Council's executive director within thirty days of the institution's receipt of the Council's letter of notification. The sponsoring institution also notifies affected residents, applicants, and supervising physicians if CPME revokes approval of

a training site, with a copy of the notice sent to the Council's executive director within thirty days.

### **8.9 Transferring PNMEP/Residency Program Sites from One Recognized Sponsor to Another**

- a) Two sponsoring institutions with Approved Postdoctoral Naturopathic Medical Education Programs may agree to transfer one or more training sites from one institution's jurisdiction to the other's. The program to which an approved site is being transferred submits to the Council's executive director at least sixty days before the transfer is to become effective (1) a copy of a Memorandum of Understanding between the two sponsoring institutions; (2) the proposed effective date of the transfer if not in the Memorandum of Understanding; (3) a copy of the notice announcing the pending transfer to residents at the site(s), and to residents and applicants who may be appointed to the site(s), if the transfer is to become effective during their appointments; and (4) a brief one- or two-page report on the reasons for the transfer and whether any change is planned in the way the training site is funded, staffed, equipped, or supervised.
- b) CPME reviews the submitted documents upon receipt and within thirty days notifies the Recognized Sponsors and Approved program whether any concerns exist. The two Recognized Sponsors involved in the transfer, whenever possible, make the transfer effective upon completion of current appointments to the site(s). Transfers in any case may not become effective during the last ninety days of any resident's appointment to the site. The Sponsoring Institution to which a site has been transferred awards the completion certificate.
- c) CPME's Approval of a PNMEP/Residency Program is not affected by the transfer. A CNME Approved PNMEP/Residency Program under the previous Sponsor is a CNME Approved PNME/Residency Program under the new Sponsor, effective on the date of the transfer. However, CNME reserves the right to qualify or withdraw Approval of a site upon the effective date of the transfer if CPME identifies concerns that have not been addressed to its satisfaction.
- d) A CNME Recognized Sponsor may accept the transfer of a PNMEP/Residency Program site that does not have CNME Approval without prior notice to the Council. In such cases, the program may add the site in the usual way (by updating its database to provide information on the new affiliate and demonstrate its compliance with CNME Standards).
- e) Residents who enter a CNME Approved PNMEP/Residency have the right to complete their residency in a CNME Approved Residency. CNME recognizes a responsibility to ensure that this right is respected. Recognized Sponsors and Approved PNMEP's/Residencies, in accepting CNME Recognition or CNME Approval, also accept an obligation to work with CNME in this regard (and with other Recognized Sponsors or CNME Approved PNMEP/Residency sites as required).

## **SECTION NINE: APPEAL PROCEDURES**

### **9.1 Request for an Appeal**

- a) If CPME denies or withdraws CNME Recognition of a Sponsor, or if a Sponsor on probation loses its CNME Recognition after four consecutive years of probation, the Sponsor may request an appeal hearing before the Council's Board of Directors. If a written

request for such a hearing is not received by the Council's executive director within thirty days following receipt of the letter of notification, any CPME action is considered final and no longer subject to appeal.

- b) When a sponsoring institution appeals a **CPME decision to intervene** with respect to Approval of a PNMEP/Residency Program site, the status of the residency program at that site reverts to its status prior to the adverse action until the Board of Directors makes a final determination.

## 9.2 Appeal Hearing

- a) If a hearing is requested, the Board of Directors hears the appeal, but CPME members do not vote on the appeal decision. The vote takes place in closed session excluding all but the voting Council members. The Council's Policy on Potential Conflicts of Interest applies (Handbook of Accreditation for Naturopathic Medical Colleges and Programs, 2002 edition, p. 58). The appeal hearing is held during the first Board of Directors regular meeting, normally at least sixty days after the Sponsoring Institution mails or transmits the hearing request. Supporting documents and written testimony may be submitted to the Council's executive director up to thirty days before the hearing. Documents and oral testimony may also be presented at the hearing.
- b) Because the CPME process for Sponsor Recognition and Approval of Postdoctoral Naturopathic Medical Education Programs is voluntary as distinct from compulsory, appeal proceedings are not of an adversarial nature as is typical in a court of law. Instead, they provide an administrative mechanism for the peer review of an educational program, and a means for assuring that the appropriate decision on CNME Approval is made. The Council is not bound by technical rules of evidence usually employed in legal proceedings.

## 9.3 Deciding the Appeal

- a) All documentation pertinent to a CNME decision to withdraw Recognition of a Sponsor (and placed on the record prior to notification of withdrawal) will be open to review. The complete database maintained by the Sponsor as part of the Standards for CNME recognition shall be open to review. Subsequent developments and new information will be considered outside the scope of the hearing, because the withdrawal decision is made on the basis of the documentation on file.
- b) The database and pertinent documents on any or all affiliated PNMEP/Residency Programs, records of CPME's actions, and written and oral presentations, shall provide the basis for the determination by the Board of Directors. The sponsoring institution may not amend the statistical or narrative descriptions it originally submitted to CPME and on which CPME based its decision. Any changes in a residency program or Sponsoring Institution since CPME's review, or any new or revised descriptions of individual residencies or the Sponsoring Institution, are not considered at the hearing. Presentations are limited to clarifications of the record, the level of compliance with the CNME Recognition and Approval Standards at the time of CPME's review, and CPME's review in the context of the administrative procedures governing CNME Approval of Postdoctoral Naturopathic Medical Education Programs.

- c) The Board of Directors determines whether evidence exists to support CPME's action in the matter being appealed. It further determines whether there has been compliance with the administrative procedures governing the evaluation process. The decision of the board is final, with no provision for further appeal. The Council's executive director notifies the sponsoring institution of the board's decision within fifteen days.

#### **9.4 Costs of the Appeal**

Regardless of the hearing's outcome, the appellant and the Council bear their own expenses.

### **SECTION TEN: FEES (All Amounts in U.S. Dollars)**

#### **Application Fee**

A fee of \$1000 is charged for processing an application to become a CNME Recognized Sponsor. The non-refundable fee is submitted with the application.

#### **Evaluation Fees**

Whenever a doctoral program in naturopathic medicine receives an on-site evaluation visit as part of the accreditation requirement, CPME has the right to designate representation on the evaluation team. Costs specific to on-site review of postdoctoral medical education arrangements (including visitation to any selected PNMEP/Residency Program sites) will be identified within the comprehensive invoice CNME sends to the program. The comprehensive invoice covers the costs of travel, accommodations, meals, and honoraria for all of the members of the evaluation team as well as CNME's executive director.

#### **Annual Fees**

A CNME Recognized Sponsor pays an annual fee established by the Council's Board of Directors. The annual fee for 2006 and years thereafter is \$2,000. The annual fee is due by the first business day of each calendar year. Second and third notices are sent when necessary. Programs thirty or more days delinquent are charged a monthly late fee of one percent of the amount due. The fee will include any increases in fees approved as of December 1 of the preceding year. Newly Approved programs have their fees prorated for the remainder of the year, with the fee due thirty days after CPME grants CNME Approval.

## **GLOSSARY: DEFINITION OF TERMS**

### **Affiliated PNMEP's/Residencies**

Affiliated Postdoctoral Naturopathic Medical Education Programs or Residencies are residencies linked to a Recognized Sponsor by a formal affiliation agreement.

### **Affiliated Program Site/PNMEP/Residency Site**

An affiliated Program Site/PNMEP/Residency Site is a hospital, community clinic or other practice environment that provides an affiliated Postdoctoral Naturopathic Medical Education Program to residents. Specific clinical departments within an institution may administer the residency program.

### **Approval Standards**

See the definition of PNMEP/Residency Standards/Training Site Program Standards.

#### **Approval**

Acceptance, by the Council, through its Committee on Postdoctoral Medical Education, of a particular PNMEP (residency program) as APPROVED (compliant with the relevant CNME Standards as verified by a Recognized Sponsor).

#### **Provisional Approval**

A CNME Recognized Sponsor (or CPME, through an intervention, as defined in section 5.2) may identify an affiliated site as eligible for Provisional Approval. This identification is appropriate if a developing PNME/Residency Program is non-compliant in some areas but has strong potential to correct the situation and achieve full compliance within one year.

#### **Probational Approval**

A CNME Recognized Sponsor (or CPME, through an intervention, as defined in section 5.2) may identify an affiliated site as eligible for Probational Approval. Probational Approval is a public sanction on a PNMEP/Residency Program that falls out of compliance with one or more approval Standards and has failed to address the situation within a specified time. The program is given a specific date by which it must demonstrate correction of the deficiency or Approval will be withdrawn.

### **Central School/Sponsoring Institution or Program**

See the definition of Recognized Sponsor. The Recognized Sponsor must be either an institution offering an educational program in naturopathic medicine or an individual naturopathic medical program. The term "Central School" is used to refer to the sponsoring program or institution.

### **Council on Naturopathic Medical Education (CNME), Council**

The Council on Naturopathic Medical Education (also referred to as CNME or "the Council") is the body recognized by the United States Department of Education as

responsible for providing a voluntary accreditation process to ensure that educational programs in naturopathic medicine meet specific, published Standards.

### **Committee on Postdoctoral Medical Education (CPME)**

A functionally autonomous Committee of CNME that has been assigned responsibility to identify CNME Recognized Sponsors and CNME Approved PNMEP/Residency Programs. CNME receives, considers and approves related Standards (as defined in this Handbook) and their updating or revision. However, CNME does not intervene in CPME's Recognition and Approval Processes or decisions in applying these Standards, except as defined under Section 9, Appeal Process.

### **CNME Recognition**

CNME acceptance and designation of an individual educational program or institution offering a program in naturopathic medical education and identified by CPME as a RECOGNIZED SPONSOR of PNMEP's.

### **CNME Provisional Recognition**

CNME's qualified acceptance of an individual educational program (or an equivalent accepted by Council) as a RECOGNIZED SPONSOR of PNMEP's—on the basis of CPME identification of areas of non-compliance with related CNME Standards or incomplete congruity with specified conditions. Provisional Recognition is a probationary status that defines a period of time within which compliance must be demonstrated. Provisional Recognition may also be granted on a discretionary basis, when CPME is satisfied that there are good reasons (consistent with the best interests of residents) to give the prospective sponsor immediate qualified recognition and time to develop compliance (or to be exempted from specified conditions of recognition for a specified period of time).

### **Degree**

The credential awarded a graduate of a postsecondary institution. In this manual, the Doctor of Naturopathic Medicine degree also means the equivalent Doctor of Naturopathic Medicine diplomas awarded in Canada by naturopathic medicine programs recognized by a provincial licensing authority.

### **Director of Postdoctoral Medical Education**

A faculty member associated with the CNME Recognized Sponsor (program or institution) who has been assigned administrative responsibility for overseeing the interaction of the Sponsor with the affiliated PNMEP/Residency Programs.

### **General Recognition Standards**

The Council's Standards (and related policies, and procedures as set out in this handbook) that apply to the individual Naturopathic Medical Education Programs or institutions wishing to obtain or maintain CNME designation as RECOGNIZED SPONSORS.

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The Council's Standards (and related policies, and procedures as set out in this handbook) that apply to the individual Naturopathic Medical Education Programs or institutions wishing to obtain or maintain CNME designation as RECOGNIZED SPONSORS.

### **Naturopathic Advisor**

A Naturopathic Advisor is a resource person appointed when a PNMEP/Residency Program has a supervisor who is not a naturopathic physician. The advisor is a Naturopathic physician and, where applicable, familiar with the contemporary Standards of naturopathic practice in the regulatory jurisdiction where the program is located. The advisor serves as a consultant to the Supervisor and Recognized Sponsor, is involved in the process of identifying/revising program goals and meets periodically residents to assist placement of their experience in a naturopathic context.

### **Naturopathic Medical Education Program**

A Naturopathic Medical Education Program is a four-year, doctoral-level educational offering preparing naturopathic physicians. A Naturopathic Medical Education Program is either (1) a single-purpose institution that offers only the educational program leading to qualification as a N.D. or N.M.D., or (2) a department, division, school, or college within an institution that also offers other programs leading to degrees and diplomas.

### **PNMEP/Residency Program**

A PNMEP or Residency Program is a Postdoctoral Naturopathic Medical Education Program of at least one year in length, for graduates of naturopathic medicine programs.

### **PNMEP/Residency Standards/Training Site Program Standards**

The Council's Standards (and related policies and procedures) that apply specifically to the educational component of the PNMEP/Residency Program as offered at individual training sites.

### **PNMEP/Residency Supervisor**

A naturopathic physician associated with a PNMEP/Residency Site who has been assigned responsibility for supervising the PNMEP/Residency and the individual residents. The PNMEP/Residency Supervisor works closely with the Director of Postdoctoral Medical Education.

### **Primary-Care Naturopathic Medicine**

The practice of the principal naturopathic treatment modalities (from a traditional naturopathic philosophical orientation) within a primary-care clinical setting. Primary-care naturopathic medicine assumes the presence of the clinical resources to provide a primary clinical diagnosis and an appropriate referral network within the community. Primary-care naturopathic medicine includes but is not limited to these modalities: primary and secondary preventive medicine, lifestyle modification, counseling, nutrition, botanical medicine, physical medicine, hydrotherapy, homeopathy, and Asian medicine.

### **Recognized Sponsor, Affiliated Sponsor/Sponsoring Program or Institution**

The Affiliated Sponsor or Sponsoring Program or Institution is a CNME RECOGNIZED SPONSOR of affiliated PNMEP/Residency Programs. The affiliated sponsor/sponsoring program or institution is responsible for the educational quality of the residency experience.

### **Resident (PNMEP Student)**

A Resident is a naturopathic physician who is in training at a PNMEP/Residency Site.

### **Training Sites:**

A **Major** Training Site is a PNMEP site with three or more residents.

A **Small** Training Site is a PNMEP with one or two residents.

A **Remote** Training Site is any major or small training PNMEP that is more distant than a convenient daily commute from the Primary Training Site.

A **Contract** Training Site is a major, small, or remote training site under the direct administrative control of another institution, organization, healthcare facility, or individual that has a contract with the sponsoring institution to provide training for residents appointed by the sponsoring institution.

The **Primary** Training Site is the “flagship” of a Naturopathic Medical Education Program’s PNMEP’s or residency programs. The primary training site is often the center of the residency program’s activities and educational experiences. Usually the primary training site is part of or near the sponsoring institution, e.g., a naturopathic medicine program’s teaching clinic.