

COUNCIL ON NATUROPATHIC MEDICAL EDUCATION

Meeting of the Committee on Postdoctoral Naturopathic Medical Education (CPNME)

Saturday, May 26, 2018 ♦ 1:45 p.m. – 5:00 p.m.

Radisson Admiral Hotel ♦ Toronto, Ontario

AGENDA

Call to order and roll call

CPNME chair, Dr. Carino, called the meeting to order at 1:50 p.m. The following committee and Board members were present:

- Brian Andrew, JD, MA (Public Member), Chesterfield, Missouri;
- Sarah Beasleigh, ND (Institutional Member Rep., BINM), New Westminster, British Columbia;
- Jasmine Carino, ND (Profession Member), Toronto, Ontario (CPNME chair);
- Margot Gregory, ND (Profession Member), Tucson, Arizona;
- Arvin Jenab, ND (Profession Member), Costa Mesa, California;
- Leslie Solomonian, ND (Institutional Member Rep., CCNM), Toronto, Ontario;
- Eileen Stretch, ND (Profession Member), Tucson, Arizona (CPNME vice chair);
- H. Garrett Thompson, DC, PhD (Institutional Member Rep., SCNM), Tempe, Arizona;
- Jamey Wallace, ND (Profession Member), Seattle, Washington.

Staff present:

- Daniel Seitz, JD, EdD (Executive Director), Great Barrington, Massachusetts

Guests Present:

- Gary Garcia, ND (Bastyr U.); participated via conference call
- Nichole Shiffler, ND (SCNM); participated via conference call
- Fraser Smith, ND (NUHS)

Request for additions or other changes to the agenda

There were no changes to the agenda.

CPNME database questions

The committee considered the question whether there should be two deadlines annually for uploading residency site-related documents to the Portal: (i) one at the start of the academic year for documents that need to be in place prior to the start of a residency, and (ii) one at the end of the academic year for documents compiled during the course of a residency. The reason for setting two deadlines is that some documents need to be in place before a residency site becomes operational, while others are developed over the course of the residency. All agreed as follows:

- Prior to the start of a residency, the following documents need to be uploaded: (i) any documents that outline the agreement between the CNME-recognized sponsor naturopathic program and residency site (e.g., affiliation agreement, memorandum of

understanding, etc.), (ii) the school's current Residency Manual, and (iii) the "master document." (Note that the group did not come up with a specific date for the start-of-the-academic year deadline, so this still needs to be discussed.)

- Other documents that are compiled during the course of a residency need to be uploaded by the end of the residency; July 31 was previously decided as an appropriate end-of-the-academic year deadline.

The committee next addressed the question: Should template documents that are not revised annually be required to be re-uploaded periodically (e.g., every 3 years) to ensure that they are still current? The group agreed that a good way to address whether documents are up-to-date is to require schools to provide some sort of attestation that all uploaded documents are up-to-date. This could be part of the annual report. Dr. Seitz will look into revising the annual report to include a short section pertaining to CNME-recognized residency sponsors.

Dr. Seitz noted that CNME administrative assistant, Michelle Manto, asked for clarification of the terminology "inactive" and "discontinued" pertaining to residency sites, since it seemed to her there may be some inconsistency in how residency sites that are not currently active are categorized. It was agreed that "inactive" means that the residency in question may start up again in the future, even if it's unclear when, while "discontinued" means that there are no plans whatsoever to start up the residency in question again.

Discussion of the residency site spot-checking process

The committee deferred discussion on the following three questions for lack of time:

- a. At which CNME meeting (spring or fall) should spot-checks be conducted?
- b. Would it be useful to change our current spot-checking process in any way?
- c. If compliance issues are identified, what should our process be (we have not consistently dealt with compliance issues)?

Dr. Seitz noted that it would probably be better to do spot-checks in the fall, since all Portal documents for the previous academic year are required to have been uploaded by July 31st. Drs. Carino and Seitz plan to convene a meeting with the residency directors to come up with suggestions regarding these questions.

Discussion on how to handle complaints about residency sites, etc., that are addressed to the CNME.

Dr. Seitz stated that occasionally people contact the CNME office with a complaint related to residencies. In most cases, the complainer is a resident who is unhappy about his/her residency site or how a problem with the resident is being handled by a recognized sponsor, or is angry about his/her residency being terminated early. In one case, the director of a residency site had a complaint about the oversight being provided by the residency sponsor. Early termination of a residency has been so far the most problematic situation Dr. Seitz has seen, since it's very difficult to determine sometimes whether the fault lies with poor performance on the part of the resident or the residency site not being willing to follow through on its commitment even when the resident is entirely suitable; either way, the individual resident usually, it appears, has no way to complete a residency and obtain a certificate.

The *CNME Residency Handbook* does not have any policies that address the circumstances under which the CNME will review a complaint and the process for doing so; this lack of a policy may have been intentional due to the fact that the CNME generally does not have the resources or ability to effectively adjudicate individual complaints. However, if a complaint indicates that there might be a systemic problem with a recognized sponsor, it's important for the CNME to have some mechanism for addressing it. For this reason, Dr. Seitz would like for the CPNME to consider options for developing some sort of complaint policy.

The committee brainstormed ideas on how to better address complaints:

- If the CNME decides to require CNME-recognized sponsors to include information on their residency program in the annual report submitted by accredited ND programs, we could ask for information specifically on complaints received and steps taken to address them, or some other information demonstrating that complaints are addressed in a timely and reasonable manner.
- The CNME requires that the residency manual include “policies governing evaluation, complaints/grievances, disciplinary action, and appeals”; perhaps the CNME could more explicitly define what constitutes an acceptable complaint/grievance process, which may include a requirement that the administrative level above the residency director must be routinely informed of complaints and their resolution.
- CNME/CPNME should develop a policy to address complaints that may indicate a systemic problem with how a recognized sponsor conducts its residency programs, but that weeds out individual complaints better left to the schools.
- As part of the reaccreditation process for ND programs, the CNME evaluation team also reviews the residency programs offered by recognized sponsors. We could develop a more systematic review process that includes requiring a recognized sponsor to provide information on the numbers and types of complaints they receive and how the complaints were handled.
- There may be unrealistic expectations on the part of residents regarding what is possible within the context of their employment arrangement. While residencies provide an educational experience, they are also an employment arrangement between the residency site and a resident that requires a commitment and willingness on the part of the resident to take on a range of typical employment responsibilities.
- There may be ways through providing more comprehensive information up front to residency sites and NDs applying for residencies to better support successful completion of a residency. This includes being as specific as possible about resident rights, responsibilities, workload, etc.
- Effective HR can sometimes prevent a problem from escalating. For this reason, residency directors at the schools sometimes find themselves involved in handling an HR role vis-à-vis a residency site, which is inherently an awkward role to have. We need to come up with ways to support effective HR on the part of residency sites without—if possible—residency directors becoming back-up HR officers, and to clarify the respective HR responsibilities of the residency director and residency site.
- We need to be more explicit about whether a recognized sponsor is responsible for helping a resident whose residency was terminated early find another residency and, if so, under what circumstances and in what way.

Review 3-month requirement for submission of res. cert. applications

Dr. Seitz stated that the *CNME Residency Handbook* requires a resident (or the sponsoring institution on his or her behalf) to apply to for a CNME Residency Certificate within three months of completing a residency. If the 3-month deadline is not met, the CNME has the option of invoicing the sponsoring institution for the fee amount; however, the CNME has in the past not carefully tracked whether the schools are entering into the CPNME Portal the names of all of the NDs who graduate of residencies, and have not billed schools if a residency graduate neglects to apply for a certificate (note that some of the schools have opted to pay the residency certificate fee on behalf of the resident, while others have not).

Dr. Seitz stated that the CNME administrative assistant is currently working with the schools to make sure that the names of all NDs who start a residency are entered into the Portal, and that graduation status is entered in a timely manner. The residency directors expressed their willingness to work with the CNME administrative assistant on this, but noted that it is

challenging to make sure that all residency graduates fill out the certificate application—even in the case of the schools that pay the certificate fee. All agreed that for the time being the CNME administrative assistant and the school residency directors should continue to work together to make sure that information on graduates is complete, and that the residency directors should make sure to remind graduates (if they aren't already) that they are required to apply for a residency certificate within three months of completion. These steps should reduce the number of graduates who neglect to apply to a minimum. If after these measures are taken there still seems to be a significant problem, we'll revisit this topic.

Is there a way that the CPNME can support new residency directors in getting up to speed with the CNME residency requirements, use of database, etc.?

The committee did not have time to address this agenda item.

Discussion on whether the CNME should be involved in oversight of specialty residencies

Dr. Carino set the context for this discussion by stating that the CNME currently approves general residencies in naturopathic medicine, but does not approve specialty residencies. The Oncology Association of Naturopathic Physicians (OncANP) has requested that the CNME/CPNME explore the possibility of working with the OncANP to establish standards for a specialty residency program in naturopathic oncology that could be offered within the context CNME/CPNME's current system of recognized residency sponsors and CNME-approved residency sites. Dr. Seitz added that when the CNME first started issuing residency certificates, it sometimes included a specialty on the certificate; however, the Council soon realized that it did not have standards for any naturopathic specialties, and therefore it was potentially misleading to indicate a specialty on the certificate.

In preparation for a representative from OncANP (Tim Birdsall, ND) joining the discussion via conference call, the committee engaged in some general discussion on the issue of developing standards/competencies for specialty training, and whether it would be in the CNME's interest—and also achievable on a practical level—to be involved in approving specialty residencies. The following were some of the points/observations offered:

- We have not yet developed competencies for general naturopathic residencies; maybe we should tackle this before taking on a responsibility for specialty residencies. Alternatively, maybe developing competencies for specialty residencies might be a first step towards developing competencies for general residencies.
- It's important to evaluate what the impact on the Council's resources would be if we got involved in approving specialty residencies, and whether this would be the best use of the Council's resources in supporting the naturopathic profession.
- Implementing an entirely new set of residency requirements would be difficult for schools to handle; if we were to develop a process for approving specialty residencies, it would be important to situate it within the current process for approving general naturopathic residencies.
- Right now, an ND who graduates from a CNME-accredited program is considered to be able to practice according to the full ND scope of practice. Is there a danger that by virtue of approving specialty residencies, we may be sending the message that certain practitioners are better trained or have more advanced skills than others? Would this be a problem for the CNME and/or the profession?
- Are we at the point in the ongoing development of the profession that specialties are needed to keep the profession strong and vibrant?
- There are some basic questions we don't have the answers to: For example, does completion of a residency translate, on average, to greater professional success (e.g.,

more employment opportunities, better pay)?

- What would we call these types of residencies—Focused? Specialty? Something else?
- Except for the need to develop a different set of competencies for a focused/specialty residency, we should be able to use the same standards and requirements we have now for recognizing sponsors and approving residencies.
- If we approved a focused/specialty residency, would that imply a CNME endorsement of the specialty? Of the specialty organization? What if there were two naturopathic specialty organizations covering the same area: How would we deal with that?
- Assisting in the development of specialty residencies could support the profession in becoming more competitive; in CA, for example, NDs don't have full recognition due to the lack of residencies.
- Completion of a focused/specialty residency should result in an ND developing a new set of competencies capable of being tested.
- Right now, the CNME is involved in making residencies available, but has not required residents to demonstrate any competencies they've developed as a result of the residency experience.
- Both specialty residencies and general residencies should be linked to achievement of a defined set of competencies; currently most residencies are experiential-based.
- Developing a separate set of competencies would be challenging, since we already have in place an extensive set of core competencies/expectations for graduates, namely the AANMC document titled "Core Competencies of the Graduating Naturopathic Student."
- Whatever we decide regarding specialty residencies, we need keep in mind the 98% of ND graduates who do not complete a residency. Taking this on could backfire if not done right, since there are potentially huge ramifications for the profession. For example, what if a state or provincial legislative body considering a bill to license/regulate naturopathic medicine decides that completion of a residency should be a requirement?
- Ultimately, the CNME needs to be very clear about its mission/role in the profession before considering whether to take this on.

At 2:45 p.m., Tim Birdsall, ND, joined the call; he is the OncANP board chair and is involved with the American Board of Naturopathic Oncology (ABNO). He provided the following information to the committee:

- Specialty associations can become affiliate members of AANP; AANP accepts only one specialty group per disease or modality.
- The OncANP was recognized as a Professional Society Affiliate of AANP in 2004, and board certification as a Fellow of the American Board of Naturopathic Oncology (FABNO) was recognized by the AANP in 2006; there are 400 active members of the society; an ND does not have to be a specialist to become a member.
- There are two tracks for this specialty: completion of a two-year CNME residency or 5 years of experience. Since 2006, we have required an exam: it is psychometrically sound, is based on a job analysis, and is competency-based.
- OncANP has decided that it should not be in the business of approving residencies, since it does not have the knowledge base as an organization to conduct this activity by itself.
- Cancer Treatment Centers of America (CTCA) has terminated its naturopathic oncology residency program, leaving a gap in training. OncANP has developed a "toolkit" to help support oncology residencies.
- OncANP is requesting a collaboration with the CNME: OncANP would be responsible for developing an oncology residency curriculum and competencies, and the CNME would approve these residencies within its existing residency approval framework.

Dr. Birdsall provided the following information in response to questions and points raised by committee members:

- We are finalizing the competencies; they are based on the job analysis and reflect the exam blueprint. Our goal is to allow for a certain amount of flexibility so that residency programs can be offered in a variety of different clinical environments. (Dr. Birdsall will provide the competencies document when it's finished.)
- There's another small, somewhat informal, naturopathic oncology group in existence.
- We do not require an ND to subscribe to a particular treatment philosophy.
- By including the CNME in regulating oncology residencies, we would avoid duplication of effort and create greater standardization.
- It is Dr. Birdsall's understanding that the residency directors at the schools have the capacity to oversee specialty residencies within the CNME regulatory framework.
- OncANP's request is not urgent. The bulk of oncology training is shifting into private practice, which raises concerns about both the consistency and level of training. We want to be proactive about developing requirements.
- There may be a case here and there where people are holding themselves out as specialists based on partial training, and this is an ongoing risk. We cannot control how an individual practices.
- There is a training requirement for board certification, namely completion of a residency.
- If the CNME and the school residency directors were willing to take this on, the OncANP would also be willing to be involved in some way in approving oncology residency sites.

Following the dialogue with Dr. Birdsall, Dr. Birdsall left the meeting and the committee participants continued a discussion on this agenda item, offering the following:

- The CNME is not really in the specialty residency business: Should the CNME consider accrediting the OncANP, and then the OncANP would in turn vet the residencies?
- Regarding developing competencies for general naturopathic residencies, it seems we would want to involve the AANMC/CCACO in this work.
- Observation from a school residency director: As long as we know what the requirements are, we can do our work. Adding requirements for specialty residencies would probably not result in a big extra burden.
- Bottom line: Should the CNME even take this on? Should schools be put in the position of endorsing a residency as meeting specialty requirements?
- CNME could just continue carrying out its responsibility for approving general naturopathic residencies, and then the OncANP would make sure that the specialty/focused material was adequately covered.
- Ultimately, it would be good for the profession to establish a separate body to accredit residency programs.

There was general agreement that the OncANP's request raises many issues for the CNME, and therefore we'll need to continue this discussion at future CPNME and board meetings. In the meantime, we'll take the following steps:

- Obtain the following from OncANP: the toolkit Dr. Birdsall mentioned, the competencies document (once completed), and the exam blueprint (Dr. Seitz will contact Dr. Birdsall); and
- Engage the following organizations in this conversation: the Naturopathic Coordinating Council (NCC), Canadian Naturopathic Coordinating Council (CNCC), Canadian Association of Naturopathic (CAND), American Association of

Naturopathic Physicians (AANP), and the Association of Accredited Naturopathic Medical Colleges (AANMC).

Identify CPNME priorities and plans for moving ahead on them

Dr. Carino stated that Dr. Seitz and she would meet via conference call with the school residency directors to continue work on the agenda items pertaining to the CPNME Portal, residency site spot-checking process, and other matters related to the CNME residency sponsor recognition process and approval of residency sites, and that Dr. Seitz would continue to move along the conversation on specialty residencies as discussed earlier.

The meeting was adjourned 4:50 p.m.