

COUNCIL ON NATUROPATHIC MEDICAL EDUCATION

Evaluation Team Report



CANADIAN COLLEGE OF NATUROPATHIC MEDICINE

Toronto, Ontario, Canada

Comprehensive Visit for Reaffirmation of Accreditation

March 9-11, 2020

*A Confidential Report to the Council
That Represents the Views of the Evaluation Team*

**COUNCIL ON NATUROPATHIC MEDICAL EDUCATION
Comprehensive Accreditation Visit**

**Canadian College of Naturopathic Medicine
Naturopathic Medicine Program
1255 Sheppard Avenue East
Toronto, Ontario, Canada**

March 9 – 11, 2020

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INTRODUCTION

History of the Institution

The Canadian College of Naturopathic Medicine (CCNM), established in 1978 as the Ontario College of Naturopathic Medicine (OCNM), initially offered post-graduate programs to doctors from other health professions, such as medical doctors and chiropractors. The full-time naturopathic professional program was first offered in 1983, when the College moved to Kitchener, Ontario. In 1992 OCNM formally became the Canadian College of Naturopathic Medicine to reflect its goal of providing naturopathic education for students in Canada. In September 1999, to accommodate increasing enrollment and expanding program offerings, CCNM opened its current location, a 4.43-acre campus with a 150,000 square-foot facility in the northeast of Toronto.

The facilities of the College include a large lecture hall and classrooms in a variety of sizes; laboratories; a clinic dispensary; a library; a natural health products dispensary; the Robert Schad Naturopathic Clinic; a fitness center; residence hall accommodations; a food service and cafeteria, an herb garden; administrative, faculty, and student government/service offices; and areas necessary for multimedia, technical support and physical plant maintenance services.

The College is incorporated as a not-for-profit corporation in Ontario, and registered as an educational charity corporation. The legal name of the College is The Institute of Naturopathic Education and Research (INER) and its DBA is the Canadian College of Naturopathic Medicine. The College is authorized by the government of Ontario to award the Doctor of Naturopathy (ND) degree. CCNM is currently the only Canadian naturopathic college authorized to grant the ND degree.

The College has been continuously recognized by the Council on Naturopathic Medical Education (CNME) for 25 years. The CNME granted candidate status to CCNM in 1995 and initial programmatic accreditation in 2000. Most recently, the CNME conducted a comprehensive visit for reaccreditation in 2013.

Nature of the Visit and Structure of the Report

The purpose of this comprehensive visit for reaffirmation of accreditation is to assess CCNM's ongoing compliance with CNME's accreditation standards and policies, as set forth in the 2020 edition of the *CNME Handbook of Accreditation for Naturopathic Medicine Programs*. This report contains the findings of the CNME Evaluation Team ("Team") that conducted the site visit.

The Team visited the CCNM campus at 1255 Sheppard Avenue East in Toronto, Ontario, on March 9 – 11, 2020. Prior to its arrival, the team was provided with CCNM's Self-Study Report and supporting materials. The Team found the report to be informative, responsive, and candid.

During the course of the Evaluation Visit, Team members met in individual and group meetings with many people in the CCNM community, including:

- Members of the Board of Governors
- President/CEO
- Controller
- Dean, School of Naturopathic Medicine
- Associate Dean, Academic Education
- Associate Dean, Clinical Education
- Associate Dean, Curriculum and Residency Program
- Director, Clinical Services
- Director, Facilities
- Director, Information Systems
- Executive Director, Human Resources
- Executive Director of OICC and Research
- Manager, Advancement
- Manager, Library Services
- Legal Counsel
- Associate Registrar and Student Services and Compliance Manager
- Coordinator, Continuing Education
- ND Program Students in all four years
- ND Residents
- CCNM Alumni
- Students in the International Medical Graduate Program

The Team greatly appreciated the hospitality, cooperation, and services provided by the CCNM community during the course of the visit. This significantly facilitated the Team’s efforts to complete tasks during the brief time on campus.

“In the Evaluation Team Report certain key words have special meanings. The word **commends** identifies an aspect of programmatic or institutional strength that the Team has found worthy of special praise or of being highly noteworthy.

The term **is concerned** denotes an aspect of the program or institution that the Team has found to be deficient in meeting the criteria as stated in a particular section of the CNME Accreditation Standards. The word **recommends** represents the corrective action(s) the Team deems necessary to remove the deficiency. Whenever a concern and associated recommendation appear in the report, the relevant CNME criteria are stated.

The term “**area of interest**” denotes a problematic situation that could potentially evolve to non-compliance with a CNME standard or policy; while not a formal finding like a recommendation, an area of interest is referenced to a specific standard or policy in the team report.

The word ***suggests*** identifies a non-binding, collegial comment by the Team intended for the purpose of programmatic or institutional improvement. The Team hopes that the suggestions will be helpful to the program and institution. Team suggestions do not require any response or actions, and may be adopted, modified, or rejected freely.

A ***Determination*** is provided at the end of each Standards section of the report. This briefly describes the extent to which the Team believes the College is in compliance with the particular Standard.”

STANDARD I: PROGRAM MISSION AND OUTCOMES

CCNM’s current Vision, Mission, and Ends were developed by the Board of Governors in January 2012 with feedback from staff and faculty. They are widely disseminated and published in the academic calendar, faculty handbooks and CCNM website, and reviewed annually. As of May 2019, these statements, which clearly reflect the goals of the college at the community, professional and national level, are as follows:

Vision: *CCNM will make naturopathic medicine an integral part of health care through preeminent education, research, and clinical services.*

Mission: *The Canadian College of Naturopathic Medicine will:*

- *Demonstrate excellence in education to our students, supporting them throughout their careers;*
- *Provide a working environment that allows our faculty and staff to excel;*
- *Expand our knowledge of naturopathic medicine through high quality research;*
- *Excel in delivering naturopathic medicine to our patients;*
- *Forge a strong relationship between allopathic and naturopathic medicine with a focus on affordable, accessible and effective health care;*

...and so make the practice of naturopathic medicine widely acknowledged as key to maintaining patient health.

CCNM’s Board of Governors will promote the following five “Ends”:

1. ***Excellence in Education:*** *Educate NDs on the basis of clear and focused curriculum, delivered by the most competent faculty and graduate high quality NDs.*
2. ***High Quality Clinical Services:*** *Provide high quality naturopathic care in a clinical setting, resulting in positive educational experiences for students and positive outcomes for patients and clients.*
3. ***Excellence in Research:*** *Conduct and disseminate research relevant to naturopathic medicine and help develop skills among faculty, students, and graduates that foster research activity and a culture of evidence-informed clinical practice.*
4. ***Prominent National Profile:*** *Increase the awareness and respect of the College among the profession, other health practitioners, government and the public.*
5. ***Change Agent:*** *Foster positive change in our health, our environment, and our healthcare system through the promotion of the principles and practices of naturopathic medicine.*

The College executes its Strategic Planning Policy to review and translate the Vision, Mission, and Ends into actionable and measurable goals, strategies, initiatives, and programs. The strategic plan guides the Board of Governors and Senior Leadership in both long and short-term

decision-making in the face of competing priorities of capital investment, facilities and human resources, and success in accomplishing the strategic plan is reviewed annually by the Board of Governors.

Program Outcomes

As a single purpose institution, the Vision, Mission and Ends also direct the naturopathic program. The first three “Ends” focus on excellence in education, clinical services and research guide the expectations of the program as indicated in the following program mission statement.

In 2007, CCNM created 14 Program Outcomes in consultation with faculty, students and the profession. These Outcomes were based on the Professional Competency Profile that was being developed at the time by the Council of Chief Academic and Clinical Officers (CCACO) of the Association of Accredited Naturopathic Medical Colleges (AANMC) and which was adopted in 2009. The Program Outcomes also reflect CCNM’s clinical competencies. Adopted in 2007 by the Board of Governors, the Program Outcomes serve as an organizing principle for the learning outcomes of all courses, as well as a basis for assessing the naturopathic program. The Program Outcomes are compatible with naturopathic principles, philosophy, clinical theory and practice.

The Program Outcomes have remained relatively consistent with some modifications since 2007. CCNM uses the outcomes as a basis for measuring how well the program is achieving its mission. The college is currently conducting a comprehensive curriculum review (referred to as “CV40” in honor of the institution’s 40th anniversary), and it is anticipated that the Program Outcomes will be revised over the next two years.

It is evident that the institution strives to accomplish its mission and has been successful in large measure; the following are a few examples of this (other examples are presented throughout this report):

- Students are, overall, very satisfied with the quality of the education and the dedication and expertise of their faculty;
- Support for professional development of faculty and staff is generous in comparison to the support provided by other ND programs;
- The institution has been successful in attracting funding to support research and takes the research aspect of its mission seriously;
- The institution has established a very professional on-campus teaching clinic and also has several off-site clinics, including one in a conventional hospital setting; and
- The focus of some of its research studies and the hospital-based teaching clinic are examples of the institution’s efforts to build a bridge between conventional allopathic medicine and naturopathic medicine.

Determination: Standard I (Program, Mission and Outcomes) is being met.

STANDARD II: ORGANIZATION, GOVERNANCE AND ADMINISTRATION

Legal Organization and Governance

CCNM is a single-purpose, post-secondary institution incorporated and operating as a not-for-profit in the province of Ontario. The College is authorized to award the degree of Doctor of

Naturopathic Medicine (ND degree) by the Ontario provincial government and, in addition to the ND program, the College offers continuing education courses related to naturopathic medicine and prerequisite medical courses. CCNM participates in: the Ontario Student Assistance Program; other provinces' student loan programs; and the US Department of Education US Financial Aid program (Title IV and Higher Education Act) programs.

CCNM's Board of Governors consists of 15 voting members of diverse professional backgrounds who are not employees of the college, including one student member; the board bylaws require that at least five of the 15 voting members be naturopathic doctors; currently there are seven on the board. There are three non-voting board members: one staff representative, one faculty representative and the CCNM president/CEO. Regular board meetings are held quarterly.

The members of the Board of Governors are appointed by the profession and public members of the Institute for Naturopathic Education and Research (INER), which is the overarching organization. The INER meets annually to conduct its business, including electing the Board of Governors. With no members having direct affiliation with CCNM except the student member, the board exerts independent, definitive authority over the institution. To support good governance process and clearly delineate between the roles of the board and the administration, the board has adopted the Policy Governance model developed by John Carver. Board process is also guided by a set of bylaws, and there is a conflict of interest policy that requires each board member to complete and submit a form annually that states his/her conflict of interests, if any.

To assist the Board of Governors in accomplishing its work, the board has established six standing committees: Audit Committee, Governance & Nominating Committee, External Relations Committee, Compensation Committee, Executive Committee and the Academic Committee. These committees are engaged with developing policies and long-range plans, evaluating the CEO, addressing matters related to financial management and fiscal sustainability, reviewing proposed major programmatic changes (such as the anticipated curriculum revisions that will come out of the CV40 process), and evaluating the board's own performance. The board is involved in reviewing the program's mission and vision, as well as the board's Ends (the term "Ends" is associated with the Policy Governance model noted above; in essence, Ends are broad goals that a board sets for the institution; in the case of CCNM, the Ends are similar to the mission statement). The most recent board review of the vision, mission and Ends took place in fall 2019.

The board communicates with school constituents primarily through the student board member, non-voting staff representative and faculty representative. CCNM's self-study notes that "communication of major requirements and concerns to the board appears to be quite effective," which was verified during Team's meeting with the Chair of the Board of Governors and several other members. The board was well aware of the CNME accreditation process.

Effective communication appears to be more of a challenge between the administration and students, staff and faculty, though no more so than is often the case in higher education institutions. The Team heard from a number of students and employees that they are aware of the challenges and are working to improve day-to-day communication. The College

is addressing this with a comprehensive review of communication systems within the organization.

Administration

The chief executive officer is the President of the College, who has served for over 15 years. This administrative structure appears to be adequate to effectively manage the College. The chief academic officer is the Dean who is given authority and autonomy to manage the academic program at CCNM. He oversees the academic and clinical portions of the program, with the following senior staff reporting to the Dean: Associate Dean for Academic Education, Associate Dean of Clinical Education, Associate Dean of Curriculum and Residencies, Chief Naturopathic Medical Officer, and Manager of Library Services. Several of these senior staff have been in their position for over 10 years, thus providing administrative stability to the institution.

The Team reviewed the organizational charts and job descriptions for Academic Services and Student Support Services, and spoke with individual staff members, and found the staff to have well defined roles and authority to carry out their responsibilities. The self-study report indicated that there were shortages in staff due to layoffs a few years ago and the unexpected illness and absence of two key staff last year; while it was generally acknowledged that services to students had suffered during that time frame, it appears that staffing deficiencies have been fully remediated.

The college recently hired a Manager, Academic Affairs, to coordinate services between Student Services and Academic Services, and two key staff members have returned to their positions. Additionally, these two departments are now cross training staff to be able to more readily adjust to unexpected circumstances. The academic administrative staff feel there is adequate staffing to meet the needs of the current program. However, with the rollout of the future curriculum revision (CV40), there is some concern about the adequacy of information/ communication technology support for faculty and staff.

CCNM's human resource policies and procedures are well defined and outline recruitment and selection, leaves of absence, training, discipline, separation, health and safety, and compensation and benefits. The Human Resources department has recently reviewed and modified policies, which it plans to do every five years, and also instituted a new human resource information system. All policies, including performance evaluations, employee grievance policy, non-discrimination and equal opportunity were reviewed by the Team and appear to be entirely adequate.

Faculty and staff performance is reviewed annually. Salary increases for staff are usually based on the review. Staff retention is high with only a 5 – 10% turnover rate which seems to indicate that staff enjoy working for CCNM.

Faculty are unionized; as a result, salary and benefits are negotiated between the college and the union, as are the requirements for promotions in rank. Currently, CCNM has 11 full-time faculty without any new full-time faculty hires for a number of years. There are currently over 150 part-time faculty, a number of whom informed the Team that they would like to be considered for full-time should positions become available. Faculty shared with the Team their concerns about whether some faculty members will be let go when the CV40 curriculum is launched if the

revisions require fewer faculty to deliver the program; since the CV40 process has not yet been completed, the impact of the revisions is still unknown.

Full-time faculty are eligible for a number of benefits, such as: professional development funds up to \$3000 per year to enhance their teaching and/or medical skills; a \$2,000 per year tuition allowance to pursue an advanced post-graduate degree up to a total of \$10,000, upon approval of the dean; and full-time faculty who are obtaining relevant post-graduate education may also receive a reduction of workload allowance of ¼ of the standard load for up to 4 academic terms. Part-time faculty working at least 96 hours per academic year are eligible for a professional development allowance of \$500 on approved courses. This level of benefits is more generous than what is provided by most—if not all other—ND programs.

CCNM welcomes participation from all of its stakeholders through a variety of ways. Alumni and professionals from the community serve on the Board of Governance while others sit on the Program Advisory Committee (PAC), which reviews academic standards and curriculum. Student engagement is solicited in a variety of ways.

Students participate on several committees, including PAC, and have a voting member on the Board of Governance. Student class representatives and student association representatives meet regularly with the associate deans to address concerns. All students have an opportunity to give feedback through course evaluations.

CCNM offers many ways for faculty to be engaged. Both full and part time faculty serve on many committees and there are a number of ways to be involved in academic and clinical curriculum, such as retreats and specific topic meetings; faculty meet with the associate dean of curriculum to address any concerns regarding their didactic courses. The clinical faculty meet with administration during each term to talk about issues that are coming up in clinic.

Additionally, CCNM has a Student Faculty Administration Forum where faculty, students, associate deans, the dean and other senior leaders meet to discuss aspects of the program. With the goal of improving communication, the Team **commends** “the college for creating multiple avenues for CCNM community input and feedback, and taking the input and feedback it receives seriously in addressing issues of concern to the community.

Commendation: The college has created multiple avenues for CCNM community input and feedback, and takes the input and feedback it receives seriously in addressing issues of concern to the community.

Commendation: The college provides very generous staff benefits, including funding for complementary/integrative healthcare and 100% coverage of healthcare premiums—as well as funds for professional development of full-time staff.

Commendation: The staff is very committed to the college and there’s a strong culture of teamwork.

Determination: Standard II (Organization, Governance and Administration) is being met.

STANDARD III: PLANNING AND FINANCIAL RESOURCES

Sufficiency of Resources

As a result of CNME recommendations a few years ago, the College has adopted a plan to reduce reliance on the line of credit by increasing reserves each year. CCNM has reduced the line of credit to \$650k for 2019 from a high of \$1,700,000 in 2012. Currently the College's financial goal is to operate annually with a small (around 1.5%) surplus. Prior to this, CCNM's goal was to operate with a breakeven budget or a small deficit, an approach that led to a lack of sufficient reserves and need to borrow money at certain times every year to manage cash flow. For fiscal years 2017 – 2019, CCNM ended with small surpluses of \$153k, \$332k and \$217k respectively.

While progress has been made in building financial reserves, it will take many years of surpluses to eliminate the reliance on the line of credit and to build current assets at the same level as current liabilities. The Team **suggests** that CCNM consider increasing the current surplus goal of 1.5% in order to create reserves that would enable the college to eliminate using the working capital line of credit and also create resources available to fund strategic initiatives or provide a more substantial buffer against a potential downturn in enrollment. Based on the current target rate of 1.5%, it will take over 10 years to build enough reserves for current assets to be equal to current liabilities. One way to do this could be to increase tuition, which appears to be well below market price in comparison to other institutions.

CCNM's short-term leverage ratio continues to be negative, requiring a reliance on the use of short-term debt, specifically the working capital line of credit. CCNM continues to have more than double the current amount of current liabilities compared to current assets which has led to reliance on a line of credit for cash flow. Ideally, the current ratio should be over 1.0, which would put current assets greater than current liabilities, but the current ratio is 0.4. The current ratio measures the organization's ability to pay obligations due within a year. While this hasn't been problematic so far due to its real estate assets, the College could be in distress if there was an unforeseen drop in enrollment or an economic downturn.

Area of interest: the college's financial reserves are still minimal and the current ratio is less than one. (Standard III, Section B.1)

At the start of his tenure in 2004, the President committed to keeping the organization at its current location. In 2006, the college completed a comprehensive facility condition report including deferred maintenance and upgrades of the campus without incurring additional debt. Since 2004, the College has been committed to paying off its long-term debt as quickly as possible to achieve greater financial flexibility, and succeeded in paying off all of its long term debt in 2013.

The current structure has resulted in a very low Primary Reserve Ratio. The Primary Reserve Ratio serves as a direct measure of an institution's viability and an indirect measure of its liquidity. CCNM's Primary Reserve ratio for FY2012 was 0.13 and is approximately the same in 2019. The benchmark applied to private colleges (not specific to the naturopathic school system in North America) is 0.57. The implication of the 0.57 ratio is that an institution would have the

ability to cover about 7 months ($12 \text{ months} \times 0.57$) of expenses from reserves. CCNM's primary reserve ratio of 0.13 indicates its ability to cover about 1½ months of expenses. CCNM has, nonetheless, been able to meet its short-term cash needs using a working capital line of credit, continuing to provide students, faculty and staff a high-quality experience while maintaining a consistent financial base.

The college is in the midst of a \$7M capital campaign. As of February 2020, the college has pledges of \$4.2M and expects to reach the \$7M goal within the next couple of years. The proceeds of the capital campaign will go towards scholarships, professional development and research. Note that most commitments are pledged over five years so cash is not all available upon commitment.

CCNM, like many colleges, is a tuition dependent institution. For 2019, revenue totaled \$18,394K with 66% of revenue from tuition. The remaining revenue was derived from Clinic Revenue (11.5%), Property (8%), Donations (7.5%), Research Grants (4%), and all other (2.3%). Expenses for the same time period were \$18,177K, of which 62% was Salaries and Benefits. Remaining expenses consisted of Office & General (8%), Amortization (5%), Research (5%), Books and Supplies (5%), General Insurance (4%), and all Other (10%).

Financial Management & Planning

The College has adopted the Policy Governance model in which the Board directs the institution through developing a set of "Ends", which—as noted earlier—are broad goals for the institution, and also establishing a set of policies that articulate the respective roles of the Board and CEO/President. In order to accomplish the Ends, the Board has developed a five-year strategic plan that is reviewed and updated annually, and develops an annual budget that aligns with the strategic plan. Both the annual budgeting process and review of the strategic plan are methodically carried out in accordance with well-established procedures.

The CFO resigned in January 2020, after serving for 19 months. Although a loss for the business office, she was elected to the Board shortly after resigning and so her expertise is still available to the institution. The CEO/ President is acting CFO until a replacement is hired. The search process is nearly complete and the College is hopeful of filling the vacancy soon. Other than the CFO position, the business office is adequately staffed. There is sufficient separation of duties and clear processes for planning and budgeting that require the CFO and Controller to work closely with other departments of the College.

The President's senior leadership team evaluates and communicates budgetary needs to the President and CFO. Departmental budget managers are expected to manage their budgets. The Controller meets with budget managers monthly to review actual spending vs. projected budget. Budget managers are authorized to reallocate funds between budget lines as long as it is aligned with the College's broad strategic goals and they stay within their overall budget. The CFO and Controller attend the monthly College Committee meeting to provide updates on budget and enrollment numbers.

The projected budgets for FY 2021 to FY 2025 show a stable institution; there are modest increases in tuition, grant revenue, and continuing education projected. Except for salaries and benefits, all expenses are projected to remain relatively flat.

CCNM has an annual financial audit conducted by Ernst and Young. The audit is reviewed by the Audit Committee of the Board and then formally communicated to the full Board. The year-end financial statements are presented at the Annual General Meeting with the auditor present. The audit opinion for the 2019 financial statements indicated that the statements were presented fairly. This included the statement of operations, statement of changes in net assets and statements of cash flow. However, there were a few management points noted in the Letter to Management related to internal controls. Items noted included the lack of monthly reconciliation of accounts payable and donations received, and manual journal entries processed without approval. The College's response was that this happened due to turnover and lack of staffing. The hiring of a new Senior Accountant in 2020 will ensure that reconciliations are performed regularly and all journal entries are approved. In parallel with this formal process, the CFO/President communicates the year-end results through the College Committee, where there is an opportunity for discussion.

Senior Fundraising staff have the appropriate credentials and experience for their roles. The college has a formal process in place to consult its internal legal counsel on any potential agreements that are binding on the college. The college also meets its statutory obligations by annually filing a Charitable Organization Return. Finally, there is a formal board-approved policy on ethical fundraising entitled "Ethical Guidelines for Fundraising." The college fundraising is focused on current use funds and has not made raising endowment funds a priority. It has one endowment of about \$70,000 that it has had for some time. This is held in a separate bank account to avoid commingling of funds and is examined as part of the annual audit. Internal legal counsel is involved in ensuring compliance with any endowments established through bequest or otherwise.

Research represents a large part of the College's mission. The large majority of CCNM's research is sponsored, meaning that a grant is in place to fund the research. In all cases, sponsored research can only be carried out when a duly authorized agreement is executed. Almost all of the college's research funds fall into the restricted fund. The grants are restricted for certain uses and as such the college deposits funds into a separate restricted fund to avoid commingling with the general college operating funds. Compliance with external requirements is achieved by the careful monitoring of agreements by the Controller and the Director of Research, backed by a quarterly review of accounts involving the President, CFO, Controller and Director of Research.

Determination: Standard III (Financial Resources) is being met.

STANDARD IV: PROGRAM FACULTY

Faculty Qualifications

CCNM faculty are required to have a terminal degree or a relevant Master's degree, and demonstrate competence in scholarship, teaching, service and/or leadership. The 2019/2020 Academic Calendar (catalog) indicated sixty-nine out of seventy-seven faculty are NDs and the other eight have PhD, DC or MD degrees. Since 2012, six faculty have been promoted in rank.

CCNM provides generous opportunities for faculty to improve instructional methodology, pedagogy and assessment, including training through other institutions. The Centre for Faculty Development at the University of Toronto provides training resources in teaching methodology and/or educational leadership. Many faculty participate in the Teacher Education Program at the Canadian Memorial Chiropractic College. Through professional development opportunities like this and those described below, CCNM takes multiple steps to ensure the quality of program delivery.

The College developed “A Learning Management System training” to assist faculty in using the learning management system for their courses. Faculty work with the associate deans to align course learning outcomes with appropriate learning activities and assessments. The Faculty Handbook provides guidance on creating exams and reviewing examination results. Course syllabi are vetted by both the Associate Dean, Curriculum and Residency (ADCR) and the Associate Dean, Academic Education (ADAE) prior to being posted to the LMS Moodle. Once the course is approved, any changes to the outline are carefully examined and approved by ADAE.

Faculty meet with the ADCR prior to and during the delivery of their course to discuss issues and examine measures to improve the content and delivery of the material. Annual faculty performance reviews with the respective Associate Dean is also an opportunity for faculty to discuss issues of delivery and curriculum and explore ways to improve courses.

Commendation: Faculty are actively engaged in learning and implementing new teaching methods.

The large majority of clinical faculty have five or greater years of experience. Currently the only three less experienced faculty are graduates of the CCNM residency program. All clinical faculty are licensed and in good standing in the Province of Ontario.

CCNM ensures naturopathic perspectives are incorporated into the program by hiring ND faculty to teach basic medical science courses as well as teach and model the application of naturopathic principles and philosophy into clinical practice. Feedback from students across the years of the program was that faculty members are very supportive of the students and are able and knowledgeable instructors.

Commendation: The faculty are very dedicated and much appreciated by the students.

Faculty Sufficiency

With a relatively low number of full-time faculty members (11) compared to part-time faculty members (150), the Team is concerned that there are not enough full-time faculty members to effectively meet service needs and requirements of the program, such as program planning, assessment and revision, especially considering the Curriculum Visioning 40 (CV40) project. Apart from potential challenge in the meeting institutional service needs, the small percentage of full-time faculty may adversely impact faculty morale, as part-time faculty who aspire to a more academic career may feel that opportunities for advancement are negligible.

Faculty expressed to the Team that it is becoming increasingly difficult to meet the changing needs of the program, while participating in service and research. Over the past couple of years, three full-time faculty went to 75% full-time equivalent in order to pursue research, clinical practice opportunities, or professional development. Two full-time faculty were also promoted to administrative roles. CCNM has not hired new faculty for many years, although the self-study report indicated that the College is considering increasing full-time faculty over the next academic year.

Area of Interest: The college operates with a very small cohort of full-time faculty in comparison to part-time faculty. This results in fewer faculty being readily available for service to the college and places a greater workload on the academic administrative staff. (Standard IV, Section B.1)

Faculty Orientation and Performance Evaluation

The College has orientations for new academic and clinical faculty. The Academic Faculty orientation is currently undergoing beta-testing for effectiveness and feedback. Faculty orientations are coordinated by the appropriate Associate Deans, either for Clinical Education or Academic Education.

Full-time faculty review documents are noted in the Faculty Handbook. The reviews occur annually and alternate between the Interim Review and Full Review. The Full Review includes review of the faculty members' portfolios and curriculum vitae. Part-time academic and clinical Faculty are reviewed every two years by their respective Associate Dean, in addition to annual course instructor surveys and annual shift surveys. The review process includes observing the faculty in the classroom or clinic. Instructional and non-instructional responsibilities are noted in the Performance and Development Plans. Faculty expressed that they would prefer peer observers rather than supervisors. Performance deficiencies are noted formally in the Faculty Performance and Development Plan with steps for remediation. Faculty indicated in the self-study report that some deficiencies emerge from student evaluations of faculty, and question in some instances the relevance or validity of the deficiency. Faculty were also concerned that their supervisor wasn't following up on the development plan. They indicated that supervisors need more training and resources to effectively counsel faculty on performance and development.

The College acknowledges the concerns and is striving to improve the Faculty Performance and Development Plan by reviewing the following aspects of this process: the logical flow from one evaluation to the next, ensure Associate Deans use multiple visits to observe faculty members' performance, provide more support to address areas of improvement and/or growth, follow up on achievement to address identified areas of improvement/growth in subsequent evaluations, and earlier discussions of faculty members' plans to progress to the next level so a focused plan can be developed for these purposes.

Faculty Professional Development

Full-time faculty are eligible for an annual \$3,000 allowance to pursue activities that enhance clinical or educator skills. Additionally, a tuition allowance of \$2,000 per year (maximum of \$10,000) is available, upon approval of the Dean, for full-time faculty pursuing an approved post-graduate program relevant to their teaching. Drawing on this additional allowance entitles a faculty member to receive a total postgraduate tuition reimbursement of \$5,000 per year, \$2,000

of which is the forgivable loan. While completing the post-graduate work, the faculty is eligible for an allowance of ¼ of the standard load with the workload reduction applied to the time spent on their post-graduate work. It is limited to four CCNM academic terms (4 months each) but may be extended in exceptional circumstances. Part-time faculty are eligible for a professional development allowance of up to \$500 per year (\$250 if they teach between 50 and 96 hours), on approved courses. New clinic faculty may enroll in a Teacher Education Program, consisting of 18 hours lecture and 18 hours online, at the Canadian Memorial Chiropractic College. To date a total of seven faculty and five residents have completed this program.

Commendation: The college provides very generous funding for professional development both to full-time and part-time faculty.

Faculty Participation in Program Development and Academic Administration

The program acknowledged that it's very challenging for the entire faculty to meet due to varying schedules and involvement at the College. Although faculty participate in many committees, including CV40 Steering Committee, Program Evaluation Committee, Program Advisory Committee, and Clinic Therapeutics Committee, they indicated the current workload does not facilitate or encourage participation in college initiatives. Faculty expressed concerns about not getting compensated to participate in activities, such as curriculum and academic policies. When part-time faculty are asked to be involved in committee work, they noted that it's often unclear if they will receive additional compensation or if it's a requirement of the contract. Part-time faculty members with professional responsibilities outside of the College are often not able to participate in other activities. Overall, this appears to have resulted in a decrease in faculty engagement in committee work and attendance at meetings.

The Faculty Council is the governance organization that serves as a communication link among faculty and between faculty and administration. The Council meets monthly. All full-time faculty and residents have voting privileges. The Council's Chair and Vice-Chair receive stipends. However, similar to other CCNM committees, the Faculty Council is dealing with poor faculty participation and/or engagement. Reasons cited include workload challenges, time obligation conflicts, and compensation expectations (especially for part-time faculty).

Conditions of Faculty Employment

Three years ago, CCNM's faculty were organized by the Canadian Union of Public Employees. The negotiations occurred over the summer, when many faculty members were away and not informed of the process nor able to vote. As a result, the process left some bitter feelings among faculty that took time to heal. Faculty members expressed to the Team that the conflict was due to the unionization process and lack of communication among faculty regarding the vote to unionize, not necessarily with the union itself. Nonetheless, the subsequent negotiation of a collective agreement proceeded very well and a collective agreement was signed on May 25, 2017. The three-year agreement expires May 24, 2020 and negotiations are underway for a new agreement.

Since the Collective Agreement was signed there have been no grievances. Faculty indicated to the Team that overall communication with the administration has improved. Many faculty members expressed that they did not experience any significant difference in their experience working at the College with the establishment of the union. Some part-time faculty members

expressed that feel they have more job security at the College as a result of the union. Among other things, they are now categorized as employees rather than contractors, and the collective agreement outlines terms of faculty employment including hiring and termination, equal employment opportunity and non-discrimination policies.

The Collective Agreement outlines many of the faculty employment guidelines found in institutional handbooks. For example, it outlines policies on faculty vacations, sick and bereavement leaves, pregnancy, adoption, and parental leave, seniority, jury duty, special leaves (including sabbatical and leaves of absence without pay), and Registered Retirement Savings Plan. Teaching loads, including classroom and clinic supervision with credits defined, are outlined in the Collective Agreement. The remainder of a faculty member's time consists of activities advancing student learning, the College, the profession, and professional development; but these specific duties are neither formally assigned nor recorded. Policies on academic freedom and intellectual property are noted in the Faculty Handbook and Collective Agreement. Detailed policy on resolution of grievances is in the Collective Agreement.

Criteria for faculty rank and promotion are included in the Collective Agreement and the Faculty Handbook, as are Full-time faculty, part-time academic and clinic salary rates. The promotion criteria include three key areas, i.e., scholarship, teaching, and service/leadership, and criteria for each rank. Faculty indicated the need for more support and incentive to move through the faculty ranks, especially from Associate Professor to Professor. Faculty felt that there is still somewhat of a lack of transparency around the promotion process. Steps and timelines could be better presented and supported in the context of performance evaluations. Full-time faculty do not feel there is enough time and resources allocated to perform and complete the activities needed to progress within the ranks. The College noted in the self-study report they are determining ways to improve the clarity of the promotion criteria for faculty.

Faculty expressed that the current method of calculating workload for full-time faculty does not facilitate or encourage creativity, personal or professional development, and participation in college initiatives or innovation. The College notes in the self-study report that it will determine feasible ways to improve faculty engagement in committees and administrative meetings via specific participation expectations in the Collective Agreement, improving communication between administration and faculty, and respecting the time and other obligations of faculty.

Determination: Standard IV (Program Faculty) is being met.

STANDARD V: STUDENT SERVICES

General Provisions

Although the self-study report did not reflect specifically on how CCNM's student services are aligned with the program's mission and the program, it was evident to the Team during the site visit that the student services department works diligently to assist students in completing the program, offering various services to support good morale and personal and professional growth while at CCNM. Student services and activities, including orientation, advisement and academic counseling, financial aid support and counseling, tutorial services and career development, were reviewed during the visit and the Team met with staff from these departments.

The program uses their Academic Calendar as a student handbook that defines students' rights, responsibilities, and grievance procedures and procedures for admission and dismissal; it also includes disciplinary and academic proceedings/processes and information regarding financial resources, fees, academic policies, course descriptions, etc. The program has made safety and security provisions for the students and the properties. These policies are noted in the Academic Calendar and full policies reviewed by the Team and are in accordance with federal and provincial laws. A concern was raised about the safety of the students and patients in clinics and the program believes that this is addressed with current policies, safety procedures of the clinics and also in several of the courses

Students have a number of communication channels with the administration and Board of Governors: through the student association; class/year representatives and student association members meet weekly with the associate deans (ADNSA-Associate Deans and Naturopathic Student Association); a student voting member of the Board of Governors; and several other committees where students are elected or volunteer to serve and share students' concerns in institutional and programmatic planning and decision making. Course and instructor evaluations are conducted twice a year, allowing avenues for curricular feedback and surveys to solicit student opinion throughout the program. For the most part students feel heard but as with most communication it is something that needs to be managed daily. The program shared that in the last few years the only formal appeals filed have been grading issues, averaging about three per year, and no formal complaints.

Admissions

Like many of the naturopathic programs, CCNM uses a third-party centralized application system, called NDCAS. The admission policies are clearly posted on the program's website and in the Academic Calendar specifying the prerequisites, qualifications and procedures for admission, including equivalence of transfer credits, advanced standing, and re-admittance. The program adheres to all policies and if exceptions are made they are documented in the applicant/student's file, which is in hard copy format including all required documents and communications. These policies are periodically reviewed and the staff feel they are adequate. The staff is evaluating which trends—such as lower incoming GPA—appear to be an indicator of poor performance in the program, and have started denying more applicants based on lower GPA, poor interview scores or a combination of both.

The admissions staff are part of Student Services and within the registrar's office. The staff believe that the program receives very qualified students for both the four-year track and the International Medical Graduates (IMG) program. The IMG students have medical degrees from other countries and complete a compressed 24-month program to obtain a naturopathic medical degree. The acceptance rate to applicant rate is 1 to 2; fifty percent of those who apply are accepted. All applicants undergo an interview with a faculty member (hired specifically for admissions interviews) and a student, and these interviews are conducted in person or via Skype. Faculty also have an opportunity to develop interview questions and review a particular candidate. Admissions staff have final responsibility for student selection into the programs. For students from a country outside of Canada, CCNM uses advisory services of the World Education Services, which evaluates and translates transcripts. The prospective student must show proof of English proficiency.

Student Records

The Registrar's Office maintains the recordkeeping system for all admissions, matriculated students and permanent academic records of graduates. Current students have reasonable and legal access to their personal records through the platform Moodle and the Registrar's Office. Policies addressing all records including what data is filed, retained, disposed and safety and security, were reviewed by the Team. Rights, privacy and confidentiality of the records all comply with provincial/federal regulations. The program is currently reviewing and updating student record policies. The office maintains data showing students enrolled, graduated, readmitted, number of applicants received versus accepted, the NPLEX pass rates on both parts, the default rate on student loans and the demographics of the current student body. CCNM utilizes SonisWeb, a student information system, to improve the efficiency and ease of gathering data.

Tuition and Financial Aid

The program offers and administers loans for both Canadian and American government financial aid. Annually the Student Services Officers, Associate Registrar and Registrar complete the Ontario Student Assistance Program training and those administering U.S. Department of Education student loans complete online training to comply with U.S. policies. Students are required to have an entry and exit interview to discuss loan repayment. Staff advise students on financial responsibility, efficient budgeting and minimize the amount of future loan repayment.

The program monitors default rate and is proud that the rate is very low, with the most recent data showing no defaults on U. S. loans and only one on an Ontario loan. There is clear and accurate information about loans found in the Academic Calendar, on the website, Moodle and in other print media. The program's refund policy complies with provincial and federal laws and is found in the Academic Calendar. The staff note that a recent update of the refund policy has resulted in a more equitable administering of refunds.

Counseling

As with most institutions, student services and academic departments must work closely together for the benefit of quality student experience. The students that met with the Team, voiced concern about delayed and inconsistent communication from both offices. The program indicated that there were unplanned absences in both student services and academics offices in the past year as well as previous cut in staff positions, both of which impacted communication. Currently the department is fully staffed with the return of staff from leave and new staff hired. The staff are cross-training and job sharing when appropriate. The team *suggests* that with the recent hire of the Manager, Academic Affairs, and the fully staffed Student Services department, that the program enhances communication and coordination between the departments in order to clearly, and consistently support students.

The students who met with the Team also expressed a concern about the increasing mental health needs of students. CCNM currently provides on campus mental health counseling services two days per week, decreased from 4 days per week; there is concern that two days per week is insufficient to meet the personal counseling needs of students. The program indicated to the Team that the decreased hours was the counselor's choice as she took on more work in the community. The counselor also oversees the THRIVE program, which is a health and wellness

education program, for two days per week. The team *suggests* that the program review the number of mental health counseling hours needed on campus and make adjustments accordingly, and also implement better means to communicate to students about accessing their health plan for mental health assistance in the community counseling services.

The Student Services Officers and the Registrar assist with pre-registration and registration advising for both the new students and those in years 1-4/5, while some advising is also offered informally by academic and clinical faculty for students in year 1-4/5. For years 1-2 academic matters are served by the Year 1 & 2 Academic Coordinator, the Accessibility Advisor and Learning Strategist as needed. For years 3-4/5, academic advising is offered by the Associate Dean, Academic Education. In Year 4 during clinical internship, students have clinical advisors who are appointed by the Associate Dean, Clinical Education. The IMG students receive their academic advising by the IMG Coordinator. Students shared with the Team that they are confused about the advising services, especially in the first and second years of the program. Hopefully the recent hire of the Manager, Academic Affairs will help to streamline and better coordinate the advising process for all students.

The program has a Monitoring Committee, which meets at least twice per year to identify students who are experiencing academic challenges and intervene prior to major academic issues manifesting. Before counseling students out of the program, students are referred to the Student Success Manager, Academic Coordinator and/or the Associate Dean, Academic Education. If there is no improvement in reaching the required level of academic performance, the student is counseled on dismissal plans.

Use of Information and Communication Technology

CCNM confirms that all exams are proctored and those who access remotely have a secure password and login. When exams are administered offsite the student must present valid government identification to the proctor before they are allowed to sit for the exam. The Academic Calendar and website note both the privacy policy ensuring privacy of each individual and also the policy that notifies students when their privacy may have been compromised.

Official Publications and Online Resources

The Academic Calendar and CCNM's website serve as the main information resources for the program. The publications and advertisements outlining services, curriculum, program and current personnel are updated regularly to provide clear and accurate information. Courses and faculty at the college are noted in the Academic Calendar and employment, benefits, and career opportunities are available to all CCNM employees via website and other media. The website and Academic Calendar provide contact information for the Council on Naturopathic Medical Education (CNME).

Determination: Standard V: (Student Services) is being met.

STANDARD VI: PROGRAM OF STUDY

The Doctor of Naturopathy Program is a professional degree program that prepares graduates to practice naturopathic medicine in regulated jurisdictions across North America. The program is composed of three main areas of study: biomedical sciences, clinical sciences and the art and

practice of naturopathic medicine. The final year of the program is primarily clinical in which student interns provide patient care under direct supervision of regulated NDs.

Program Development, Delivery and Integration

The program has incorporated many important tenets of competency-based education within the traditional design of the curriculum and in the assessment of students. The curriculum is organized around the institution's 14 Program Outcomes and 12 Clinical Competencies which align with CCNM's mission, vision and Board of Governor's Ends. Additionally, outcomes and competencies align with the graduate competencies of Association of Accredited Naturopathic Medical Colleges (AANMC), and the Ontario jurisdictional competencies of the naturopathic doctor.

The four-year full-time ND program is delivered in semesters (fall, winter, spring). Part time options are available, although students comment that there is not a clearly established path. The program may consider developing a 5-year option to provide clarity for students and a set degree audit for the registrar. Qualified internationally trained medical graduates (IMG) accepted into the specially designed bridge curriculum can complete the ND program in two years, although some IMGs prefer a three-year option. Full-time students are required to take a minimum of 4,188 hours of core and elective courses.

The majority of the academic courses are delivered in-class, with a limited number of courses that blend traditional in-class face-to-face instruction with e-learning (web-based) activities, or hybrid delivery. All of the hybrid courses must provide frequent interactions between students to encourage a community of learning. The teaching and learning methods employed within the program include didactic lectures, small group case discussions, the use of standardized patients, lab and clinical skills practicals, online learning, and independent study.

CCNM has an articulation agreement with the University of Toronto for delivery of Gross Anatomy Laboratory. The College ensures that the content, delivery standards and evaluation meet CNME standards by reviewing the course outline annually and by providing a laboratory manual to students developed by CCNM. This course has been taught by the same instructor for several years with the same course structure, and the competencies appear to be met in all aspects.

Course outlines (syllabi) are available at the start of each course and contain all of the relevant information required to orient the student to the overall curriculum content and delivery methods of the course. Course outlines are vetted by the Associate Dean, Curriculum and Residency Program (ADCR) and the Associate Dean, Academic Education (ADAE) prior to being posted to Moodle.

The academic and clinical portions of the program are integrated. Students interact directly with patients and practice history and physical exam skills in a clinical context starting in Year 2. The most relevant Program Outcome (PO) that reflects assessment and diagnosis is PO7 – Integrate biomedical with clinical science knowledge in the assessment, diagnosis and management of patients.

The naturopathic principles are explicitly incorporated into the ND program through the Foundations stream (i.e., the Naturopathic History and Philosophy, Art and Practice of Naturopathic Medicine, Foundations of Naturopathic Medicine courses), and are also integrated into several other courses like Pregnancy, Lactation and Newborn Care; Pediatrics; and Sexual and Reproductive Health; and are in all of the Clinic courses. In May 2019, CCNM's Program Evaluation Committee (PEC) reviewed PO1 (Integrate naturopathic philosophy and principles with medical knowledge in the care of patients). The PEC determined that the criteria for success of this Program Outcome was met, and suggested a better measure through using a student portfolio.

Course prerequisites are clearly outlined in the Academic Calendar (catalogue).

Review of the curriculum occurs in many ways. Instructors revise their courses annually based on feedback from students, academic administration and their own assessment of how to improve the course. The changes are reviewed by the Associate Dean of Curriculum and the Associate Dean of Academic Education prior to the start of the course. Student feedback via course surveys, feedback from the Program Advisory Committee (which includes practicing NDs), and recommendations from the Program Evaluation Committee (which includes faculty, students and administrative staff) are taken into consideration in all curriculum changes.

In 2016, CCNM began a substantive curriculum review and revision called the Curriculum Visioning 40 (CV40) project which has been guided by the CV40 Steering Committee. This committee is also charged with approving any significant changes to courses or streams in the current program. The CV40 project has completed a needs assessment of the program and identified areas for improvement within the overall CCNM curriculum.

The Team was impressed by the intentional way the program is going about the CV40 project. CCNM wants to ensure that the curriculum is preparing naturopathic doctors to practice in the current healthcare environment. Therefore, they sought a wide range of input from a variety of stakeholders as the first step. Faculty is engaged and excited about the project, though as mentioned earlier there is some concern about a possible adverse impact on faculty employment. The CV40 project includes exploring innovations in pedagogy, delivery and assessment to meet the learning needs of today's students. Changes are already being incorporated where possible in the current curriculum.

Commendation: As part of its current comprehensive review and revision process of its curriculum (CV 40), the college has sought extensive input from all stakeholders in the review process, and has extensively analyzed the results—both for the purposes of revising the current curriculum and designing the new curriculum.

The CV40 project is at a point where CCNM needs to decide about implementing a full-scale overhaul of the curriculum, which would require a substantive change submission and teach-out of the current curriculum. The team **suggests** that the program make this decision soon so as to not lose the interest and engagement of the faculty and other stakeholders.

Academic Component

Practicing naturopathic medicine requires the integration of clinical skills and reasoning with application of treatment modalities and patient management. Clinical reasoning skills are introduced in academic courses and applied to patient care during the clinical internship. Students are taught how to collect, evaluate and interpret information in order to diagnose and make appropriate patient management decisions. The program includes small group case discussions, standardized patients, laboratory instruction, clinical skills practicals, online learning, and independent study to develop clinical acumen.

The program incorporates the study of naturopathic history and philosophy with courses such as Naturopathic History, Philosophy, Principles; Art and Practice of Naturopathic Medicine and Foundations of Naturopathic Medicine; but also integrates healthcare paradigms in the individualized care of patients.

The academic program ensures graduates demonstrate competence in patient management. For example, Program Outcome 11 relates to the management of chronic disease. As part of the CV40 project, the College surveyed the profession to identify common conditions and skills needed in practice. The result is a list of 27 key clinical topics to design the Clinical Medicine course.

Patient lifestyle counseling in prevention is part of Program Outcome 2, “Educate patients and the public in health promotion and disease prevention” and in Program Outcome 8: “Utilize naturopathic therapeutics in the individualized care of patients including: counseling and health psychology and also lifestyle modification”.

Future naturopathic doctors understand the privilege of being a member of a self-regulated healthcare profession and the attendant obligations. Personal responsibility and accountability are articulated in the Ethics and Jurisprudence courses, and outlined in the professionalism clinical competency that students are evaluated on in the final part of the program.

Within the program, students learn the fundamentals of wellness and how to apply them to patient care. Unfortunately, similar to other professional healthcare programs, the rigors of the curriculum do not always support the wellness of CCNM’s own students. Based on the CV40 project, patient and student wellness should be key features of the program. CCNM has initiated ways to support student wellness including promoting resilience (Thrive), adding content in first year courses to improve study habits, time management and integration of concepts and a study week prior to mid-term examinations.

Research plays a prominent role in the College’s curriculum. Students are introduced to the Principles of Research course in first year where they are expected to ask specific research questions, source appropriate information, and assess and interpret the findings. These research skills are honed through completing numerous research assignments in the academic program and the Case Report submitted during the clinical year. The College notes that a small number of the IMG cohort has challenges with scholarly research and writing. CCNM continues to seek ways to support student understanding but it can be difficult for adult learners from different cultural backgrounds/languages to learn the complexities of scholarly writing in the English language.

The Practice Management stream runs through all 4 years of the program. The courses include creating a realistic business plan, understanding the business, legal and ethical aspects of small business ownership, and employing marketing strategies to build and maintain a client base. Naturopathic programs have found it challenging to design a curriculum that prepares graduates in the business of medicine. CCNM has addressed this by incorporating Practice Management Guidelines in the teaching clinics for clinic faculty and students. Most recently a Practice Management hybrid-delivery module was launched in the first six weeks of the student internship.

To ensure students are meeting the Communication Skills standard, several assessment strategies are employed including oral presentations, assignments, group work, and clinical education activities. While students are effectively meeting the benchmark for communication in program outcomes, CCNM acknowledges that, as with ND programs throughout North America, the written and verbal communication skills of incoming students, especially international students, are often in need of remediation. CCNM students learn about other providers within the healthcare system in order to promote interprofessional collaboration and referrals.

The academic program is comprehensive in its courses and subject matter and meets most of the expectations as set out in Standard VI.B.5. The structure of the courses makes it difficult to identify the placement of all of the “ology” courses. The Associate Dean of Curriculum provided insight by identifying where the “ology” content could be found in several of the courses. In the self-study report, CCNM noted some areas for improvement including adding more geriatrics, genetics, and environmental health into the curriculum.

Clinical Education Component

CCNM's clinical curriculum is competency based and organized around 12 Clinical Competencies which are integrated with the academic program. Students progress through the program with increasing patient care responsibility.

In early clinical courses, students practice basic medical skills on real patients. 4th year clinic interns act in a mentorship role, providing feedback to the students on their skills and professional behavior. During the transitional clinical training period, students are paired with a clinical intern for a weekly six-hour clinic shift. Clinical interns mentor the students, guiding them through patient interaction and collaborating on patient management. As a result, the student develops a novice clinical practice while the intern solidifies proficiency through teaching. Students are provided formalized feedback from their intern mentors, and students, in turn, deliver feedback to their intern mentors. All feedback is overseen by clinical faculty.

CCNM's clinical internship is divided into three semesters and is structured so the intern, with increasing responsibility, develops a strong foundation to practice independently. Interns remain on their four clinic shifts for the entire one-year internship, which allows them continuity of patient management. This also allows clinical faculty a full year to observe, assess and guide students in their clinical training.

Clinical Competence

The Primary Intern Manual outlines clinical requirements, progression and assessment of clinical competence. An intern progresses in stages of clinical competence, from beginner in the first

semester, to intermediate in the second semester and to pre-graduate in the final semester. This system provides for some flexibility as students progress through different competency areas at their own pace and ability, allowing for a more tailored education experience akin to a true competency-based program. Interns are assessed regularly to stimulate learning and development, to ensure that their skills are progressing and to identify any areas of remediation. (Standard VII includes detailed information on assessment of student learning.)

At the final, pre-graduate stage of development, students are expected to be performing with a high degree of autonomy and are evaluated at this higher level of expectation. The program notes that a major disadvantage to loosely defined stages is a reduction in inter-rater reliability, or consistency of assessment from all clinic faculty members. This can result in students experiencing variability in their feedback and assessments from different supervisors, potentially resulting in a student being confused about how to focus his/her clinical learning and development. However, the program indicated that it is extremely rare for a student to fail clinical shifts.

CCNM is unclear how the CV40 revision will impact the clinical curriculum. It may result in different clinical competencies, more mentored shifts, expanded clinical opportunities and revisions to clinical assessments. However, the program is currently reviewing its clinical assessment to develop detailed milestones or stages of achievement. Part of this initiative will focus on improving how clinical faculty grade and provide developmental feedback to interns. This will be addressed via new or redeveloped assessment tools and faculty training.

Clinical Advisor

Interns are assigned to a faculty Clinical Advisor who supports their clinical development and self-directed learning throughout their internship. Students meet with their Clinical Advisors at least once a semester to review progress and address any deficiencies highlighted in their formative and summative assessments. Advisors discuss specific learning objectives with their student mentees and establish remedial plans, when necessary. Students are also encouraged to develop their own learning objectives with each of their regular clinical supervisors.

Diversity of patients in clinical training

A recent “Naturopathic Clinical Practice Study” indicated that the most common clinical conditions treated at CCNM are similar to the range of conditions seen at other AANMC teaching clinics. This study also highlighted that compared to conventional primary care clinics, the schools are providing care in areas of undifferentiated symptomatology (especially fatigue/malaise), musculoskeletal, digestive and mental disorders, and are not seeing as many patients with circulatory, respiratory, and sensory diseases. The naturopathic schools are performing fewer routine examinations than their conventional medical colleagues. CCNM and the Council of Chief and Clinical Officers continue to track this data to determine what, if any, modifications should be made in the clinical phase of training to address these deficiencies.

To address the challenges of providing extensive experience in a wide range of primary care conditions and patient demographics, CCNM offers students a variety of clinical training sites. This includes experience at the main teaching clinic of CCNM, called the Robert Schad Naturopathic Clinic (RSNC); community health naturopathic clinics; the Brampton Naturopathic

Teaching Clinic (BNTC) at the Brampton Civic Hospital; elective externships at private naturopathic clinics and through the preceptorship program with a variety health care providers.

Focus clinical shifts

CCNM offers focus shifts at RSNC which provides additional training for select students in specific areas of care including: Oncology, Fertility, Sports Medicine, Mental Health, Pediatrics, and Fibromyalgia/Myalgic Encephalomyelitis.

Each focus shift is associated with a prerequisite elective academic course that prepares students to work with the unique conditions and populations with these focused conditions. CCNM is determining the feasibility of other future specialty clinics, such as pain management or fertility.

Integrative Cancer Care

After the success of the Ottawa Integrative Cancer Centre (OICC), CCNM established in 2018 an Integrative Cancer Centre in Toronto. Unlike the OICC, the ICC is fully integrated into the ND program, so interns can apply to complete one of their four clinic shifts at the center and are closely mentored by two experienced NDs and two residents. The ICC follows a slightly different model, with naturopathic doctors and residents providing more direct care to the patient, while the students have a more supportive role. Students still interact with patients as a primary clinical intern, but patients spend extensive time with the naturopathic doctors. Students experience the benefits of integrative naturopathic oncology with the offering of acupuncture, massage therapy, psychotherapy and yoga therapy services.

Community health centers

CCNM established teaching clinics within Community Health Centres across the Greater Toronto Area. These clinics benefit the students, college and profession in the following ways: 1) students all have an opportunity to train in a varied and busy learning environment, 2) CCNM creates valuable partnerships with healthcare organizations and practitioners, and 3) naturopathic medicine is available to communities and individuals who normally could not access this type of care.

The community health centers provide free and low-cost naturopathic care to a more marginalized, low-income patient demographic, which allows interns to develop clinical management skills with patients who might have limited resources and/or specific health conditions that they may not encounter at RSNC. For example, a clinic deals exclusively with patients who are HIV positive, while another clinic at the same health care centre works with patients who identify themselves as LGTBQ (Lesbian, Gay, Trans, Bisexual, Queer).

The Brampton Naturopathic Teaching Clinic (BNTC) is an off-site teaching clinic operating out of Brampton Civic Hospital, a modern hospital with over 500 in-patient beds and one of the largest health networks in the province. CCNM, in partnership with the William Osler Health System and Local Health Integration Network, opened BNTC in 2013 as a pilot project. BNTC is the only hospital-based naturopathic clinic in North America. The naturopathic clinic operates independently within the hospital, as an outpatient clinic, serving community members, hospital staff and healthcare practitioners.

The Team observed operations at BNTC during the site visit. The clinic is efficiently run, with CCNM reception staff, faculty and students using laptop computers tied into the College's electronic medical record system for scheduling appointments and medical charting. The patients seem enthusiastic about experiencing naturopathic medicine. The supervising faculty and interns find the clinical experience at BNTC rewarding, as it provides a wide variety of conditions and patient demographics.

Through BNTC, CCNM has made significant strides in developing collaborative health care and research projects with conventional medical establishments. For instance, BNTC has partnered with William Osler Health System (WOHS) and Wise Elephant Health Care Team, a local health care group, to establish a research study on Diabetes and Naturopathic Care. CCNM is currently working towards a partnership in collaborative learning and care with the Director of Palliative Care at WOHS, Brampton. The Team anticipates that the Brampton Naturopathic Teaching Clinic will continue to be a fertile ground for developing models of collaborative care.

Commendation: The college has established an ambulatory teaching clinic in a local community hospital that serves the hospital staff and patients, as well as receives referrals from physicians in the surrounding area; this type of relationship is very important to building bridges between naturopathic medicine and conventional medicine.

Cultural Competency

Establishing the IMG program was the impetus for cultural competence seminars that embrace a more diverse student body. In 2016, supported by generous external grants, CCNM began Cultural Competency training (renamed Cultural Safety Training in 2018) for clinical interns and faculty (voluntarily). This one-day workshop introduces important concepts in diversity, inclusion and cultural safety throughout the clinical program. In 2018, CCNM received a grant from the Mississaugas of Scugog Island First Nations to provide education in indigenous health care issues, as well as further broader cultural safety training.

Naturopathic Principles and Philosophy

Clinical shifts provide an opportunity for students and faculty to discuss all aspects of clinical management, including naturopathic principles, philosophy and clinical theory. With continuity of care allowing for long term follow-up of patients, student interns have the opportunity to see first-hand the effect of naturopathic principles on the health of patients over time.

A related course with the clinical education program is Integrative Therapeutics, where specific topics on condition management are elaborated upon. As part of the course assessment, students present a case study to class for review and discussion. The case study is a formal write up of a significant patient case in the student's repertoire, and the presentation affords an opportunity to review aspects of care like application of naturopathic principles and clinical theory.

Electronic Medical Records

In January 2019, CCNM implemented an electronic medical records (EMR) system, Med Access. Faculty and students went through extensive training in the new system. EMR provides a specific template for charting and allows faculty and administrators to quickly audit and address student charting skills. Student charting requirements are detailed in the clinical competencies document and elaborated in the Clinic Standards Manual 2019-20.

The implementation of the EMR system has necessitated a change in the program's process of chart auditing. CCNM's policies are in compliance with the Personal Health Information Protection Act, which requires that—in order to protect patients' confidentiality—charting at CCNM Teaching Clinics must be done using the EMR system and may not be done on other programs or systems. Moreover, interns are instructed to chart in real-time on the EMR throughout the visit, and all charts must be completed by the end of shift before being electronically signed-off by the supervisor. Patient files at all of CCNM Teaching Clinics are audited during the year to ensure both quality assurance and compliance with PHIPA (the Personal Health Information Protection Act, a piece of Ontario legislation).

The July 2019 chart audit assessed current charting practices following the implementation of the EMR system. Compliance for this audit was 77.9%. An average audit score, which CCNM denotes as "meeting" its standard, is one in which the score is $\geq 80\%$ complete. This denotes consistency in: having the consent forms signed; having pertinent documents signed; recording vital signs and relevant positive and negative physical exam findings; documenting assessments (i.e., diagnoses); recording treatments in sufficient detail; documenting serious life threatening situations or worst case scenarios; coordinating care; obtaining valid consent; and ensuring the overall completeness of the patient's file. Although the overall score for this audit did not meet the program's benchmark, it was very close and at an early stage in adapting to the EMR. Omissions in charting that caused the slightly low score in relation to the benchmark likely stemmed from simple oversights, such as not being attentive enough to expected charting practices, being overburdened with charting practices, and from learning/using the new EMR system. The program indicated that the audits continue to improve as the faculty and interns become more skilled in using the EMR. The site Team found general compliance in auditing charting in EMR.

Requirements of the Clinical Education Component

CCNM requires 1234 hours of clinical training involving patient contact. Students complete 1032 hours of clinical practice under supervision by ND faculty during the internship, as well as 102 hours of clinical observation in the academic program and 100 hours of preceptorship observation.

During the preceptorship program, students observe clinical and practice management at a variety of clinics, of which half must be with licensed naturopathic doctors. Students may participate in the Externship program during their second or third semester of their clinical internship which allows them to spend 16 shifts working with a community naturopathic doctor.

Students track two categories of patient interactions: Primary and Secondary Contacts. CCNM requires students to achieve 280 primary contacts and 80 secondary contacts in its teaching clinics. Approximately 35 secondary contacts are achieved in the clinical education courses with the remainder completed in the clinical internship year. During preceptorships, students achieve 100 secondary observation patient contacts. In total, a student achieves 280 Primary Contacts and 180 Secondary Contacts, or 460 total patient contacts, by graduation.

Clinic shifts have an average ratio of 6 to 7 students to one supervisor, so faculty have time to regularly observe student performance and provide feedback. Based upon feedback from faculty

and students, a ratio of 5-8 students per supervisor allows for a large enough group to provide an array of learning opportunities during clinical rounds, as well as enough time for individual attention to students.

Clinic Administrators

The Associate Dean, Clinical Education (ADCE) ensures that students receive the clinical training and experience to meet their graduation requirements and achieve competency. The Director, Clinical Services (DCS) oversees the operation of CCNM teaching clinics. The Chief Naturopathic Medical Officer oversees patient care, safety, and upholds standards of care. All positions report to the Dean which allows for effective sharing of information and resources.

Adequate clinical facilities

The RSNC has ample space for all aspects of clinical care including laboratory, botanical compounding room, hydrotherapy suite, a spacious reception and waiting area, numerous clinical conference rooms, private consultation rooms and areas for student study including internet access. Staffing appears adequate and the clinic is open for extensive hours during the week. Laboratory and Dispensary sites are comprehensive and well supplied. The community clinics vary in size and space depending on the location. All clinic rooms meet the basic needs for patient visits and some in-office treatments. Externship sites vary in terms of patient volume and physical resources.

Policies and procedures

Clinical training policy and procedures are clearly and comprehensively set forth in manuals, including Primary Intern Manual, Clinic Operations Manual, Clinic Standards Manual, RSNC Lab manual and CCNM Faculty Handbook. Necessary policies, such as patient communications, payment and medical records policies are well formulated and included in the manuals. The Chief Naturopathic Medical Officer reviews and updates the policies annually. The policies and standards for the clinical educational component are extensive and detailed.

Patient volume

Current patient volume at CCNM's clinics is adequate for students to meet requirements. During the 2017-2018 clinic year, the CCNM's clinics documented over 42,000 patient visits, averaging just over 300 patient visits per intern. Patient visits are generally higher at community clinics where services are provided free of charge. The college acknowledges that RSNC is not operating at full capacity. It has employed a number of initiatives to increase patient volume, including patient satisfaction surveys, online and social marketing strategies, working with faculty to improve practice management practices, and customer experience training for staff.

Record-keeping procedures

A point of sale (POS) system is used for tracking patient visit and student clinical activity. For example, the system is able to specify the type of visit (e.g., pediatric, hydrotherapy, etc.) and the type of procedure of the visit (e.g. physical exam, acupuncture). The Clinical Education Administrative Assistant (CEAA) enters preceptorship and externship activity into the POS system. Students are able to check their activity record on a daily basis. Any discrepancies may be brought to the attention of the Director, Clinical Services and CEAA who verify and make adjustments to the student record. The CEAA generates a report for each student with the status of their clinical education requirements in order for the ADCE to determine course completion.

Affiliated Training Sites

Externship sites are affiliated training sites that are not under the direct administration of the program. Extern hosts are advised of the policies and expectations of the externship and sign an externship agreement. The agreement describes the extern host's clinic and practice, the activities in which the student extern will participate and the level of independence. The ADCE and/or the Dean will approve or disapprove the externship based on the information submitted. Externship sites evaluate students using the same tools as in the RSNC and community teaching clinics. The ADCE is responsible for overseeing the externship program and assessing the quality of clinical training at externship sites.

Determination: Standard VI (Program of Study) is being met.

STANDARD VII: Assessment of Student Learning and Program Evaluations

CCNM has a comprehensive assessment plan of student learning over the entire four-year program. Several assessment tools demonstrate competence and offer valuable feedback to prepare students for future learning. Aggregate measures of student learning are incorporated into the program assessment plan to promote a cycle of continuous improvement.

Assessment of Student Learning.

Student progress is monitored through passing of courses as indicated on their degree audit. Clinical competencies are evaluated through performance-based components, such as a robust Objective Structured Clinical Exam (OSCE) program, the Primary Intern Competency Evaluation (PICE), the Practice Management Competency Checklist (PMCC), the Professionalism Mini-Examination (P-MEX), and medical chart reviews.

CCNM considers formative evaluation essential for a student to develop skills and determine specific learning needs. The program offers the majority of evaluations as both formative and summative multiple-choice question examinations. They strive to ensure consistent and fair processes are employed in assessing students, using objective rubrics to assess the quality of performance. The program is moving toward more formative evaluations for professional behavior, and exploring ways of testing at a higher level of comprehension requiring less recall and more analysis, synthesis and application.

Using both direct and indirect, and formative and summative, evaluations of student learning, CCNM has an effective method of tracking progress through the program and identifying students needing support. The majority of student performance issues occur in Years 1 and 2, and this is when the Academic Coordinator and Student Success Manager generally intervene. Student performance is reviewed twice a term (after midterms and finals) by the Monitoring Committee. Support may entail an in-depth assessment of learning issues by the Student Success Manager, who may require tutoring and/or reduced course load. Students have the option to postpone up to two exams per term and take the re-sit exams through the testing center. Students who are unsuccessful may also write a supplemental exam.

The Objective Structured Clinical Exam (OSCE) program continues to be the assessment of choice for evaluating a variety of clinical skills. CCNM uses the Cleo Boyd Global Criterion Reference Scale. Students have a series of three OSCEs. The Team had an opportunity to observe the administration of the third OSCE. The Team found the exam to be well developed, well organized and with enough faculty training and review of results for the exam to be effective for both student performance and program evaluation.

Commendation: The college has established a very strong OSCE program that provides not only an important assessment mechanism, but is also a good learning experience for students.

Students are meeting key performance standards in areas of history taking, physical examination, record keeping and patient management. Student competence is summarized in mid-semester and final evaluations, through the Primary Intern Competency Evaluation (PICE), which are formative and summative, respectively. Faculty raters are trained to use the PICE by relating comments to specific knowledge, skills and behaviors. CCNM has initiated a comprehensive review of its clinical assessment, to meet the challenges of a contemporary busy and variable clinical practice.

Program Level Assessment and Evaluation

The Associate Dean of Curriculum oversees the program assessment plan, which evaluates each of the fourteen program outcomes on a three-year rotation. The Program Evaluation Committee (PEC) reviews assessment and institutional data, such as Ruffalo Noel-Levitz results, NPLEX trends, student surveys on courses, and alumni surveys. The program assessment plan specifies what data is to be collected and when for each of the fourteen program outcomes. The PEC conducts an annual review of the program outcomes according to the program assessment plan and makes recommendations for improvement. Data from the program assessment plan determines the level of achieving the Board of Governors “Ends” in the areas of excellence in education, high quality clinical services, and excellence in research.

The PEC consists of the three associate deans and is responsible for collecting, analyzing data and implementing the recommendations into the curriculum, although this is not clearly stated in the program assessment plan. The Team **suggests** that the Program Assessment Plan include a “terms of reference” (similar to that available for the Program Evaluation Committee) that clearly states (i) who is to collect what data (ii) the process and responsible parties for reviewing the data and procedures to guide discussion and feedback of the results (iii) the process and responsible parties for modifying the course, program or curriculum and (iv) timelines.

The Program Assessment Plan includes sufficient types of data on students and graduates to determine if the program mission and outcomes are achieved. The PEC minutes and Assessment Record indicate recommendations from the assessment process are being integrated into the program. By assessing the program outcomes, they are indirectly aligned with the Boards Ends for institutional planning and budgeting. The Team **suggests** CCNM organize the program outcomes under the Ends to show a more direct correlation and alignment.

Program completion rates for the four-year cohort, as stated in the self-study report, from 2013 to 2019, varied from 62.9% to 75.6%. However, this may not account for those graduating in five or six years. For example, the 2019 annual report indicates that of the students that matriculated

in 2012, 94.1% had graduated by 2019 as opposed to the 68.9% indicated for 2016 in the self-study report appendix. The IMG cohort's completion rate varies from 56.5% to 86.4% but this may not account for those students who took longer to complete the program. It would be helpful to present overall completion and cohort completion rates. This would avoid the necessity for a formal analysis and improvement plan as indicated by the standards whenever the overall graduation rate falls below 75%.

In 2016, the first-time pass rates for NPLEX-I fell below the CNME requirement of 70%, to 60% resulting in CCNM offering naturopathic academic success courses and an on-line NPLEX I preparatory course. Since then, the first-time pass rates for the August exam, for which most of the CCNM students sit, remain at or above 70%.

Determination: Standard VII (Assessment of Student Learning and Program Evaluation) is being met.

STANDARD VIII: RESEARCH AND SCHOLARSHIP

Research Policies and Practices

CCNM is considered one of the leading naturopathic research institutions in North America and research plays a prominent role in the curriculum. Research, as a core mission and one of the College's Ends, "Excellence in Research", fosters a culture for faculty and student involvement in research and scholarly opportunities. Faculty are supported to do research via release time, sabbaticals, professional development, funding for postgraduate studies and stipends. Students participate in research projects through the student Research Club's annual Research Day and the Student Innovation Fund offering a grant to collaborative student/faculty evident-based research projects. Completing the first-year introductory research course creates the foundational knowledge for students' research knowledge in subsequent academic and clinical years.

Commendation: The college has a strong commitment to naturopathic research, as evidenced by the Board's Ends, the program mission, the staffing and funding for the research department, and the variety of research projects that have been undertaken.

The College has both a Research Committee (RC) and a Research Ethics Board (REB). Members of the RC consist of the President/CEO; Executive Director of Research, who oversees the research conducted at the Ottawa Integrative Cancer Center; Research Director, who oversees the research conducted at the main CCNM campus; a Research Resident; a Research Fellow; the Dean; three faculty; and two students. The Research Committee oversees institutional policies, manages finances, assesses the College's commitment to research and scholarship, and ensures appropriate research education is available.

The RC bylaws indicate the committee meets at least three times per year; however, finding a regular time for these meetings is challenging, so the President, Executive Director of Research and Research Director meet regularly to address research business. While in most educational institutions presidents are not directly involved in the daily business of research, CCNM's president has chosen to serve on the RC because of his strong personal interest in research. The

Team **suggests** that the RC determine a meeting time that allows for the full membership to attend.

The Research Ethics Board (REB) is the institutional review board that provides oversight to the ethical conduct of the research endeavors at CCNM. It oversees the protection of human subjects and adherence to best ethical practices. Research investigators are assured academic freedom in conducting and publishing their research.

Support for Research and Scholarship

The institution provides adequate funding, facilities, library support and other resources to meet the research needs of the program. Additional research capacity and development is underway through the activities of the Patterson Institute, as well as the Microbiome Researcher in Residence.

While CCNM's research program is more robust than what is generally found in other naturopathic medical institutions, it is still fairly modest, with limited opportunities for faculty and students to participate in research projects. CCNM will continue to increase research grant applications and focus on areas of research aligned with the mission and Ends of the College. The College is committed to finding more opportunities for interested faculty and students to be mentored and to participate in research and scholarship activities and to expand its partnerships with medical centers, government agencies and naturopathic professionals.

Determination: Standard VIII (Research and Scholarship) is being met.

STANDARD IX: LIBRARY AND LEARNING RESOURCES

Access to Learning Resources

According to the CCNM's webpage, its library provides information resources, technology, people and space to allow faculty, students, and the public the opportunity to pursue learning, teaching, scholarship, and research in naturopathic medicine.

The library's web page provides access to the Open Public Access Catalogue (OPAC) and links to the resources, including databases, that CCNM licenses. Information regarding the library's services, operations and policies are located on the webpage. Currently the library staff is reviewing all bibliographic and associated authority records through the OPAC to ensure adherence to international standards for creation and maintenance of information records. Ultimately this will increase accessibility to the collection and efficiency of staff time.

The library has improved access for authorized users by implementing a cloud-based library management system (Academic Koha by LibLime) that saves money and decreases the workload of library and Information Systems staff. Authorized users benefit because they use one set of credentials to access library resources and other College systems.

CCNM terminated its membership in the Health Science Information Consortium of Toronto because it was not saving money or enhancing access to collections. The library manager is considering an associate membership in the Canadian Research Knowledge Network.

Instructional Methodology

Library staff work collaboratively with the Centre for Excellence for Teaching and Learning to provide services for students. Student tutors are allotted space in the library for tutoring sessions. New students are provided with a brief overview of the library operations and services, and library staff conduct a 45-minute orientation in the *Principles of Research* course on how and when to search the library catalogue and databases.

Several years ago, library staff developed an academic integrity module for the *NAS100 Biomedical Integration* course. The students read the module which consists of ‘Academic Integrity – Documenting Sources, Honest Research, and Honest Writing’ and take a true or false quiz.

The library manager intends to collaborate with the Associated Deans of Academic and Clinical Education and Faculty Council to offer information literacy training for faculty.

Library Staff

The current library staff consists of a full-time manager, one full time staff and four part time naturopathic student workers. The Library Services Manager has nine years of library service, including five years as manager at CCNM. He is currently pursuing a master’s degree. The Library and Learning Services Specialist has a Master’s in Library and Information Science degree. The number of student workers (called casual library and learning services assistants) varies based on their availability to cover shifts. The manager reports to the dean of the naturopathic program.

Sufficient Library and Learning Resources

The library comprises 3,102 square feet of space at the college, consisting of staff offices, a testing center, one group study room, a computer lab and individual student space. Since the 2013 CNME site visit, the college has renovated the library to increase the amount of spaces available for student research and study. This included decreasing the library’s print collection in order to increase physical space for individual and group study.

Capital expenditures over the past seven years have resulted in replacement of fixtures in the library including: new study/research tables with power outlets; new study carrels with power outlets; study/research space that meets accessibility requirements (i.e., tables that can be raised and lowered depending on user needs); and new standing study/research space.

The library manager is allotted a budget that is adequate to support the naturopathic program.

Library hours are Monday - Friday 8:30 a.m. to 8 p.m., Saturday 9 a.m. - 5 p.m., with select Sunday hours prior to final exams.

Input into Strategic Planning

The library's learning and information resources, including databases, are adequate to support the institution's goals. The library supports CCNM's mission and long-range planning activities through access to resources relevant to the clinic, teaching and research functions of the program. The library manager is a member of the Academic and Clinical Committee (ACC), the College Committee and Library Advisory Committee. Participation in these committees allows the manager to promote library and learning services in the educational and strategic planning of the institution.

The CCNM Library Advisory Committee (LAC) serves as a communication link between the library and its primary constituencies. The committee's purpose is to review and assess current acquisitions of books, periodicals and databases; promote copyright adherence and facilitate academic honesty; assess adequacy of study space, physical space, equipment, and information technology available to students through CCNM's library services. Meeting minutes are submitted to the Senior Leadership Team Committee.

The LAC members include the associate dean of academics, academic and clinical faculty, and a second-year and fourth-year student. However, in recent years, the library manager indicated it has been challenging to find faculty and students interested in participating in the committee. The team *suggests* that the program brainstorm ways in which to encourage faculty and student participation in the LAC.

The library will be deploying the LibQUAL+® survey developed by the Association of Research Libraries, to provide quantitative feedback. The survey is administered every three years.

Determination: Standard IX (Library and Learning Resources) is being met.

STANDARD X: PHYSICAL RESOURCES

The College owns a 14,125 square meter building, which consists of: a two-story wing holding classrooms, library and cafeteria on the first floor and administrative offices on the second; an attached four-story structure that consists of (i) the Robert Schad Naturopathic Clinic and Integrative Cancer Centre on the first floor; (ii) academic offices, patient research center, Patterson Institute for Integrative Cancer Research, the simulation lab, a student center, and the International Breastfeeding Centre (leased) on the second floor; (iii) student residences (70%) and additional fourth-year student offices (30%) on the third floor; (iv) student residences on the fourth floor; and (v) a basement area that contains a gym, area, copy center and the main computer server room.

The School facility is located near residential apartment complexes and some medical facilities; it is also ideally located near a number of major highways and a subway line of the Toronto Transit System. The location is ideal for commuting by car or subway.

The Director of Facilities oversees the Physical Resources of the college, including Maintenance, Grounds-keeping, Housekeeping and Security, and Procurement and Office Services. The Director has two managers and between them, they have over 30 years of experience working at CCNM. The department's staff is responsible for basic maintenance of the campus and

occasionally handles significant facility renovations. Some facility services that are specialized, such as pest control, are outsourced. The department reviews long-term maintenance of the facilities annually.

Since 2004, the College has invested millions of dollars in capital expenditures for deferred maintenance to ensure that the physical and technical infrastructure are current and in good working order. CCNM plans to continue to invest in its infrastructure. This investment can be measured through the ratio of capital expenditures to the amortization expense. The College has been spending over 80% of the amortization expense on capital acquisitions, with some years approaching 100%.

Some of the recent maintenance projects include installing a new ceiling in Classroom 5, hiring an engineer to assess ceiling strength throughout the building, repaving a portion of the driveway, and a plan to upgrade the back walkway. Replacing the roof surface is a major multi-year renovation that is approximately 65% complete. The plan is to continue to do a segment each year. The actual percentage replaced in any year varies in relationship to the particular section of the roof (its physical shape and area) that is scheduled to be done. The College intends to improve the quality of disabled access to the second floor of the administrative wing, and has hired an engineering firm to assess potential solutions.

Listed below are some of the Physical Resources improvements since 2013:

Academics:

- Enlarged the Oak Room, a multi-purpose room
- Significant classroom and academic office renovations
- LED project to replace florescent lights in many areas
- Library renovation including flooring, and rearrangement to accommodate test center, group study room, and computer lab
- Standing desks were installed in each of our classrooms and lecture theatre
- Created a soundproof room and a designated family room
- Classroom washrooms renovated and some turned to gender-neutral washrooms
- Outdoor areas repaired and landscaped

Clinic:

- Unused balcony areas were enclosed and turned into usable multi-use space
- The Patient Research Centre was created to support the Clinic Hubs
- Added six treatment rooms to the clinic
- Upgraded clinic Dispensary with cabinetry, quartz countertop, shelving and paint
- Created a new IV Prep room; the former IV Prep room turned into a clinic treatment room

Residence:

- Renovated all residence rooms. Installed window air conditioners in 35 residence rooms
- The Rez Centre was relocated and expanded to better serve the residence rooms
- LED lighting has been installed in the residence halls on both floors
- Three of the largest bathrooms in Residence were fully renovated

Security

- Expanded closed circuit television (CCTV)
- Installed Emergency Notification System
- Updated building's access control system to the latest version, Keyscan Aurora
- Installed intercom system for all main first floor doors allowing residents to communicate with front desk associate after hours when fob access is deactivated

General Building Improvements

- Gradually replacing the roof with a white reflective membrane that does not attract heat, decreasing air conditioning loads in the summer
- The elevator was completely modernized
- Approximately 2,300 square feet of the main entrance was replaced
- Over 12,000 square feet of the front driveway was replaced
- Transformed eleven washrooms (31%) into gender neutral washrooms.
- Installed new domestic hot water boiler exhaust piping system
- Replaced carpeting including Academics, Residence and Receiving areas
- Created a new computer lab on the academic floor
- Upgraded the gym including adding new equipment.
- Upgraded the kitchen and seating areas of the cafeteria

Determination: Standard X (Physical Resources) is being met

STANDARD XI: CONTINUING MEDICAL EDUCATION

The Program Manager, Continuing Education, oversees the program and reports to the Associate Dean of Curriculum and Residency. The Program Manager has administrative support from the Office of Academic Affairs in terms of registration, room bookings, scheduling, marketing, exams, evaluations, instructor payment, and customer service. The office also develops prerequisite courses for the naturopathic program. This allows students with an undergraduate degree to complete the necessary coursework prior to matriculation.

Instructors submit a Course Application form which includes a description of the course, biography/CV of the instructor with qualifications to teach the subject matter, course outline, and course primary references. This information is also submitted to the College of Naturopathic Doctors of Ontario when applying for CE credits. Course proposals are presented to the Associate Dean of Curriculum and Residency and the Dean, then to the Academic College Committee and finally approved by the Senior Leadership Team.

Instructors complete an "Educational Needs and Learning Objectives Assessment" in preparation for the course. This requires the instructor to describe the educational methods and the assessments to achieve the learning objectives. Instructors are provided with a "Guide to Online Course Delivery". A Course Evaluation form is completed by participants at the end of the course either in-person or online for blended online or webinar offerings. Additionally, new programs are attended and evaluated by the Program Manager.

The department's Conflict of Interest Policy requires any sponsored CE activities to be free of commercial bias and with no control over course content, either directly or indirectly. Any promotional materials or conversations related to sponsors must occur outside the classroom. Additionally, anyone involved with course content, planning, development, or execution of CE activities must disclose all financial relationships (monetary or in-kind) between themselves and commercial entities by completing a "Financial Disclosure and Attestation" form. This information must be shared with the audience at the beginning of the presentation in writing.

Records of attendance and grades are maintained in an electronic database called Raiser's Edge. For on-demand offerings, completion of the course is tracked via logs or quizzes and once completion is confirmed, official letters of completion indicating the course, name of registrant, and credits are sent to the participants.

Naturopathic students are not allowed to register for continuing education courses as part of the core curriculum but may take them out of interest at a discounted rate

Determination: Standard XI (Continuing Medical Education) is being met.

RESIDENCY PROGRAM

Introduction

The focus of CCNM's residency program, established in 1996, is to enhance clinical expertise, teaching skills and leadership experience by engaging in academic and clinical components of the naturopathic program. CCNM has worked diligently to align the residency program with the Council on Naturopathic Medical Education standards.

Since 2011, CCNM has been recognized as an accredited residency program sponsor. CCNM realizes the importance of increasing the number and diversity of residencies in order to advance the naturopathic profession. This has led to creating residencies for graduates desiring to develop clinical practices outside of CCNM.

Since receiving CNME approval, CCNM has graduated a modest number of residents from several sites, including Nova Scotia, Ottawa, and the Greater Toronto area. There are only a handful of affiliate site residencies sponsored by CCNM, so the majority of residents graduate from the CCNM Clinical Residency program. The following are current CCNM affiliated residencies with brief descriptions of the sites.

CCNM Clinical Residency (3 residents), Toronto, 2 years

- Develop clinical acumen and teaching skills as a member of the CCNM faculty
- Complete an approved research project
- Private clinical practice
- Mentorship and professional development training

CCNM Integrative Cancer Centre (1 resident), Toronto, 2 years

- Approved by FABNO (Fellow American Board of Naturopathic Oncology)

- Mentorship and patient care at the Integrative Cancer Clinic at CCNM
- Clinical rotations at the following hospitals: (Sunnybrook, Southlake Regional Hospital, and Markham-Stouffville)
- Engaged in education of naturopathic interns and in-patient care.

East Coast Naturopathic Clinic (1 resident), Bedford, Nova Scotia, 2 years

- Busy clinical practice
- Variety of clinical conditions with focus on chronic Lyme/infections, integrative cancer care, chronic pain, autism spectrum disorder, and neurological disorders
- Private practice with mentorship
- Education including injection therapies and practicing innovative testing

Marsden Centre for Excellence in Integrative Medicine (1 resident), Vaughn, ON, 2 years

- Focus on integrative oncology, environmental medicine, and naturopathic infusion therapy
- Mentorship provided in patient assessment and case management
- Role in managing the lab and infusion practice
- Execute research project in second year

Ottawa Integrative Cancer Centre (1 resident), Ottawa, ON, 2 years

- Clinical expertise in oncology through mentorship with on-site practitioners
- Participate in direct consultative clinical care, parenteral therapy support and training
- Perform synthesis research, participate in developing and conducting clinical trials
- Engaged in oncology-focused CE development and learning

Administrative Oversight

The Associate Dean of Curriculum and Residency Program (ADCR), oversees the residency program at CCNM. This position is equivalent to the title of “Director of Postdoctoral Naturopathic Medical Education Programs” as identified in the *CNME Residency Handbook*. The ADCR liaises with the designated Residency Directors at each of the affiliate sites. Due to the additional workload of overseeing affiliate sites, the ADCR has a part-time Residency Coordinator who is responsible for coordinating the didactic program and assisting in the CCNM clinical residency. The part-time Residency Coordinator is a graduate of the residency program, and continues to teach and TA at the College. She has recently implemented a formal mentorship program for the residents.

The Academic Clinic Committee advises and monitors the Residency Programs policies and procedures for all current and potential training sites. The Senior Leadership Team is also engaged with affiliate site residencies.

Since CCNM became a recognized sponsor of residencies, several affiliate sites were added and others discontinued. The ADCR monitors the affiliate sites through biannual communication with the Residency Director; usually prior to recruiting the next resident and an informal check-in midway through the residency. While more established sites may warrant a phone meeting, if locations are fairly accessible, the ADCR visits the site to review the adequacy of patient volume, educational program, feedback and evaluation, research activity, and responsibilities of

the resident. Ideally the ADCR check-ins directly with the residents to verify the experience, providing an opportunity for the ADCR and the Residency Directors to address any concerns.

Site Vetting

The ADCR interviews the prospective residency clinic to determine adequacy of resources (including financial, patient-base and time commitment for mentorship), and willingness to work with CCNM to ensure the resident(s) will meet the goals and objectives of the program. If the prospective clinic is a viable residency, the ADCR or designate conducts a site visit (virtual or in-person) to review the CNME's residency criterion. The ADCR completes a report on the clinic's site visit and submits a recommendation to the Dean and Senior Leadership Team. With Senior Leadership Team approval, the clinic becomes a CCNM's affiliated residency site.

Affiliation Agreement and Residency Program Manual

The ADCR confirms that an affiliation agreement/contract is reviewed and signed between the affiliate site residencies and CCNM. A site-specific Residency Program Manual outlines the expectations between the Resident and the Host. Specific clinic policies, procedures, compensation, benefits and guidelines addressing evaluation, complaints/grievances, disciplinary action and appeals are available at each of the sites. The ADCR acknowledges an inconsistency in renewing the affiliate agreements annually, which will be rectified immediately now that she has additional administrative support.

Residency Program Approval Standards

The ADCR meets with the Affiliate Site Residency Directors to ensure the sites are in accordance with CNME's recognition and approval standards outlined in the *Residency Handbook for Naturopathic Medicine Programs*. All CCNM affiliated residencies are in compliance with the standards. A review of the Master Documents includes the following: program duration, program size, scope of training, identification of learning goals, adequacy of resource base, appointment and qualifications of the residency supervisor, maintenance of naturopathic perspective, experiential program, didactic/continuing medical education program, evaluation, research and scholarly activity, quality assurance, resident workload and support, resident rights, and resident responsibilities.

Recognized Sponsor's Responsibility for Database Updating

CCNM, as a recognized residency sponsor, is responsible for maintaining the CNME database for its affiliated sites. The ADCR acknowledges a challenge in timely completion of this task annually during times of decreased fiscal or personnel resources and competing priorities of her workload. In 2019, CCNM hired a part-time residency coordinator to support the ADCR.

Meeting with residents

The site team met five of the current residents. All residents indicated that their expectations of the residency program were being met and were happy with the decision to complete a residency through CCNM. They expressed gratitude for the support and mentorship of CCNM and its applicable affiliated sites.

The resident workload at all of the sites appears to balance clinical, educational, administrative and scholarly activity. All residencies have some level of teaching/supervision responsibilities. The affiliate site residencies have their residents involved in mentoring and teaching externs,

precepts, and junior residents. The CCNM Clinical and Research Residencies include teaching and supervision responsibilities at the college, and there is a progressive increase in responsibility. The residents indicated to the site team that even when their workload fluctuates and is heavier due to private practice and research projects, it meets the expectations of the program and is appropriate. Although residents are encouraged to complete rotations with practitioners in specific areas of interest, it is challenging to find the time to build contacts and external relationships outside the residency. The team noted all CCNM residents and affiliated site residents are graduates of CCNM. The team *suggests* that CCNM continue to brainstorm ways to diversify the resident pool.

Determination: Residency Program Standards are being met.

COMPLIANCE WITH CNME POLICIES

The team found CCNM to be in compliance with CNME policies.

LIST OF COMMENDATIONS

Std. II

Commendation: The college has created multiple avenues for CCNM community input and feedback, and takes the input and feedback it receives seriously in addressing issues of concern to the community.

Commendation: The college provides very generous staff benefits, including funding for complementary/integrative healthcare and 100% coverage of healthcare premiums—as well as funds for professional development of full-time staff.

Commendation: The staff is very committed to the college and there's a strong culture of teamwork.

Std. IV

Commendation: The faculty are very dedicated and much appreciated by the students.

Commendation: The college provides very generous funding for professional development both to full-time and part-time faculty.

Commendation: Faculty are actively engaged in learning and implementing new teaching methods.

Std. VI

Commendation: As part of its current comprehensive review and revision process of its curriculum (CV 40), the college has sought extensive input from all stakeholders in the review

process, and has extensively analyzed the results—both for the purposes of revising the current curriculum and designing the new curriculum.

Commendation: The college has established an ambulatory teaching clinic in a local community hospital that serves the hospital staff and patients, as well as receives referrals from physicians in the surrounding area; this type of relationship is very important to building bridges between naturopathic medicine and conventional medicine.

Std. VII

Commendation: The college has established a very strong OSCE program that provides not only an important assessment mechanism, but is also a good learning experience for students.

Std. VIII

Commendation: The college has a strong commitment to naturopathic research, as evidenced by the Board's Ends, the program mission, the staffing and funding for the research department, and the variety of research projects that have been undertaken.

LIST OF RECOMMENDATIONS

The Team did not find any recommendations.

LIST OF AREAS OF INTEREST

Area of interest: The college's financial reserves are still minimal and the current ratio is less than one. (Standard III, Section B.1)

Area of Interest: The college operates with a very small cohort of full-time faculty in comparison to part-time faculty. This results in fewer faculty being readily available for service to the college and places a greater workload on the academic administrative staff. (Standard IV, Section B.1)