

DRAFT REVISIONS TO STANDARD II AND STANDARD VI; NEW GLOSSARY DEFINITIONS (AT THE END OF THIS DOCUMENT)

(Note that changes/additions are tracked, and the paragraphs in which they occur are yellow-highlighted)

■ Standard I: Program Mission and Outcomes

A. Mission and Outcomes

1. A naturopathic medicine program (henceforth referred to as the “program”) has a clear, concise and realistic program mission statement (or equivalent) that identifies what it intends to accomplish and encompasses the educational preparation of naturopathic physicians/doctors.
2. The program mission statement is consistent with the operating authority of the program and institution and reflects doctoral level education. For a program located within a multipurpose higher education institution, the program mission statement is aligned with the institutional mission statement.
3. The program mission statement must be accompanied by a set of program outcomes. The outcomes must be consistent with the mission statement and guide the program in establishing specific student achievement/learning goals and objectives and other relevant outcomes of the program.

B. Development, Implementation and Review of the Mission and Outcomes

1. The program mission statement is developed through an inclusive process that involves the program’s constituencies, including the administration, faculty and students, and is periodically reviewed in the contexts of continuing self-study and assessments of program outcomes and effectiveness, including assessments of student achievement/learning. The program mission statement is formally approved by the institution’s governing board.
2. The program mission statement and program outcomes are widely disseminated, consistently appear in appropriate program publications (including the catalog or academic calendar), and are generally understood and supported by the program’s communities of interest.
3. The program mission and outcomes serve as the foundation for all of the program’s activities, services and policies; they inform the strategic planning process and guide the allocation of resources.

■ Standard II: Organization, Governance and Administration

A. Legal Organization and Governance

1. The institution offering the program must be incorporated and authorized to operate under the applicable laws of the state or province and local community in which it is located, and authorized to offer a Doctor of Naturopathic Medicine degree, or a substantially equivalent credential, from the appropriate state or provincial agency, as may be allowed in the jurisdiction where the program is located.
2. A program in the U.S. that has CNME candidacy status is eligible for initial accreditation by CNME only if the institution offering the program has candidacy or accreditation status with an institutional accrediting agency recognized by the U.S. Dept. of Education.

3. A program in Canada that has CNME candidacy status is eligible for initial accreditation by CNME only if the institution offering the program has provincial approval for participation in government-funded student-aid programs; if government-funded student aid programs are unavailable to students in the program due to legal impediments beyond the institution's control, the institution must ensure that suitable private student aid programs are available.
4. The institution offering the program must have an effective governing board, composed of qualified members with diverse professional backgrounds, that operates according to a set of bylaws and observes an appropriate conflict of interest policy.
5. The governing board exercises ultimate authority over the institution, free of undue outside influence; it is responsible for activities such as establishing broad policy, approving long-range plans, appointing and evaluating the chief executive officer, ensuring fiscal viability, approving institutional budgets, ensuring the integrity of the institution, approving major program changes, and evaluating its own performance. The governing board is informed about the CNME accreditation process.
6. There must be processes by which the program can formally, regularly and effectively communicate to the governing board its needs for resources and provide input on relevant institutional and program issues.

B. Administration

1. The program is located in an institution that has an appropriately qualified chief executive officer (e.g., president) whose full-time or major responsibility is to the institution.
2. The program must have an appropriately qualified chief academic officer (e.g., dean, program director), or academic leadership team, whose full-time or major responsibility is to the program; the academic leadership team must include an experienced naturopathic physician. The chief academic officer or the academic leadership team must have appropriate authority and autonomy to manage the program and must ensure that (i) fiscally responsible strategic or long-range planning is periodically carried out in order to enable the program to adapt to changing circumstances, and (ii) the program of study is periodically reviewed and revised as needed.
3. The program must have an appropriately qualified and stable administrative staff sufficient in size to meet the needs of the program and achieve the program's mission, including where applicable adequate staff to support the use of information and communication technology in the educational delivery of the program. The organizational structure of the administrative staff must be clearly documented. Staff members must have clearly defined roles and responsibilities and have sufficient authority to carry out their responsibilities effectively. The conditions of employment (e.g., compensation, support, and workload) for administrative staff are adequate to attract and retain qualified personnel and are periodically reviewed for continued adequacy.
4. Within the institution's administrative hierarchy, the naturopathic medicine program must be placed at the same level and have the same administrative status (reflected in sections B.2 and B.3 above) as other comparable institutional healthcare related programs leading to professional doctoral degrees. There should be evidence of strong senior level commitment to and support for the program.
5. There must be in place a comprehensive set of policies and procedures regarding human resources that include procedures for evaluating the performance of administrative staff and faculty members on a regular basis, a grievance policy for employees, and non-discrimination and equal opportunity policies. Within the constraints of its resources, the institution and program should provide employees with opportunities for professional development.
6. There must be mechanisms in place to allow for major program constituencies, including faculty, administrative staff and students, to communicate their needs and provide input in matters of significant interest to them to the program's leadership team. In particular, faculty members must

have opportunities to provide substantive input into academic and policy matters directly related to the educational program and faculty.

■ Standard III: Planning and Financial Resources

A. Planning

1. The institution must have (i) a strategic plan that sets forth its organizational and programmatic priorities, goals and objectives, and (ii) a financial plan that aligns with the strategic plan and that includes a budget for the current fiscal year and budget projections for two additional fiscal years.
2. The program must have a strategic planning process that takes into consideration information derived from its assessment processes, and that identifies program priorities, goals and objectives, and the resources necessary to achieve them. The results of the program's strategic planning process must align with the institution's strategic plan.
3. The program must have sufficient input into and involvement with institutional strategic and financial planning to ensure that its current and future needs will be met.
4. Institutional and program plans are regularly reviewed, and changes are made as necessary.

B. Institutional Financial Resources

1. The institution in which the program is located must demonstrate adequacy and stability of financial resources to support the program.
2. An annual independent audit of the institution's financial statements must be conducted by an outside certified or chartered public accountant. For institutions which are recipients of U.S. Federal awards and grants, an annual audit in accordance with the requirements of OMB Circular A-133 must be conducted.

C. Program Financial Resources

1. The program must be provided with sufficient financial and other resources to (i) achieve its mission, (ii) meet existing program commitments, and (iii) provide adequately for instruction, research and scholarship, administration, learning resources, student services and activities, maintenance, equipment, supplies, and other specific needs and functions.
2. At a minimum, there must be a 3-year program budget, including the current fiscal year, with projected revenues and expenditures based on realistic assumptions (in single-purpose institutions, the program budget can be the institutional budget). The program must have sufficient control over the program budget to achieve its mission and conduct its operations.
3. The process by which the program's annual budget is established, and resources allocated, must (i) be clearly defined and consistently implemented, and (ii) take into account information derived from the program's assessment processes. The annual budget must provide a realistic projection of the program's revenue and expenditures based on reasonable assumptions.
4. The current program budget and projected budgets are regularly reviewed, and changes are made as necessary. Program budget managers are provided with regular financial reports and are informed of budget changes in a timely manner.

■ Standard IV: Program Faculty

A. Faculty Qualifications

1. Program faculty must have appropriate education and experience for their teaching positions and responsibilities in the program. Individual faculty members must possess appropriate advanced or professional degrees—usually terminal degrees in their field—and any other qualifications required to provide doctoral-level instruction in their assigned areas. The program must maintain current documentation of each faculty member’s credentials.
2. Program faculty must possess sufficient skills in instructional methodology, including evaluation of student learning and the use of information and communication technology, to ensure that the program is effectively delivered.
3. Clinical faculty members must have a minimum of two years of clinical experience, and the majority of clinical faculty members must have a minimum of five years of experience. Individuals who have fewer than two years of clinical experience and are currently in or graduates of a CNME-approved postdoctoral residency program in naturopathic medicine may participate in clinical instruction in a mentored environment. Clinical faculty must have a current license or registration from a state or province.
4. The overall composition and combined experience of the faculty must adequately reflect the naturopathic orientation of the program, and provide strong assurance of the program’s potential to produce graduates who are capable of integrating naturopathic principles, philosophy and clinical theory into clinical practice.

B. Faculty Sufficiency

1. There must be a reasonably stable and sufficient number of full- and part-time faculty members to effectively meet program needs and responsibilities, including requirements pertaining to instruction, service, and research/scholarship.
2. There must be a sufficient number of full- and part-time faculty to effectively meet the service needs and requirements of the program, such as: program planning, assessment and revision; faculty governance; academic counseling and other academic responsibilities; and to allow for participation in national, state and local professional associations, licensing boards, accreditation and certification agencies, and other organizations contributing to the advancement of the field of naturopathic medicine.

C. Faculty Orientation and Performance Evaluation

1. The program provides an orientation for new faculty members. For faculty members trained in fields other than naturopathic medicine, the orientation provides an introduction to naturopathic medical principles, philosophy, clinical theory and clinical practice.
2. All faculty members are evaluated periodically on their performance of assigned duties, including as appropriate the quality and effectiveness of instruction (including effective use of instructional technology), their research/scholarship activities, their professional development, and their service activities and responsibilities. The results of evaluations are provided to individual faculty members and the institution/program ensures that deficiencies are addressed.

D. Faculty Professional Development

1. The institution and the program support the on-going professional development of faculty members through appropriate policies and the provision of opportunities, assistance and incentives for professional development. The administration provides or makes available remedial and professional development offerings to support the attainment of developmental goals identified through the faculty performance evaluation process.
2. Individual faculty members are expected to: (i) be engaged in on-going professional development to enhance their instructional effectiveness (including assessment of student learning), as may be applicable to their assigned duties, and (ii) stay current in their academic discipline and relevant professional skills. Faculty members who utilize information and communication technology in teaching receive appropriate training and ongoing support to ensure instructional effectiveness.

E. Faculty Participation in Program Development and Academic Administration

1. The faculty must have an appropriate role in the development of institutional and program policies that affect the faculty. Structures and mechanisms must be in place to facilitate communication among the faculty and between the faculty and administration.
2. A faculty governance organization must be in place and meet periodically. The organization must be appropriate to the size and complexity of the institution, be representative of the faculty, and conduct business in accordance with written procedures that define its decision-making authority.
3. Faculty members contribute to the academic integrity of the program. The faculty is involved in the development and implementation of the program's curriculum and academic policies, including development of program delivery mechanisms, student selection, evaluation, discipline, academic standing and graduation. Faculty members participate in the review and recommendation of teaching methods (including the use of information and communication technology), the identification of needs related to academic facilities and equipment, and other planning processes that pertain to the development of the program.

F. Conditions of Faculty Employment

1. The institution publishes a faculty handbook or comparable publication that clearly sets forth policies regarding hiring and termination, faculty rank and promotion, compensation, performance evaluation, tenure (if applicable), teaching loads, instructional responsibilities, non-instructional responsibilities, conflict of interest, the resolution of grievances, intellectual property, and academic freedom in teaching, scholarship and research.
2. Human resources policies and actions pertaining to faculty reflect a commitment to equal employment opportunity and non-discrimination.
3. The conditions of employment (e.g., compensation, instructional load, research opportunities) are adequate to attract and retain a stable, qualified faculty, and they are periodically reviewed for continued adequacy.

■ Standard V: Student Services

A. General Provisions

1. The program shall provide student services and activities that reflect the program's mission, assist students in successfully completing the program, support positive student morale, and support students in the achievement of personal and professional growth. Student services shall include, at a minimum, well-developed programs in the following areas: (i) admissions, (ii) orientation, (iii)

advisement and academic counseling, (iv) financial aid (if offered), (v) tutorial services, and (vi) career development services.

2. The program must publish in the student handbook, or a comparable publication, a statement that clearly defines the rights, privileges and responsibilities of students, and that specifies the procedures for conducting disciplinary and academic standing proceedings for violations of those responsibilities. Whenever the faculty or administration takes a formal action that adversely affects a student's status in the program, there must be a fair, clearly defined and documented process that includes timely notice of the impending action, disclosure of the grounds on which the action is based, and an opportunity for the student to respond.
3. The program shall provide a means for systematically obtaining student views and input into institutional and program planning and decision-making.
4. The program must publish in the student handbook, or a comparable publication, fair and efficient policies and procedures for reviewing and responding to formal complaints and grievances made by students, and must maintain a record of their disposition during the preceding three-year period—or from the date of the Council's last comprehensive on-site visit, if more than three years ago—demonstrating that these complaints and grievances were handled fairly and in accordance with the published policies and procedures.
5. The institution shall make adequate provision for the safety and security of its students and their property. Information concerning campus safety shall be distributed as may be required by federal and state/provincial laws and regulations.

B. Admissions

1. The program shall have a published student admissions policy that (i) reflects the program's mission and outcomes, and (ii) clearly specifies the educational prerequisites, personal characteristics and minimum qualifications of applicants that the program considers necessary for academic and professional success. The program shall endeavor to select students who possess the intellectual capacity, integrity and personal characteristics necessary to become effective naturopathic physicians/doctors. The admissions process must include an interview with all applicants, either in-person or via video-conference (or via phone if video conferencing is not possible).
2. Admissions policies and practices must comply with applicable federal and state/provincial laws and regulations, including laws and regulations regarding non-discrimination and physical challenges that do not preclude the ability to meet the intellectual and technical standards of the program.
3. Faculty must have opportunities for input into the admissions policies and should be involved in the student selection process. The program has final responsibility for recommending student selection.
4. Specific admissions policies (e.g., policies pertaining to re-admittance into the program, non-discrimination, etc.) shall be clearly stated in institutional publications.
5. The program must adhere to its published admissions policies; any exceptions to a policy are based on well-founded and documented reasons. Admissions files for students contain all required documents.
6. Recruitment and admissions activities shall be conducted with honesty and integrity. The content of marketing materials and of any representations made to prospective students must be clear and accurate.
7. The program may accept transfer credit toward the naturopathic medicine program that the program

judges to be equivalent to its requirements for graduation and must demonstrate an appropriate process for assuring equivalence of transfer credits.

8. In considering education and training obtained in foreign countries, the program must obtain advisory assistance from a reputable educational credentials evaluation service for the interpretation of foreign educational credentials whenever the program lacks sufficient information or expertise to make an interpretation.
9. The admissions policies must involve planning and periodic evaluation to determine whether the policy is adequately serving the needs and interests of the students, program and profession, and how it could be doing so more effectively.

C. Student Records

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

D. Tuition and Financial Aid

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

E. Counseling

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

F. Use of Information and Communication Technology

1. If some of the program's courses utilize information and communication technology (ICT) that allows for remote participation, there must be processes in place through which the institution establishes that the student who registers in such a course is the same student who participates in and completes the entire course and receives the academic credit. This requirement will be deemed to have been met if the institution:
 - a. Verifies the identity of a student who participates in class or coursework by using, at the option of the institution, methods such as (i) a secure login and pass code, (ii) proctored examinations, and/or (iii) new or other technologies and practices that are effective in verifying student identity; and
 - b. Makes it clear in writing that the institution uses processes that protect student privacy, and notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

G. Official Publications and Online Resources

1. The program shall make available to students and to the general public a catalog, calendar, student handbook or comparable official publication (or publications) that accurately sets forth its:
 - a. Current mission and program objectives
 - b. Admissions requirements and procedures
 - c. Criteria for accepting transfer credit
 - d. Tuition, fees and refund policies, including any additional costs related to courses utilizing information and communication technology
 - e. Opportunities and requirements for financial aid, if applicable
 - f. Academic performance requirements
 - g. Policies and procedures related to satisfactory academic progress
 - h. Rules for student conduct
 - i. Student disciplinary procedures
 - j. Student grievance procedures
 - k. Grading and attendance policies
 - l. Program completion requirements
 - m. Members of the administration, including their positions
 - n. Professional education and qualifications of full- and part-time faculty
 - o. Members of the governing board
 - p. Non-discrimination policy
 - q. Academic calendar
 - r. Program sequence or outline
 - s. Description of each academic program, including the curriculum and course descriptions for

- t. each course, including information on the methods of instruction and technology requirements
 - u. Description of the learning and other physical resources
 - u. Sources of information on the legal requirements for licensure and entry into the profession
2. Publications, advertising and other communications that concern the institution's programs, services, activities and personnel must provide complete, accurate and clear information regarding the naturopathic medical program. Courses and faculty not available during a given academic year must be identified clearly. Publications and advertising must accurately represent employment, career and licensure opportunities.
 3. The program must publish its status and relationship with the Council and provide the Council's address and phone number in accordance with CNME Policy 5, Representation of a Program's Relationship with the Council.

■ Standard VI: Program of Study

A. Program Development, Delivery and Integration

1. The program of study, including the academic and clinical components, is competency based. A naturopathic medicine program clearly articulates the required competencies/learning outcomes of individual courses, consistent with its program mission and program outcomes, which it considers necessary for a student to graduate as a competent doctor of naturopathic medicine. The program also incorporates any competencies formally adopted by CNME.
2. A naturopathic medicine program is typically presented in a quarter, trimester or semester format over a minimum time period of four calendar years (or the equivalent). While a diversity of instructional methods may be used in the delivery of the program, the majority of the program is residential, and the clinical internship portion of the program is entirely residential ("residential" in this context refers to academic and clinical experiences where students and faculty are in-person at the school campus or at a school-affiliated site; this includes telemedicine interactions where students conduct telemedicine sessions while physically present in the school clinic or a school-affiliated site, under clinical faculty supervision). Including clinical education, a naturopathic medicine program requires a minimum of 4,100 clock hours. Assignment of credits is consistent with accepted practices in higher education.
3. The program supports students in establishing a community of learning, and there is frequent and meaningful interaction between faculty and students, and among students, including in the context of courses that utilize information and communication technology.
4. Should the institution enter into an articulation agreement with another institution for the delivery of a portion of the program, the content, delivery mechanisms, and evaluation of student learning for that portion of the program must comply with the CNME standards.
5. A syllabus must be prepared for each course or major unit of instruction, distributed to each student in the course, and maintained in the program's records. The syllabus must contain the following information:
 - a. The purpose of the course
 - b. The learning outcomes of the course in specific terms, and the educational competencies to be attained
 - c. An outline of the content of the course and laboratory instruction in enough detail to permit the student to see its full scope
 - d. The method(s) of instruction and student evaluation

- e. The requirements of the course with important dates (e.g., papers, projects, examinations)
 - f. The type of grading system used
 - g. The required and recommended reading
6. The instructional methods and policies reflect the program's mission and outcomes, as well as the specific learning outcomes/competencies of individual courses. The program utilizes diverse instructional methods, such as in-person lecture, practical lab, web-enhanced activity, blended/hybrid courses, etc.
 7. Academic and clinical education components are carefully coordinated and integrated and are mutually reinforcing. The program allows for a graduated progression in the student's development of knowledge, skills, attitudes and behaviors, and fosters the student's consequent ability to manage increasingly complex clinical knowledge and patient cases.
 8. Naturopathic principles, philosophy, and clinical theory and practice are integrated throughout the entire program, including the following Principles of Naturopathic Medicine, as adopted by the American Association of Naturopathic Physicians (AANP) and the Canadian Association of Naturopathic Doctors (CAND):
 - The healing power of nature
 - First do no harm
 - Identify and treat the cause
 - Doctor as teacher
 - Treat the whole person
 - Disease prevention and health promotion
 9. The program must establish and publish course prerequisites and ensure that prerequisites are followed.
 10. A curriculum review committee regularly reviews, evaluates and revises, as needed, the content and instructional methodology of the program to ensure that required competencies and expected learning outcomes are achieved; the review process takes into account findings identified by the program's and institution's assessment processes and the ongoing development of the naturopathic medical field.

B. Academic Component

1. The academic component of the program of study is competency based, and fosters the development of required knowledge, skills, attitudes and behaviors in naturopathic medicine, including biomedical sciences and clinical sciences. Courses that prepare students to assess and diagnose the causes of disease incorporate an awareness and understanding of naturopathic principles, philosophy, clinical theory and clinical practice.
2. Students learn how to advise patients on prevention and wellness, how to effectively treat patients who have identified health concerns, diseases or conditions using naturopathic therapeutics and principles, how to make a diagnosis and prognosis, and how to evaluate and manage patient outcomes.
3. Laboratory instruction and clinical demonstrations are utilized in the learning process in order to assist in the development of clinical acumen. Students learn the skills necessary to access and evaluate medical information from diverse media. Practical or applied skills are acquired through practical coursework and the clinical education experience (see Section C, Clinical Education Component, below).

4. The program's academic component:
 - a. Includes courses that comprehensively cover the subject areas of naturopathic medical history, principles, philosophy, and clinical theory, and that integrate these subject areas throughout the program beginning with coursework early in the program that lays a strong foundation through to the completion of the clinical training component of the program.
 - b. Supports development of the student's skills in patient lifestyle counseling in preventive approaches, including health education/promotion, disease prevention and mind-body medicine.
 - c. Supports development of the student's ability to competently take and record a patient's health history, effectively evaluate the causes and evolution of the chief complaints and present health status, appropriately utilize naturopathic assessments (including physical examination and laboratory findings), develop a differential diagnosis, create a treatment plan consistent with naturopathic principles, philosophy, clinical theory and clinical practice, make a prognosis, and evaluate clinical outcomes.
 - d. Supports students in becoming clinically competent, caring and ethical primary care/~~general practice~~ physicians/doctors (see definition of "primary care" in the Glossary section in Part Seven of this Handbook), with a well-developed sense of personal wellness, knowledge of their unique skills as healers, and full understanding of their scope of practice and its strengths and limitations.
 - e. Provides students with a solid understanding of research methodology, including the applicability and use of evidence-based and evidence-informed research approaches in the context of naturopathic medicine, and supports development of the student's ability to: (i) evaluate and apply knowledge and information obtained from a variety of sources, including scientific and professional literature, clinical experience, and traditional naturopathic practices; (ii) participate effectively in research and scholarly activity; and (iii) document and evaluate the outcomes of naturopathic medicine.
 - f. Provides students with a solid understanding of practice management, professional ethics and jurisprudence, and supports development of the range of business skills necessary to build and sustain a successful naturopathic medical practice, including an understanding of the principles of financial recordkeeping and effective marketing and communication.
 - g. Supports students in developing the verbal and written communication skills necessary to work effectively with patients, the general public and other healthcare practitioners, and the ability to make appropriate referrals.
 - h. Emphasizes the importance of lifelong learning.
5. The academic component provides an in-depth study of human health, as well as instruction in a variety of therapeutic and clinical subject areas relevant to the practice of naturopathic medicine; where appropriate, instruction includes related experiences in laboratory settings designed to reinforce and augment classroom learning. The following subject matter/courses are included:
 - a. Biomedical sciences, including anatomy, gross anatomy lab, neuroanatomy, embryology and histology; physiology; pathology and microbiology; and biochemistry, genetics and selected elements of biomechanics relevant to the program
 - b. Environmental and public health, including epidemiology, immunology and infectious diseases
 - c. Pharmacology and pharmacognosy
 - d. Diagnostic subject matter/courses, including physical, psychological, clinical, laboratory, diagnostic imaging, and differential diagnoses
 - e. Therapeutic subject matter/courses, including as required subject areas: botanical medicine, emergency and ~~legend-pharmaceutical~~ drugs, clinical nutrition, physical medicine, exercise therapy, hydrotherapy, counseling, nature cure, basic acupuncture and ~~Oriental-traditional~~ Chinese/Asian medicine theory, homeopathy, medical procedures/emergencies, and minor

surgery.

- f. Clinical subject matter/courses, including as required subject areas: body systems and their interactions, cardiology, psychology, dermatology, endocrinology, EENT, gastroenterology, urology, proctology, gynecology, neurology, orthopedics, pulmonology, natural childbirth/obstetrics, pediatrics, geriatrics, rheumatology, oncology, and hematology

C. Clinical Education Component

1. The clinical education component of the program is competency based and integrated with the academic component of the program of study. It provides an opportunity for students to develop competence in applying naturopathic principles, philosophy, and clinical theory to clinical practice, as well as for further development and application of the knowledge, skills, attitudes, behaviors and values introduced in the academic component.
2. The clinical educational component enables students to develop the clinical competence, skills, professionalism, and confidence necessary for successful clinical practice. The clinical component also enables students to become integral members of the health care profession and active participants in the community, to collaborate effectively with providers in other health care fields, and to work in integrative/multidisciplinary health care settings.
3. Student achievement standards, competencies, policies, and evaluation procedures in the clinical education component are consistent with the principle of gradually ascending student responsibility: the level of clinical responsibility accorded student clinicians is gradually increased in accordance with their level of competence.
4. The following are among the elements that characterize the clinical education component:
 - a. A clinical experience that integrates naturopathic principles, philosophy, clinical theory and clinical practice into every clinical interaction;
 - b. A clinical experience that provides students with the opportunities to develop the clinical knowledge, skills and critical judgment necessary for safe and effective practice as a primary care/general practice naturopathic physician/doctor, including as required subject areas: patient counseling on health promotion and disease prevention, patient assessment, diagnosis, treatment, prognosis and management, and referral as appropriate;
 - c. Opportunities to demonstrate competence in the full range of naturopathic therapies as set forth in Standard VI (note that up to 20% of the minimum clinical education experience number of patient interactions, as outlined in this Section C, subsection 5.d, below may consist of be fulfilled using carefully planned and well-designed patient simulation-type activities intended to address identified deficits in the clinical training experience—see the document titled “Guidelines on the use of Simulation in Naturopathic Clinical Education Training Programs,” at the end of Part Four of this handbook, which provides further specificity regarding the requirements for using simulations in lieu of clinical interactions with patients);
 - d. Opportunities to develop the knowledge, skills, attitudes and behaviors necessary to establish effective professional relationships with patients, faculty, colleagues, other health care practitioners and the public;
 - e. Opportunities to treat patients of all ages, to treat a wide variety of conditions and diseases, and to develop case management skills;
 - f. Opportunities to develop cultural competence in such areas as human sexuality and gender sensitivity, as well as in cross-cultural situations;
 - g. Opportunities to develop an understanding of medical ethics and the medical consequences of common societal and environmental problems;
 - h. Group forums for discussion among clinical faculty and students on a variety of clinical subjects

- and case analyses, with the inclusion of naturopathic principles, philosophy and clinical theory as relevant to the discussion topic;
- i. Opportunities to develop a thorough knowledge and the necessary skills of charting and coding practices and patient record maintenance, including applicable jurisdictional legal requirements (e.g., electronic communications and telemedicine); and
 - j. Opportunities in naturopathic practice management (e.g., attracting and retaining patients, time management, charging and collecting fees, etc.).
5. The program's clinical education component provides at least 1,200 clock hours of clinical training involving patient contact in residential clinical settings. The following requirements pertain to the clinical education component:
- a. Of the 1,200 hours, student clinicians must spend a minimum of 850 hours involved in patient care, in either a primary or secondary capacity, under direct supervision of clinical faculty members, in a naturopathic clinic where clinical competencies are evaluated by the program.
 - b. The 1,200 hours of clinical experience may include the time students spend in preceptorship and field observation experiences in practicing naturopathic physicians' offices or in other clinical settings; however, no more than 100 hours ~~time~~ spent in preceptorship and field observation may ~~not~~ count towards the fulfillment of the 850 hours requirement stated in the previous section, and students may only receive credit for secondary patient interactions, as outlined in section 5.d below.
 - c. The program must have a written policy covering preceptorships that ensures a consistent and worthwhile educational experience and must have a formal relationship with each preceptor based on its written policy.
 - d. The program establishes and maintains specific minimum numbers of separately scheduled patient interactions as follows: (i) a total number of patient interactions that each student clinician—practicing in either a primary, secondary or preceptorship capacity—must attain by graduation (this number must be at least 450), and (ii) the number of patient interactions that each student clinician—working in a primary capacity involving assessment and/or treatment of patients under clinical faculty supervision—must attain by graduation (this number must be at least 225). The minimum numbers established by the program must be demonstrably sufficient to ensure student acquisition of required competencies. Note that, as provided in section D.2 below, telemedicine may satisfy a portion of the required number of patient interactions.
 - e. Of the required 1,200 hours of clinical education, at least 900 clock hours are supervised by licensed/registered naturopathic physicians/doctors. The type of supervision provided, and the faculty-to-student clinician ratio are appropriate for achieving both high-quality clinical training and high-quality patient care. For most clinical education settings, the faculty clinician to student ratio should be 1 to 6 or better.
 - f. Students may participate in grand rounds, community service, and skills classes, as well as in clinical posts such as the dispensary/medicinary, laboratory, reception, diagnostic imaging, etc. These activities may not, however, count towards the fulfillment of the 1,200-hour clinical requirement.

D. Clinic Administration, Resources, and Facilities

1. Clinical education is overseen by an appropriately qualified senior academic administrator, typically an experienced naturopathic physician/doctor qualified to provide clinical instruction. There is sufficient administrative staffing in the clinic(s) to meet the needs of the clinical training component and effectively operate the clinic.
2. Clinical education generally takes place in-person in healthcare clinics and/or hospitals that provide patient care in accordance with applicable local, state/provincial, and federal requirements governing health and safety. However, up to 25% of patient interactions may be conducted remotely using

compliant telemedicine technology, provided that the program has in place a set of policies/guidelines that define with specificity how such telemedicine interactions shall be conducted, what competencies and clinical experiences are to be attained, how supervision will be provided, and how these interactions will be documented, and medical records appropriately maintained. Quality assurance standards and practices are in place, including evaluation of clinical outcomes.

3. Clinical education is conducted in accordance with published policies on ethical behavior for students, clinical faculty, administrators, and staff, and in accordance with policies and procedures on quality assurance and conflict-of-interest.
4. There is sufficient patient volume for the number of student clinicians. Students are counted as patients for the purpose of student clinicians fulfilling patient interaction requirements only when a student seeks treatment as a regular patient for a genuine medical need.
5. Sufficient resources are allocated to the clinical education component of the program to achieve its educational mission and outcomes. Patient-care rooms, clinical laboratories and other clinical facilities are appropriately equipped to enable students to practice the full range of naturopathic modalities, and there is access to a dispensary that supports the needs of the program.
6. There are record-keeping procedures in place that fully document completion of clinical education requirements.
7. The program must maintain clinical records (including, where appropriate, electronic records) of patients that are accurate, secured, backed up, complete, and kept confidential in accordance with applicable legal requirements. Clinical record keeping practices must conform to generally accepted standards of healthcare practice; clinical charts must be signed by the student and the supervising clinician.
8. The following requirements pertain to affiliated clinical training sites at which students may fulfill a portion of the 850 hours clinical education requirement stated above:
 - a. A written affiliation agreement must be in place whenever an affiliated clinical training site is not under the direct administration of the program. The agreement must clearly state the educational goals for the training site and the role of the student clinicians.
 - b. The program's standards, policies and procedures must be consistently applied to student clinicians regardless of the training site, and student clinicians must receive comparable educational opportunities and experiences at all sites;
 - c. The program must employ student evaluation procedures at affiliated training sites comparable to those used at the main teaching clinic, including procedures for evaluation of clinical competencies and student achievement;
 - d. Instructors at affiliated sites must have a formal written arrangement with the program, and must have qualifications comparable to the program's clinical faculty and perform the same functions.

■ Standard VII: Assessment of Student Learning and Program Evaluation

The program demonstrates a commitment to optimal student achievement/learning and academic and professional success through a focus on student learning outcomes and continuous program improvement based on outcomes data.

A. Assessment of Student Learning

1. The program must maintain an assessment plan for student learning. This plan must (i) provide a method for evaluating each student's academic and clinical performance and achievement in relation to the program's educational requirements and outcomes, including student competencies/learning

outcomes in individual courses, and (ii) incorporate this data into the program level assessment and evaluation.

2. The program utilizes both formative and summative processes to evaluate student learning. The evaluation processes are fair, emphasize objective techniques and approaches, and are applied consistently. Evaluation processes enable faculty to support and assist student learning and to verify each student's achievement of required academic and clinical learning outcomes/competencies. Students who do not perform at the required level receive timely notification of the remedial options available to them.
3. Evaluation of student clinical performance is (i) referenced to specific criteria, (ii) performed regularly, and (iii) incorporates a variety of measures of knowledge and competence. Clinical faculty members have completed an orientation session that includes information on the program's evaluation processes pertaining to clinical performance, receive periodic in-service training to ensure consistency in evaluation, and have their individual performance as evaluators reviewed periodically.
4. The following are examples of direct and indirect assessment measures that may be used to assess student learning:
 - a. Systematic approaches to the evaluation of student competence in physical and clinical diagnosis (e.g. objective structured clinical evaluation, milestone exams, criterion referenced evaluation, evaluation with standardized patients, etc.) at various stages in the training, such as pre-clinic, midway through the clinical component, and post-clinic
 - b. Descriptive/narrative reports related to the student clinical experience (e.g., the variety of patient conditions typically seen, the depth of the clinical exposure, etc.)
 - c. Structured observation and evaluation of student clinical performance and ability to make independent clinical decisions by clinical supervisors
 - d. Review of patient charts to assess student clinicians' knowledge and skills
 - e. Structured observation and evaluation of student clinician performance in case presentations and grand rounds
 - f. Student self-evaluation and self-reflection
 - g. Surveys of standardized patients in regards to student learning.

B. Program Level Assessment and Evaluation

1. The program must maintain a program level assessment plan that provides for a periodic assessment and evaluation of overall program effectiveness in relation to the program mission and outcomes. The program must regularly use the information generated through its assessment and evaluation processes to make related changes and improvements in its program of study, allocation of resources, and academic and institutional policies and procedures.
2. The program assessment plan should address the following (i) what data will be collected, and by whom, in relation to each of the program-level student learning outcomes (ii) the process and responsible parties for reviewing the data, policies and procedures to guide discussion and feedback of the results, (iii) the process and responsible parties for modifying the course, program or curriculum to improve student learning, and (iv) the timelines for carrying out the various components of the assessment plan.
3. As part of its evaluation and assessment processes, the program gathers and maintains a sufficient variety and amount of data, including various outcomes measures, on students and graduates to enable the program to document and assess the overall effectiveness of its training and the

accomplishment of the program mission and outcomes. Findings from evaluation and assessment processes are integrated into the institutional/program planning process, including planning related to course delivery methods.

4. The program maintains data for the latest five-year period on the program's completion rates. If data indicate that the program fails to consistently graduate at least 75% of entering students within the timeframe set by the program, a formal analysis is conducted, and a report containing information on measures being taken to improve completion rates is compiled and placed on file.
5. The program maintains data for the latest five-year period on the overall pass rate of its students and graduates on NPLEX examinations. If the data indicate that fewer than 70 percent of first-time test-takers consistently pass NPLEX Part I (biomedical sciences) and/or NPLEX Part II (clinical sciences), the program conducts a formal analysis, compiles a report containing information on measures being taken to improve the program's overall pass rate, and places the report on file.
6. The following are examples of direct and indirect assessment measures that may be used as elements of a program's assessment plan:
 - a. Analysis of NPLEX scores and pass rates
 - b. Analysis of the percentage of graduates who gain state/provincial licensure
 - c. Analysis of attrition rates for students
 - d. Survey data on patient satisfaction and quality of patient care
 - e. Noel-Levitz surveys on student satisfaction
 - f. Periodic alumni surveys on matters related to the quality and appropriateness of the training, and graduates' success in finding satisfactory employment
 - g. Student exit surveys on various matters such as satisfaction with the program and instruction
 - h. Student evaluation of courses and instruction
 - i. Analysis of the relationship between entrance requirements and success in the program
 - j. Graduate participation in residency programs
 - k. Documentation and assessments of program research/scholarship and service activities
 - l. Documentation of professional development activities of faculty and staff.
 - m. Documentation of clinical outcomes in program teaching clinics

■ Standard VIII: Research and Scholarship

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

A. Research Policies and Practices

1. The program actively engages in research and scholarship related to naturopathic medicine consistent with the program's mission and demonstrates ongoing support and development of faculty and student research and scholarship.
2. A program must have a mechanism/structure, such as a research committee of administrators and faculty members that includes individuals who represent the ND program, to:

- a. Approve and oversee research activities associated with the program;
 - b. Develop appropriate research plans and policies, including policies that set forth the intellectual property rights that derive from research and scholarship;
 - c. Ensure that research activities conducted under the program's auspices are in accordance with the program's and institution's policies, external legal requirements, and accepted research practices;
 - d. Ensure that funds for research derived from external grants, contracts or other sources are expended in accordance with the funding source's requirements; and
 - e. Develop data and safety monitoring plans, as may be required.
3. The institution has an Institutional Review Board that ensures adequate protection of subjects and addresses issues of medical ethics.
 4. Research investigators are assured academic freedom in conducting their research and retain the right to publish and report the results of their research.

B. Support for Research and Scholarship

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

■ Standard IX: Library and Learning Resources

- A. The institution provides ready and convenient access for students, faculty and other patrons to well-maintained, current, and authoritative learning resources that are sufficient in breadth and depth of holdings and technology to meet the mission, goals, and objectives of the institution/program and contribute to programmatic improvement.
- B. The library and learning resources support contemporary instructional methods and technology, including those related to e-learning. Orientations and other programs are offered that inform students and faculty about available resources and services and that promote information literacy.
- C. The library and learning resources are supervised and run by a sufficient number of appropriately credentialed professional staff who are familiar with regional, national, and international information resources and data systems and responsive to the needs of students, faculty and other patrons. Professional staff are engaged in continuing professional development.
- D. The library and learning resources facilities are sufficient to meet the institution's/program's needs; professional staff and faculty have sufficient workspace, and students have sufficient study space.
- E. The needs of the library and learning resources and the professional staff are essential elements of the institution's/program's assessment and strategic planning activities. Program faculty, administrators and students have opportunities for input into strategic planning regarding library and learning resources.

■ Standard X: Physical Resources

- A. There are sufficient physical resources available to the program—including computer/IT and other systems, and equipment and supplies—to (i) enable the program to achieve its mission, (ii) provide for the effective functioning of the program, and (iii) meet the needs of the faculty, staff, and student body, including any needs associated with e-learning. A schedule for maintenance and replacement of equipment is developed and implemented.
- B. Faculty and staff offices, conference areas, study space and other facilities are sufficient for carrying out teaching and learning, research, administrative and other assigned responsibilities.
- C. The program's physical facilities must either be owned by the program, leased, or otherwise contractually secured to guarantee their availability; any facility lease or contract must include an adequate notice period (in general, at least one full calendar year) should the owner wish to terminate the lease or contract.
- D. Physical resources for the program are allocated in accordance with a comprehensive plan that is consistent with the program's mission. Appropriate program faculty and staff are involved in the planning process to ensure that the program's needs are addressed.
- E. The facilities and grounds must be safe, accessible, and appropriately maintained. A schedule for maintenance and improvements of the facilities and grounds is developed and implemented.
- F. Facilities and records must comply with federal, state/provincial, and local fire, safety, health and accessibility laws and regulations. The institution should have a comprehensive emergency preparedness plan in place that includes appropriate training of students, faculty and staff.
- G. Adequate record storage, back-up and recovery procedures must exist for all essential records, including student and patient records. Contingency strategies should be developed to address interruptions in technology services.

■ Standard XI: Continuing Medical Education

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

ADDITIONS TO THE “GLOSSARY” SECTION OF THE CNME HANDBOOK

Naturopathic Primary Care (from the Primary Care Position Paper of the Naturopathic Academy of Primary Care Physicians)

Naturopathic primary care is defined as a holistic, community-based, first contact with the medical system for undifferentiated patients. (Note that “primary care” in this context does not refer to insurance coverage status, and that individual jurisdictions may limit the scope of practice of NDs.)

Residential

The term “residential” refers to academic and clinical educational experiences where students and faculty participate in-person while physically present on campus or at a school-affiliated site (e.g., an off-site clinic).