



HANDBOOK

FOR

NATUROPATHIC MEDICINE

RESIDENCY PROGRAMS

2017 Edition

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Table of Contents

INTRODUCTION	1
PART ONE: Overview of Naturopathic Education and Licensure	3
Section 1.1: The Education of Naturopathic Physicians	3
Section 1.2: Naturopathic Licensure	4
Section 1.3: Board Certification in a Naturopathic Specialty	5
Section 1.4: CNME Approval of Naturopathic Residency Programs	5
PART TWO: Sponsor Recognition Standards	5
Section 2.1: Commitment to Postdoctoral Medical Education; Scholarly Environment	5
Section 2.2: Letter of Intent	5
Section 2.3: Administrative Oversight	6
Section 2.4: Program Structure	7
Section 2.5: Site-vetting	7
Section 2.6: Affiliation Agreement	7
PART THREE: Residency Program Approval Standards	9
Section 3.1: Program Duration	9
Section 3.2: Program Size	9
Section 3.3: Scope of Training	10
Section 3.4: Identification of Learning Goals	10
Section 3.5: Adequacy of Resource Base	11
Section 3.6: Appointment and Qualifications of the Residency Supervisor	11
Section 3.7: Maintenance of Naturopathic Perspective	11
Section 3.8: Experiential Program	12
Section 3.9: Didactic/Continuing Medical Education (CME) Program	12
Section 3.10: Evaluation	12
Section 3.11: Research and Scholarly Activity	13
Section 3.12: Quality Assurance	14
Section 3.13: Resident Workload and Support	14
Section 3.14: Residency Manual	15
Section 3.15: Resident Rights	16
Section 3.16: Resident Responsibilities	16
Section 3.17: Certificate of Completion	16
PART FOUR: Application Process for Initial CNME Recognition as a Sponsor	17
Section 4.1: Application Submission Process	17
Section 4.2: Application Review Process	17
PART FIVE: Initial Approval Process for Residency Programs	18
Section 5.1: Initial Approval	18

Section 5.2: CNME Right to Intervene	18
Section 5.3: How Changes in Sponsor Recognition Status Affect Residency Approval Status	18
PART SIX: Maintaining CNME Recognition and Approval:	
Updating the Informational Database	19
Section 6.1: Maintaining CNME Recognition and Approval of Affiliated Sites	19
Section 6.2: Recognized Sponsor’s Responsibility for Database Updating	20
Section 6.3: Cooperation of Affiliated Sites	20
Section 6.4: CPNME Annual Review of Database Information on Selected Residency Sites	20
PART SEVEN: Maintaining CNME Recognition and Approval:	
Monitoring and Self-Study Responsibilities	20
Section 7.1: A Recognized Sponsor’s Ongoing Monitoring Responsibility	20
Section 7.2: Periodic Review of Recognized Sponsors by the Council	20
Section 7.3: Onsite Review by Evaluation Team	22
PART EIGHT: CNME Recognition Actions	22
Section 8.1: Determination Process	22
Section 8.2: The Range of Recognition Actions	23
Section 8.3: Withdrawal of CNME Recognition	24
Section 8.4: Deferral of CNME Recognition Action	25
Section 8.5: Substantive Change	25
Section 8.6: Letter of Notification	26
Section 8.7: Notifying Residents and Applicants of Recognition Status	26
Section 8.8: Transferring Approved Residency Sites from One Recognized Sponsor to Another	27
PART NINE: Appeal Procedures	27
Section 9.1: Request for an Appeal	27
Section 9.2: Appeal Hearing	27
Section 9.3: Deciding the Appeal	28
Section 9.4: Costs of the Appeal	29
PART TEN: Fees and Expenses	29
Section 10.1: Application Fee	29
Section 10.2: Evaluation Visit Expenses	29
Section 10.3: Annual Fee	29
PART ELEVEN: Glossary	29

INTRODUCTION

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

Some of the institutions that offer CNME-recognized ND programs have also opted to offer—either directly or through affiliation—postdoctoral naturopathic medical training programs. In order to ensure consistent quality of postdoctoral naturopathic medical training programs, referred to in this handbook as “naturopathic residency programs” or “residencies,” the Council developed a set of standards for residency programs and a process for recognition of *sponsors* of these programs (note that the term “recognized sponsor,” as used in this handbook, does not imply provision of financial support). The *CNME Naturopathic Residency Handbook* sets forth the standards for residency programs and a review process for sponsors.

A naturopathic residency program is an educational experience, following an individual’s graduation with an ND degree, diploma or other designation, that provides a mentored opportunity for experience and learning in a clinic or other appropriate setting. For such an educational experience to come under the Council’s purview, it must be a minimum of one year in duration. A fundamental objective of any residency program is for the naturopathic physician to increase professional competence, knowledge and skills.

The Council on Naturopathic Medical Education recognizes the central importance of residency programs to the continuing growth and evolution of naturopathic medicine as a healthcare profession. Increasing demand for such programs is presenting a number of challenges for both the Council and the profession’s educational institutions and programs. In response, CNME developed—with input from the naturopathic educational community—a review process and a set of standards for residencies offered by CNME-accredited ND programs, along with a number of related policies and guidelines. Educational institutions and ND programs that meet CNME’s standards are denoted as “*recognized sponsors*” of residencies. CNME-recognized sponsors are authorized to designate individual affiliated residency programs that have been verified to meet or exceed the CNME standards as being “*CNME-approved*.”

CNME’s accreditation process for ND programs is a cooperative activity that includes continuing self-assessment/self-study on the part of each institution, and external review—including site visits—conducted by the CNME. CNME-recognized sponsors are required, under the review process set forth in this handbook, to broaden their self-study process to include monitoring individually approved residency programs for continued compliance with CNME standards. CNME will verify that the recognized sponsor is discharging this obligation by reviewing the sponsor’s analysis of its residency programs

in the self-study report and visiting selected affiliated residency sites during onsite accreditation reviews of the educational program in naturopathic medicine.

The review process is intended to assist institutions in attaining and maintaining excellence in residency education. A residency program's designation as "CNME-approved" serves to inform the public, licensing agencies, residents, and applicants for residencies that a residency program and its sponsoring institution are in compliance with the Council's standards for residencies.

The CNME Board of Directors has delegated to the Committee on Postdoctoral Naturopathic Medical Education (CPNME) the primary responsibility for developing the standards and policies for sponsor recognition and residency site approval, for reviewing institutions seeking initial recognition as a sponsor, and for conducting periodic reviews of recognized sponsors. In the case of revisions to the standards and policies, the CPNME makes recommendations to the Council, which is responsible for approving them. In the case of recognition actions, the CPNME has the authority to make final decisions, and the Council serves as an appeals body in the event that an ND program chooses to appeal an adverse decision.

The CPNME is composed of members of the Board of Directors appointed by the Council's president, including at least one public member. The directors of residency programs offered by recognized sponsors are invited to attend and participate in CPNME meetings and to serve on subcommittees and taskforces that address residency-related issues.

Purpose of Handbook

The *CNME Naturopathic Residency Handbook* sets forth (i) the standards for recognition of sponsors of residency programs, (ii) the standards for approval of residency programs offered under the auspices of a recognized sponsor, (iii) the policies and procedures by which an institution or naturopathic program can become a CNME-recognized sponsor of residency programs, and (iv) the policies and procedures for continued recognition and related matters. While the handbook is primarily intended as a resource for CNME-recognized sponsors, institutions interested in gaining recognition, and directors of individual residency sites, it also provides information pertinent to residents and naturopathic physicians considering entering a residency program, as well as other individuals or institutions interested in understanding the nature of naturopathic residency programs.

CNME recognizes that naturopathic residencies are still in a relatively early stage of development. Many challenges are involved in their further growth and development, including the need to identify and develop appropriate residency sites, to identify and orient faculty who can mentor and guide residents, to further develop program policies, procedures and educational content, and to operate within the budget constraints of a medical field that is still not universally recognized. The satisfactory growth and evolution of postdoctoral naturopathic medical education is vitally important to the

profession and the public it serves, and the CNME contributes to and supports this development through its regulatory process. The CNME considers the standards set forth in this handbook to be consistent with the current stage of development of residencies and sufficient to ensure the fundamental quality of those residency programs that meet the standards. As the field of naturopathic medicine continues to develop and mature, the CNME will periodically review and upgrade these standards to reflect the field's evolution.

In this developmental context, particular attention should be paid to the wording of the residency program standards. For instance, a statement may employ either the word "must" or the word "should." The difference in wording signifies the current importance of the particular standard as a requirement for approval of a residency site. Definitions of the wording used in the standards are as follows:

"Must"; "Shall"; "CNME expects"; "It is expected":

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

"Should":

This word implies that compliance with the standard is desirable, but not mandatory.

"May or Could":

These words indicate that program has discretion to follow an alternative to the stated requirement.

CNME anticipates that, as residency programs mature, certain "should" statements will become "must" statements in future editions of this handbook.

PART ONE: OVERVIEW OF NATUROPATHIC EDUCATION AND LICENSURE

1.1 The Education of Naturopathic Physicians

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

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

Graduate-Level/Doctoral-Level Medical Education: The second phase of the educational process is the graduate-level naturopathic medical education that leads to qualification as a Doctor of Naturopathy or Doctor of Naturopathic Medicine (ND) degree or diploma. (Note that MD education is usually referred to as "undergraduate" medical education even though it is generally at a post-baccalaureate level.) Ensuring the high quality of naturopathic medical education through the voluntary accreditation of

naturopathic medicine programs is the Council's primary mission. The Council's *Handbook of Accreditation for Naturopathic Medicine Programs* contains the eligibility requirements, accreditation standards, policies and procedures related to the evaluation and accreditation of naturopathic medicine programs.

Postdoctoral Medical Education: The third phase of the educational process consists of optional postdoctoral medical education programs, often also called "graduate medical education programs." This optional training includes residency programs such as those regulated by the CNME that further develop a naturopathic physician's skills to provide primary-care naturopathic medicine, as well as other types of programs designed to develop a naturopathic physician's ability to practice in a specialty area (note that the CNME is not involved with regulating or overseeing naturopathic specialty training programs, though residency training may in some cases focus on the treatment of certain conditions or the use of certain naturopathic modalities). The purpose of such residencies is to provide an organized, supervised educational and training experience for the resident. The training of the resident relies primarily on learning acquired through providing patient care under supervision, and the resident takes on progressively greater responsibility for patient care during the course of the residency. Other forms of postdoctoral medical education include internships, clerkships and fellowships; these types of training programs are not covered under the CNME residency program standards.

Continuing Education: The fourth phase of the educational process consists of the continuing education of naturopathic physicians so they remain current in their field and meet requirements for maintaining licensure. Continuing education programs take many forms, including seminars and workshops, hands-on training, lectures, and distance-learning courses. A number of CNME-accredited ND programs offer continuing education; the CNME considers this to be an important service to the profession, and it has adopted an accreditation standard to ensure the high quality of continuing education offerings. Naturopathic physicians also participate in continuing education programs offered by professional associations and scientific societies.

1.2 Naturopathic Licensure

Licensure is a regulatory process of U.S. state and Canadian provincial governments by virtue of which an individual naturopathic physician is legally permitted to practice naturopathic medicine in a particular state, province, or other jurisdiction. An authorized agency (e.g., a board of naturopathic medical examiners or an agency with a similar name) grants naturopathic licenses and specifies how the licensure status is officially designated (in at least one jurisdiction, licensed practitioners use the designation "NMD"). Naturopathic medicine is not yet universally licensed in either the U.S. or Canada; a current list of licensed jurisdictions can be found at www.naturopathic.org (U.S) and www.cand.ca (Canada).

1.3 Board Certification in a Naturopathic Specialty

Board certification is the process for determining whether an individual naturopathic physician has met established requirements within a particular naturopathic medical specialty. The respective specialty boards (e.g., the Oncology Association of Naturopathic Physicians or “OncANP”) conduct this process. The CNME is not involved in any way with board certification processes.

1.4 CNME Approval of Naturopathic Residency Programs

For a naturopathic residency program to become “*CNME-approved*” it must be affiliated with a qualified sponsoring educational program or institution, which is referred to as a “*CNME-recognized sponsor*.” Only CNME-accredited and candidate programs/institutions are eligible to become a CNME-recognized sponsor. The standards for CNME recognition are set forth in Part Two, “Sponsor Recognition Standards.”

Part Three—“Residency Program Approval Standards”—sets forth the additional standards that an individual residency training program must meet in order for a recognized sponsor to list the residency as “CNME-approved.”

As noted above, the CNME Committee on Postdoctoral Naturopathic Medical Education (CPNME) makes the determination whether an ND program/institution meets the sponsor recognition standards and, based on that determination, grants recognition to the ND program/institution. Once an ND program/institution become a CNME-recognized sponsor of residency programs, the CPNME monitors and evaluates the sponsor’s continuing compliance with all standards. (Note that technically the CNME only accredits ND programs; however, in this handbook the terms recognized institution and recognized ND program are used interchangeably.)

PART TWO: SPONSOR RECOGNITION STANDARDS

To become a CNME-recognized sponsor, a CNME-recognized ND program/institution must demonstrate compliance with the following standards:

2.1 Commitment to Postdoctoral Medical Education; Scholarly Environment

The sponsoring institution must have a published statement of its commitment to postdoctoral medical education that is supported by the institution’s governing authority, administration, and teaching staff, and must exhibit a scholarly environment appropriate for developing, supporting and monitoring the residency programs that are offered under its auspices.

2.2 Letter of Intent

CNME must be provided with a letter of intent declaring the prospective sponsor’s commitment to (i) maintaining compliance with the sponsor recognition standards

(presented in this part), and (ii) assuming responsibility for ensuring that every residency it identifies as “approved” complies with the residency program approval standards set forth in Part Three.

2.3 Administrative Oversight

An organized administrative system must be in place to oversee the residency program(s) sponsored by an institution. An individual must be designated as the “Director of Residency Programs” or a similar title.

The Director of Residency Programs must hold periodic meetings (at least twice annually) with the individuals responsible for supervising resident experiences at the school’s primary clinic sites and affiliated residency training sites. The main purpose of these meetings is to ensure that everyone involved in supervising residency programs understands and complies with CNME’s standards and policies. Personnel at off-campus sites may participate in these meetings via conference call. Everyone involved does not have to attend the same meeting; the director may organize meetings of smaller groups to accommodate local circumstances. Attendance and minutes of meetings must be kept and documentation made available for inspection by onsite evaluation teams. Topics that should be covered over the course of the year include the following:

- a) A review of CNME standards for approval of residency programs and, in particular, a review of the specific arrangements at each site for resident clinical experience, supervision, mentoring and instruction that meet these standards;
- b) Development and implementation of policies and procedures for the selection, evaluation, promotion, and dismissal of residents;
- c) Agreement on how the recognized sponsor will monitor training site compliance with policies and the its success in meeting educational goals;
- d) Identification of any of the recognized sponsor’s resources that are available for use by training sites;
- e) Arrangements for ongoing communication and liaison between the recognized sponsor and its affiliated residency sites;
- f) Agreement on policy and procedures to be employed for discipline and the adjudication of complaints and grievances relevant to a residency program. These policies and procedures must satisfy the requirements of fairness and due process, and they must apply equally to all residents and teaching staff of the sponsoring institution; and
- g) Review of the curriculum and suggestions improvements.

Ideally, some or all of the above activities should be accomplished within the context of a Residency Program Committee (or a similarly named committee) responsible for advising on and monitoring all key aspects of residency education; however, the Director of Residency Programs may use his/her judgment in developing an appropriate oversight structure. Committee members should include the Director of Residency Programs, teaching staff and residents. Such a committee should meet periodically, and minutes should be kept and made available for inspection by onsite evaluation teams. In addition to the points listed above, the committee should advise on and monitor the following:

- a) Assurance of reasonable and equitable funding for resident positions, including benefits and support services;
- b) Appropriate working conditions (including hours and patient load) of residents; and
- c) Regular review of ethical, socioeconomic, and medical-legal issues that affect resident education.

2.4 Program Structure

The structure of a residency program may involve any of several administrative forms. A program may be conducted within the sponsoring institution, with the assignment of residents limited to that institution and the training sites it directly administers. A sponsoring institution may also establish an affiliation agreement with one or more organizations to offer residents training sites. Additionally, two or more sponsoring institutions may jointly sponsor a specific training site or a separate residency program. Regardless of the administrative structure, ensuring that specific residency sites qualify for CNME approval is still the responsibility of the sponsoring institution(s).

2.5 Site-vetting

The sponsoring institution must vet potential residency training sites to ensure the existence and availability of the basic educational and patient care resources necessary to provide the resident with meaningful involvement and responsibility in the required clinical care. Additionally, the sponsor must ensure that there are no potential conflicts of interest in the funding of residency sites that would compromise the quality of the educational experience and that an appropriate conflict of interest policy is in place.

2.6 Affiliation Agreement

When a residency program is not entirely under the administrative control of a single sponsoring institution, there must be a formal affiliation agreement with each training site cooperating in the provision of a residency program.

- a) The affiliation agreement must specify any agreements concerning residents, including:
 - i. The number of residents to be accommodated;
 - ii. The period of assignment of residents to the program provided at the training site, together with any criteria for selection of the resident(s); and
 - iii. Any service obligations of residents.
- b) The affiliation agreement must briefly describe the planned types of clinical experience, including the anticipated volume or extent of these.
- c) The affiliation agreement must outline the respective responsibilities of the recognized sponsor and the training site, as well as their joint commitments or agreements, in accordance with the following requirements.

The outlined responsibilities of the recognized sponsor shall include:

- i. An express commitment to ensuring that educational programs for residents provide the level of guidance, mentoring and supervision necessary to facilitate a resident's progressively increasing professional competence and autonomy;
- ii. A description of the recognized sponsor's plans for ensuring that resident progress and achievement are appropriately monitored, and for providing educational advice and expertise to the residency program;
- iii. A descriptive listing of the recognized sponsor's planned educational contributions, if any, to the residency program;
- iv. Information on how the recognized sponsor will maintain the educational records of residents (in general, policies governing residents' educational records should be consistent with policies for ND student records);
- v. Information on the type of malpractice insurance coverage (or general liability insurance, if malpractice insurance is not available) that will be maintained on residents (note that either the recognized sponsor or the approved site *must* maintain coverage); and
- vi. Information on any legal or financial obligations of the recognized sponsor. (As noted earlier, the use of the word "sponsor" does not imply that the sponsoring institution is responsible for financially supporting an affiliated residency site unless this is mutually agreed upon.)

The outlined responsibilities of the approved residency training site shall include:

- i. In consultation with the recognized sponsor, to appoint an onsite residency program supervisor, and to specify his/her authority and responsibilities for educational activities at the site;
- ii. In consultation with the recognized sponsor, to identify any other teaching staff responsible for the instruction and supervision of residents at the training site;
- iii. An express acknowledgment of the training site's commitment to its primary responsibility: ensuring a residency experience that will fulfill the educational objectives and facilitate each resident's progressive professional growth;
- iv. A descriptive listing of the training site's planned educational contributions to the residency program;
- v. Information on the type of malpractice insurance coverage (or general liability insurance, if malpractice insurance is not available) that will be maintained on residents (note that either the recognized sponsor or the approved site *must* maintain coverage); and
- vi. Information on any legal or financial obligations of the training site.

d) The affiliation agreement must specify that, in order to be eligible for selection, an applicant must meet the following two requirements:

- i. Be a graduate of naturopathic medicine program that is accredited by—or has candidate status with—the Council on Naturopathic Medical Education; and
- ii. Possess (or obtain before the end of the first academic term) a current, valid

naturopathic medical license in a U.S. state or Canadian province, and be in good standing with the jurisdiction's regulatory authority.

- e) The affiliation agreement should indicate how an applicant's abilities, academic credentials, and communication and interpersonal skills will be considered in the selection process. A policy must be in place to ensure that the selection process supports equal opportunity for all qualified individuals.

PART THREE: RESIDENCY PROGRAM APPROVAL STANDARDS

This part sets forth the specific requirements that a naturopathic medicine residency program must meet in order to be approved by a CNME-recognized sponsor. Generally speaking, a residency is characterized by an integration of (i) didactic learning experiences in the context of a structured curriculum, (ii) treatment and management of patients under an appropriate level of supervision, and (iii) research/scholarly activity aimed at developing and reinforcing lifelong learning skills. In the case of some residencies, the development of teaching skills will also be an important objective. Regardless of how a residency program is organized, providing good quality of patient care is always the highest priority.

A CNME-recognized sponsor may identify and publicize as "*CNME-approved*" those residencies that it has verified as being in substantial compliance with the standards set forth below. Once approved, the recognized sponsor is responsible for monitoring an approved residency program to ensure that it remains in ongoing compliance with CNME standards.

3.1 Program Duration

To be eligible for approval, a residency program must be full-time and a minimum of 12 months in length; see section 3.13 ("Resident Workload and Support") below for more detailed information on minimum program length and related matters. Residency programs may be longer, but are usually divided into twelve-month intervals. The resident's appointment may be limited to a single year, or may be renewed and extended as appropriate. The written agreement/contract with each resident states the length of the appointment. Experienced naturopathic physicians entering a residency program longer than one year in length may be placed directly into the second year.

3.2 Program Size

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

3.3 Scope of Training

The CNME allows recognized sponsors and approved residency programs latitude in the design and scope of the training offered, provided that all residents receive ongoing/periodic mentoring by a naturopathic physician (“naturopathic mentor”) during the course of the residency training. Recognized sponsors and approved residencies are free to develop residency programs that reflect the unique qualities of each residency site and agreed upon learning goals (see next section).

3.4 Identification of Learning Goals

The learning goals of a residency experience must be specified. While a selection from the following examples of typical goals may be included, all goals will *not* be applicable to *every* residency program—and other goals may be specified as needed.

The resident may:

- Develop greater depth, skill, judgment and confidence as a practitioner
- Through mentoring, gain an understanding of a specific professional role in private practice, education, institutional care, research, health-related business, etc.
- Learn to deal more effectively with complex cases
- Strengthen skills in specific naturopathic medicine modalities
- Deepen the ability to treat specific medical conditions
- Expand diagnostic awareness
- Develop teaching skills
- Develop practice management skills
- Develop understanding of how the naturopathic philosophy applies in a particular context
- Develop understanding of/participate in clinical, basic science or other research
- Develop understanding of how research benefits clinical practice
- Develop appreciation of the need for continuing education and scholarly activity
- Develop the ability to practice collaborative medicine
- Gain experience working with other health practitioners
- Gain experience working in group practice, institutional and/or business settings
- Develop awareness of associated legal and regulatory frameworks impacting the practice of naturopathic medicine
- Develop understanding of the larger context and system of health care, as well as the ability to call upon other resources in the system to provide optimal health care
- Develop understanding of authorized scope of practice, and of personal abilities and limitations
- Develop understanding of the possible role and contribution of naturopathic physicians in a jurisdiction that does not yet provide licensure.

3.5 Adequacy of Resource Base

The sponsoring institution must ensure the existence and availability of those basic educational and patient care resources necessary (i) to provide the resident with meaningful involvement and responsibility in the required clinical care, and (ii) to ensure that identified learning goals are achieved.

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

- a) Physical, human and financial resources must be sufficient to support the residency program.
- b) Clinical opportunities must be sufficient, including adequacy of patient volume and availability/appropriateness of the case mix.
- c) Educational dimensions include provision for formative mentoring, formative and summative evaluation, and supportive didactic instruction.

3.6 Appointment and Qualifications of the Residency Supervisor

- a) A single Residency Site Supervisor, appointed in consultation with the CNME-recognized sponsor, is responsible for the affiliated residency program. Continuity of leadership is desirable.
- b) The supervisor must possess appropriate professional and clinical expertise. Prior to assuming this position, the supervisor should have had a minimum of two years of full-time professional activity in active practice (or one day per week of active practice during two years of full-time employment in naturopathic education).
- c) Previous teaching experience is highly desirable. The supervisor must be able to support the goals of the educational program.
- d) The supervisor must demonstrate a commitment to his or her own continuing medical education and interest and involvement in scholarly activities.
- e) The supervisor must be capable of administering the program in an effective manner. Prior administrative experience is desirable.
- f) The supervisor must be able to devote a sufficient amount of time to the educational program and his or her responsibilities for resident instruction, mentoring, and evaluation.

3.7 Maintenance of Naturopathic Perspective

Residency programs are, by definition, supervised learning experiences intended to develop *naturopathic* clinical skills, confidence and judgment. For residencies that include a strong focus on conventional or integrative medicine, effort must be made to ensure *maintenance of a naturopathic perspective for the experience as a whole*. As noted above, all residents must receive ongoing/periodic mentoring from a naturopathic mentor during the course of the residency training; while the mentor is not required to be onsite, he or she must engage regularly with residents to review their experience in a naturopathic context and to ensure that educational milestones are met.

In cases where the residency site supervisor is not a naturopathic doctor, the sponsoring institution must provide an orientation program and/or written information for the non-naturopathic supervisor so that he or she develops sufficient familiarity with naturopathic medicine to effectively supervise a naturopathic resident. Additionally, a licensed naturopathic physician who is familiar with the legal requirements for practice must be available to serve as an advisor to the supervisor, and should participate in the process of developing program learning goals and activities; note that the advising naturopathic physician is not required to be onsite, and may be the same person as the naturopathic mentor.

3.8 Experiential Program

There must be evidence of a plan to ensure that the specified educational goals for the residency program will be achieved. Planning involves the identification of learning activities and clinical experiences that will contribute to the achievement of each goal. Formative and summative evaluation must be used to support and verify achievement of goals. (See 3.10 below)

3.9 Didactic/Continuing Medical Education (CME) Program

At the core of a residency experience is the resident's opportunity to learn from supervised clinical practice. However, such experiential learning must be reinforced by appropriate didactic/CME instruction, as follows:

- a) There must be provision for residents to follow a didactic/CME curriculum supportive of the learning goals of the residency—either onsite or via distance education.
- b) A residency program must be able to demonstrate that its residents have access to a minimum of 35 hours per year of such didactic/CME instruction. A total of 70 hours or more per year is considered desirable.
- c) Didactic/CME instruction should be at a graduate, postgraduate, specialized or expert level. It must not be simply a repetition of course elements from a doctoral program, but it may include electives from the naturopathic doctoral program that a resident has not studied previously.

3.10 Evaluation

The sponsoring institution or program—in conjunction with the onsite supervisor/faculty—must ensure that residents are evaluated in order to (i) assist their learning (formative evaluation), and (ii) assess their achievement (summative evaluation).

- a) **Formative evaluation is part of the mentoring process.** Regular and timely performance feedback is essential. The residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program so that residents can utilize the results to improve their performance. Written assessments should be provided to each resident at least semi-annually.

- b) **Summative evaluation verifies achievement of learning goals.** The onsite supervisor/ faculty must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated professional growth. The final evaluation may give consideration to clinical performance evaluations by the onsite supervisor/faculty, other professional staff, patients, peers, and a resident's self-evaluation. The results of summative evaluations should be submitted to the sponsoring institution and the resident.
- c) Both formative and summative evaluation processes should cover dimensions such as the resident's competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- d) Criterion-referenced clinical evaluation or other methods aimed at producing an objective evaluation of a resident's clinical skills should be employed to the fullest extent possible.

3.11 Research and Scholarly Activity

- a) Resident training must take place in an environment of inquiry and scholarship where residents can observe—and, ideally, participate in—the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry and critical thinking. The participation of each resident in an active research program is encouraged as an essential part of preparation for a lifetime of self-education after the completion of formal training. Such experience gives residents an awareness of the basic principles of study design, performance, analysis, and reporting, as well as an awareness of the relevance of research to patient care. Clinical research verifying the efficacy of naturopathic treatment also contributes to public understanding of—and support for—naturopathic medicine. Generally, this activity is concurrent with other assignments, provided the responsibilities of the resident are adjusted in a way to permit a reasonable time for research activity. Guidance and technical support should be available to residents involved in research projects.
- b) Residents must participate in some activities that promote a spirit of inquiry, scholarship, and critical thinking, such as: discussions; rounds; study clubs; presentations; conferences; and local, regional or national professional associations and scientific societies. The following are examples of acceptable research and scholarly activities for residents:
 - i. Conduct formal research—either as lead, mentor or consultant;
 - ii. Write up case reports;
 - iii. Collect and analyze clinical data;
 - iv. Participate in a research project in affiliation with a university research department;

- v. Write up a research project, scholarly thesis or article and submit for publication (e.g., case based or topic based);
- vi. Make a case presentation;
- vii. Participate on an IRB or other relevant research-oriented committee; and
- viii. Present a scholarly or research lecture or webinar.

3.12 Quality Assurance

Residency training sites must conduct formal quality assurance programs and review any complications. Residents must be informed of an institution's procedures for quality assurance. They should participate in the quality assurance activities of the clinical services to which they are assigned and have access to outcome studies of patient care, including successful and unsuccessful treatment protocols.

The medical records system of a health care institution documents each patient's medical history and treatments, and represents a valuable resource that should be available to support the education of residents—not only with respect to quality assurance activities, but also for approved research projects or scholarly activity.

3.13 Resident Workload and Support

A proper balance of clinical, educational, administrative and scholarly activity must be maintained so that a program does not rely on residents to meet clinical service needs at the expense of educational objectives.

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

- d) The following additional conditions of employment must be observed:
- i. To earn a certificate for a one-year residency, a resident must complete a minimum of 48 weeks onsite over the course of 12 months. Note that if a problem arises that prevents a resident from completing 48 weeks of a one-year residency within a 12-month period, a residency site may choose—at its discretion—to extend the length of the residency beyond the 12-month period to accommodate the resident.
 - ii. Residency sites must provide to residents a minimum of 10 days of paid time off per year in addition to established holidays (i.e., 10 days that can be used either as sick days, personal days or vacation days).
 - iii. Prior to or during the interview process with candidates for a residency position, the residency site must provide information on the following:
 - Whether the resident will be required to agree to a non-compete provision in the employment contract as a condition of employment and, if so, what the terms are; and
 - The salary and benefits being offered, including paid time off.

(Note that the CPNME has developed a number of guidelines regarding salary, benefits and other conditions of employment that are published separately from this handbook—see the document “CPNME Guidelines for Resident Employment.” While not mandatory, residency sites are strongly encouraged to follow these guidelines.)

- e) To ensure a variety of educational experiences over the course of the year of residency training, residents must have opportunities to do rotations with a minimum of three different physicians in addition to the primary supervising physician; time spent in rotations should average around 15 hours per quarter for a total of 60 hours per year. Rotations are defined as follows:
- i. *Offsite Rotation*: the resident spends clinically based/active time with a physician at another facility where the site supervisor has an affiliation (e.g., referral clinic, professional contact, etc.).
 - ii. *Onsite Rotation*: the resident spends clinically active time at the residency site with another physician who is not the resident’s main supervisor.
 - iii. *Professional Rotation*: the resident spends time in another adjunct/clinical-based facility to augment their learning (e.g., compounding pharmacy, nutraceutical company, another type of medical facility, etc.).

3.14 Residency Manual

There should be a residency manual that provides, at a minimum, clear, specific and accurate information on the following:

- a) A statement of the residency program’s mission and learning goals;
- b) The program’s curriculum, including scholarly activities and clinical rotations.
- c) Information on the residents’ clinical duties and responsibilities;
- d) Clinic policies and procedures;
- e) Compensation and benefits, including policies governing leave; and

- f) Policies governing evaluation, complaints/grievances, disciplinary action, and appeals.

When a residency program is located at an institution providing a range of services, residents should also have access to the “institutional” administrative manual that presents the institutional relationships, policies and procedures, and job descriptions of teaching and administrative staff.

3.15 Resident Rights

Each resident shall have a right to:

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

3.16 Resident Responsibilities

Each resident shall have a responsibility to:

- a) Respect the law, including applicable regulations, and adhere to the institution’s established practices, policies, and procedures;
- b) Observe professional decorum;
- c) Interact cooperatively with other professionals;
- d) Practice professionally, ethically and compassionately; and
- e) Undertake some teaching and supervising of other residents and students, as the nature and resources of the residency program permit (note that while this is encouraged, it is not a required component of a residency).

3.17 Certificate of Completion

Within three months of completion of a CNME-approved residency, the resident (or the sponsoring institution on his or her behalf) *must* apply to the Council for a CNME Residency Certificate using an application form provided by the Council and must pay an administrative fee of \$150.00 (U.S.). If the certificate is not applied for by the 3-month deadline, the CNME may invoice the sponsoring institution for the fee amount.

The recognized sponsor has the discretion to also issue a certificate of completion; the certificate may identify the residency program as “CNME-approved,” provided that the

site at which the resident trained is an approved site when the resident completes the first year.

PART FOUR: APPLICATION PROCESS FOR INITIAL CNME RECOGNITION AS A SPONSOR

Only CNME-accredited and candidate naturopathic programs/institutions are eligible to become CNME-recognized sponsors of residency programs. Part Two above sets forth the standards that must be met in order become recognized. This part outlines the application process for initial recognition.

4.1 Application Submission Process

An institution or naturopathic program seeking CNME recognition as a sponsor is required to do the following:

- a) Submit a completed sponsor recognition application along with all required supporting materials to the Council (contact the CNME executive director for an application); and
- b) Enter information and upload documents/forms into the Council's online residency database (contact the CNME executive director for instructions on how to use the database and a password).

4.2 Application Review Process

The following are the steps in the application review process:

- a) The CPNME chair along with the Council's executive director first review the submitted application and supporting materials—as well as the information and materials entered into the residency database—for completeness and responsiveness; if there are any deficiencies, the applicant is requested to revise the application and/or database, and to provide any additional information or materials as may be needed to complete the application.
- b) The Council's Committee on Postdoctoral Naturopathic Medical Education (CPNME) reviews the completed application and supporting materials at an in-person meeting held in conjunction with a regularly scheduled Council meeting; representatives from the applicant institution/program attend a portion of the hearing on the application to provide information and answer questions. Council meetings are held twice a year, generally in the spring and fall; an applicant should plan to submit an application at least four months prior to the date of the Council meeting at which the applicant would like to be reviewed.
- c) Following the hearing, the CPNME makes a decision on whether to grant initial recognition. The CPNME may, at its discretion, defer a decision pending receipt of further information from the applicant program/school, or may deny the application. If the application is denied, the applicant may appeal the decision to the full Council in accordance with the procedures set forth in Part Nine below. In the event of a denial, an applicant must wait at least a year before submitting a new application for recognition.

PART FIVE: INITIAL APPROVAL PROCESS FOR RESIDENCY PROGRAMS

5.1 Initial Approval

When a program or institution offering naturopathic medical residency programs first becomes a CNME-recognized sponsor, all of the residency programs entered into the online database automatically become “CNME-approved,” and may be publicized as such. This is because, in the judgment of the CPNME, the recognized sponsor has provided satisfactory documentation and assurance of compliance of the individual residency sites with the CNME residency standards.

Once initially approved, the recognized sponsor is responsible for monitoring residency sites’ compliance with CNME standards to ensure that they remain in compliance. In the case of residency sites that fall out of compliance, the recognized sponsor must take appropriate corrective action to ensure that areas of non-compliance are corrected. If the residency site is unable to return to full compliance, then the sponsor must withdraw approval.

If a residency site loses its approval status before a resident completes the residency program, the resident is not eligible to apply for a certificate; for this reason, a recognized sponsor should take reasonable steps to try to ensure that the timing of withdrawal of approval status does adversely impact individual residents.

5.2 CNME Right to Intervene

The Council, through the CPNME, relies upon the recognized sponsor to identify approved residency programs. When CPNME identifies concerns with respect to the approval of one or more programs, the recognized sponsor is normally expected to address them as part of the process of maintaining CNME recognition. This process will be followed and respected by CPNME to the fullest extent possible. However, the CPNME reserves the right to withdraw the approval status of an individual residency if the recognized sponsor has failed to recognize or address a serious issue in a timely fashion, and there are strong concerns that failure to act immediately is having significant and serious negative impact upon residents and/or creating potential legal problems or vulnerabilities for the Council.

5.3 How Changes in Sponsor Recognition Status Affect Residency Approval Status

As described in Parts Seven and Eight below, a CNME-Recognized Sponsor is periodically reviewed to determine whether it is maintaining compliance with the standards set forth in this handbook. Additionally, the CPNME or the Council has the discretion to initiate a review of a recognized sponsor at any time a concern arises about the sponsor’s compliance with the standards.

Should a sponsor’s status change from full recognition to probationary recognition, the CPNME has discretion to specify *which* residencies may be considered CNME-approved

and to require the sponsor to withdraw approval from any residencies the CPNME considers deficient.

Should a sponsor lose its recognition entirely, *all* of the affiliated sites of the formerly recognized sponsor automatically lose their status of being CNME-approved as of the date that a sponsor's recognition is withdrawn.

Should a sponsor with probationary status regain full recognition, all of its affiliated residencies are once again automatically deemed CNME-approved.

PART SIX: MAINTAINING CNME RECOGNITION AND APPROVAL: UPDATING THE INFORMATIONAL DATABASE

CNME's standards, as set out in this handbook, focus in particular on the following characteristics of a satisfactory residency program:

- a) The residency program is under the auspices of—or affiliated with—an institution that is recognized by CNME as a sponsor of residency programs.
- b) The residency program provides a supervised educational experience that is designed to meet the specific learning goals of the residency.
- c) An affiliation agreement defines the respective responsibilities of the recognized sponsor and the residency site.
- d) The residency program has the educational philosophy, policies, procedures, and human and other resources required to conduct the onsite educational experience—including volume and diversity of the resident's opportunities for patient care.
- e) The residency program includes appropriate supporting didactic instruction, opportunities for research/scholarly activity, and opportunities for working with/observing other professionals.
- f) The program's residents have appropriate rights and responsibilities, and are assured of increasingly autonomous participation in patient care as they progress through the program.
- g) The mentoring of residents includes formative evaluation and counseling, and the resident's overall achievement is verified by summative evaluation.

6.1 Maintaining CNME Recognition and Approval of Affiliated Sites

The processes for the initial recognition of sponsors and the initial approval of residency sites involve the collection of data on the above topics and its entry into the CNME online residency database (accessed via www.cpnme.org).

Initial recognition of a sponsor is granted on the basis of a satisfactory review of database entries in conjunction with a review of the application submitted by the institution or program seeking recognition. The Council's Committee on Postdoctoral Naturopathic Medical Education (CPNME) reviews submissions for completeness and compliance with standards, holds a hearing with representatives of the

institution/program on initial recognition, and makes the decision on whether to grant recognition.

Initial approval of the listed affiliated residency programs is automatic upon the Council's granting of recognition to a sponsor. Updating and maintenance of the recognized sponsor's portion of the database is required for *ongoing* CNME recognition.

6.2 Recognized Sponsor's Responsibility for Database Updating

The CNME-recognized sponsor **must annually update** existing information that has changed and input new information in its section of the online database by the date set by the CPNME, and must make sure that the database covers all of its approved residency sites, whether currently active or not.

6.3 Cooperation of Affiliated Sites

Each CNME-approved residency site **must provide updated information** to the CNME-recognized sponsor in a timely manner; it is the recognized sponsor's responsibility to ensure collection of updated information and entry of this information into the database.

6.4 CPNME Annual Review of Database information on Selected Residency Sites

The CPNME annually conducts a review of information contained in the residency database on several selected residency sites affiliated with each CNME-recognized sponsor. The purpose of the annual review is to confirm that recognized sponsors and their affiliated sites are carrying out their responsibility for updating information in an accurate and timely manner.

PART SEVEN: MAINTAINING CNME RECOGNITION AND APPROVAL: MONITORING AND SELF-STUDY RESPONSIBILITIES

7.1 A Recognized Sponsor's Ongoing Monitoring Responsibility

The CNME-recognized sponsor has a responsibility to monitor each residency for ongoing compliance with CNME standards, and to take such steps as are necessary to assist a residency to remedy existing or developing deficiencies. As noted above, a recognized sponsor may withdraw approval from a site when circumstances necessitate such action.

7.2 Periodic Review of Recognized Sponsors by the Council

In addition to annually spot-checking selected residency sites in order to make sure that recognized sponsors are effectively carrying out their responsibility for monitoring affiliated sites, the Council engages in a formal periodic review of recognized sponsors whenever the sponsor's CNME accreditation status is up for renewal. The Council has

chosen to combine these two recognition processes to conserve the resources of both the schools and Council.

To facilitate the periodic review, recognized sponsors are required to broaden their comprehensive self-study process (i.e., the self-study for reaffirmation of accreditation of the ND) **to demonstrate how they have effectively monitored individually approved residencies to ensure that they continue to meet CNME standards.** The Council verifies that the recognized sponsor is discharging this responsibility by (i) reviewing the chapter of the sponsor's self-study report pertaining to the residency program, (ii) verifying the contents of the self-study report during an onsite evaluation visit that includes a visit to one or more selected affiliated residencies, and (iii) engaging in a hearing process to make a determination on continued recognition (this latter step is described in the next section).

The recognized sponsor's self-study report must contain a chapter with a description and analysis of its entire residency program, including information on how the sponsor ensures effective monitoring of affiliated residency sites, as well as information on each affiliated residency. To assist in the self-study process, affiliated residencies are required to cooperate with the recognized sponsor by providing to the sponsor any information on and/or an analysis of the residency site's compliance with CNME's standards that the sponsor may request. The self-study report chapter on the residency program should include the following:

- a) An overview of the residency program, including the number of residency sites and residents, a description of the recognized sponsor's assessment processes and observed outcomes, and general information on how the sponsor meets CNME's standards for recognition.
- b) A description of how the recognized sponsor conducts its monitoring activities to ensure that approved residencies maintain compliance with CNME standards.
- c) A description of each affiliated residency with CNME approval status that covers at a minimum the following (this information can be integrated into the self-study chapter on the residency program or included in an addendum):
 - i. Program duration
 - ii. Program size
 - iii. Scope of training
 - iv. Learning goals
 - v. Resource base
 - vi. Qualifications of residency supervisor
 - vii. Experiential curriculum
 - viii. Didactic curriculum
 - ix. Resident evaluation
 - x. Research and scholarly activity
 - xi. Resident responsibilities
- d) Conclusions resulting from the review process, including: (i) identification of major strengths and concerns/challenges associated with the overall residency program, as well as those associated with individual sites, and (ii) a presentation

of any initiatives that are planned or being taken in response to identified concerns or to further improve the program.

7.3 Onsite Review by Evaluation Team

Onsite review by an evaluation team is a component of the CPNME's process for reaffirming the recognition status of a sponsor. Onsite review provides an opportunity to clarify and augment information on residencies presented in the self-study report, and to verify the accuracy and completeness of documentation. As noted above, one or more residencies affiliated with a CNME-recognized sponsor are visited by members of a CNME evaluation team during the course of an onsite accreditation review of the recognized sponsor's ND program. Specific sites may be chosen at the Council's discretion. As part of the onsite review, the evaluation team may also meet with the recognized sponsor's administrators involved with the residency program, interview current and former residents, and review records and other documents related to the residency program maintained by the recognized sponsor. Depending on the overall size and complexity of the sponsor's residency program and the number of affiliated sites, the Council may appoint additional members familiar with the Council's residency standards to the evaluation team to ensure adequate onsite review.

Following an onsite visit to a school, an evaluation team issues a report that summarizes the team's findings. The report includes a section that specifically addresses the residency program, including the program's compliance with CNME standards and the adequacy of the recognized sponsor's oversight of affiliated residency sites. The recognized sponsor is given an opportunity to provide a written response to the team report.

PART EIGHT: CNME RECOGNITION ACTIONS

Part Four above provides information on the CPNME's procedures for reviewing an application for initial recognition of a sponsor. This part describes the process by which the CPNME makes a determination regarding continued recognition of a sponsor—including the range of decisions and sanctions related to continued recognition and their implications for approval of individual residency sites.

8.1 Determination Process

As in the case of granting initial recognition to a sponsor, the CPNME has responsibility for determining whether a sponsor's recognition should be reaffirmed. The full Council, in turn, serves as an appeals body regarding continuation/reaffirmation of a sponsor's recognition status in the event of an adverse decision by the CPNME. The CPNME's review process for recognized sponsors (described below) is similar to the Council's review process for reaffirmation of an ND program's accreditation, as described in the Council's *Handbook of Accreditation for Naturopathic Medicine Programs*.

At the CPNME's first regular meeting following the onsite visit and the issuance of the evaluation team report (see Section 7.3 above), the CPNME holds a hearing in closed

session on continued recognition of the sponsor. Representatives of the sponsor are in attendance during the first part of the hearing. Following a brief oral presentation by an evaluation team member or a CPNME member on the relevant sections of the evaluation team report, the representatives are invited to make an oral presentation regarding the team report (the oral presentation is in addition to any written response previously submitted). CPNME members may ask questions of the representatives and engage in dialogue following the presentation. After the question-and-answer portion of the hearing, the recognized sponsor's representatives leave the meeting. At this point, while still in closed session, the members of the CPNME are informed of the team's confidential recommendation regarding reaffirmation of sponsorship status; they then discuss and make a decision based on the written record and oral testimony. The CPNME's decision on continued recognition is conveyed to the ND program within the same timeframe as the Council's decision on continued accreditation of the ND program.

8.2 The Range of Recognition Actions

The CPNME may take any the following recognition actions:

- a) Reaffirm CNME recognition;
- b) Issue a warning notice;
- c) Impose probationary recognition; or
- d) Withdraw CNME recognition.

Reaffirming Recognition

Following an evaluation visit to a sponsoring institution and selected residency sites, the CPNME may reaffirm CNME recognition of a sponsoring institution, if the CPNME determines that the recognized sponsor's responsibilities are being satisfactorily met. This decision means that each individual residency documented by the recognized sponsor maintains its CNME-approved status.

Issuing a Warning Notice

The CPNME issues a non-public warning notice to the recognized sponsor if:

- a) The CPNME believes the recognized sponsor is not satisfactorily meeting its responsibilities, and/or
- b) The CPNME believes that one or more individual residency sites are no longer in substantial compliance with the residency approval standards, and the recognized sponsor has not taken appropriate corrective action.

The warning notice states the CPNME's concerns, and advises that CPNME will impose probationary recognition or withdraw recognition if identified deficiencies are not corrected within a specified time. The notice also requires submission of an interim report by a specific date, and may also require an evaluation visit following submission of the interim report. Following submission of the interim report and any evaluation visit, the CPNME may: (i) reaffirm the sponsor's recognition if deficiencies have been corrected to

the CPNME's satisfaction, (ii) impose probation, or (iii) withdraw recognition if the severity of the situation so warrants.

Probationary Recognition

The CPNME may impose the status of probationary recognition on a sponsor (i) for a previously identified noncompliance with the CNME recognition standards, or (ii) for a new noncompliance that is having—or may potentially have—a significant adverse impact on the sponsoring school's ability to meet its responsibilities or ensure the quality of one or more individual residencies (this may be done without prior notice). Interim evaluation visits may be subsequently scheduled at intervals of no longer than two years to determine whether the noncompliance has been satisfactorily addressed. After reviewing a recognized sponsor that is under probation, the CPNME may remove probation, continue probation, or withdraw recognition.

A recognized sponsor that remains under probation for four consecutive years automatically loses its recognition four years from the date that the CPNME first imposed probation.

During any period of time when probationary recognition is in place, automatic CNME approval of individual affiliated residency sites is suspended, and the CPNME has discretion to modify or withdraw the approval status of individual sites. The effective date for the withdrawal of CNME approval from a residency is normally at the end of the training year in which the action takes place in order to allow for the completion of that year's training of residents.

8.3 Withdrawal of CNME Recognition

CNME Recognition may be withdrawn in several ways:

Withdrawal of CNME Recognition for Noncompliance

The CPNME may at any time withdraw a sponsoring institution's recognition for noncompliance with one or more CNME recognition standards. Usually, the CPNME first notifies the institution of any noncompliance in the form of a non-public warning notice or public probation. Withdrawal may, however, be without prior notice if the nature of the noncompliance is sufficiently serious or extensive that timely corrective action is not feasible. The effective date for the withdrawal of CNME recognition for noncompliance is generally at the end of the training year in which the action takes place (to allow for the completion of that year's training of residents), except that the Council may set any earlier date if it determines the program poses a risk to the health or safety of patients or residents.

Withdrawal by Administrative Action

Withdrawal by administrative action occurs under any of the three conditions below:

- a) **Annual Fee Delinquency.** A sponsoring institution has its CNME recognition withdrawn if it is delinquent in the payment of the required annual fee more than three months after the payment due date. The sponsor’s recognition may be reinstated at any time following payment of all outstanding fees.
- b) **Denying Requests Related to the Evaluation Process.** A sponsoring institution has its CNME recognition withdrawn if it refuses:
 - To undergo a requested evaluation visit and review; or
 - To provide an onsite evaluation team or the Council with requested information, unless a legal reason prohibits disclosure.
- c) **Program Inactivity.** A sponsoring institution has its CNME recognition withdrawn if **all** of its residency sites have been inactive for two years.

The withdrawal of CNME recognition by administrative action is automatic and effective immediately. The Council’s executive director notifies the affected institution and affiliated residencies in writing, ensuring that notice is received within fifteen days after the effective date of the decision to impose withdrawal by administrative action.

Withdrawing Voluntarily from CNME Recognition/Approval

A sponsoring institution (or an affiliated residency) may withdraw from CNME recognition (or CNME approval) by notifying the Council in writing. The party may specify an effective date for the withdrawal; otherwise, the withdrawal is effective on the date the Council receives the notification. Generally a recognized sponsor or residency site that wishes to withdraw should take reasonable steps to minimize disruption to current residents.

8.4 Deferral of CNME Recognition Action

The CPNME may defer to its next regular meeting—or to a special meeting before then—a decision on taking a CNME recognition action if the CPNME requires the sponsoring institution or an affiliated residency program to provide more information or to change one or more existing circumstances. The CPNME may defer a decision only once after which it must take action.

8.5 Substantive Change

The CPNME is responsible for reviewing substantive change reports. A sponsoring institution must submit to the Council a substantive change report whenever a substantive change is planned in the institution or its approved residency program(s) that could have a ***significant negative impact*** on the quality of individual residencies. The following are examples of a substantive change in the context of a residency program:

- a) A change in the recognized sponsor’s mission, legal status or control that may adversely impact the residency program, or the expectation that financial, personnel, or physical resources needed to conduct the residency program will significantly diminish.
- b) A major change in the primary residency training site such as the site’s

discontinuance or relocation, or a significant loss of funding, personnel, or physical resources at the site.

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

A sponsoring institution that makes a substantive change without submitting a report for prior review risks withdrawal of CNME recognition and/or withdrawal of CNME approval of individual residency sites unless it can demonstrate the change has not had and will not have a negative impact on the educational quality of the residency program.

The following changes are not considered substantive changes:

- The replacement of the residency program director (note, however, that the sponsoring institution **must notify the Council within thirty days** of the former director's departure and of the new director's appointment).
- The addition or elimination of training sites other than the primary site. (A CNME recognized sponsor provides information on any new residency program training sites that became operational during the past year, and notes any closed sites, in its annual update of its online database; similarly, changes in personnel, such as the appointment of a new site supervisor, are reported in the update.)

8.6 Letter of Notification

A CNME recognition decision (together with any implications for approval of individual residencies) is reported to a sponsoring institution by a formal letter of notification. When the CPNME on behalf of the Council grants initial recognition, or when a sponsor's existing recognition is reaffirmed following a review, the notification letter includes reference to the approximate date of the next onsite evaluation.

8.7 Notifying Residents and Applicants of Recognition Status

- a) At all times, applicants to a residency program and current residents have the right to know the recognition status of a sponsor and the approval status of a residency. The sponsoring institution carries primary responsibility for ensuring that current applicants and residents have up-to-date information in this regard. Each affiliated residency is also responsible for cooperating fully in communicating this information.
- b) Sponsoring institutions must inform residents and applicants of their new or reaffirmed status as a CNME-recognized sponsor. Residents may be informed of CNME recognition by either the sponsoring institution or the residency program's onsite supervisor. The information on CNME recognition status is provided in writing prior to having applicants come to the program for interviews. The sponsoring

institution also provides written notice to any resident or applicant considering an appointment to an unapproved site if the program site does not have CNME approval.

- c) If the CPNME on behalf of the Council imposes probation or withdraws CNME recognition, the sponsoring institution or residency program onsite director notifies residents and applicants in writing within two weeks of any effect that the action will have on the residency site. A copy of the notice is sent to the Council's executive director within thirty days of the institution's receipt of the Council's letter of notification. The sponsoring institution also notifies affected residents, applicants, and supervising physicians if CPNME revokes approval of a training site, with a copy of the notice sent to the Council's executive director within thirty days.

8.8 Transferring Approved Residency Sites from One Recognized Sponsor to Another

Two recognized sponsoring institutions may agree to transfer one or more approved residency training sites from one institution's jurisdiction to another's. Such a transfer does not affect the approval status of the residency site or the recognition status of either sponsor. The institution to which an approved site is being transferred is responsible for informing the Council of the transfer prior to the effective date of the transfer, and for ensuring that the newly acquired residency site is in compliance with CNME's approval standards. Both institutions are required to update their sections of the online residency database to reflect the change in oversight.

PART NINE: APPEAL PROCEDURES

9.1 Request for an Appeal

- a) If the CPNME denies or withdraws recognition of a sponsor, or if a sponsor on probation loses its CNME recognition after four consecutive years of probation, the recognized sponsor may request an appeal hearing before the Council's Board of Directors. If a written request for such a hearing is not received by the Council's executive director within thirty days following receipt of the letter of notification, any Council action is considered final and no longer subject to appeal. (Note that if a recognized sponsor withdraws approval of an individual residency site, the site may not appeal the decision to CPNME or the Council.)
- b) When a sponsoring institution appeals a CPNME decision to remove the approval of a specific residency site, the approval of the site is restored until the Board of Directors makes a final determination.

9.2 Appeal Hearing

- a) If a hearing is requested, the CNME Board of Directors hears the appeal in closed session; however, CPNME members must recuse themselves in accordance with the Council's Policy on Potential Conflicts of Interest and do not vote on the

appeal decision. The appeal hearing is scheduled for the first regular meeting of the Board of Directors held at least sixty days after the sponsoring institution mails or transmits the hearing request, or at a special board meeting convened for the purpose of hearing the appeal. Supporting documents and written testimony may be submitted to the Council's executive director up to thirty days before the hearing. Oral testimony may be presented at the hearing, but no additional documents. At the Council's discretion, the hearing may be conducted in-person or via conference call.

- b) Because the Council's process for sponsor recognition and approval of residency programs is voluntary, appeal proceedings are not of an adversarial legal nature; rather, they provide an administrative mechanism for the peer review of an educational program and a means for assuring that the appropriate decision on CNME recognition is made. The Council is not bound by the technical rules of evidence usually employed in legal proceedings.

9.3 Deciding the Appeal

- a) All documentation pertinent to a CNME decision to withdraw recognition of a sponsor and placed on the record prior to notification of withdrawal will be open to review during the appeal process. The online database section maintained by the recognized sponsor as part of the standards for CNME recognition will also be open to review. Unless explicitly allowed by the CNME, subsequent developments and new information will be considered outside the scope of the appeal hearing, since the withdrawal decision is made on the basis of the documentation on file.
- b) The database and pertinent documents on any or all affiliated residency programs, records of the CPNME's and Council's actions, and written and oral presentations, shall provide the basis for the determination by the CNME Board of Directors. The sponsoring institution may not amend the statistical or narrative descriptions it originally submitted and on which the CPNME based its decision. Any changes in a residency program or sponsoring institution since the Council's review—or any new or revised descriptions of individual residencies or the sponsoring institution—are not considered at the hearing. Presentations are limited to clarifications of the record, the level of compliance with the CNME recognition and approval standards at the time of CPNME's review, and CPNME's review in the context of the administrative procedures governing CNME approval of naturopathic residency Programs.
- c) The CNME Board of Directors determines whether evidence exists to support the CPNME's action in the matter being appealed. It further determines whether there has been compliance with the administrative procedures governing the evaluation process. The decision of the board is final, with no provision for further appeal. The Council's executive director notifies the sponsoring institution of the board's decision within fifteen days.

9.4 Costs of the Appeal

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

PART TEN: FEES AND EXPENSES

(All Amounts in U.S. Dollars; All Fees Are Subject to Change without Notice)

10.1 Application Fee

A non-refundable fee of \$1,000.00 is charged for processing an application to become a CNME-recognized sponsor. The fee is submitted with the application.

10.2 Evaluation Visit Expenses

All expenses associated with a comprehensive onsite evaluation that includes a review of a recognized sponsor's residency programs will be charged to the institution in accordance with the policies and procedures set forth in the CNME's *Handbook of Accreditation*.

10.3 Annual Fee

A CNME-recognized sponsor pays an annual fee established by the Council's Board of Directors. The annual fee as of the publication date of this handbook is \$2,000.00, and may be changed without notice. CNME invoices a sponsoring institution for the annual fee, which is due by January 15th. Programs that are delinquent in payment for thirty or more days are charged a monthly late fee of one percent of the amount due. Newly recognized sponsors have their fees prorated for the remainder of the year in which they are recognized, with the fee due thirty days after the Council grants CNME recognition.

PART ELEVEN: GLOSSARY

Affiliated Residency Program

An affiliated residency is a residency program that has entered into a formal affiliation agreement with a naturopathic institution/program that is a recognized sponsor; an affiliated program is not under the direct control of the recognized sponsor but operates under its authority.

Affiliated Residency Site

An affiliated site is any location where an affiliated residency program is located, such as a hospital, community clinic, private medical clinic, or other practice environment that provides a residency program to residents. A specific clinical department within an institution may administer an affiliated residency site.

Approved Residency Site

A residency site operating under the auspices of a CNME-recognized sponsor—either

directly or by virtue of an affiliation agreement—that the sponsor has verified as meeting CNME’s residency approval standards.

Committee on Postdoctoral Naturopathic Medical Education (CPNME)

The CPNME is a semi-autonomous committee of the Council that has been assigned responsibility to grant recognition to naturopathic medical institutions/programs that meet the standards published in the *CNME Residency Handbook*, and to monitor their ongoing compliance with the standards. The CPNME also recommends to the Council revisions and additions to the standards—as well as changes in policies, procedures and structures—related to oversight of recognized sponsors and approved residency programs.

Council on Naturopathic Medical Education

The Council on Naturopathic Medical Education (also referred to as the “CNME” or “Council”) is an accrediting agency for naturopathic medicine recognized by the United States Department of Education. The mission of CNME is quality assurance: serving the public by accrediting naturopathic medical education programs in the U.S. and Canada that voluntarily seek recognition and meet or exceed CNME’s standards. The Council grants candidacy to and accredits naturopathic medicine programs at the doctoral level (see entry below: ND degree/diploma)

Naturopathic Medical Education Program

A naturopathic medical education program is a four-year, doctoral-level professional training program for naturopathic physicians that leads to the awarding of the ND degree or diploma; it is analogous to an MD or DO degree program for conventional medicine. A naturopathic medical education program can be offered as the sole educational program in a single-purpose institution, or it can be offered in a department, division, school or college within a multipurpose institution that offers programs in other professional or academic fields.

Naturopathic Mentor

A naturopathic mentor is a naturopathic physician who serves as a resource for residents when an individual residency program site is supervised by someone who is not a naturopathic physician; the mentor assists residents in understanding their residency experience in a naturopathic context. Ideally, the naturopathic mentor is familiar with the standards of naturopathic practice in the regulatory jurisdiction where the program is located and has professional experience relevant to the specific residency site. The mentor can also serve as an advisor to the supervisor and recognized sponsor, and can be involved in the process of developing program goals.

ND Degree/Diploma

The credential awarded to a graduate of a candidate or an accredited Doctor of Naturopathic Medicine (ND) program. Currently, U.S. institutions offering accredited ND programs are authorized by their state higher education boards award a doctoral “degree” to graduates, while Canadian institutions are authorized by their provincial

higher education boards to award a doctoral “diploma” or a degree, depending on the province; these are equivalent credentials.

Primary Care Naturopathic Medicine

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

Quality Assurance Program

A quality assurance program involves regular assessment of naturopathic clinical treatments and related activities in order to evaluate the quality of naturopathic medical care provided, with the main objective being ongoing improvement in the quality of care.

Recognition Action

A recognition action is a decision by the Committee on Postdoctoral Naturopathic Medical Education that pertains to an institution’s or program’s recognition status as a residency sponsor. The following is the range of possible recognition actions, as described in the *Residency Handbook*:

- a) Grant initial recognition;
- b) Reaffirm recognition;
- c) Issue a warning notice;
- d) Impose probationary recognition; or
- e) Withdraw recognition.

Recognized Residency Sponsor

A recognized residency sponsor is an individual naturopathic medical program (i.e., ND program) or institution offering an ND program that has been granted formal recognition by the Committee on Postdoctoral Naturopathic Medical Education, based on submission of an application, that it meets the Council’s residency sponsor standards. A recognized sponsor is authorized to designate individual affiliated residency sites and residency sites under its direct control that meet the Council’s standards as being “CNME-approved residencies.” Being recognized as a sponsor does not imply that the institution or program is required to provide financial support for the residency.

Residency Program

A residency program is a full-time postdoctoral naturopathic medical program of at least one year (consisting of a minimum of 48 weeks) in length that is open to graduates of CNME-accredited and candidate naturopathic medicine programs who possess (or will obtain before the end of the first academic term) a current, valid naturopathic medical license in a U.S. state or Canadian province.

Residency Program Director

The residency program director (or similarly titled position, such as director of residency education) is the person who has been assigned by a CNME-Recognized Sponsor the administrative responsibility for overseeing the institution's/program's residency program, including monitoring the compliance of campus-based and affiliated residency sites with the Council's standards.

Residency Site

A residency site is a hospital, community clinic, private medical clinic, school clinic, or other clinical practice environment that provides a supervised post-doctoral training opportunity to naturopathic physicians.

Residency Standards

Residency standards refer to the entire set of standards adopted by the Council set forth in the *Residency Handbook* that provide the basis for the Council's oversight of naturopathic residency programs. There are two categories of standards, as follows:

- **Sponsor Recognition Standards.** The Council's standards (and related policies and procedures, as set out in this handbook) that apply to individual ND programs or institutions wishing to obtain and maintain CNME designation as a recognized sponsor.
- **Residency Program Approval Standards.** The Council's standards (and related policies and procedures, as set out in this handbook) that apply to individual residency sites that operate under the authority of recognized sponsors. A recognized sponsor may deem a residency site that complies with the approval standards as being a "CNME-approved residency."

Residency Supervisor

A healthcare practitioner—usually a naturopathic physician—associated with a residency site who has been assigned responsibility for directly overseeing the residency experience and supervising individual residents. The residency supervisor works closely with the residency program director.

Resident

A resident is a graduate of a CNME-accredited or candidate naturopathic medicine program who possess (or will obtain before the end of the first academic term) a current, valid naturopathic medical license in a U.S. state or Canadian province who is in training at a residency site.