

Feedback on Draft Clinical Practice Standard: Designing, Compounding and Dispensing Herbal Medicines and Natural Health Products

October 2026

Context

BC Naturopathic Doctors (BCND) appreciates the opportunity to provide feedback on the draft Clinical Practice Standard: Designing, Compounding and Dispensing Herbal Medicines and Natural Health Products.

Herbal medicine, botanical medicine and natural health products are longstanding and significant components of naturopathic practice in British Columbia. Naturopathic doctors routinely assess patients, determine the appropriateness of herbal medicines and natural health products, develop individualized therapeutic formulations, establish dosage and methods of administration, monitor clinical response, and dispense or compound products where appropriate.

BCND supports clear regulatory expectations that protect patient safety, promote quality and accountability, and provide licensees and the public with a consistent understanding of professional obligations. At the same time, standards should not unintentionally narrow authorized scope through definitions, terminology or operational requirements, particularly where multiple regulated professions have overlapping therapeutic practices.

The draft standard is therefore significant. It expressly identifies naturopathic medicine licensees as professionals who may design, compound, dispense and/or recommend herbal medicines and natural health products and applies Principles 1 through 5 to naturopathic medicine. BCND views that recognition as helpful and consistent with existing naturopathic practice.

Our comments below are intended to strengthen the clarity and workability of the standard and reduce the potential for inconsistent interpretation by licensees, College staff, insurers, other health professionals and third parties.

What Already Exists

Herbal medicine and natural health products are established components of naturopathic medicine in British Columbia.

Naturopathic practice may include Western botanical medicine, herbal medicines, natural health products, nutraceuticals, compounded natural therapeutics and individualized integrative treatment approaches. Naturopathic doctors routinely determine appropriate ingredients and combinations, dosage and proportions, frequency, method of administration and therapeutic formulation based on individual patient circumstances.

There is also therapeutic overlap between naturopathic herbal medicine and other systems of practice, including Traditional Chinese Medicine. Naturopathic doctors may utilize TCM herbs within naturopathic practice where appropriate to patient care, practitioner competence and authorized scope.

Existing professional obligations already require NDs to practise within authorized scope and individual competence and to meet requirements relating to informed decision-making, documentation, patient safety, product quality and professional accountability.

What Is Changing or Being Clarified

The draft standard establishes a harmonized framework applying across naturopathic medicine, Traditional Chinese Medicine and chiropractic, with different principles applying according to profession and authorized scope.

For naturopathic medicine, the standard expressly recognizes authority to design, recommend, dispense, store and compound herbal medicines and natural health products. It defines “design” as determining the appropriate herb, formula and/or natural health product, including proportions, method of preparation, route of administration and frequency of delivery.

The accompanying FAQ explains that the term “design” is being used because the HPOA reserves “prescribe” for drugs and wearable medical devices, and states that in practice “design” has the same meaning as what many licensees have historically understood as “prescribe.”

BCND generally supports the move toward clear, harmonized expectations. There are, however, several areas where clarification or amendment would reduce the risk of unintended scope implications or inconsistent implementation.

Comments on the Standard

Recognition of naturopathic authority to design herbal medicines is helpful and should be made unequivocal

BCND supports the draft standard's explicit recognition that naturopathic medicine licensees may design herbal medicines and natural health products.

The draft definition of "design" includes determining the appropriate herb or formula, proportions, method of preparation, route of administration and frequency. These are activities that overlap directly with established naturopathic herbal practice.

BCND recommends that the College confirm, either within the standard or accompanying implementation guidance, that the standard reflects existing naturopathic authority to design individualized herbal therapies within authorized scope and competence, including the use and formulation of TCM herbs where those herbs are lawfully used within naturopathic practice.

Clear confirmation would help prevent inconsistent interpretation by insurers, investigators, employers, interdisciplinary clinics or other third parties.

The definition of "recommend" may inadvertently narrow naturopathic practice

The definition of "recommend" warrants particular review.

The draft defines "recommend," with respect to natural health products, as providing advice regarding the suitability of a Health Canada licensed natural health product, including vitamins and minerals, "as adjuncts to treatment."

The phrase "as adjuncts to treatment" appears appropriate in the provision describing chiropractic practice, where the opening section specifically states that chiropractic licensees may recommend and dispense natural health products "as adjuncts to treatment."

It is less clear why that limitation should form part of a general definition that also applies to naturopathic medicine.

Natural health products may themselves form part of an ND's therapeutic treatment plan rather than functioning only as an adjunct to another treatment. Applying an "adjunct" limitation across professions could therefore create uncertainty about whether the standard is describing the full naturopathic use of natural health products.

BCND recommends either removing "as adjuncts to treatment" from the general definition of "recommend" or clearly specifying that this limitation applies only where required by the authorized scope of the profession concerned.

The definition of "natural health product" requires further clarification

The draft defines a natural health product as a product licensed for sale by Health Canada with an NPN or DIN-HM.

At the same time, the standard expressly contemplates designing and compounding herbal medicines and/or natural health products. Principle 5 requires authorized licensees to verify the identity and quality of herbal medicines and natural health products before compounding and establishes requirements for the resulting compounded product.

BCND requests clarification regarding how the definition is intended to operate in the compounding context, particularly where ingredients used in a compounded preparation are not themselves finished products carrying an NPN or DIN-HM.

The standard should distinguish clearly between requirements applicable to commercially marketed finished natural health products and those applicable to ingredients or substances lawfully used in individualized compounding. Without that distinction, the definition could be interpreted as narrowing the range of substances available for compounding even where their use is otherwise lawful and within naturopathic scope.

BCND also recommends clarification regarding the relationship between a product's Health Canada licensing and its clinical use by a naturopathic doctor. The draft defines a natural health product by reference to Health Canada licensing but does not specify whether a licensee's clinical recommendation or design is limited to the uses or claims appearing on the product label. Given that the standard separately requires licensees to practise within authorized scope and individual competence and to consider patient-specific clinical factors, BCND recommends that the final standard or accompanying guidance clarify how these requirements apply where the clinical use of a licensed natural health product differs from its labelled indications or claims.

"Design" and "prescription" terminology should be internally consistent

The FAQ specifically explains that "design" is used rather than "prescribe" because HPOA reserves the latter term for drugs and wearable medical devices.

However, Principle 4.2.1 requires design instructions to contain the licensee's information and "date of the prescription, including an expiration date."

This appears inconsistent with both the terminology adopted elsewhere in the standard and the rationale provided in the FAQ.

BCND recommends replacing "prescription" in section 4.2.1 with terminology consistent with "design," such as "date of the design" or another defined term selected by the College.

Clarification would also be helpful regarding what the required "expiration date" refers to in this context and how it is intended to operate for individualized herbal designs.

The requirement to provide information for patients to "do their own research" is unclear

Principle 2 appropriately requires licensees to provide sufficient information to support informed decision-making, collaborative care and safe use.

However, section 2.2 requires licensees to provide patients with sufficient information "to do their own research and discuss with other health care practitioners or members of their health care team to make an informed decision."

BCND supports patient education and informed decision-making, but "sufficient information to do their own research" is an unusual and potentially subjective professional standard.

It is unclear what information would be considered sufficient, what form that information must take, or how compliance would subsequently be assessed in a complaint, investigation or quality assurance process. It may also inadvertently shift the focus away from the licensee's responsibility to provide the information necessary for informed decision-making.

BCND recommends aligning section 2.2 more closely with the Principle itself: requiring sufficient information to support informed decision-making, safe use and, where appropriate, discussion with other members of the patient's health care team.

Information requirements should allow appropriate clinical judgment

Section 2.2 identifies extensive information to be provided to patients, including expected action, toxicity where appropriate, dosage, timing, duration, directions, precautions, adverse reactions and potential interactions with foods, other herbs, natural health products, drugs and other substances.

These are appropriate areas of clinical consideration. However, BCND recommends ensuring that the standard does not create an expectation that every conceivable interaction or risk must be exhaustively communicated for every product regardless of clinical relevance.

The standard should preserve a risk-based approach in which the information provided is relevant and material to the particular patient, product and clinical circumstances. This would be consistent with the Principle's own requirement for information that is "clear, understandable, accurate and relevant."

Clarification on this point would support meaningful informed decision-making rather than encouraging checklist-based documentation primarily for regulatory purposes.

“Additional training” should not inadvertently create new requirements for established practice

The draft defines “additional training” as structured education beyond entry-level competency with an objective assessment of knowledge and skill and both theoretical and practical components. Principle 1.4 then requires licensees to maintain competence through continuing professional development, “including obtaining additional training when required.”

BCND supports the obligation to maintain competence. However, clarification would be useful regarding when “additional training” is considered required.

Herbal medicine and natural health products are core components of naturopathic medical education and established naturopathic practice. The language should not inadvertently be interpreted as establishing a new post-entry training requirement for activities for which an ND is already educated, competent and authorized.

BCND recommends confirming that additional training is required where necessary to acquire competence for an activity beyond a licensee’s existing education, training or experience, rather than as a universal additional credential for established herbal or natural health product practice.

Quality assurance and traceability requirements require operational clarity

Principle 3 requires licensees who dispense or store herbal medicines and natural health products to establish quality assurance processes throughout sourcing, storage and dispensing. Requirements include reasonable verification of identity, quality and suitability, traceability records, appropriate storage and measures to prevent contamination, cross-contamination, misidentification and dispensing errors.

BCND supports these objectives. Implementation guidance would nevertheless be useful regarding what constitutes “reasonable steps” and records “sufficient to support traceability,” particularly across the different ways products reach patients.

Naturopathic doctors practise in solo clinics, multidisciplinary clinics and other shared environments and may dispense products obtained through established commercial suppliers, use clinic dispensaries managed by multiple practitioners, or arrange for products to be compounded or supplied by third parties.

The standard should make clear that the licensee’s responsibility is proportionate to the functions actually performed and matters reasonably within the licensee’s control. A practitioner should not inadvertently assume responsibility for manufacturing-level quality assurance processes already governed elsewhere in the supply chain.

The standard should remain clear about the regulatory scope of dispensing requirements

BCND supports appropriate quality assurance requirements for licensees who dispense or store herbal medicines and natural health products. The requirements relating to sourcing, product identity and quality, traceability, storage, contamination prevention and dispensing accuracy are appropriately directed toward patient and product safety.

BCND notes, however, that the definition of “dispense” includes the preparation and/or sale of herbal medicines and natural health products, in addition to providing products to a patient and taking steps to ensure therapeutic suitability and proper use. It is therefore important that the intended regulatory reach of the standard remain clear.

BCND recommends that the obligations established under Principle 3 remain clearly connected to the stated quality and safety objectives of the standard and not be interpreted as establishing requirements beyond those expressly addressed in the standard.

Shared and multidisciplinary practice environments should be addressed

Many naturopathic doctors practise in shared or multidisciplinary environments.

Principles 3 and 5 establish obligations relating to sourcing, storage, equipment, utensils, containers, preparation surfaces, contamination prevention and other physical and operational matters.

Clarification would be helpful regarding how these obligations will be assessed where dispensaries, storage facilities, equipment or clinic policies are shared.

The objective should be clear accountability without assuming that an individual licensee exercises exclusive control over every aspect of a shared practice environment.

Maintaining the intended regulatory boundaries of the standard

The standard appropriately requires compliance with the Natural Health Products Regulations, Food and Drugs Act, CITES and the Complementary Health Professionals Regulation.

BCND recommends maintaining clear boundaries between the College's regulation of professional practice, and federal regulation of commercial products.

Where the standard refers to product licensing, sourcing, quality or compounding, the language should not inadvertently transform requirements directed at manufacturers, distributors or other regulated entities into additional professional obligations for individual practitioners unless that is expressly intended and within the College's regulatory mandate.

This is particularly important because College standards may subsequently be relied upon not only by licensees and College staff but also by insurers, employers, clinic operators and other third parties. Regulatory expectations should therefore be sufficiently clear that significant new obligations do not arise indirectly through interpretation.

Implementation Considerations

BCND recommends that the College consider accompanying the final standard with implementation guidance addressing confirmation of continued ND authority to design and use individualized herbal therapies within naturopathic scope; the application of "design" to herbal formulae, including formulations using TCM herbs where within ND scope and competence; the profession-specific application of "recommend," particularly the phrase "as adjuncts to treatment"; the distinction between licensed finished natural health products and ingredients used in lawful compounding; when "additional training" is required beyond entry-level naturopathic education and existing competence; reasonable expectations for sourcing, quality verification and traceability; responsibilities in shared or multidisciplinary dispensaries and clinic environments; application of patient-information requirements according to clinical relevance and material risk; and consistent terminology for "design" throughout the standard.

Clear implementation guidance would support consistent application without turning the standard into a prescriptive clinical protocol, inadvertently narrowing authorized scope, or limiting appropriate professional judgment.

This is particularly important in a harmonized standard applying across professions with different authorized scopes, where common terminology should not inadvertently create common limitations or obligations where none are intended.

Closing

BCND supports the College's objective of establishing clear, enforceable expectations for the safe design, compounding and dispensing of herbal medicines and natural health products. The draft contains several positive elements, including explicit recognition that naturopathic medicine licensees may design, compound, dispense and recommend herbal medicines and natural health products within their authorized scope and competence.

Given the significant role these therapies play in naturopathic practice, however, precision in terminology, regulatory boundaries and implementation is particularly important.

Given areas of overlapping practice among regulated professions, BCND encourages the College to ensure that the final standard and supporting guidance clearly distinguish profession-specific authorities while preserving lawful areas of overlapping practice.

Clear guidance on these issues will help prevent unintended scope narrowing, inconsistent interpretation by third parties and unnecessary uncertainty for licensees and patients while supporting the College's objectives of patient safety, accountability and right-touch regulation.

BCND appreciates the opportunity to provide feedback and welcomes continued dialogue with CCHPBC as the standard is finalized and implemented.