

The scope of naturopathic medicine in Canada: An emerging profession

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Abstract

In Canada, naturopathic medicine is an emerging profession that is gaining formal recognition, including provincial/territorial regulation. While naturopathic medicine has undergone significant growth and legitimization, it still faces substantial challenges to acceptance as a full-fledged health care profession within the Canadian health care system. For example, professionalization theories indicate the importance of clear professional boundaries as well as the need for ‘new’ groups to find a place in the system of professions. This has been problematic for naturopathic practitioners who continue to practice within a broad scope of practice that encompasses many different therapeutic modalities. Development of statutory regulation also requires delineation of a specific, well-defined scope of practice.

The purpose of this study was to describe naturopathic practitioners’ perception of their training and their current scope of practice. Two thirds ($n = 315$) of all licensed Canadian naturopathic practitioners responded to the survey. The results showed that naturopathic practitioners are trained in, and practice, a wide range of therapeutic modalities and diagnostic procedures. Practitioners disagreed about their scope of practice, as 57% thought it was too restrictive, 31% felt it was about right and 13% thought it was too broad. A large majority felt there was some or a great deal of overlap with other practitioners’ scope of practice. We conclude that multiple challenges are facing naturopathic medicine, including scope of practice, overlap with other professions, social closure, scarcity of vacancies and lack of cohesion. The future of naturopathic medicine will depend on how effectively the profession will use available strategies to overcome barriers to statutory self-regulation.

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Introduction

Naturopathic medicine is a system of primary health care that uses natural methods and sub-

stances to support and stimulate the body’s inherent self-healing processes. Naturopathic practitioners are trained in a variety of complementary/alternative medicine (CAM) therapies, such as botanical medicine, homeopathy, traditional Chinese medicine (including acupuncture), nutrition, and some forms of manipulation. Strong emphasis is placed on lifestyle counselling.

In Canada, naturopathic medicine is an emerging profession that is gaining formal recognition in-

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cluding provincial/territorial regulation. Regulation of naturopathic medicine falls under provincial jurisdiction. At the time of this study (2000–2001) almost 500 naturopathic practitioners were licensed in Canada. Currently, naturopathic medicine is regulated in four out of 10 Canadian provinces (British Columbia, Saskatchewan, Manitoba, and Ontario) and regulation is pending in a fifth province (Alberta). Legislative regimes adopted by individual provinces vary. For example, about half of all Canadian naturopathic practitioners practice in Ontario, where practitioners are regulated under the Drugless Practitioners Act. However, a recent review by the Health Professions Regulatory Advisory Council (HPRAC) (2001, as cited by Boon, Welsh, Kelner, & Wellman, 2004) recommends that they be regulated under the Regulated Health Professions Act (RHPA), the umbrella legislation under which all other regulated health care professions in Ontario fall. The HPRAC's recommendations are currently being considered by the Ontario Ministry of Health and Long-Term Care. One of the issues yet to be decided is the scope of practice of naturopathic practitioners under the RHPA. In Manitoba and Saskatchewan, naturopathic medicine is covered under unique provincial acts. In British Columbia, naturopathic practitioners are regulated under the Health Professions Act along with all other regulated health care practitioners in the province. The restructuring of health legislation in British Columbia has resulted in a review of the scopes of practice of all health providers, including naturopathic practitioners.

In regulated provinces education requirements for naturopathic practitioners include 3 years of undergraduate level university courses and 4 years of full-time education at an accredited training institution, followed by provincial and national licensing examinations. Currently, Canada has two training institutions accredited by the Council on Naturopathic Medical Education. While some private health insurance companies reimburse patients for naturopathic care, currently neither naturopathic medicine nor products recommended by naturopathic practitioners are reimbursed by any provincial or territorial government in Canada.

Professionalization process

Professional status implies that a group has the required knowledge and expertise, as well as jurisdictional (often exclusive) control over the

content of its work and the conditions under which its members practice (Freidson, 1973). In order to secure autonomy and gain control, an occupation must be recognized as legitimate by both the public and the government.

A number of theoretical perspectives provide insight into the professionalization of naturopathic practitioners in Canada. According to functionalist theorists, professions possess specific characteristics including a unique body of knowledge (Freidson, 1973, 1983; Rueschemeyer, 1983); monopoly over a set of widely demanded tasks (Freidson, 1983); autonomy of education, training and professional standards (McKinlay, 1973); establishment of a code of ethics (Rueschemeyer, 1983); licensure and government regulations (Vollmer & Mills, 1966); and a common name and identity (Elliot, 1972). However, Greenwood and Wilensky (as cited in Saks, 2000) noted that this model is limited because these elements are theoretically unrelated and there is little agreement between individual authors on their exact configuration. Yet naturopathic practitioners do appear to be striving toward achieving these characteristics (Welsh, Kelner, Wellman, & Boon, 2004).

Conflict theory highlights the conflicting political aspects and manipulation of power of professionalization processes (Gort & Coburn, 1988; Saks, 1998). Such processes entail lobbying government authorities in order to obtain both formal status and exclusive control over a field of activities. The neo-Weberian concept of social closure refers to the process by which occupations seek to regulate market conditions in their favour when facing competition by outsiders by restricting access to a limited group of eligible occupations, thus enabling them to effectively monopolize available opportunities (Collins, 1990). This means that groups become professions when they achieve a legally sanctioned monopoly, or quasi-monopoly, for particular services or related spheres of work organization (Abbott, 1988; Saks, 1995). This perspective also has limitations and does not fully account for interactions among professional groups or for processes other than exclusion in determining who gains control (Adams, 1998).

Establishing the scope of practice (boundaries of activities) is an important step in the professionalization process. Such boundaries discriminate between credible practitioners with a valid knowledge base and those who are less credible and/or less knowledgeable. Abbott (1988) identifies that the clarity with which professional boundaries are defined towards other professions may affect their

vulnerability. Ironically, the absolute necessity to abolish uncertainty leads to virtually arbitrary and often unclear definition of the margins of professional jurisdiction. Of major importance in the professionalization process is the fact that new professions need to find a place in the system of professions, which is a constantly interacting system within which they compete for power. To find a place, professions have to occupy a vacancy or fight for one (Abbott, 1988).

The struggle over the boundaries of the naturopathic profession seems to be crucial to the process of professionalization. Agreement about professional identity and scope of practice is essential in the process of gaining professional recognition. However, little is known about naturopathic practitioners' beliefs and opinions about the scope of practice of their profession. Consequently, the purpose of this study was to describe naturopathic practitioners' perception of their training and their current scope of practice.

Methods

This study was a cross-sectional survey of all licensed naturopathic practitioners practicing in Canada. The database maintained by the Canadian College of Naturopathic Medicine was used to contact all eligible practitioners. At the time of the study there were estimated to be 473 such practitioners. Data were collected by means of a standardized questionnaire mailed to all naturopathic practitioners. The seven-page questionnaire was developed by the research team based on information collected by Boon (1996) in qualitative interviews with Canadian naturopathic practitioners. While the purpose of her study was different from the objectives of this one, some of the issues explored in her study were similar. The questionnaire had four main components: socio-demographic information (age, gender, marital status, and ethnicity), practice information (type and location of practice and type of patients seen), professional training and scope of practice. For certain questions (e.g., number of patients seen and number of working hours) respondents were instructed to respond to the questionnaire with respect to October 2000. The questionnaire was pre-tested by 10 individuals, consisting of six naturopathic practitioners and four health care researchers. Suggestions made by these individuals were carefully reviewed and discussed by the research team and incorporated when appropriate.

The questionnaires were mailed to all eligible participants. A reminder note was sent 2 weeks after the initial mail-out and a second questionnaire was sent to non-responders 4 weeks after the second mailing.

Data analysis was mostly descriptive due to the complexity of the questionnaire (number of response categories as well as open-ended questions). SPSS software (SPSS Inc., 2000) was used for the data analysis. In addition to univariate analysis, contingency analyses using χ^2 or *t*-tests, depending on the level of measurement, were conducted to identify whether socio-demographic, education and practice characteristics were associated with the key variables of interest.

Results

Response rate

Out of 473 questionnaires mailed, 315 (66.6%) were returned. Fifteen questionnaires were excluded because the respondents were retired, students, on sick leave or on maternity leave, and two were not naturopathic practitioners but chiropractors. The final response rate was 65.5% {300/(473–15)}.

Socio-demographics

The mean age was 42 years (SD 10.9 years) and the majority of respondents were female (59%). A large proportion of the respondents were of North American descent (59.7%) followed by those of European origin (27.5%). Most practitioners received their ND degree from the Canadian College of Naturopathic Medicine (65.9%), followed by the US National College of Naturopathic Medicine (17.1%). The average number of years since graduation was 8.7 years (SD 8.5 years), with a range of 1–59 years.

Practice information

One hundred and thirty-eight practitioners (49.1%) were in solo practice, while 73 (26%) were private practitioners working with other types of practitioners. The remaining practitioners (25%) were in partnerships with other naturopathic practitioners, associated with other naturopathic practitioners, or associated with other, non-ND practitioners. Most respondents were from Ontario (54.1%), British Columbia (29.4%) and Alberta

(6.8%), which is reflective of the proportions of NDs practicing in these provinces. The remaining 9.7% practiced in the other provinces.

Naturopathic practitioners estimated that the majority of their patients were female (73.8%) and that on average they saw mostly patients between the ages of 36 and 64 (45.8%), followed by patients between the ages of 18 and 35 (24.5%). The most important reasons for consultation were gastrointestinal complaints (72%), followed by women's health issues such as premenstrual symptoms and menopause (66%), fatigue (65.3%), allergies (56.7%), musculoskeletal conditions (43.3%), and psychiatric conditions, such as anxiety and depression (34.6%). All other conditions were seen by less than 30% of practitioners.

Professional training

Practitioners were given a list of therapies and procedures that are potentially covered in the curriculum of colleges of naturopathic medicine. Table 1 describes the degree to which participants felt each of 34 therapies and procedures was formally covered in their main naturopathic training, ordered from the highest percentage of thorough/adequate coverage to the lowest percentage. All participants indicated that they had received at least some training in botanical medicine and almost all (98% or more) indicated that they received some training in nutritional counselling, homeopathy, naturopathic manipulation and hydrotherapy. Some differences in training exist between those who were trained in Canadian as

Table 1
Perceived coverage of topics in colleges of naturopathic medicine

Topic	Adequate/ thorough (%)	Limited (%)	Not covered (%)	Total <i>n</i>
Botanical medicine	97.0	3.0	0.0	297
Homeopathy	94.9	4.0	1.0	297
Naturopathic manipulation	89.0	9.2	1.7	292
Nutritional counselling (e.g. macrobiotics)	85.6	13.8	0.7	298
Hydrotherapy	83.8	14.2	2.0	296
Massage	78.8	15.1	6.2	292
Acupuncture	73.4	15.2	11.4	297
Traditional Chinese medicine	68.5	23.7	7.8	295
Laboratory testing	67.5	30.5	2.0	295
Psychological counselling	62.9	33.0	4.1	294
X-ray testing	61.0	31.2	7.8	295
Ultrasound	45.2	39.8	15.0	294
Fasting	41.0	47.5	11.5	295
Colon therapy	35.6	30.2	34.2	298
Minor surgery	35.1	55.7	9.1	296
Natural childbirth	32.8	43.7	23.5	293
Parenteral therapy, including injections	27.6	37.4	35.0	297
Meditation/visualisation	25.7	50.0	24.3	296
Lymphatic drainage	21.5	47.4	31.1	293
Iridology	21.0	47.5	31.5	295
Electro acupuncture	16.6	42.4	41.0	295
Acupressure	16.4	36.6	46.9	292
Magnetic therapy	10.6	45.7	43.7	293
Applied kinesiology	9.2	43.4	47.5	295
Craniosacral therapy	9.2	27.3	63.5	293
Novel assessment methods: VEGA testing, dark field microscopy	7.8	33.3	58.8	294
Biofeedback	6.8	36.9	56.3	293
Reflexology	5.9	23.8	70.3	290
Yoga	4.8	19.1	76.1	293
Ayurvedic medicine	4.4	37.0	58.6	297
Hypnosis	3.7	20.7	75.5	294
Polarity therapy	3.4	12.4	84.1	290
Alexander technique	2.7	10.0	87.3	291

compared to US colleges of naturopathic medicine. Canadian trained practitioners were significantly more likely to have received training in acupuncture, electro acupuncture, iridology and magnetic therapy but less likely to have received training in biofeedback, colon therapy, hypnosis, natural childbirth, polarity therapy, reflexology and yoga.

Scope of practice

Practitioners were also asked to indicate (using the same list of practices and procedures) whether they provide each one of these modalities for more than half of their patients, for less than half of their

patients, or never. Table 2 presents the results, ordered from practices and procedures offered most often to those offered least often. In response to an open-ended question, 75% of respondents identified one or more therapy/procedure/service other than the 34 listed that they would like to be able to offer their patients. The most common ones included more laboratory services/better laboratory access (27.6%), chelation therapy (26.1%), I.V. supplementation such as vitamins (25.1%), prescription drugs, including contraceptive hormones, antibiotics and vaccines (18.6%), minor surgery (10%) and diagnostic services such as ultrasound, X-rays and MRI (10%). Age, gender, number of years since

Table 2
Types of modalities provided by the naturopathic practitioners

	Provided to more than 50% of patients (%)	Provided to less than 50% of patients (%)	Never provided (%)	Total <i>n</i>
Nutritional supplementation	9.9	89.5	0.7	294
Nutritional counselling (e.g., macrobiotics)	10.2	89.2	0.7	295
Botanical medicine	20.5	78.5	1.0	293
Homeopathy	28.9	69.5	1.7	298
Laboratory testing	55.1	34.3	10.6	292
Novel assessment methods: VEGA testing, dark field microscopy	23.0	32.3	43.6	291
Psychological counselling	61.6	31.1	7.3	289
Traditional Chinese medicine	52.4	21.4	26.2	290
Naturopathic manipulation	40.8	15.8	43.4	292
Parenteral therapy including injections	37.6	14.1	48.3	290
Acupuncture	48.7	13.7	34.2	284
Applied kinesiology	23.3	13.3	61.7	287
Meditation/visualisation	64.0	10.8	25.2	286
Hydrotherapy	65.2	10.8	24.0	296
Electro acupuncture	24.4	10.5	65.2	287
Massage	47.8	7.0	45.3	287
Iridology	23.4	6.5	70.1	291
Acupressure	37.3	5.6	57.0	268
Fasting	59.8	5.2	35.1	291
Lymphatic drainage	42.5	4.8	52.7	292
Craniosacral therapy	35.3	4.6	60.1	283
Ultrasound	20.5	3.4	76.0	292
Yoga	32.1	3.1	64.8	287
Colon therapy	14.6	2.8	82.6	281
Reflexology	12.2	1.7	86.1	287
Biofeedback	12.7	1.7	84.9	284
X-ray testing	27.5	1.4	71.1	287
Ayurvedic medicine	24.7	1.4	73.9	283
Natural childbirth	17.4	1.1	81.5	281
Magnetic therapy	22.8	1.0	76.2	290
Polarity therapy	4.2	0.3	95.5	286
Minor surgery	7.6	0.0	92.4	290
Hypnosis	7.2	0.0	92.8	293
Alexander technique	2.3	0.0	97.5	284

graduation and province of practice were not significantly related to identifying additional services.

When asked which five practices and procedures of the ones listed they considered to be most important to the practice of naturopathy in Canada, nutritional counselling was mentioned by 85.7%, followed by botanical medicine (81.7%), homeopathy (79.3%), and nutritional supplementation (41.7%). All 30 other therapies/procedures were also, but to a lesser degree, identified as being most important.

Thirteen percent of respondents thought that their scope of practice was too broad, 30.5% thought that it was about right and 56.6% thought that it was too restrictive. Some participants checked two options and gave different reasons for each. Table 3 provides broad categories of the reasons given for why respondents thought their profession was too broad or too restrictive.

When asked whether, in their opinion, the naturopathic profession overlaps with other practitioners' scope of practice, 25.2% said "yes, a great deal", 66.9% said "yes, somewhat" and 7.9% said "no". Age, gender, years since graduation and province of practice were not significantly associated with participants' opinion about overlap of

their profession's scope of practice with that of other professions. Types of practitioners whose scope of practice overlaps with naturopathic medicine included chiropractors (49.7%), homeopaths (45.5%), MDs (42%), nutritionists (40%), acupuncturists (38.9%), herbalists or practitioners of botanical medicine (35.5%) and massage therapists (23.7%). Forty-two other types of practitioners were mentioned, of which 17 only once.

Discussion

Our results show that naturopathic practitioners are trained in, and practice within, a broad scope of practice that encompasses a wide range of therapeutic modalities and diagnostic procedures. However, they disagreed about their scope of practice as 57% thought it was too restrictive, 31% felt it was about right and 13% thought it was too broad. A large majority felt there was some or a great deal of overlap with other practitioners' scope of practice.

Challenges facing naturopathic practitioners

The theoretical perspectives discussed in this paper suggest that naturopathic medicine is facing several challenges to being fully regulated as an independent profession, as (1) naturopathic medicine does not possess a unique body of knowledge; (2) conflicts are likely to arise based on the major degree of overlap with other professions also vying for regulation; (3) social closure is an ongoing struggle and only in a few provinces has naturopathic medicine been regulated; (4) naturopathic medicine lacks cohesion and (5) vacancies within the health care system are scarce.

It seems evident that naturopathic practitioners are socialized into *widely varying practice patterns* in their professional education. It is debatable whether the knowledge gained from such training is truly unique because many of the individual modalities used by naturopathic practitioners, such as acupuncture, physical manipulation, massage therapy, and homeopathy are also used as single modalities by other groups of practitioners involved in their own professionalization processes (Baer, Jen, Tannassi, Tsia, & Wahbeh, 1998). Our results show that while there is general agreement about the most important treatments in naturopathic medicine, differences in opinions about other naturopathic treatments and differences in practice patterns are wide. This seems to reflect fundamental differences

Table 3

Reasons given by respondents for perceived scope of practice (too restrictive or too broad)

Too restrictive (68 comments)	Too broad (51 comments)
1. Limited access to publicly funded lab/ diagnostics	1. Scope of practice poorly defined: risk of "jack of all trades, master of none"
2. Limited Prescription privileges/rights	2. Public/patients/government confused with our scope of practice
3. Not allowed to use invasive procedures/minor surgery (e.g., parenteral therapy)	3. Too much theoretical training but limited practical training. Too many modalities taught. Need to specialize
4. Not recognized as primary care physicians	4. Categories such as <i>Traditional Chinese medicine, chiropractor, homeopathy, iridology, massage hypnotherapy, etc.</i> should be removed from naturopathic scope of practice
5. Limited referral ability/ authority/hospital privileges	
6. Not able to practice what we learned in school	

in vision of where the profession is, and should be, going. In this respect, our results confirm those of other, often qualitative, studies (e.g. Baer, 2001; Gilmour, Kelner, & Wellman, 2002; Welsh et al., 2004) that have reported a lack of internal cohesion of the profession.

Naturopathic medicine also finds itself in direct competition with biomedicine and faces the danger of being overshadowed by a powerful biomedical system that is increasingly incorporating aspects of holistic health into its own practice. Furthermore, since many naturopathic practitioners sell natural health products, they are in competition with pharmacies, which have greatly expanded their sale of over-the-counter natural health products/dietary supplements in recent years (Baer, 2001). In addition, threats arise from overlap with the services from lay natural practitioners, graduates from unaccredited programs (in unregulated provinces) and lifestyle counsellors who also claim to support and stimulate individuals' inherent self-healing processes. Last, naturopathic medicine is a relatively small profession and lacks a critical mass of practitioners in most Canadian provinces.

Several strategies are available to naturopathic practitioners to overcome barriers to statutory self-regulation. While *social closure* is a goal, it is also a strategy when seeking regulation. Boon et al. (2004) have indicated that limiting access to a restricted group of eligibles (Saks, 1998) is a means to prevent co-optation of skills and knowledge by other professional groups. Regulation will allow social closure by instituting education and qualification standards (Boon et al., 2004). However, setting educational and practice standards can only be effective if naturopathic doctors agree on the content and form of those standards. To date, naturopathic medicine in Canada has made major progress in developing its educational curriculum, as well as standards of practice and codes of ethics in regulated provinces. The Canadian Association of Naturopathic Doctors also provides these for their members practising in unregulated provinces. (see <http://www.naturopathicassoc.ca/drethic1.html>).

The professionalization literature has tended to focus on groups' attempts at social closure; however, recent changes in regulatory frameworks to create policies that limit professions' ability to develop jurisdictional monopolies renders this strategy less effective. For example, Ontario and British Columbia have adopted a "controlled acts" model (O'Reilly, 2000). Based on

their defined scopes of practice, groups are granted the ability to perform specific acts deemed too dangerous to be performed by un-licensed individuals. Each licensed group must demonstrate that their members are appropriately trained to perform a given act and that they need to be able to perform this act in order to fulfil their defined scope of practise.

Maybe most challenging for naturopathic practitioners is the need to increase *group cohesion*, which is required to support high quality education, and practice standards to demonstrate the group's ability to guarantee members' competence in specific areas or controlled acts. Naturopathic practitioners as a whole appeared far from unanimous about some of the policies that their leaders are pursuing and there is substantial tension between experienced and newly graduated naturopathic practitioners based on differences in education and scientific backgrounds (Welsh et al., 2004).

A further challenge facing naturopathic practitioners is the fact that there appear to be no real *vacancies* in the system. Although regulatory schemes increasingly reject the exclusivity in terms of practice territory, they continue to require a scope of practise statement that clearly differentiates one practitioner group from another. This is also needed to convince regulators that a new group fills some previously unrecognized need in the system. Perhaps the biggest ally for naturopathic medicine to find a place within the health care system is the public (Boon et al., 2004). It is possible that naturopathic medicine meets an important need of the public by offering a comprehensive, holistic and 'natural' alternative. Naturopathic medicine's generalist approach and emphasis on preventive practices such as nutrition, areas in which medical training is lacking, might also assist the profession in finding its place in the health care system.

The future of naturopathic medicine

The role of the government in regulating professions such as naturopathic medicine appears to be changing. For example, provincial governments such as the government of Ontario are actively considering the regulation of naturopathy under the Regulated Health Professions Act, despite naturopathy's huge scope of practice. The increasing role of the state in creating vacancies within the existing

system of professions, combined with the decreasing dominance of medicine might facilitate regulation.

While many factors determine the likelihood that the naturopathic profession will be successful in becoming fully established as a profession, scope of practice and practitioners' beliefs about scope of practice are crucial factors in this process. The very act of drafting regulations governing a profession requires the ability to succinctly define what is (and is not) within the scope of practice of the group the identification of standards of care. Even provinces like Ontario that have adopted a "controlled acts" regulatory model, base the assignment of these acts on the definition of a group's scope of practice. Although overlap across different groups is possible: the more controlled acts requested by naturopathic practitioners, the more likely they are to face direct opposition from other professions. And, the more difficult it will be to convince the government that a new profession is needed to fill an unmet need within the system.

It is not clear if (or how) naturopathic practice can be "fit" into the current regulatory structure for health care professions in Canada. It appears important to track the evolution of this group with particular attention paid to the extent to which naturopathic practitioners narrow their scope of practise in exchange for statutory self-regulation (as occurred with the chiropractors in the 1980s). In addition, it is possible that naturopathic medicine is successful in maintaining its broad and diverse practices by forcing a re-definition of the regulatory process. The latter is clearly the more difficult route, but may be necessary if naturopathic practitioners hope to maintain their unique philosophy and approach to health care.

Conclusion

At the very heart of naturopathic medicine is the ability to select the best combination of treatments and to provide an integrated, individualized program for patients to enhance health and well-being. However, this broad scope of practice is difficult to codify when seeking legitimacy and regulation. Several societal trends have the potential to support the development and regulation of naturopathic medicine. However, much will depend on how effectively naturopathic medicine is using available strategies to overcome barriers.

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