





TABLE 1. PROFESSIONAL FORMATION PATHWAYS AND BENCHMARKS DEFINITIONS

PATHWAY AND BENCHMARK	DEFINITION
 <p>PROFESSIONAL ASSOCIATIONS</p>	<p>State, provincial, regional, national, and international organizations, including professional graduate and student organizations and their activities; primarily membership organizations.</p>
 <p>LICENSURE, EXAMINATIONS, REGULATORY, AND LICENSING BOARDS</p>	<p>State, provincial, and national licensing acts and/or regulations; regulatory boards and licensing exams, and the organizations that administer them, including changes to those acts and/or legal challenges; includes international 'training to competence to scope' standards and benchmarks.</p>
 <p>ACCREDITATION</p>	<p>Academic accreditation, accrediting agencies, and key events in North America (as recognized by the US Department of Education and Canadian academic regulatory bodies); similar public recognition and accreditation of international academic institutions as recognized by existing or emerging regulatory frameworks or peer-reviewed academic standards including Germany, the UK, Australia, New Zealand, India, South America, Africa, Asia, and other countries.</p>
 <p>ACADEMIC INSTITUTIONS AND COUNCILS</p>	<p>Founding, key events, and closure of naturopathic or predecessor academic institutions (universities, colleges, schools, programs), associations, and councils; any significant events involving academic institutions and organizations of groups of emerging naturopathic physician-level academic programs, institutions, or organizations. Examples of significant academic events include strengthening basic sciences and other standards in core naturopathic curriculum by William Schulze and W.A. (Alfred) Budden.</p>
 <p>RESEARCH INSTITUTES, GRANTS, AND PUBLICATIONS</p>	<p>Research institutes, research grants, and key scientific and research journals, publications, and papers involving naturopathic medicine and naturopathic physician research scientists.</p>
 <p>LEGISLATION AND PUBLIC POLICY</p>	<p>State, provincial, national, and international legislative, public policy, regulations, and other governmental actions; public health commissions, boards of health, county councils; military; any organized action that expresses jurisdictional, legislative, or policy authority; and expressions of socioeconomic and cultural context, including trends in public opinion.</p>
 <p>HERITAGE AND KNOWLEDGE BASE</p>	<p>Oral and written knowledge (including concepts and skills) that underlies and informs the evolution of a profession's current knowledge base and its eventual codification efforts; includes knowledge transmission through many ways of knowing, being and practice. Heritage and Knowledge Base can be considered the "terrain of knowledge" in which the seeds of codification are planted, resulting in the "fruit" of theories, definitions, positions, publications, and practice models; includes written scholarship and implicit or tacit knowledge through perception, customs, worldviews, spoken and somatic transmissions, intuition, art, experimental methods and experience; seen as cumulative, with many contributors from many different fields throughout history; can be greatly influenced by worldview, as well as by the sociocultural context during which it is formed.</p>

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TABLE 1. PATHWAYS AND BENCHMARKS (continued)

PATHWAY AND BENCHMARK	DEFINITION
 <p>PRINCIPLES, THEORIES, DEFINITIONS, AND ETHICS</p>	<p>Professional definitions, ethics statements, and principles; seminal or foundational “grand theory” or meta-theory (e.g., Hahnemann, Kuhne, Lust, Lindlahr, Cordingley, Spitler, Wendel, Newman Turner, and Jacka as articulators of early naturopathic theories, as well as contemporary naturopathic theory authors); key author(s) of a historic school of thought or paradigmatic influence in naturopathic medicine’s underlying principles or theory; collaborative efforts, events and institutions focusing on developing and adopting philosophy, theory, ethics, or principles, including ANA, ISNP, AANP, CAND, BNA, WNF, NMSA, ANR, ANPA, ARONAH, Legacy Project, FNMI, NMA, and NMI.</p>
 <p>CODIFICATION OF KNOWLEDGE</p>	<p>Events, publications, and people that represent pioneering, formative, and pivotal works within a discipline, profession, or system of thought. <i>Specifically refers to works that import specialized knowledge from diverse sources into the framework and lexicon of a particular profession.</i> Codified works include seminal, synthetic, and collaborative scholarship that significantly contributes to the profession.</p> <p>A profession’s framework and lexicon is defined by a) its epistemology, i.e., its philosophy, principles, and theory of practice; and b) its scope of practice, diagnostic, and assessment structure and c) its therapeutic modalities. These frameworks demarcate the profession’s identity and function as its “boundaries” of knowledge (i.e., “this is who we are, what we do—how and why we do it.”).</p>
 <p>PRACTICE MODELS AND DELIVERY</p>	<p>Innovative clinical systems of analysis and treatment created by clinicians to engage the needs of their patients that are gradually systematized as they are shared with students, refined through time, and evolve into consistent methodologies; individuals and groups who established key practice models and institutions; organizations established to provide clinical naturopathic models and medicine to patients; influential predecessors and elders who carried the profession through a period of decline.</p>
 <p>MAINSTREAM EMERGENCE, COLLABORATION AND INTEGRATION</p>	<p>Emergence of naturopathic medicine into “mainstream” medical care delivery, institutions, and health practices, apart from legislation and public policy, in a manner that restores, broadens, and evolves the historic traditions of medical pluralism; includes within and among all health professions and within the broader socio-cultural and politico-economic systems; characteristically cooperative (e.g., collaborative events, clinical environments, publications, and efforts) between the naturopathic community, conventional medical providers, “integrative” medical practitioners, government and regulatory agencies, and/or national professional organizations (e.g., multidisciplinary alliances of the 1910s to 1930s, recent interdisciplinary or integrative clinics and collaborative initiatives involving clinical and/or “CAM” and naturopathic medicine participants).</p>
 <p>GLOBAL HEALTH PARTICIPATION</p>	<p>Inclusion and participation of naturopathic medicine, naturopathy, and NDs in global public and community health delivery, public policy development, regulatory issues, education, and practice models that address global health; includes work by international relief organizations, delivery of community services, research, community organizing, and advancement of naturopathic medicine within WHO and other international organizations.</p>

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