CAPA

SCOPE OF PRACTICE

Professional Boundaries, Permitted Services, and Public Protection

A practice framework for CAPA Ayurvedic practitioners

1. Purpose

This Scope of Practice document describes the general services that may be offered by CAPA Ayurvedic practitioners, the professional boundaries that apply to those services, and the safeguards intended to protect patients and the public. It supports informed patient choice, responsible practice, and appropriate collaboration with other healthcare professionals.

This document is a professional framework, not a licence or an expansion of any practitioner's legal authority. A practitioner's permitted activities depend on applicable federal, provincial, and territorial law; individual education, training, competence, and authorization; and the setting in which services are provided.

2. Principles Governing Practice

- Patient welfare and safety take priority over commercial, personal, or professional interests.
- Practitioners provide only services for which they are appropriately educated, trained, competent, and legally permitted.
- Traditional Ayurvedic concepts must be communicated accurately and distinguished from biomedical diagnoses and established scientific findings.
- Patients receive clear information about the nature, purpose, limitations, risks, alternatives, and costs of proposed services.
- Practitioners recognize uncertainty, monitor safety, and refer when a patient's needs exceed their competence or scope.
- Care is delivered respectfully, without discrimination, coercion, or misleading claims.

3. Core Ayurvedic Modalities

3.1 Herbal protocols and botanical preparations

Practitioners may provide education and individualized wellness recommendations involving classical Ayurvedic herbs, single herbs, and traditional preparations, where legally permitted and within their competence. Traditional frameworks such as Rasa, Guna, Virya, and Vipaka may inform explanations of Ayurvedic use. Practitioners should assess relevant safety considerations, including allergies, contraindications, possible adverse effects, product quality, and potential herb–drug or treatment interactions.

3.2 Dietary and lifestyle guidance

Practitioners may offer individualized dietary, nutrition-related, and lifestyle education informed by Ayurvedic concepts such as Prakriti, Vikriti, seasonal routines, and Dinacharya. Recommendations should account for the patient's circumstances and should not substitute for regulated dietetic or medical services where those are required.

3.3 Panchakarma and traditional cleansing modalities

Panchakarma may include the classical modalities Vamana, Virechana, Basti, Nasya, and Raktamokshana. These interventions differ substantially in risk and complexity. A practitioner may offer a modality only when specifically trained, competent, legally authorized, and working in an appropriate clinical setting with suitable safeguards. Higher-risk or invasive procedures may be prohibited or require authorization beyond CAPA membership. Practitioners must not assume that general Ayurvedic training authorizes every Panchakarma procedure.

3.4 Mind-body and wellness counselling

Practitioners may provide wellness education and supportive mind-body guidance informed by Sattvavajaya concepts, stress-management practices, meditation, and related approaches, within their training and legal authority. This does not authorize the diagnosis or treatment of mental disorders or the provision of regulated psychotherapy where a separate licence is required.

3.5 Bodywork and movement-based practices

Where appropriately trained and legally permitted, practitioners may offer or guide practices such as Abhyanga, Shirodhara, Marma-based wellness approaches, yoga, pranayama, and meditation. Practitioners must obtain consent, use appropriate hygiene and safety measures, respect physical boundaries, and avoid procedures that exceed their competence or authorization.

4. Activities That May Fall Within Scope

The following activities may form part of Ayurvedic wellness practice when consistent with the practitioner's individual competence and applicable law:

- Ayurvedic wellness assessment using Prakriti and Vikriti concepts, without representing the assessment as a regulated medical diagnosis.
- Traditional assessment methods, including Nadi Pariksha (pulse assessment), when appropriately trained and communicated within their limitations.
- Dietary, nutrition-related, and lifestyle guidance based on Ayurvedic principles.
- Recommendations concerning daily routines, sleep habits, seasonal practices, and general wellness.
- Herbal and botanical education or protocols using appropriate traditional formulations and responsible safety screening.
- Panchakarma-related or other Ayurvedic therapies only when the specific intervention is within the practitioner's training, legal authority, and appropriate practice setting.
- Yoga, pranayama, meditation, and other wellness practices within the practitioner's competence.
- Ayurvedic bodywork and supportive mind-body wellness guidance where properly trained and authorized.
- General health education, wellness coaching, and guidance on when to seek assessment from another healthcare professional.

5. Activities Outside the General Scope

Unless separately licensed, authorized, or otherwise permitted by applicable law, CAPA Ayurvedic practitioners must not:

- Diagnose or treat diseases as defined under applicable medical or other professional legislation.
- Prescribe pharmaceutical medications, alter prescriptions, or advise patients to stop or change prescribed medication.
- Perform surgery or invasive procedures for which they lack specific legal authorization and qualifications.
- Claim to cure, treat, or prevent specific diseases or guarantee clinical outcomes.
- Order or interpret medical laboratory tests or diagnostic investigations unless separately licensed or legally authorized.
- Provide services reserved by law to physicians, nurses, pharmacists, dietitians, psychotherapists, or other regulated professionals without the required authorization.
- Represent Ayurvedic assessment findings as a substitute for medical diagnosis or necessary investigations.
- Discourage or delay medically indicated evaluation, emergency treatment, or evidence-based care.

- Use procedures, products, or equipment in a manner that creates unreasonable risk or falls outside their competence.

6. Assessment, Care Planning, and Informed Consent

Before providing services, practitioners should obtain relevant health and wellness history and identify factors that may affect the safety or appropriateness of the proposed approach. The practitioner must explain the nature and limits of the service, the proposed plan, material risks and uncertainties, alternatives, fees, and circumstances in which referral may be necessary.

Informed consent must be voluntary and obtained before treatment or service begins. Consent should be documented appropriately and revisited when the plan changes. Patients may refuse or discontinue a service at any time.

7. Safety, Contraindications, and Adverse Events

- Screen for relevant allergies, current medications and supplements, health conditions, pregnancy or other special circumstances, and potential contraindications within the practitioner's competence.
- Consider potential herb–drug interactions, duplication of ingredients, product quality, and known safety concerns before recommending a preparation.
- Explain material risks and uncertainty in language the patient can understand; do not promise that a natural or traditional product is inherently safe.
- Maintain a clean and safe practice environment, follow appropriate hygiene and infection-prevention measures, and handle therapeutic materials and tools responsibly.
- Recognize adverse reactions or deterioration, stop or modify the intervention when appropriate, document the concern, and facilitate timely medical assessment or emergency care.
- Do not recommend that patients delay urgent assessment or discontinue prescribed treatment.

8. Referral and Collaboration

Practitioners must recognize when a patient's presentation requires medical assessment, emergency attention, specialized care, or services outside the practitioner's competence. Referrals should be timely, respectful, and clearly explained. With appropriate consent or other lawful authority, relevant information may be shared with the receiving provider to support continuity and safety.

Practitioners should collaborate respectfully with other healthcare professionals and avoid disparaging other providers or discouraging patients from seeking appropriate care.

9. Documentation and Confidentiality

Practitioners should maintain accurate, timely, complete, and secure records of relevant history, assessment, consent, recommendations, products or therapies discussed, follow-up, adverse events, and referrals. Patient information must be protected in accordance with applicable privacy law and professional requirements. Access, retention, disclosure, and disposal of records must follow applicable legal requirements.

Separate, appropriate consent should be obtained before using identifiable patient images, recordings, testimonials, or case details for marketing, education, publication, or other purposes beyond direct care.

10. Public Communications and Professional Representation

- Describe qualifications, designations, CAPA membership, training, experience, and services accurately.
- Use clear, balanced language about traditional use, evidence, uncertainty, risks, and limitations.
- Do not make misleading, exaggerated, fear-based, or unsupported claims, or guarantee outcomes.
- Do not imply that CAPA membership confers a government licence or authority to perform regulated activities.
- Disclose relevant financial interests and avoid pressure-based sales or recommendations driven by personal gain.

11. Patient Rights

Patients receiving services from a CAPA practitioner should be able to:

- Be treated with dignity, respect, and cultural sensitivity.
- Receive a clear explanation of the service, its rationale, limitations, material risks, alternatives, and costs.
- Provide, decline, or withdraw informed consent.
- Ask about the practitioner's qualifications, training, CAPA membership, and scope of practice.
- Request access to their records in accordance with applicable law.
- Have personal and health information handled confidentially.
- Receive a referral when their needs fall outside the practitioner's scope or competence.
- Raise concerns or submit a complaint without intimidation or retaliation.

12. Public Protection and Complaints

Patient safety is supported through accurate credential representation, safe practice environments, appropriate documentation, referral awareness, continuing competence, and accessible complaint processes. Patients or members who have concerns about a CAPA practitioner's conduct may consult CAPA's complaint and contact resources.

Complaint Resolution: https://ayurvedicpractitioners.ca/public-protection/complaint-resolution

CAPA Contact: https://ayurvedicpractitioners.ca/contact

Practitioner Directory: https://ayurvedicpractitioners.ca/directory

13. Continuing Competence and Accountability

Practitioners are expected to maintain and enhance competence through ongoing professional development, reflection, appropriate consultation, and compliance with CAPA's applicable continuing professional development requirements. They should recognize when additional training, supervision, or referral is needed and remain accountable for the services they provide.

14. Important Notice

This document is a professionally organized draft based on the CAPA scope-of-practice, core modalities, and public-protection guidelines supplied for this document. It is not a legal opinion and should not be represented as an official, adopted, or legally authoritative CAPA policy unless formally reviewed and approved by CAPA. Applicable law and each practitioner's individual qualifications and authorization take precedence.