

Health Professions and Occupations Act Q&A

January 2026

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1. **NEW:** What is the HPOA and its primary objective?

- The HPOA will be the governing legislation for the regulation of health professions in B.C. starting April 1, 2026.
- The primary objectives of the Act are to prioritize protection of the public and facilitate good governance of regulators by:
 - Continuing the practice of regulating health professions through regulatory colleges while also enabling more flexible models of regulation for the practice of health occupations that present lower risk of harm to the public.
 - Creating a new process to designate a health profession with options to regulate a profession without creating a new regulatory college, resulting in faster implementation.
 - Establishing a new Superintendent’s Office – Health Professions and Occupations Regulatory Oversight Office (the Office) that will provide advice and recommendations to the Minister of Health to:

- Improve the performance of health regulatory colleges consistent with the HPOA
 - Identify legislative and regulatory improvements to the HPOA
 - Appoint health regulatory college board members through a merit-based process
 - Assess if a profession or occupation should be recommended for designation and regulation under the HPOA by the Minister
- The Office will also:
 - Promote and ensure adherence to the HPOA's Guiding Principles
 - Promote consistency and best practices among health regulatory colleges
 - Share information and records that are in the public interest
 - Lead an effective, accessible and independent Health Professions Discipline Tribunal (Discipline Tribunal), which oversees the discipline process for regulated health professions in B.C. to ensure the process is fair, effective and in the public interest.
- New innovations of the HPOA to protect the public from harm and discrimination include:
 - Increasing information sharing to improve patient safety and public trust, through increased transparency of licensees' past disciplinary actions on the regulatory colleges' public registries, as well as increased communication between employers and the regulatory colleges when misconduct has occurred.
 - Explicitly addressing discrimination, as the former HPA did not have an explicit mention of discrimination as a ground for professional misconduct of a health professional nor actionable conduct of a health occupation (see QA #6 below for details).
 - Enhanced safeguards to protect patients from sexual misconduct and sexual abuse related misconduct committed by a regulated health professional (see QA #7 below for details).
 - Requiring regulatory colleges, health professionals and occupations, and Health Professions Review Board (HPRB) to act in accordance with anti-discrimination measures found in the HPOA.
 - Including all instances of disciplinary actions and summary protection orders against a health professional on the regulatory college's public registry following the disciplinary hearing process.
 - Moving to fully appointed regulatory college boards, whose board members are selected based on merit and competency (see rationale and why this helps in QA #2 below).

2. **NEW:** Why have board appointments for regulatory colleges changed? How does the HPOA ensure focus on preventing harm and discrimination?

- Changes to the board appointment process enable improvements to governance of regulatory college boards for the sole purpose of ensuring public protection. The board appointment model under the HPOA was informed by the Inquiry of Harry Cayton, which can be found here: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>
- When Mr. Cayton reviewed the framework for regulatory college board elections and appointments under the Health Professions Act, he noted that *"The construction of boards for colleges is unsatisfactory. This is not a reflection of the competence or motivation of the individuals who are elected or appointed but on what is an inadequate process for determining who should run these important public institutions."*
- The Ministry conducted consultation with the public and interest holders regarding Mr. Cayton's regulatory board recommendations. Feedback from the public was broadly supportive of:
 - creating a merit-based process for board appointments,
 - reducing the number of board members to 8-12, and
 - moving away from a model of volunteerism towards greater professionalism through a system of remuneration.
- See QA #9 for more information on the public engagements and consultations on the regulatory college board governance model and feedback received.
- Following that consultation, a multi-party steering committee provided direction to modernize the HPA in accordance with these recommendations. See QA #4 for more details on the direction of the multi-party steering committee that informed the drafting of the HPOA.
- The rationale for moving away from an elections model and towards a fully merit-based appointment process include:
 - Address historical issues identified by the Ombudsperson and Cayton Report, where the elections model at times led to board members misunderstanding their roles as advocating for the profession, as opposed to governing the profession in the public interest.
 - Creating a consistent model of merit-based appointments that allow governance of a regulatory body focused directly on accountability to the public and its statutory mandate.

- A focus on the skills needed for board governance to oversee the functioning and processes of a regulatory body. The Superintendent will make recommendations on board appointments and will consider merit and a diversity of perspectives.
- To improve communication and coordination on boards by reducing the size to 8-12, which is considered a best practice for the strategic-level oversight role of a board.

3. When will the HPOA come into force?

- The HPOA received Royal Assent on November 24, 2022, but is not yet fully in force.
- On October 18, 2023, certain sections of the HPOA came into force, enabling the Health Professions and Occupations Regulatory Oversight Office (the Office) to be set up. These sections can be seen here:
 - https://www.bclaws.gov.bc.ca/civix/document/id/oic/oic_cur/0579_2023 and
 - https://www.bclaws.gov.bc.ca/civix/document/id/oic/oic_cur/0580_2023
- The HPOA will come into force fully on April 1, 2026, by regulations that were approved by Cabinet on July 16, 2025.
- Cabinet and Ministerial regulations, including new profession regulations and the Regulated Health Practitioners Regulation, which will come into force on April 1, 2026 to implement the new framework.

4. Why and how was the HPOA developed?

- On March 8, 2018, the Honourable Adrian Dix, Minister of Health appointed Harry Cayton, a leading expert in the field of professional regulation, to undertake an inquiry into the College of Dental Surgeons of British Columbia. The inquiry examined concerns about the College of Dental Surgeons' governance and operations, and included a review of the Health Professions Act and the model of health profession regulation in B.C.
- On April 11, 2019, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (the Cayton Report) was released to the public. The report contains two parts:
 - Part One focuses on the inquiry into the College of Dental Surgeons
 - Part Two suggests approaches to modernize B.C.'s overall health profession regulatory framework.
- In response to the suggestions outlined in Part Two of the Cayton report, the Minister established and chaired the Steering Committee on Modernization of Health Professional Regulation. Committee members included Norm Letnick, health critic for the official Opposition, and Sonia Furstenau, health critic and house leader for the BC Green Party

caucus. In considering how to modernize health profession regulation, the steering committee was guided by three objectives:

- 1. Improve patient safety and public protection.
- 2. Improve efficiency and effectiveness of the regulatory framework.
- 3. Increase public confidence through transparency and accountability.
- The report identified several problems with the regulatory framework, including the composition of regulatory college boards, a lack of relentless focus on patient safety, and secrecy regarding the complaints system. The report was made public on April 11, 2019 and can be read online here:
 - <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>
- The Cayton Report, along with feedback from public consultation on the report, led the Steering Committee to develop a consultation paper with proposed changes to health profession regulation in B.C.
- The consultation paper was open to public feedback from November 27, 2019, to January 10, 2020. The consultation paper is available here:
 - <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/modernizing-health-profession-regulatory-framework-consultation-paper.pdf>
- Feedback from the consultation informed the Steering Committee's final recommendations in an August 2020 report for improving the model of health profession regulation.
 - The report can be read online here:
<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/recommendations-to-modernize-regulatory-framework.pdf>
- The multi-party recommendations, engagement with partners, the public, and consultation with Indigenous Peoples, informed the drafting of the new HPOA legislation.

5. What does this legislation do for the public?

- The HPOA will make discrimination a form of misconduct, clarifying that regulatory colleges review discrimination-related complaints pertaining to health professions regulation. It is hoped that this will lead to more people seeking health care services and feeling safer doing so, addressing an issue that was identified in the ["In Plain Site Report"](#). These changes were in response to recommendations in this report that called for the implementation of legislative changes to require anti-racism and "hard-wire"

cultural safety (recommendation 2), as well as improve the patient complaint processes to address individual and systemic Indigenous-specific racism (recommendation 5).

- In addition, these changes foster a more transparent complaints process that encourages people who have been hurt or wronged by a health professional to come forward by:
 - Offering identity protection measures throughout the complaint process to people who have experienced discrimination, sexual abuse, or sexual misconduct by a health professional.
 - Providing access to support workers and support services such as counselling for people who have experienced sexual abuse, sexual misconduct or discrimination while receiving health care from a regulated health-care provider.
 - Creates a legal duty to report for professionals when they see other professionals committing an act of discrimination under the legislation.
- Furthermore, all disciplinary actions taken against health professionals will be published. This is based on the Cayton report which states: *"It is not possible for patients to give informed consent to care if they do not know that their health practitioner has had a complaint upheld against them. It should be recognized as a fundamental right of a patient to know about their healthcare provider's competence and conduct."*
- **Please note:** information about the specifics of an investigation **will not** be published until the investigation is complete and **only** when the regulatory college has taken specific action against the professional for misconduct.

6. **NEW:** Does the new legislation address anti-Indigenous racism and other forms of discrimination?

- The HPOA was one of the first pieces of legislation to seek to align with the [UN Declaration on the Rights of Indigenous Peoples](#) (UNDRIP) per the Declaration on the Rights of Indigenous Peoples Act (Declaration Act).
- The legislation was also informed by recommendations of the [In Plain Sight Report](#) to address Indigenous-specific racism in the health care system.
- Under the HPOA:
 - Discrimination is called out as a form of professional misconduct and discrimination is defined in the Human Rights Code to include Indigenous identity and race.
 - Decision-makers must carry out their duties and powers under the Act in a manner that supports and promotes the awareness of UNDRIP and reconciliation with Indigenous Peoples as well as the need to address racism and anti-racism issues that are specific to Indigenous Peoples, including acknowledging the rights,

interests, priorities and concerns that are specific to First Nations peoples, Métis peoples and Inuit peoples, based on distinctions among them.

- Anti-discrimination measures must also be taken by health professionals and those who regulate them.
 - The HPOA recognized Indigenous practices, including restorative processes for resolving disputes, and includes them.
 - The HPOA requires regulatory colleges to offer support workers to those who have experienced sexual assault/misconduct or discrimination.
 - New requirements are established for consultation meaningfully and this includes with Indigenous Governing Bodies or other Indigenous entities on matters such as anti-discrimination measures in bylaws, oversight processes for cultural safety, and development of standards regarding indigenous matters.
- For more information on the HPOA as it relates to section 3 of the Declaration on the Rights of Indigenous Peoples Act, see: <https://declaration.gov.bc.ca/annual-report/alignment-of-laws-section-3/alignment-of-laws-section-3-2022-2023/>

7. **NEW:** Does the new legislation enhance safeguards to address acts of sexual misconduct and sexual abuse committed by regulated health professionals?

- Yes, the HPOA provides enhanced clarity on what constitutes both sexual misconduct and sexual abuse by regulated health professionals and future regulated health service providers.
- It adds further clarity to what was written in the HPA – i.e. that "professional misconduct" includes sexual misconduct by providing the following list of acts that constitute sexual misconduct as well as sexual abuse. This clarity was informed by public engagement and consultation and cooperation with Indigenous partners, who identified previous harms caused by not addressing sexual misconduct and sexual abuse in a clear, consistent, culturally safe and trauma-informed way. These changes make clear that the following are considered sexual misconduct or sexual abuse under the HPOA:
 - engaging with a patient or prescribed person in sexual intercourse or another physical act of a sexual nature;
 - Engaging in this act without consent constitutes sexual abuse
 - touching the patient or person, directly or indirectly, if the touching is of a sexual nature;
 - Engaging in this act without consent constitutes sexual abuse

- attempts to do either of the above;
 - Engaging in this act without consent constitutes sexual abuse
 - engaging in an act of a sexual nature in the patient's or person's presence;
 - Engaging in this act without consent constitutes sexual abuse
 - manipulating or exploiting the patient or person for sexual purposes, including offering or accepting services in exchange for acts of a sexual nature, whether or not the services are health services;
 - Engaging in this act without consent constitutes sexual abuse
 - harassing the patient or person, if the harassment is of a sexual nature;
 - engaging in communication of a sexual nature with the patient or person, including requesting communication or sharing media containing sexual content;
 - building a relationship of trust or emotional connection with the patient or person and using or attempts to use that relationship to abuse, manipulate or exploit the patient or person for sexual purposes;
 - Engaging in this act without consent constitutes sexual abuse
 - engaging in any other activity of a sexual nature with or in relation to the patient or person, whether or not the activity occurs within the health service environment or in the course of providing health services.
 - See section 8 of the HPOA for details. The Ministry will provide more guidance on this section in future communications.
- If the health professional is alleged to have committed sexual misconduct or abuse, the HPOA requires that the Director of Discipline considers whether the panel has someone with the experience needed to:
 - be aware of the perspective of the respondent and the perspective of the persons, if any, who experienced the respondent's alleged conduct, and
 - assess the influence of those perspectives on the respondent's actions and how those actions were perceived by the persons, if any, who experienced the respondent's alleged conduct.
 - If the complainant is alleging sexual misconduct/abuse they can request support services from the regulatory college. These support services are intended to support a person to recover from or seek redress for sexual misconduct or sexual abuse. The HPOA provides the introduction of diverse support workers that can assist someone who has experienced sexual misconduct or sexual abuse through the complaints process.

- A regulatory college must make bylaws respecting ethical standards, including preventing and responding to sexual misconduct and sexual abuse.
- Other safeguards include: addressing the use of written statements and barriers when being cross examined; a regulatory college is not able to dispose of a complaint about sexual abuse without consulting the Director of Discipline; a regulatory college can pursue an investigation into a sexual misconduct or sexual abuse matter committed without first requiring the consent of the person who experienced the misconduct or abuse in order to initiate the investigation; and employers must report staff sexual misconduct/abuse to the appropriate regulatory college.

8. What type of consultation occurred before these changes to inform the HPOA?

- The ministry conducted a multi-year consultation and engagement processes around the HPOA.
- There were three areas of consultation on the HPOA spanning three years.
 - These areas included: 1) public engagement, 2) other interest holder engagement, including regulatory colleges and associations, and 3) Indigenous Peoples consultation.
- **Public Consultation:**
 - The first consultation was on The Cayton Report, which occurred from May 9, 2019 to June 14, 2019, and received over 300 written submissions.
 - The written submissions received called for greater transparency and accountability in the complaints and discipline process.
 - The feedback also called for consistent approaches to regulation, and greater clarity in the mandate of regulatory colleges to protect the public.
 - This consultation resulted in the Minister of Health appointing the all-party Steering Committee.
 - A summary of the engagement can be found online, here: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/regulating-health-professions-what-we-heard.pdf>
 - The second consultation focused on the Steering Committee's published consultation report and was held from November 27, 2019 to January 10, 2020.
 - The consultation consisted of a public survey and the opportunity to submit a written submission.
 - The survey received a total of 4,018 responses, where 71% of respondents identified as health professionals.

- Members of the public were the second largest group at 22%.
- The remaining 7% included, regulatory staff and board members, professional association or union representatives, health profession students and researchers.
- There were 255 unique written submissions received from: health professionals (94), professional associations (53), members of the public (38), B.C. health profession regulators (21), regional health authority representatives (11), Indigenous partners (2), and others including provincial bodies, educational institutions, unions, non-profit groups and out of province regulators (36).
- In addition, 1,225 writing campaign/form letters were received regarding professionals' scopes of practice, amalgamation of regulatory colleges and the regulation of additional professions.
- **Interest holders including regulatory colleges and associations:**
 - Engagement with these partners covered topics including the results of public consultation processes, board appointment process, regulatory college amalgamations, regulated new professions under the *Health Professions Act*, protected titles, sexual misconduct and abuse, cultural safety and humility, continuing competency, increasing public safety, anti-discrimination, public registries of health professionals, registrar's authority and role, bylaws, etc.
 - The Ministry of Health met with partners between August 26, 2020 and July 25, 2022.
 - There were 53 distinct meetings with partners, which consisted of the following groups:
 - BC Health Regulators
 - Regulatory Colleges
 - Provincial professional health associations (30 groups)
 - Sept 15, 2020
 - February 12, 2021
 - June 18, 2021
 - July 16, 2021
 - BC College of Social Workers (not regulated under the HPA)
 - Ambulance Paramedics of BC (not regulated under the HPA)
 - Union groups, including Health Services Association of BC and Hospital Employee's Union

- For information on the section 3 consultation process with **Indigenous Peoples**, see:
 - Declaration Act Alignment of Laws reports for 2022/23: <https://declaration.gov.bc.ca/annual-report/alignment-of-laws-section-3/alignment-of-laws-section-3-2022-2023/>
 - Declaration Act 2022-23 Annual Report, Pages 3-4: https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/2022-2023-declaration_act_annual_report.pdf

9. What consultation input went into informing the changes to board appointments in the HPOA?

- Harry Cayton recommended reducing the size of boards and moving away from an elections-based model to fully appointed boards through a merit-based process.
- This became a clear priority following public engagement, as indicated through an online public survey held from November 27, 2019, to January 10, 2020 by the Ministry of Health.
 - Out of the 4,018 survey respondents, 92% supported ensuring regulatory college boards are composed of members appointed based on merit and competence.

10. How will health professionals continue to be involved in regulatory college board governance and profession-specific standards?

- Under the HPOA, the new board appointments will be made up of 50% health professionals and 50% public based on recommendations from the Health Professions and Occupations Regulatory Oversight Office (the Office).
- In the case of an odd number of board members, more than 50% of the board would be health professionals.
- To ensure transparency, the Office will publish policies on the board appointment process.
- Health professionals are still integral in setting regulatory college standards. When setting bylaws about eligibility standards, ethics standards, or practice standards, boards will be required to seek the advice of professional standards advisors.
 - Professional standards advisors are individuals who must be a licensed health professional (for which the standard applies) with education, training, experience, and other qualifications that qualify them to give expert advice respecting the practice of the profession.

- For example, if the regulatory college board is making bylaws about eligibility standards for licensure of dietitians, the board must seek advice from professional standards advisors who are licensed dietitians.
- If a board does not accept the advice of professional standards advisors, they must publish the reason(s) why.

11. What is the Health Professions and Occupations Regulatory Oversight Office (the Office)?

- The Health Professions and Occupations Regulatory Oversight Office (the Office) is a new oversight body established under the HPOA, led by a Superintendent. They will provide oversight of the regulation of health-care professions and occupations in B.C.,
- The Superintendent will also be responsible for completing assessments on certain groups of health practitioners and making recommendations to the Minister on whether they should be regulated. These assessments are initiated by the Superintendent on their own initiative or on the direction of the Minister of Health. For more information on the difference between a regulated health profession versus a regulated health occupation, see below.
- The Office also houses an independent Discipline Tribunal, which oversees the discipline process for regulated health professions in B.C. The Discipline Tribunal will ensure the process is fair, effective and in the public interest.
- The Office also will receive complaints from people about regulatory college performance or conduct.
- For more information on the Office or the Discipline Tribunal, please visit the Office website here: [Health Professions and Occupations Regulatory Oversight Office](#).

12. How is the Office independent?

- The Superintendent is appointed by the Lieutenant Governor in Council.
 - This type of appointment and model already exists for other positions, such as the Seniors Advocate under the *Seniors Advocate Act*.
- The Superintendent determines and hires their own staff and consultants.
- The Superintendent is required to act within the legal mandate set by the HPOA.
- The Minister of Health **cannot** direct the Superintendent to act outside of the legal mandate of the position.
- The Minister of Health **can** direct the Superintendent to act within their mandate. For example, this includes directing the Superintendent to conduct an audit into one or more of the regulatory colleges.

- After conducting an audit (or another oversight function, such as an investigation), the Superintendent must give a copy of the findings, including any advice and recommendations made within it, to the Minister.
- The Minister **can** ask the Superintendent to conduct more research and consultation in order to make further advice and/or recommendations.
- The Minister **cannot** influence or direct the findings of an audit, investigation, or other oversight report of the Superintendent.

13. How will regulatory college boards be appointed?

- Under the HPOA, there is no election process for regulatory college boards as they are fully appointed by the Minister of Health on the recommendation of the Superintendent.
- It is a key function of the Office to complete a merit and competency-based board selection process and make recommendations to the Minister of Health for regulatory college board appointments.
- Boards will be made up of 8 to 12 members, half of whom are professionals and half of whom are public board members.

14. **NEW:** The designation process under the HPOA

- Applications for designation from health professional associations were permitted under Section 7 of the HPA, and this will no longer be the process under the HPOA.
- The Superintendent will conduct an assessment if they are of the opinion that to do so would be in the public interest, or if they have been directed by the Minister.
- The assessment done by the Superintendent will use criteria set out in the HPOA, considering factors such as the level of harm to the public, level of professional autonomy, level of professional judgment, etc. For more details, see Section 6, Health professions and occupations, and Part 2, Division 1, Designation.
- After an assessment, the Superintendent will make a report to the Minister. This report will make recommendations on where a group should be regulated as:
 - a profession
 - an occupation, or
 - not regulated
- Upon completing a designation assessment, the Superintendent will share the report with the Minister. If the Superintendent recommends regulation, the Superintendent will also make recommendations on:
 - any matter they believe should be addressed in the designation regulation,

- any matter that the Minister directed the Superintendent to consider during the designation assessment.
- The Minister must consider the Superintendent's report and decide if the unregulated practice of a health practitioner presents an unreasonable risk of harm to the public and, if so, whether to designate the profession or occupation for regulation.

15. NEW: What is the difference between a profession and an occupation in the HPOA?

- A regulated health professional, known under the HPOA as a "licensee," is licensed to practice a designated health profession. A regulated health professional receives their practice authority through the license granted by a regulatory college established under the HPOA.
- A regulated health occupation is a different form of regulation created by the HPOA that regulates a designated health occupation based on the level of risk the occupation presents to the public.
- A regulation designates the occupation and defines the regulatory program. It also determines who will be tasked with regulating them; i.e. either a regulatory college or a program established within the Ministry. Regardless, a director will be appointed either in a college or in the Ministry to oversee the regulatory program.
- Health occupations differ from regulated health professions in that regulated health occupations do not usually have the level of training of a professional, typically do not direct patient care, have less autonomy, and are usually supervised. However, a health occupation may still need to be regulated if the Minister determines that there is risk to the public that a regulatory program could minimize if regulated. For example regulations may be necessary, if the health practitioners are working with a vulnerable population with little oversight.

16. What are the roles of government, the regulatory colleges, the professional associations, unions, the Health Professions Review Board, and the Health Professions and Occupations Regulatory Oversight Office and employers regarding the HPOA and regulations?

Ministry of Health

- Among other things, the Ministry of Health is responsible for the maintenance and updating of health regulations, including considering scope expansion requests for regulated professions. The Minister has been authorized under the HPOA to set scope of practice, restricted activities and other requirements in profession specific regulations.

The Ministry **does not** have the authority to initiate or intervene in an investigation of a complaint regarding the conduct of health practitioners, which is the role of a regulatory college. Nor can the ministry review an appeal of a regulatory college decision, which is the role of the Health Professions Review Board.

Regulatory Colleges

- The role of the regulatory colleges is to oversee the practice of regulated health professions in the public interest. The regulatory colleges operate at arm's length from government and establish, monitor, and enforce standards of practice, codes of ethics and limits and conditions for the professions they govern. Regulatory colleges are also responsible for receiving complaints and conducting investigations into licensees' misconduct. Additionally, the regulatory colleges are responsible for the licensing of health professionals and responding to complaints from the public about the conduct of individual practitioners, conducting quality assurance processes and overseeing continuing professional education/competence for safe practice.

Health Professions and Occupations Regulatory Oversight Office

- The Office has five responsibilities:
 1. Make recommendations to the Minister for regulatory college board appointments using a merit-based process and ensuring a diversity of perspectives.
 2. Do designation assessments at the direction of the Minister or on their own initiative
 3. Oversee the regulatory colleges through audits, investigations, and systemic reviews
 4. Receive complaints about the performance or conduct of the regulatory colleges and make recommendations where regulatory colleges are deficient.
 5. The Discipline Tribunal, led by the Director of Discipline, conducts independent hearings and decides disciplinary actions for licensees following an investigation process by a regulatory college

Health Professions Review Board

- The Health Professions Review Board is an independent, quasi-judicial administrative tribunal. Its duties include reviewing certain licensing decisions of regulatory colleges, reviewing certain dispositions of complaints made by the inquiry committee of a regulatory college; and developing and publishing guidelines and recommendations for the purpose of assisting regulatory colleges in establishing fair licensing, inquiry and discipline procedures.

- The HPRB is within scope of the HPOA and has duties and powers under the Act.

Professional Associations

- The primary purpose of a health profession association is to represent its members and advocate on their behalf. These associations provide ways to help members learn about emerging areas of professional interest or career opportunities and organize networking opportunities and continuing education.
- Professional Associations are not in scope of the HPOA. They do not have duties or powers under this legislation.

Unions

- The role of unions is to negotiate for their members through collective bargaining, advocate for their members with employers, including addressing workplace grievances, safe work environments and wages, and offer their members training and education opportunities.
- Unions are not in scope of the HPOA. They do not have duties or powers under this legislation.

Employers

- Under section 87 of the HPOA, employers, such as regional health authorities, will have a duty to report a regulated health professional if there is a suspected significant risk to the public or report if there is an instance of sexual misconduct, sexual abuse or discrimination if, based on that professional's conduct:
 - the employer terminates their employment,
 - revokes, suspends or restricts their hospital privileges
 - dissolves a partnership or association with that health professional

17. How are complaints and discipline handled under the HPOA?

- Under the HPOA, regulatory colleges will continue to handle complaints and investigations against health professionals.
- However, the HPOA establishes a new Discipline Tribunal, housed within the Office, which will conduct hearings and determine discipline for health professionals who have been investigated by their regulatory college following a complaint.
- The Discipline Tribunal is led by the Director of Discipline (the Director), who will not be involved in hearings but will oversee the Tribunal as a whole.
- Independent discipline panels appointed by the Director will consist of a professional of the same profession subject to discipline and a member of the public. When choosing

panel members, the Director will consider if the members have the expertise needed to conduct the discipline hearing in a manner that mitigates any potential trauma that may arise from an adversarial process

- The Discipline Tribunal will determine the disciplinary action against a professional who has been found to have committed misconduct, however it will be the regulatory college who is responsible for enforcement of disciplinary orders.

18. Will complaints against regulated health professionals be published?

- Regulatory colleges will not release information about the specifics of an investigation until it is complete, and then only when disciplinary action is taken against a health professional.
 - Regulatory colleges will however be able to acknowledge that they have received a complaint or disposed of a complaint in order to respond to public sources like the media.
 - Unfounded complaints will be dismissed and **will not** be published.
 - Warnings and advice given by a regulatory college to a regulated health professional **will not** be published.
 - Discipline issued by an independent tribunal **will** be published by the regulatory college along with the complaint.
- Certain discipline actions were previously published under the HPA (section 39.3, HPA)
- Under the HPOA, all disciplinary orders will now be made public to increase transparency and to protect the public. This is directly in line with the recommended changes to the complaints and discipline processes made by the steering committee (for more information on the steering committee see question 4).

19. What will happen after a complaint has been investigated?

- Under the HPA, regulatory colleges receive complaints, conduct investigations, determine disciplinary action, and enforce discipline through disciplinary orders.
- Under the HPOA, regulatory colleges will continue to receive complaints, conduct investigations, and issue limited types of disciplinary action for administrative matters.
 - For example, this could include disciplinary action for an administrative issue. This could include failing to respond to requests from the regulatory college.
 - Regulatory colleges will also retain the ability to resolve less serious issues by making agreements with health professionals.
 - This could include issuing a warning, requiring the health professional to agree not to repeat the conduct, or agreeing to take additional training among other actions.

- However, more serious misconduct issues that can't be resolved by the regulatory colleges, and all sexual abuse matters, must go to the Discipline Tribunal.

20. Why does the HPOA include provisions on fines and jail time?

- The HPOA enables the Provincial Court of British Columbia to issue a fine and/or a term of imprisonment, upon conviction, against individuals (including persons who are not regulated health professionals) who commit an offence.
- This same authority already exists under the HPA.
- This is necessary to take action against individuals including persons who are not licensed or regulated health professionals, from doing specific harmful actions. For example, offences under the HPOA include but are not limited to:
 - Falsely claiming to be a health professional (such as a doctor).
 - Falsely claiming to be able to provide, or providing, a regulated health-related activity (such as injecting another person with a scheduled drug) when not authorized to do so.
 - Knowingly disclosing information, such as the unauthorized release of private or confidential information.
 - Knowingly providing false or misleading information to someone exercising a power under the HPOA, such as providing false information during an investigation.
 - Willfully preventing someone from acting within their given authorities under the HPOA, such as willfully obstructing evidence during an investigation.
- Penalties under the HPOA have become more severe to deter people from committing these offences. This also brings the HPOA into greater alignment with the *Professional Governance Act*.

21. **NEW:** How have offenses changed under the new HPOA and why have they changed?

- The new HPOA contains the same offences that already exist under the HPA, though with the following changes:
 - An increase in the amount of penalty that could be levied. This better protects the public by discouraging offences from being committed.
 - Brings HPOA legislation into alignment with the *Professional Governance Act*, (this is the act that provides statutory regulation of agrologists, applied biologists, applied science technologists and technicians, engineers and geoscientists, and forest professionals).
 - Provides new safeguards for addressing false and misleading information that poses a risk of significant harm – this includes false and misleading information

both to the public, as well as if a regulated health professional provides false and misleading information to regulatory colleges and others responsible for carrying out duties of the Act (e.g. HPRB)

- Provides new safeguards for addressing offences committed by health professional corporations to increase higher maximum fine for the corporation committing an offence, which is aligned with offences for firms under the Professional Governance Act

22. Does the legislation allow government to access medical records?

- **No.** The HPOA does not allow government to inspect, copy or seize clinical records.
- Only an independent Investigator, can access private medical records.
 - This authority already exists under the HPA.
 - When a health care professional is being investigated, an investigator is authorized to search records to confirm whether the complaint has validity or to acquire proof of the professional's misconduct.
 - The investigator is subject to restraints in this process – including that the records must be in relation to the investigation.
 - The Investigator is also subject to the bylaws of the regulatory college and the directions of the investigation committee.
 - This same process will occur with the HPOA and that it is in place for the protection of patients.
- The government has no legal access to patient records in the HPOA. The legislation builds a firewall between the government and the independent regulatory colleges and the Health Professions and Occupations Regulatory Oversight Office.

23. How are the profession regulations organized?

- The regulations for each of the health professions are grouped by regulatory college rather than having individual regulations for every profession. Under the HPOA, the profession regulations include:
 - Complementary Health Professionals Regulation
 - Health and Care Professionals Regulation
 - Nurses and Midwives Regulation
 - Oral Health Professionals Regulation
 - Pharmacists Regulation
 - Medical, Diagnostic and Therapeutic Professionals Regulation
 - See Appendix A for details on which professions are governed by which regulatory colleges.

- Additionally, there is a new regulation, the Regulated Health Practitioners Regulation, which includes restricted activities and other information pertinent to interpreting the profession regulations.

24. What are the changes to scope of practice (SoP) under the HPOA?

- As part of the work to modernize health profession regulation in B.C., the HPOA regulations introduce a limited number of scope of practice (SoP) changes for certain professions (i.e., Hearing Instrument Practitioners, Midwives, Naturopathic Physicians, Physical Therapists, Speech-Language Pathologists, and Traditional Chinese Medicine Practitioners). The changes align with activities that these professions are educated in and able to perform.
- These SoP changes will take effect when the HPOA and its regulations come into force on April 1, 2026. For questions or more information on how to interpret these SoP changes, please contact the appropriate regulatory college.
- For a table of changes by profession, please see Appendix B at the end of the document.

25. NEW: What's happening with Scope of Practice (SoP) expansion?

- In late Spring 2026, the Ministry will begin a broader review of current scopes of practice of regulated health professions for optimization and potential expansion, which may address some health system gaps. This will be prioritized after the HPOA comes into force on April 1, 2026.
- A formal process for submitting and evaluating SoP change requests will be shared post-HPOA implementation. Until then, the Ministry will not be discussing specific net new proposals to expand SoP.
- Examples of factors that the Ministry considers when assessing SoP changes include:
 - The underlying problem or need, or patient interest that could be addressed through SoP optimization or expansion, to improve health system access
 - Jurisdictional scan of what other provinces allow, including consideration of labour mobility
 - Assessing whether there is education and training in place that would allow the work to be done safely
 - Regulatory college readiness to regulate the new service, and other partner readiness to implement the changes
 - Feedback received from health system partner, public and Indigenous Peoples consultations
 - Potential impact on other professions
 - Financial implications for patients, government and other key interest holders

- Quality assurance and continuing competency requirements
- Alignment with health system needs and government priorities (e.g. improving rural and remote access to health services)

26. **NEW:** Clarification on the HPOA regulations Scope of Practice statements?

- Scope of Practice Statements set out **broadly** what each regulated health profession may do. These statements are **not exhaustive lists** of every service the profession may provide, nor do they exclude other regulated professions or unregulated persons from providing services that fall within a particular profession's scope of practice. Some aspects of the scope of practice of a regulated health profession may overlap or be shared with those of other regulated health professions.
- The new regulations under the HPOA will not limit or reduce any profession's existing scope of practice they had under the HPA.
- The HPOA uses the same shared SoP and restricted activities model from the HPA, which includes:
 - Scope of Practice statements that describe what a profession generally does, not every possible service.
 - Restricted Activities, which are high-risk activities only allowed to be performed by authorized professionals or persons appropriately delegated the activity.
- Regulations were drafted under the HPOA with the intent of aligning with the SoPs in the HPA regulations. Additionally, the HPOA regulations were drafted to ensure consistency across professions.
- Wording changes are not intended to limit services that a profession is authorized to provide, and the HPOA itself does not outline or change the SoP of professions.
- The Ministry is reviewing feedback on the draft regulations and areas of confusion, considering potential wording changes for clarification.
- Please refer to the regulatory colleges for questions about interpretation of profession regulations under the HPOA.

27. **NEW:** SoP and licensure requirements for professions designated but not yet regulated (Diagnostic and Therapeutic Professions and Psychotherapy)?

- On July 16, 2025, the Minister approved regulations for psychotherapy, clinical perfusion, respiratory therapy, radiation therapy, and medical laboratory technology to become

designated as professions under the HPOA, however they are not yet regulated by a regulatory college.

- The College of Physicians and Surgeons of BC (CPSBC) will regulate clinical perfusion, respiratory therapy, radiation therapy, and medical laboratory technology; the College of Health and Care Professionals of BC (CHCPBC) will regulate psychotherapy.
- These regulations will not be brought into force until November 29, 2027, allowing time for meaningful consultation to ensure SoP and Restricted Activities accurately align with current education and training. This timing will also allow time for the two regulatory colleges to prepare to regulate and license these new professions.
- When regulations were approved, the Ministry invited external feedback and engaged in consultations on these regulations. The Ministry remains committed to future engagement.

28. **NEW:** Delegation under the HPOA

- Delegation bylaws are the legal mechanism that regulatory colleges must use to authorize registrants to delegate restricted activities (RA) and/or aspects of practice (AoP) to other types of regulated or unregulated providers.
- All regulatory colleges are currently drafting delegation bylaws that will come into force under the HPOA on April 1, 2026.
- While RA are higher-risk activities that are specified by the Minister in regulation, AoP are less clear. They are defined in the HPOA as being **part of a health service** that the profession is authorized within their scope of practice to perform **and** that require their **professional knowledge, skills, ability and judgment** (for example, professional “assessment”).
- Under the HPOA, Restricted Activities and Aspects of Practice can be delegated. However, delegation can only happen if two requirements are met:
 1. The regulatory colleges have authorized delegation of the activity in their bylaws, when specific criteria are followed
 2. The professional who is delegating is satisfied that the person is able to perform the delegated activity safely and in a manner that does not cause harm.
- Some regulated and unregulated health providers are interpreting a lack of comprehensive delegation bylaws as impacting their ability to continue to provide service delivery as of April 1, 2026. This is **not** true. The regulatory colleges will work on developing comprehensive delegation bylaws over time and will work together towards greater consistency in interpretation and content.

- In the meantime, it is important to note that **not all activities will require delegation** (only restricted activities and any additional activities that may be specified in a regulatory college's delegation bylaws).

Resources

[Ministry of Health - Professional Regulation and Oversight Branch](#)

[Health Professions and Occupations Regulatory Oversight Office](#)

[College of Health and Care Professionals of British Columbia](#)

[College of Complementary Health Professionals of British Columbia](#)

[College of Physicians and Surgeons of British Columbia](#)

[College of Pharmacists of British Columbia](#)

[British Columbia College of Nurses and Midwives](#)

[British Columbia College of Oral Health Professionals](#)

Appendix A – Health Profession Regulatory Colleges and Professions

Health Profession Regulatory Colleges:	Professions:
<p>The College of Health and Care Professionals of British Columbia (CHCPBC)</p>	<ul style="list-style-type: none"> • Audiologists • Dietitians • Hearing Instrument Practitioners • Occupational Therapists • Opticians • Optometrists • Physical Therapists • Psychologists • Psychotherapists (2027) • Speech-language pathologists
<p>The College of Complementary Health Professionals of British Columbia (CCHPBC)</p>	<ul style="list-style-type: none"> • Chiropractors • Massage Therapists • Naturopathic Physicians • Traditional Chinese Medicine Practitioners and Acupuncturists
<p>The British Columbia College of Nurses and Midwives (BCCNM)</p>	<ul style="list-style-type: none"> • Licensed Practical Nurses • Registered Nurses • Registered Psychiatric Nurses • Nurse Practitioners • Midwives
<p>The British Columbia College of Oral Health Professionals (BCCOHP)</p>	<ul style="list-style-type: none"> • Dental Hygienists • Dental Technicians • Dentists • Denturists

The College of Physicians and Surgeons of British Columbia (CPSBC)	<ul style="list-style-type: none"> • Medical Practitioners • Podiatrists • Clinical Perfusionists (2027) • Respiratory Therapists (2027) • Radiation Therapists (2027) • Medical Laboratory Technologists (2027)
The College of Pharmacists of British Columbia (CPBC)	<ul style="list-style-type: none"> • Pharmacists, • Pharmacy Technicians

Appendix B – Table of SoP Changes

Regulated Health Profession	Scope of Practice change(s) in HPOA profession regulation
Hearing Instrument Practitioners	Raises the patient age requirement to 19 years or older for a hearing instrument practitioner to prescribe, fit, and dispense a wearable hearing instrument (to align with entry-to-practice training). A certified hearing instrument practitioner may prescribe, fit or dispense a wearable hearing instrument for patients aged less than 19 years.
Midwives	Removes the 3-month restriction for the provision of postpartum contraception services
	Includes the application of ultrasound for the purpose of determining fetal position and presentation
	For certified midwives, includes the insertion of "devices" beyond the labia majora for the purposes of inducing labour (e.g., balloon catheters) and administering contraception (i.e., copper IUDs and hormonal IUDs)
Naturopathic Physicians	Removes the ability to administer a substance by using a hyperbaric chamber (in alignment with the regulatory college's position)
Physical Therapists	Includes the following restricted activities that are within entry-to-practice education: <ul style="list-style-type: none"> • Administer oxygen by inhalation • Diagnose a disease, disorder or condition of the cardiorespiratory or neuromusculoskeletal system that they are capable of treating, managing or preventing by physical and mechanical means

	<ul style="list-style-type: none"> • Insert an instrument beyond the nasal passages, beyond the pharynx, or into an artificial opening in the body for the purpose of airway suctioning • Move a joint of the spine beyond limits body can voluntarily achieve using a high velocity, low amplitude thrust
	<p>For certified physical therapists, includes the following restricted activities that require additional education:</p> <ul style="list-style-type: none"> • Put an instrument, device, hand, or finger beyond the labia majora or beyond the anal verge for the purpose of assessing and treating the pelvic floor • Perform a procedure on tissue below the dermis by inserting solid filament needles for the purpose of reducing inflammation or managing pain • Reduce a dislocation of a joint
<p>Speech-Language Pathologists</p>	<p>Includes the ability to provide broader treatment for feeding and swallowing disorders (compared to previous treatment for vocal tract dysfunction only)</p>
	<p>For certified speech-language pathologists, includes the ability to put an instrument, device, or finger beyond the pharynx to assess and manage swallowing disorders</p>
	<p>For certified speech-language pathologists, includes the ability to put an instrument or device into an artificial opening in the body to assess and manage swallowing disorders</p>
<p>Traditional Chinese Medicine Practitioners</p>	<p>Removes several limits and conditions on practice, to align with other health professions' regulations (e.g., removes the requirement for consultation or oversight by another type of practitioner)</p>