



# Health Professions and Occupations Act Q&A

April 2026

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# Development of the HPOA

## 1. 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.

## 2. 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)
    - September 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](https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/2022-2023-declaration_act_annual_report.pdf)

### 3. When did the HPOA come into force?

- The HPOA received Royal Assent on November 24, 2022.
- On October 18, 2023, certain sections of the HPOA came into force, enabling the Health Professions and Occupations Regulatory Oversight Office (Oversight 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](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](https://www.bclaws.gov.bc.ca/civix/document/id/oic/oic_cur/0580_2023)
- The HPOA and its regulations fully came into force on April 1, 2026, by regulations that were approved by Cabinet on July 16, 2025.

## Regulatory College Boards

### 4. Why have board appointments for regulatory colleges changed?

- 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.
- Following that consultation, a multi-party steering committee provided direction to modernize the HPA in accordance with these recommendations.
- The rationale for moving away from an elections model and towards a fully merit-based appointment process includes:
  - Addressing 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 Oversight Office makes recommendations on board appointments and considers 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.

## **5. How are regulatory college boards 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 Oversight Office.
- It is a key function of the Oversight 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 are made up of 8 to 12 members, half of whom are professionals and half of whom are public board members.

## **6. 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.

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

- Under the HPOA, board appointments are made up of 50% health professionals and 50% public based on recommendations from the Oversight 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 Oversight Office will publish policies on the board appointment process.

- Health professionals are integral in setting regulatory college standards. When setting bylaws about eligibility standards, ethics standards, or practice standards, boards are 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.

## Designation of Professions and Occupations

### 8. What is the designation process under the HPOA?

- Applications for designation from health professional associations were permitted under Section 7 of the HPA, and this is no longer the process under the HPOA.
- The Oversight Office conducts a designation 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.
- Designation assessments 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 a designation assessment, the Oversight Office makes a report to the Minister. This report makes recommendations on where a group should be regulated as:
  - a profession
  - an occupation, or
  - not regulated
- Upon completing a designation assessment, the Oversight Office shares the report with the Minister. If the Oversight Office recommends regulation, the Oversight Office also makes recommendations on:
  - any matter they believe should be addressed in the designation regulation,
  - any matter that the Minister directed the Oversight Office to consider during the designation assessment.
- The Minister must consider the Oversight Office'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.

## 9. What is the difference between a profession and an occupation under 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.
- 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.
- 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.

## 10. When will the Diagnostic and Therapeutic Professions and Psychotherapy be regulated?

- 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.

# The Health Professions and Occupations Regulatory Oversight Office (Oversight Office)

## 11. How is the Oversight Office independent?

- The Superintendent of the Oversight Office 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 Oversight Office is required to act within the legal mandate set by the HPOA.
- The Minister of Health **cannot** direct the Oversight Office to act outside of the legal mandate of the position.
- The Minister of Health **can** direct the Oversight Office to act within their mandate. For example, this includes directing the Oversight Office 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 Oversight Office must give a copy of the findings, including any advice and recommendations made within it, to the Minister.
- The Minister **can** ask the Oversight Office 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 Oversight Office.

## Penalties and Offences under the HPOA

### 12. 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 act 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*.

### 13. How have offenses changed under the HPOA and why have they changed?

- The HPOA contains the same offences that already existed 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

## Scope of Practice and Restricted Activities

### 14. Are there changes to scope of practice (SoP) under the HPOA?

- The Ministry has undertaken a detailed review to ensure new regulations under the *Health Professions and Occupations Act* (POA) do not limit or reduce any profession's existing scope of practice (SoP) they had under the *Health Professions Act* (HPA). This is to address regulatory fixes that were needed to translate content more effectively from the HPA model to the new HPOA framework.
- The Ministry has been exploring options to amend the regulations for scope of practice and restricted activities to reflect existing education and training of the professions.
- For more information on how to interpret scope of practice in the regulations, please contact the appropriate regulatory college.

## 15. What's happening with Scope of Practice (SoP) optimization and expansion proposals?

- 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 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, such as improving rural and remote access to health services

## 16. How does Delegation work under the HPOA?

- Delegation bylaws Delegation bylaws are the legal mechanism that regulatory colleges must use to authorize licensees to delegate restricted activities (RA) and/or aspects of practice (AoP) to other types of regulated or unregulated providers.
- All regulatory colleges have drafted delegation bylaws that came into force under the HPOA as of 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, RA and AoP 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 licensees and unregulated health providers are interpreting a lack of comprehensive delegation bylaws as impacting their ability to continue to provide service delivery on April 1, 2026. This is **not** true. The regulatory colleges will continue to work on 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 require delegation** (only RAs 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

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