



## Scope of Practice for Regulated Health Professions

The Ministry of Health (the Ministry) is seeking public feedback on proposed changes to the Scope of Practice (SoP) of specific regulated health professions (certain allied health professions, nurses, midwives, and pharmacists). The potential SoP changes are intended to improve health system capacity and efficiency of care, and would require amendments to these health professions' regulations under the [\*Health Professions and Occupations Act\*](#) (HPOA).

The Ministry is posting the policy intent for the SoP changes under consideration—as described in the table below—to provide opportunity for public consultation and feedback. All feedback will be assessed by the Ministry prior to a recommendation to the Minister regarding whether to change the SoP in these professions' regulations under the HPOA.

Comments on proposed changes to the SoP of these professions may be submitted by email or ordinary mail by March 31, 2026. All submissions will be reviewed and given full consideration. However, due to the volume of submissions we receive, we may not respond to all submissions individually.

### **Contact Information:**

Executive Director, Professional Regulation and Oversight  
Ministry of Health  
3rd Floor, 1515 Blanshard Street  
PO BOX 9649 STN Prov Govt  
Victoria BC V8W 9P4  
Email: [PROREGADMIN@gov.bc.ca](mailto:PROREGADMIN@gov.bc.ca)

**Note:** The HPOA health professions regulations are available to view on the HPOA [webpage](#) on the Professional Regulation website (which can be accessed at: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation/health-professions-and-occupations-act>).

## Table of Proposed Scope of Practice Changes

Profession	Current SoP*	Proposed SoP Change	Policy Intent/Rationale
<b>Audiologists</b>	Audiologists are not permitted to perform the restricted activity of dispense a wearable hearing instrument unless they hold an additional license as a Registered Hearing Instrument Practitioner.	Add the restricted activity of dispense a wearable hearing instrument for audiologists.	Audiologists receive comprehensive entry-to-practice education, including all aspects of hearing instrument dispensing. Requiring an additional Registered Hearing Instrument Practitioner license for audiologists creates unnecessary duplication, administrative burden, and delays without improving patient safety. Removing the additional licensure requirement aligns regulation with education, supports timely care, and improves workforce mobility.
<b>Optometrists</b>	Optometrists are currently not permitted to prescribe or administer oral drugs in BC.	Under the existing restricted activity of prescribing drugs, add oral drug prescribing and administration authority (e.g., anti-viral, anti-allergens, anti-biotics) for conditions of the eye managed by optometrists.	To enhance access to timely eye care and eliminate treatment delays by enabling oral prescriptions for eye conditions at the point of care. Optometrists in all other Canadian provinces already have oral prescribing authority, and this competency has been part of entry-to-practice education for over 20 years. This proposed change will align scope of practice with current education, reduce unnecessary referrals and emergency visits, and improve continuity of care—particularly in rural and underserved communities.
	Optometrists are currently not permitted to perform laser procedures in BC.	Add the restricted activities of apply laser for the purpose of cutting and destroying tissue - for eye procedures (capsulotomy, peripheral iridotomy, and selective laser	To improve access to timely eye care for patients requiring laser procedures for eye conditions, this change aims to reduce wait times and enhance care for underserved populations, including seniors and those in rural and remote

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<b>Optometrists (continued)</b>		trabeculoplasty (SLT) with certified practice requirement.	communities. It also strengthens the workforce by leveraging competencies that have been part of optometrists' entry-to-practice education for decades, supporting recruitment and enhancing professional mobility.
<b>Physical Therapists</b>	Physical therapists are currently not permitted to refer for medical imaging.	Add restricted activities related to issuing an authorization to apply hazardous energy for diagnostic or imaging purposes (e.g., ultrasound, X-ray, CT scan, MRI) – with certified practice requirement. Operational implementation may require a phased approach across public and private settings.	To improve timely diagnosis and treatment, ease pressure on primary care and emergency departments, and expand patient access—particularly in rural and underserved areas—this proposal addresses musculoskeletal injuries, which account for approximately 16% of all emergency department visits in BC. Physical therapists are highly trained in musculoskeletal assessment, and several other provinces authorize these activities with appropriate training and regulatory standards. This expansion to Scope of Practice could create faster more efficient care pathways.
<b>Registered Nurses and Registered Psychiatric Nurses</b>	Registered nurses and registered psychiatric nurses are able to issue an instruction or authorization for another person to apply X-rays to a named individual. For RPNs this is currently limited to the purposes of tuberculosis screening.	Add the restricted activity of applying low complexity X-rays for diagnostic or imaging purposes.	To improve access to non-complex, culturally safe x-ray diagnostic services in First Nations and rural/remote communities. This addresses a service gap that cannot be met with other providers. Communities are too small and remote to utilize a medical radiation technologist due to scale (i.e., there is no way to optimize existing operations or other professionals).

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<b>Registered Midwives</b>	Registered Midwives are currently able to apply ultrasound for the purposes of fetal heart rate monitoring and determination of fetal position and presentation.	Under the existing restricted activity of applying ultrasound, add Point of Care Ultrasound (POCUS) for midwifery purposes.	To improve timely access to ultrasound and simplify the patient journey.
	Registered Midwives are currently able to autonomously prescribe hormones for the purpose of contraception only.	Add to midwives' prescribing authority: levothyroxine for hypothyroidism.	To optimise the scope of practice of midwives and improve timely access to care, thereby reducing demand on primary care and other practitioners.
	Currently Registered Midwives identify need for Cabergoline and provide ongoing care and support post administration of medication but are unable to prescribe Cabergoline themselves.	Add to midwives' prescribing authority: Cabergoline for lactation suppression.	This change would optimize midwifery scope of practice, improve client-centred care and reduce unnecessary burdens on other healthcare practitioners and costs to the system – i.e., incurred through the current necessitated consultation with another health care provider authorized to prescribe.
	Registered Midwives currently diagnose and manage early pregnancy loss and discuss expectant management and medical management. When a client elects medical	Add to midwives' prescribing authority: Mifegymiso for the management of early pregnancy loss and medical abortion.	Midwife-led abortion care could increase access to abortion for patients who: <ul style="list-style-type: none"> <li>• May need more support to access health care or face barriers within the health care system and would therefore benefit from a person-centred approach and flexible care settings within the community;</li> </ul>

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<b>Registered Midwives</b> (continued)	management, midwives initiate a referral. Similarly, when a client requests a medical abortion, a referral is necessary.		<ul style="list-style-type: none"> <li>• Live in rural and remote communities served by midwives; and</li> <li>• Experience culturally safer care via their relationship with midwives.</li> </ul> With midwives able to prescribe Mifegymiso for early pregnancy loss, clients will be provided with timely, compassionate continuity of care by a provider known to them who is available 24/7 for follow up.
<b>Pharmacists</b>	Pharmacists can diagnose and prescribe Schedule I drugs for 21 diseases, disorders, or conditions (i.e., minor ailments).	Expand the list of diseases, disorders, and conditions that pharmacists can diagnose and prescribe Schedule I drugs for. Additional conditions under consideration are: <ul style="list-style-type: none"> <li>• Erectile dysfunction</li> <li>• Folliculitis</li> <li>• Genital herpes (recurrent episode only)</li> <li>• Migraine</li> <li>• Nausea and vomiting of pregnancy</li> <li>• Perinatal vitamins</li> <li>• Sinus infection</li> <li>• Vasomotor rhinitis</li> </ul>	To improve timely access to care for minor conditions, thereby reducing demand on primary care and emergency services and supporting more efficient use of health system resources.

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<b>Pharmacists</b> (continued)	Pharmacists are not currently authorized to diagnose and prescribe schedule 1 drugs for priority public health diseases, disorders, or conditions.	Enable pharmacists to diagnose and prescribe schedule I drugs for priority public health diseases, disorders, or conditions, using a Ministry of Health approved protocol, starting with sexually transmitted infections.	To improve public access to timely and appropriate care, which may lead to better patient outcomes, minimize spread of communicable diseases, and ease pressure on primary care providers.
	Pharmacists are currently authorized to adapt, renew and provide therapeutic drug substitutions for existing prescriptions, and authorized under College policy to provide emergency medication supplies for continuity of care.	Include provision of emergency medication supplies for continuity of care within the Pharmacists Regulation and ensure all four of these activities are authorized for all pharmacists (including non-dispensing pharmacists) as a prescribing related activity – i.e., where a diagnosis and prescription from a practitioner exists, a pharmacist may prescribe a schedule I or IA drug for the following purposes: <ul style="list-style-type: none"> <li>• To adapt an existing prescription to optimize treatment by modifying any of the following:               <ul style="list-style-type: none"> <li>○ the dose of the drug,</li> <li>○ the formulation of the drug, and</li> <li>○ the regimen of the drug.</li> </ul> </li> </ul>	To provide regulatory certainty for pharmacists within their existing practice and ensure those in non-dispensing roles have the authority and clarity needed to deliver these services, to ease pressure on the health care system.

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<b>Pharmacists</b> (continued)		<ul style="list-style-type: none"> <li>• To substitute a drug in an existing prescription with another in the same therapeutic class</li> <li>• To renew an existing prescription for continuity of care</li> <li>• To provide an emergency supply of drug if it is not reasonably possible for the patient to see another practitioner to obtain the prescription and there is an immediate need for drug therapy.</li> </ul> <p>Note: Prescribing of Schedule IA drugs must be in accordance with the <i>Controlled Drugs and Substances Act</i>, its regulations, and applicable section 56 exemptions.</p>	

\* "Current SoP" reflects minor updates already included in some professions' regulations under the HPOA.