

CONTEXT & CONSIDERATIONS

This submission offers a detailed clause-by-clause review of Parts 2, 3, and 4 of the draft bylaws proposed by the College of Complementary Health Professionals of BC (CCHPBC) under the Health Professions and Occupations Act (HPOA). It continues the approach taken in our earlier submission on Parts 5 and 11, reflecting close attention to statutory interpretation, procedural design, and the operational implications of the new regulatory framework.

We approach this review with the intention of supporting the development of bylaws that are not only compliant with the HPOA but also fair, transparent, and responsive to the needs of all professions governed by the College. In offering this feedback, we recognize the complexity of the task before the College and the significance of the legislative transition now underway. Our goal is to contribute constructively to that process.

It is important to situate these bylaws within the broader system shift represented by the HPOA. In contrast to the Health Professions Act, which provided for elected boards, statutory appeals, and profession-led governance, the HPOA introduces a model based on appointed leadership, centralized oversight, and broader discretionary authority. These changes have far-reaching effects for accountability, democratic legitimacy, and professional engagement. They are particularly consequential for professions that are smaller in size or designated as Indigenous, whose perspectives may not be well reflected in majoritarian governance structures or standardized procedures.

Throughout Parts 2, 3, and 4, we observe bylaw provisions that further concentrate appointment and decision-making powers, often with limited procedural guardrails. For example, key regulatory functions may be carried out by individuals or panels without profession-specific expertise, and there are few requirements to disclose how decisions are made, who is involved, or what standards are applied. While the bylaws reference important values such as cultural safety, equity, and accessibility, these commitments are not yet grounded in defined terms, measurable outcomes, or mechanisms for enforcement. As a result, they risk being interpreted as symbolic rather than actionable.

We also note the lack of mandatory reporting on profession-level impacts, committee composition, or regulatory outcomes. In a governance model without elections or statutory appeals, transparent reporting becomes one of the few remaining tools for building trust, ensuring fairness, and enabling meaningful participation by licensees.

In sharing these observations, we have sought to engage in good faith. We appreciate the opportunity to provide input at this stage and hope our recommendations are helpful in strengthening the clarity, integrity, and legitimacy of the College's emerging governance framework. Our submission is informed by a strong commitment to public protection and to respectful collaboration with all professions and communities affected by these changes.

We respectfully recommend that the College consider:

- Embedding procedural safeguards in committee and Board appointments, reappointments, and removals that align with principles of administrative fairness and transparency
- Ensuring profession-specific representation in all decision-making bodies that affect licensure, discipline, and regulatory policy
- Defining and operationalizing standards for equity, accessibility, and cultural safety in collaboration with affected professions and Indigenous communities
- Establishing regular public reporting on committee mandates, membership, decisions, and their impacts across the range of regulated professions

We remain committed to contributing to a regulatory system that is inclusive, responsive, and grounded in both professional knowledge and public trust.

PART 2 – BOARD

Section 2.1 – College Board

Comments:

- *The Board must include at least one licensee from each designated health profession regulated by the College, including Chiropractic, Massage Therapy, Naturopathic Medicine, and Traditional Chinese Medicine/Acupuncture*
- *Board meetings must be open to the public, with closed sessions permitted only for specified reasons. Licensee Board Member remuneration must follow a transparent, publicly available compensation schedule.*
- *Board Members should not serve more than two consecutive terms unless otherwise justified and publicly disclosed by the Board.*
- *Clarification required around removal of a Board member. The Member must be given an opportunity to respond, and the decision is subject to review as outlined in College policy.*

Section 2.2-2.5 Board and Vice Chair

Comments:

- *The election process is limited to Board members, all of whom are appointed under the HPOA, removing any direct licensee input or democratic legitimacy.*
- *There is no requirement for transparency or public reporting of the nomination or election process, including who was nominated or how votes were cast.*
- *The provision allows the Registrar, an administrative officer, to oversee the election process, including conducting tie-breakers by random draw, raising concerns about procedural independence.*
- *The use of random draw to resolve tie votes may undermine credibility in leadership selection for a body exercising statutory powers.*
- *There are no eligibility criteria for who may serve as Chair or Vice Chair beyond being a Board member, allowing individuals with limited regulatory experience to assume key governance roles.*
- *The two-year renewable term contains no maximum limit, permitting indefinite reappointment without performance review or external accountability.*
- *A Chair or Vice Chair may be removed by majority vote of the Board, but the process lacks notice, cause, or procedural fairness requirements.*
- *The section does not require any succession planning or interim appointment procedures in the event of unexpected vacancy.*

Section 2.6-2.9 Powers and duties of Board Chair and Board Vice Chair

Comments:

- *Revise clause 2.7(a) to read: "unless absent, or unable or unwilling to act for any reason".*

- *The Board is permitted to delegate unspecified powers to the Chair without required documentation, limits, or transparency around the scope of those delegations.*
- *There is no requirement to publish or record what powers have been delegated to the Chair, limiting accountability to licensees or the public.*
- *The Board Chair's authority to preside over meetings and fulfill statutory duties is broadly defined without procedural safeguards in cases of overreach or misconduct.*
- *The Vice Chair automatically assumes the Chair's full powers in their absence, with no requirement for formal confirmation, raising concerns about unchecked transfer of authority.*
- *An acting Chair can be appointed by simple majority of the Board without criteria, notice, or disclosure, allowing for ad hoc internal power shifts.*
- *The structure permits consolidation of procedural and administrative power within a small group of appointed individuals, absent external oversight or licensee involvement.*
- *There is no conflict of interest clause governing the delegation or exercise of Chair powers, despite the Chair's role in governance and regulatory decisions.*

2.10 Board member remuneration and expenses

Comments:

- *It is a conflict of Interest for Board to establish own compensation. Consider requiring independent review prior to implementing any changes to compensation.*
- *Notice of intention to discuss or amend remuneration must be provided at least 14 days in advance of the relevant Board meeting.*
- *Remuneration must follow an externally reviewed compensation framework and be published annually.*
- *The bylaw should require that remuneration policies be published annually.*

2.11 Frequency of Board Meetings

Comment: We acknowledge and support the minimum requirement of four Board meetings per year. To promote transparency and responsiveness, we suggest that the College also publish a projected meeting calendar at the beginning of each fiscal year. This would allow licensees and stakeholders to plan engagement and monitor governance activity more effectively.

2.12 Format of Board Meetings

Comment: We support the flexibility provided in this section. However, to ensure equitable access and participation, we recommend that the College establish baseline standards for virtual meeting quality, accessibility (e.g., captioning, tech support), and licensee observation where appropriate. Clear procedures can help safeguard the integrity of decision-making across different format.

2.13-2.14 Calling Board Meetings

Comments:

- *Bylaw 2.13 authorizes either the Chair or the Registrar (in consultation with the Chair) to call a Board meeting, reinforcing a top-down initiation process. In the absence of elected licensee representation under the HPOA, this structure concentrates control over meeting agendas and timing in the hands of appointees.*

- *Bylaw 2.14 provides that the Registrar must call a meeting upon written request from at least three Board members. This safeguard is important, but the bylaw does not specify a timeframe within which the Registrar must act. Without a clear deadline (e.g., within 7–14 days), the effectiveness of this provision is weakened.*
- *There is no obligation to disclose when a meeting has been initiated through Board member request under 2.14. Requiring public notice of such meetings, and the fact that they were initiated by Board members, would enhance transparency and enable licensees to track how and when minority voices on the Board are able to bring matters forward.*
- *The current structure does not require that licensees be informed of the reasons for special meetings or their outcomes. Especially in a system where public participation is limited, additional reporting obligations would support procedural transparency and accountability.*

2.15-2.18 Notice of Board Meetings

Comments:

- *The requirement for “reasonable notice” is undefined, allowing for broad discretion and inconsistent application.*
- *Public notice is fulfilled solely by website posting, which may not ensure meaningful public awareness or accessibility.*
- *Section 2.17 permits the College to bypass public notice entirely for meetings deemed “urgent” or held in closed session, with no requirement to justify or later disclose the rationale.*
- *The term “urgent business” is undefined, granting subjective discretion to limit transparency without external oversight.*
- *The allowance for closed meetings without public notice may undermine trust and accountability, particularly given the HPOA’s elimination of elected boards.*
- *Section 2.18 precludes any procedural consequences for failure to notify affected parties, weakening incentives for diligent notice and removing recourse for those excluded.*
- *There are no requirements to post meeting agendas, minutes, or decisions following meetings, even if public notice was skipped.*
- *The framework favours administrative flexibility over transparency and procedural fairness in regulatory governance.*

2.19-2.23 Open Board Meetings

Comments:

- *Clarify why information concerning academic or technical programs is deemed confidential. The public and licensees should have access to information about required education and training. If the intent is to protect sensitive elements, such as accreditation processes, this should be explicitly stated (e.g., “information concerning the accreditation of academic or technical programs”).*
- *While Board meetings are nominally “open to the public,” a broad range of exceptions allows for extensive use of Closed Meetings, limiting transparency.*
- *The threshold for excluding the public (“disruptive” attendance) is subjective and undefined, enabling discretionary exclusion without procedural safeguards.*
- *The list of topics eligible for Closed Meeting status in 2.22 is expansive, including vague catch-all clauses such as 2.22(m), which allows closure whenever “the public interest in avoiding disclosure outweighs” openness without a defined test.*

- *Communications with the Superintendent (2.22(i)) are shielded from public view, reducing transparency in interactions with a powerful oversight authority under the HPOA.*
- *Section 2.23 allows “planning sessions” to be held privately even when no formal Board decision is made, enabling substantive governance discussions to occur off-record.*
- *There is no requirement to record or later disclose the topics discussed or decisions made in Closed Meetings, nor any obligation to issue redacted minutes or summaries.*
- *The Registrar or delegate cannot be excluded from meetings except under narrow conditions, reinforcing the administrative dominance of the Registrar in governance settings.*
- *There is no requirement to justify Closed Meetings in advance, nor is there any obligation to publicly report the reason for moving in camera.*
- *The cumulative structure allows a Board composed entirely of government appointees to operate with minimal public oversight or licensee accountability.*

2.24-2.29 Board meeting decision-making procedures

Comments:

- *The use of a simple majority vote as the default for all decisions, absent of licensee input, concentrates power within a small group of government-appointed Board members.*
- *The absence of a requirement to second motions may streamline process but reduces opportunities for deliberation or challenge, especially on contentious issues.*
- *The Consensus Decision Policy is referenced but not defined in this section, creating ambiguity about when and how it overrides standard voting procedures.*
- *There are no procedural safeguards for high-impact decisions (e.g., fee changes, governance amendments), which can be passed by simple majority without licensee consultation or external oversight.*
- *There is no requirement to disclose vote results publicly, limiting transparency and accountability in how individual Board members exercise their decision-making power.*
- *The framework does not distinguish between operational, regulatory, or strategic decisions treating all as subject to the same minimal voting threshold.*
- *There is no requirement for recorded votes or dissenting opinions, which can obscure internal disagreement and reduce public trust.*

2.30 Board resolutions approved in writing

Comments:

- *The provision allows Board resolutions to be passed outside of a formal meeting, reducing transparency and removing real-time public observation.*
- *There is no requirement to publish or disclose written resolutions passed by Special Resolution, limiting licensee and public awareness of significant decisions.*
- *The process lacks procedural safeguards, such as timelines for circulation, verification of vote authenticity, or requirements for recordkeeping.*
- *There is no restriction on the types of decisions that can be made via written resolution, enabling high-impact governance or policy changes without public scrutiny.*
- *The phrase “including by em” appears to be a typographical error, which may create confusion or misinterpretation of the method of resolution approval.*

- *This mechanism allows formal Board action without the opportunity for in-meeting discussion, deliberation, or dissent to be observed or recorded.*

2.31-2.35 Minutes of Board Meetings

Comments:

- *Post written consent resolutions on the website promptly after they are passed. Do not defer posting until the next Board meeting minutes. They are effective immediately upon passing.*
- *Set a clear time frame for posting meeting minutes. For example, draft minutes should be posted within two weeks of the meeting and updated after formal approval at the next meeting.*
- *Remove the allowance for non-substantive edits for clarity. This is unnecessary and may be misused. Minutes are the official record as agreed upon by the secretary and chair.*
- *Remove Section 2.35 regarding class of person exclusion. These bylaws do not permit the exclusion of any class of person.*
- *Responsibility for minute-taking is split between the Registrar and the Board Chair depending on who is present, which may lead to inconsistent practices or accountability gaps.*
- *Minutes for portions of Closed Meetings where the Registrar is excluded are not subject to any independent verification, limiting transparency and raising archival integrity concerns.*
- *Written resolutions passed outside meetings are included in subsequent minutes, but only after the fact, reducing real-time visibility into decision-making.*
- *The Registrar is permitted to edit minutes for “clarity and accuracy,” without defining what constitutes a non-substantive edit, potentially enabling narrative control.*
- *Information from Closed Meetings is excluded from published minutes, with no requirement to summarize the subject matter or rationale beyond citing the bylaw used. At minimum the resolutions passed in Closed Meetings should be publicly recorded.*
- *There is no obligation to publish redacted or high-level summaries of Closed Meeting discussions, even when decisions affect licensees or public interest.*
- *The bylaw requires citing authority for excluding individuals from meetings but does not require disclosure of who was excluded or for how long.*
- *The broader structure permits significant governance activity to occur out of public view, with limited tools for licensees to understand or challenge decisions made.*

2.36-2.40 Conflict of Interest

Comments:

- *The disclosure must be in writing and must be a full disclosure, not just the general nature of the conflict. The Societies Act requires full disclosure.*
- *The record must include full particulars of the disclosure and the conflict of interest.*
- *The bylaws must set out a complete code of expected behaviour. It should clearly state that Board members must comply with section 352(2) of the HPOA, meaning they must not influence a decision, participate in discussion, or vote on the matter. This bylaw only addresses any additional directions the Board may give to support that compliance. As written, it implies the Board Member may be permitted to influence a vote if no directions are provided otherwise.*
- *The Board must not presume a conflict of interest based solely on a Board Member’s race, colour, ancestry, or other protected characteristic.*

- *Conflict disclosures must be made annually, recorded in meeting minutes, and included in a public registry maintained by the College.*
- *The requirement for a Conflict of Interest Policy is stated but lacks a timeline for implementation or any mandate for public or licensee consultation in its development.*
- *Conflict disclosures are made internally to the Board without independent oversight or third-party review, concentrating power within the same group that may be affected by the conflict.*
- *The Board has discretion to issue directions to the conflicted member, but the bylaw does not require consistency, documentation of rationale, or appeal procedures.*
- *There is no requirement to publicly disclose when a Board Member recuses themselves, limiting licensee awareness of potential governance bias or alignment issues.*
- *The process depends on self-reporting and internal assessments of conflict, without mandatory periodic review, tracking, or external audit.*
- *The bylaw does not require the Board to update licensees or stakeholders on how conflict issues have been resolved, even in high-stakes or repeated cases.*
- *The non-presumption clause in 2.40 is important for safeguarding against discriminatory assumptions about Indigenous Board Members, but it does not prevent other systemic exclusions unless actively monitored.*
- *There is no parallel assurance that other equity-deserving Board Members are not presumptively excluded or overly scrutinized for perceived conflicts.*
- *The structure favours internal regulation over transparent governance, with minimal external visibility into how conflicts are handled or enforced.*

2.41-2.43 Board rules, procedures, and policies

Comments:

- *The Board is granted broad authority to create policies and procedures on any matter within its jurisdiction, without requiring licensee consultation or stakeholder input.*
- *There is no requirement to distinguish between binding policies and non-binding guidelines, which may lead to confusion over enforceability.*
- *Section 2.42 mandates publication of Board policies but does not specify timelines, version control, or public notice obligations when changes occur.*
- *The bylaw does not require policies to be written in plain language or accessible formats, limiting meaningful engagement by licensees and the public.*
- *There are no transparency requirements for how policies are developed, debated, or approved, allowing key governance tools to be adopted without public awareness.*
- *The obligation to establish a “Consensus Decision Policy” is stated in 2.43 but with no content guidance, accountability mechanism, or timeline for compliance.*
- *There is no framework for reviewing or revising existing policies over time to ensure relevance, effectiveness, or alignment with evolving professional or legal standards.*

2.44 Bylaw making powers

Comments:

- *The consultation period must be clearly defined in the bylaws. Leaving it unspecified allows the College to undermine meaningful consultation by setting unreasonably short timeframes.*

- *The consultation process is fully controlled by the Board, which determines the consultation period length and scope, creating the risk of minimal or perfunctory engagement.*
- *There is no requirement for public notice of how feedback was considered or whether it influenced the final bylaw, reducing transparency and accountability.*
- *Section 2.44(a) relies solely on written comments via the College website, which may exclude stakeholders with barriers to digital access or those unfamiliar with formal submission processes.*
- *There is no obligation to hold public forums, licensee town halls, or engage in two-way dialogue—limiting meaningful participation.*
- *The provision for Indigenous consultation (2.44(c)) is narrow and limited to certain bylaw types listed under s. 384(2)(c) of the HPOA, excluding broader governance or accountability bylaws from co-development.*
- *The mechanism for identifying Indigenous “nominees” is unclear and could be tokenistic if not grounded in transparent, community-driven selection.*
- *The section does not require feedback summaries, impact analyses, or explanations of how Indigenous or public input is integrated into final bylaw decisions.*
- *The bylaw creates an appearance of consultation while allowing the Board to proceed with minimal constraint, especially given the absence of licensee voting rights under the HPOA framework*

2.45 Recommendations to the Superintendent

Comments:

- *The bylaws must include the actual policies and procedures for making recommendations regarding Board appointments, not just authorize the Board to adopt them later. The HPOA already allows the Board to adopt policies, so restating that in the bylaws serves no purpose. Excluding these procedures from the bylaws removes transparency around how they will be developed, whether they will be public, and whether there will be consultation. This approach likely leads to no public input or oversight. The bylaws should also include a clear requirement to recommend equal representation of professions on the Board to the Superintendent.*
- *The Board is given authority to recommend qualifications and appointments, but there is no requirement to consult licensees, health profession associations, or the public in developing these recommendations.*
- *The policies and procedures for making recommendations are optional (“may establish”), meaning the Board could exercise influence over appointments without a formal, transparent framework.*
- *There is no obligation to publish or disclose the content of recommendations made to the Superintendent, leaving licensees unaware of who is being proposed or why.*
- *The section reinforces the concentration of appointment power in the executive branch, as final decisions rest with the Superintendent and Minister—not with licensees or the profession.*
- *The ability to recommend rescindment of appointments introduces potential political or interpersonal dynamics without safeguards for procedural fairness or appeal.*
- *The provision lacks criteria for evaluating “education, training, and experience,” allowing for subjective or inconsistent recommendations that may not reflect profession-specific needs.*
- *There is no mandate for equity, diversity, or Indigenous representation considerations in these recommendations, despite their relevance to public confidence and cultural safety.*

PART 3 – COMMITTEES

Section 3.1 – Committee Established

Comments:

- *These committees exercise significant delegated authority under the HPOA, including over licensing, discipline, permits, and governance. However, the bylaw is silent on how committee members are appointed, what qualifications are required, and how profession-specific representation is maintained.*
- *There is no requirement to include a Licensee from the profession directly affected by a committee’s work, even on committees making decisions about licensure, conduct, or practice standards. This omission is especially concerning in multi-profession colleges where smaller or equity-deserving professions may be structurally marginalized.*
- *Without structural safeguards, there is a risk of dominance by more populous or politically connected professions in committee decision-making particularly in investigations and licensure assessments. Profession-specific expertise is critical to ensuring decisions are culturally, clinically, and contextually appropriate.*
- *The bylaw grants the Board broad discretion to define committee terms of reference without mandating public consultation, transparency, or accountability measures. There is no requirement to publish committee mandates, meeting schedules, or membership.*
- *There are no procedural protections such as:*
 - *public notice when new committees are formed,*
 - *transparent and criteria-based selection processes, or*
 - *guaranteed inclusion of representatives from smaller or directly affected professions.*

Sections 3.3-3.10 Committees and Advisory Working Groups

Comments:

- *While Bylaws 3.3–3.5 require minimum representation from each regulated profession on key statutory committees (e.g., Licence and Investigation Committees), there is no mechanism to ensure that these members are meaningfully involved in decisions that directly affect their profession. Without quorum safeguards or voting protections, smaller professions may still be structurally sidelined.*
- *The Permit Committee (3.4) mandates representation from only three professions; Chiropractic, Massage Therapy, and Naturopathic Medicine, excluding other designated professions governed by the College. This creates a representation gap for Licensees in those professions whose corporations may still be regulated under permit rules.*
- *The number of required public members on statutory committees is fixed, but their qualifications are undefined. Without criteria emphasizing cultural safety, equity, or regulatory literacy, the public member role risks functioning as symbolic rather than substantive oversight.*
- *The Finance and Audit and Governance and HR Committees (3.6–3.8) are small in size and required to include only one Licensee Board Member. This minimal professional presence could diminish sector-informed oversight in critical areas like budgeting, executive performance, and governance policy.*
- *Advisory working groups (3.9–3.10) may be appointed at the sole discretion of the Registrar, with no requirement for transparency, notice, or profession-specific inclusion. These groups may influence College policy or operations without accountability to licensees or Indigenous communities.*
- *There is no requirement for working groups to publish their purpose, membership, or outputs. This lack of procedural transparency weakens trust in the advisory process and may obscure how professional, Indigenous, or public voices are being (or not being) included in College policy development.*

- Overall, these sections grant substantial appointment discretion to the Board and Registrar, with few structural protections to ensure that committee and working group decisions are informed by appropriate professional, cultural, and lived expertise.

Section 3.11-3.16 Committee Membership

Comments:

- *Bylaw 3.11 allows the Board to appoint any person to a committee, including individuals who are not licensees. Without clear minimum qualifications or restrictions, this broad discretion risks politicized or unqualified appointments to bodies that exercise statutory decision-making power.*
- *Although Bylaw 3.13 requires the Board to establish appointment and rescindment criteria (e.g., skills, education, training), there is no obligation to publish these criteria or engage licensees or equity groups in their development limiting transparency and legitimacy.*
- *Bylaw 3.12 sets a default three-year term but allows the Board to specify otherwise without limitation. Without a cap or rationale requirement, terms could be extended inconsistently or strategically.*
- *A committee member can be removed at any time by majority vote of the Board under Bylaw 3.14(d), with no requirement for notice, reasons, or procedural safeguards. This undermines perceived fairness and may discourage independent views.*
- *Bylaw 3.15 limits service to six consecutive years, with a three-year cooling-off period unless the Board identifies “extenuating circumstances,” such as the value of retaining Indigenous or community-based knowledge. However, this waiver is discretionary and lacks procedural guidance or transparency.*
- *An upper limit should be set on total consecutive service to promote renewal and avoid institutional entrenchment e.g., no more than nine consecutive years regardless of reappointment gaps or exceptions.*
- *The exclusion of pre-HPOA committee service from term limits (3.16) may permit indefinite reappointments for some members, weakening efforts to ensure turnover, equity, and fresh perspectives.*
- *There is no requirement for staggered terms, diversity audits, or reporting on the composition of committees, leaving open the risk of concentration of power, underrepresentation of smaller professions, and loss of institutional memory through uncoordinated turnover.*

Section 3.17-3.19 – Committee Chair and Vice Chair

Comments:

- *The Board holds primary authority to appoint committee chairs and vice chairs, reinforcing centralized control over committee leadership. While committees may appoint their own chairs only in the absence of a Board appointment, this backup process is conditional and does not guarantee committee autonomy.*
- *Chairs hold significant influence over committee direction, tone, and decision-making. Appointments should require qualifications relevant to the committee’s mandate and must avoid any perception of partisanship or institutional favouritism. The current bylaw is silent on minimum competencies or selection criteria.*
- *There is no requirement to publish how chairs are selected, what their responsibilities include, or what criteria guide appointments. This absence of transparency may undermine public and licensee trust in committee independence and fairness.*
- *Bylaw 3.18(e) allows for removal of chairs or vice chairs by Special Resolution of the Board but includes no notice, rationale, or fairness requirements. This may chill independent leadership or dissent within committees.*

- *There is no requirement to ensure equitable representation across professions or communities in leadership roles; an omission that may marginalize voices from smaller, equity-deserving, or culturally distinct professions.*
- *While Bylaw 3.19 enables replacement of chairs “as soon as practicable,” there is no timeframe, process transparency, or requirement to inform licensees, raising concerns about leadership continuity and visibility.*
- *On the whole, these provisions concentrate chair appointment power in the Board without sufficient safeguards for qualifications, equity, procedural fairness, or public accountability.*

Section 3.20-3.22 Powers and Duties of Committee Chair and Vice-Chair

Comments:

- *The provision allowing a chair to “exercise powers delegated by the Committee” (3.20(c)) is vague and undefined. Without limits or procedural safeguards, this opens the door to unchecked authority over meeting conduct, agenda control, and decision framing.*
- *There are no explicit requirements that the chair, vice chair, or acting chair be free from conflicts of interest. This omission is especially problematic under HPOA’s appointed governance model, where independence from political or institutional influence is not guaranteed.*
- *The process for selecting an acting chair (3.22) is informal and unregulated. There are no eligibility criteria, term limits, conflict-of-interest checks, or transparency measures. This allows power over key decisions to shift internally among a small group with no external accountability.*
- *The chair is only required to report to the Board “in a form and at a time as directed by the Board” (3.20(d)). This removes any obligation for regular, standardized, or public reporting, weakening committee transparency and shielding critical decisions from licensee or public oversight.*
- *The ability of committees to shift leadership roles by majority vote among appointed members increases the risk of factionalism and political patronage especially in the absence of licensee elections or checks on Board influence.*
- *No public notice, recordkeeping, or publication requirements exist regarding how chairs, vice chairs, or acting chairs are selected, how long they serve, or how their authority is exercised. This opacity undermines trust in committee governance.*

Section 3.23 Committee Member Remuneration and Expenses

Comments:

- *The bylaw authorizes remuneration and reimbursement for committee members based on policies approved by the Board but does not require those policies to be made public or subject to stakeholder input.*
- *There is no cap, schedule, or minimum standard of what constitutes “reasonable” remuneration or expenses, leaving discretion entirely with the Board and potentially opening the door to inconsistent or excessive payments.*
- *The College should publish an annual summary of committee remuneration and expenses, disaggregated by committee, role, and category of expense to promote financial transparency and public accountability.*
- *Without a reporting requirement, licensees and the public have no way to evaluate whether compensation levels are appropriate, equitable across roles, or aligned with public interest mandates.*

- *The lack of mandatory disclosure also undermines efforts to track equity in access to committee participation; for example, whether reimbursement structures are sufficient to support members from rural, Indigenous, or under-resourced communities.*

Section 3.24 Committee Rules, Procedures, and Policies

Comments:

- *This bylaw grants the Board broad authority to establish or adopt procedures and policies for committee governance, but it includes no requirements for transparency, consultation, or consistency across committees.*
- *The absence of procedural baselines (e.g., quorum rules, recordkeeping, conflict of interest protocols) allows committees with substantial regulatory powers to operate under internally variable, unpublished rules.*
- *Reappointments to committees should be limited to two consecutive terms unless justified by exceptional circumstances (e.g., continuity of Indigenous or specialized knowledge). This helps prevent institutional entrenchment and supports ongoing renewal.*
- *Transparent public posting of committee vacancies and selection criteria would ensure equitable access to committee participation, especially for Licensees from underrepresented or smaller professions.*
- *While Bylaw 3.14 allows committee members to be removed by majority Board vote, there is no due process requirement. Removal should only occur for just cause, with written reasons, a right to respond, and a right to internal review per College policy. This aligns with principles of procedural fairness and safeguards against arbitrary removal.*
- *There is a governance inconsistency: a committee member may be removed by majority vote, while a chair or vice chair requires a special resolution. This hierarchy should be documented in governance policy and publicly explained.*
- *The bylaw should define conflict of interest more clearly, beyond general references in section 2. Clear disclosure procedures and a public registry of declared conflicts would enhance accountability and support trust in committee independence.*
- *Committee meeting minutes—appropriately redacted for confidentiality—should be shared with Licensees to foster transparency and allow licensees to understand the rationale behind licensing, disciplinary, or policy-related decisions.*
- *Each committee should be required to report annually to the Board on its activities, membership, and outcomes. A summary of these reports should be published or made available to licensees to promote transparency and evaluative oversight.*

Section 3.25-3.32 Committee Panels

Comments:

- *These provisions allow the Licence, Permit, and Investigation Committees to meet in Panels and delegate most of their decision-making authority to smaller subgroups. While operationally efficient, this raises concerns about transparency, consistency, and safeguards in high-stakes decisions (e.g., licensing, complaints).*
- *Panel composition and appointment are entirely controlled by the Committee chair (3.25), without required consultation or transparent criteria. This centralizes significant discretion in a single individual, increasing the risk of bias or political influence in panel construction.*
- *All Panels must include at least one Public Committee Member (3.26), which promotes public interest presence, but there is no parallel requirement for proportional profession-specific representation unless*

the Committee chair “is of the opinion” such advice is needed (3.28). This subjective trigger lacks procedural transparency and enforceability.

- *Panels should always include at least one Licensee unless the matter does not involve a Licensee (e.g., unauthorized practice investigations). This ensures profession-specific insight in decisions with clinical, regulatory, or reputational impact. The current wording allows profession-based input only at the discretion of the Committee chair.*
- *While Bylaw 3.27 acknowledges the need for Indigenous perspectives in matters involving Indigenous-specific racism, discrimination, or practices, the standard “reasonable efforts” is vague and unenforceable. There is no requirement to consult with Indigenous regulatory advisors or communities in selecting such panels.*
- *A member may serve on multiple Panels concurrently (3.29), potentially concentrating decision-making in a small number of individuals. Without diversity safeguards or workload transparency, this risks entrenchment and undermines broad participation.*
- *Panels may exercise nearly all functions of the full Committee (3.30), despite having fewer members and operating with reduced oversight. There are no requirements for public reporting of panel decisions or publication of panel membership.*
- *The quorum rule (3.32) ensures public member presence, but does not guarantee balanced representation between professions, nor does it require presence of an Indigenous member when the matter involves Indigenous-specific concerns.*

Section 3.33-3.36 Committee and Panel Meetings

Comments:

- *Bylaw 3.33 allows Committee and Panel meetings to be conducted through various telecommunication methods, which supports accessibility and efficiency. However, there is no requirement to ensure that virtual meetings maintain procedural fairness, confidentiality, or quality of deliberation.*
- *Bylaw 3.34 states that Committee and Panel meetings are not open to the public. While confidentiality is often necessary (e.g., investigations, registration matters), a blanket closure rule with no reporting obligation limits transparency and public confidence in regulatory processes. There is no parallel requirement for summaries, decision rationales, or redacted minutes.*
- *Panels convened to hear matters that directly affect a specific profession must include at least one Licensee from that profession. This should be a mandatory requirement—not left to the discretion or “opinion” of the Committee chair, as elsewhere in the bylaws. Profession-specific insight is essential for fairness and credibility in licensing, complaints, and practice assessments.*
- *The current structure allows decisions about panel composition to be made without external accountability or profession-based consultation. Without guaranteed inclusion of a Licensee from the affected profession, decisions may lack the necessary regulatory and clinical context.*
- *Bylaw 3.35 appropriately extends the Board’s conflict of interest obligations (Bylaws 2.36–2.40) to all Committees and Panels, including disclosure and recusal rules. However, there is no operational guidance on enforcement, no public registry of declared conflicts, and no recourse if conflicts are mishandled.*
- *Bylaw 3.36 permits the Board to require Committee reports but does not guarantee regular reporting or public disclosure. Each Committee should be required to submit at least an annual report summarizing its activities, membership, and key outcomes with summaries shared with licensees and stakeholders.*

PART 4 – COLLEGE ADMINISTRATION**Section 4.1-4.3 – Registrar & CEO**

Comments:

- *The process for appointing the registrar should be transparent and based on published competencies. In a multi-profession college, experience working with diverse health disciplines should be a selection consideration.*
- *The Registrar’s role description must be published and reviewed annually to reflect evolving statutory responsibilities and operational expectations.*

Section 4.4-4.5 Deputy Registrar

Comments:

- *Deputy Registrars are authorized to perform all duties of the Registrar without clear procedural safeguards or independent oversight.*
- *There is no defined process for determining when the Registrar is “unable to act” or has a conflict of interest.*
- *The phrase “without limitation” in 4.4(b) grants unchecked authority to Deputies during periods of Registrar incapacity.*
- *There are no qualifications, vetting procedures, or transparency requirements for appointing Deputy Registrars.*
- *The Registrar may unilaterally appoint an unlimited number of additional Deputies without Board approval or public notice.*
- *The delegation of Registrar powers to Deputies is not subject to time limits, audit, or disclosure requirements.*
- *There is no requirement to document or disclose which duties have been delegated and to whom.*
- *The structure permits cascading delegation (Registrar → Deputy → additional Deputies) without accountability checks.*
- *There are no provisions addressing conflict of interest for Deputy Registrars, despite their capacity to make significant regulatory decisions.*

Section 4.6-4.7 Legal Counsel

Comments:

- *The Registrar has unilateral authority to assign legal counsel to assist not only themselves but also the Board, Committees, Panels, and working groups, potentially blurring lines of independence.*
- *There is no requirement that legal counsel assignments be disclosed to those receiving assistance, creating possible confusion about who counsel represents.*
- *The provision allows the Registrar to assign legal counsel to bodies that may later be adjudicating decisions involving the Registrar, raising conflict of interest concerns.*
- *There is no mechanism to ensure that panels or committees can seek independent legal advice separate from the Registrar’s influence.*
- *The Board’s power to retain its own legal counsel (s. 4.7) is dependent on resolution, but there is no parallel provision requiring independent legal advice in cases of Registrar conflict or involvement.*

- *There are no safeguards to prevent overlapping or conflicting legal representations between investigative and adjudicative functions.*
- *The section does not distinguish between legal counsel for advocacy, governance, or adjudication, risking procedural fairness issues in regulatory proceedings.*

Section 4.8-4.9 Fiscal Year

Comments:

- *The section defines the fiscal year but does not require public disclosure of the approved budgets or financial statements.*
- *There is no requirement for licensee consultation or input on the budget, fee increases, or use of contingency reserves.*
- *The Board is granted broad discretion to set financial limits on the Registrar, but there are no mandatory transparency or reporting obligations tied to this authority.*
- *The provision allows the Board to establish contingency reserves and set conditions for their use, but there is no mention of oversight mechanisms or public accountability.*
- *There is no requirement for independent financial audit or external financial review to be reported to licensees.*
- *The absence of criteria or constraints on fee-setting authority may allow for significant increases without licensee consent or justification.*
- *The framework centralizes financial control in the Board and Registrar with minimal procedural safeguards or licensee oversight.*

Section 4.10-4.12 Banking, borrowing, and investments

Comments:

- *The Registrar is authorized to raise or guarantee money on behalf of the College, but the section does not require prior Board approval for each action, only adherence to Board policy.*
- *The ability to borrow or guarantee funds is broad and lacks express financial limits, increasing risk of overextension or unsanctioned liabilities.*
- *There is no requirement for reporting to the Board or public disclosure of borrowing activities, terms, or financial obligations incurred.*
- *Investment powers are centralized in the Registrar, without mandatory oversight mechanisms beyond adherence to a Board-approved policy.*
- *There are no transparency requirements for how investment decisions are made, who manages them, or how risk is assessed.*
- *The provision does not specify whether borrowing and investment decisions are subject to independent audit or external financial review.*
- *The framework places significant financial authority in the Registrar's hands with minimal real-time oversight or licensee accountability.*

Section 4.13-4.17 Auditor

Comments:

- *The financial statements should be published publicly, not just the auditor's report on the financial statements.*

- *The Board is responsible for appointing and removing the auditor, but there is no requirement for a transparent selection process or conflict-of-interest safeguards.*
- *There is no obligation to publish the auditor’s findings beyond inclusion in the annual report, which may limit accessibility and licensee awareness of financial risks or issues.*
- *The Registrar is required to submit financial statements within 60 days, but there is no provision for consequences if this deadline is missed.*
- *While removal of the auditor is allowed, there are no restrictions or criteria to prevent removals that may be politically motivated or linked to unfavourable audit findings.*
- *The section does not require notification to licensees or public disclosure when an auditor is removed or replaced.*
- *There is no requirement for the auditor to have experience in auditing regulatory bodies or health profession colleges, despite the specialized nature of such audits.*
- *The framework allows for formal audit compliance but lacks licensee oversight or participatory accountability in financial transparency.*

Section 4.18-4.21 Conflict of Interest – employees and officers

Comments:

- *The employee/officer must cease being involved in the manner in which they have a Conflict of Interest.*
- *The Registrar must cease to be involved in a matter in which they have a Conflict of Interest.*
- *The obligation to establish a Conflict of Interest policy is placed on the Board, but there is no timeline, enforcement mechanism, or requirement for licensee or public consultation.*
- *Disclosure of conflicts is internally managed, with no independent oversight or transparency requirements, raising concerns about self-policing.*
- *The process is entirely discretionary: the Registrar or a designated supervisor decides whether a conflict exists and what action should be taken, without procedural safeguards or appeal options.*
- *There is no requirement to document or report how conflicts are resolved, or whether affected individuals are removed from decision-making processes.*
- *The anti-discrimination clause in 4.20 is important, but its placement within a conflict provision risks confusion between identity-based inclusion and procedural conflict standards.*
- *When the Registrar has a conflict, the Board Chair alone determines “next steps,” concentrating judgment in a single appointee without mandatory input from the Board or any oversight body.*
- *There is no provision requiring disclosure of unresolved or recurring conflicts to the Board, licensees, or the public.*
- *The framework lacks clarity on how conflicts involving senior staff are tracked over time, or whether repeated issues trigger additional scrutiny or policy review.*

Section 4.22 Notice by the College

Comments:

- *The section permits notice to be delivered by electronic mail without requiring confirmation of receipt, which may lead to missed or disputed notifications in regulatory or disciplinary matters.*
- *There is no requirement to verify the accuracy or currency of contact information before relying on it for delivery of potentially consequential notices.*
- *Notice to former licensees or corporations relies solely on the last known address, which may be outdated, especially in high-stakes proceedings like citation or public posting.*

- *There is no obligation for the College to make reasonable efforts to confirm receipt of notice when the consequences may include suspension, citation, or reputational harm.*
- *The provision does not distinguish between types of notices (e.g., routine communications vs. disciplinary citations), applying the same minimal standard across all.*
- *There are no timelines specified for when notice is deemed effective, nor any right of rebuttal if a person claims non-receipt.*
- *The section lacks procedural safeguards to ensure fairness in time-sensitive matters such as summary protection orders or disciplinary hearings.*