

October 6, 2025

Ms. Sherri Young
Superintendent
Health Professions and Occupations Regulatory Oversight Office
Delivered via email

Dear Ms. Young,

Thank you for meeting with health professional associations on September 26 and for taking the time to listen carefully to the issues we raised. We understand that your office will not be fully established until the HPOA comes into force in April 2026, and we appreciate the scale and magnitude of the work ahead. However, what is happening now is destabilizing the health system, and it is essential that you are fully apprised of these concerns so that future oversight can correct course. This is also a moment to demonstrate that regulation can be different, that it can be transparent, collaborative, and focused on strengthening the system rather than eroding it.

On September 23, CCHPBC announced a twenty five percent increase to naturopathic doctor registration fees this year, with a total increase of fifty percent over two years. Under the legacy College of Naturopathic Physicians of BC the annual renewal fee was \$1,810 in 2018, and when the amalgamated college was created this rose to \$2,090, an increase of about fifteen percent. The new proposal would raise fees to \$2,645 in the first stage and to \$3,200 in the second, representing more than a seventy five percent increase compared to the legacy level. These increases leave naturopathic doctors paying substantially higher licensing fees than other professions regulated by the same college, despite sharing the same administrative structure and the efficiencies that amalgamation was supposed to deliver. While colleges hold the authority to set fees, that authority must be exercised with accountability to registrants through transparency and meaningful engagement. Instead, the new schedule was announced without warning and without any clear explanation of how costs were determined.

We have pressed CCHPBC for information, and while they referred us to their Annual Report and explained that naturopathic doctors are considered more resource-intensive because of their broader scope of practice, licensing requirements, quality assurance, and complaints processes, this rationale does not address the central concern. The College also noted that certification renewals are now folded into the base licensing fee as a restructuring measure, but this merely reframes the schedule rather than justifying sudden and dramatic increases. These responses may provide context, but they do not explain why such steep increases were necessary now, why they were enacted without any conversation, and why registrants are left facing higher costs with no evidence that the efficiencies and transparency promised by amalgamation have been realized.

In addition to these explanations, the College has also stated that the fee increases are necessary to meet the requirements of the Health Professions and Occupations Act and to support the new oversight obligations of the Office of the Superintendent of Health Professions and Occupations. The HPOA was passed without meaningful consultation, despite concerns raised by many health professional associations including BCND. Since then, implementation has been marked by poor communication, no cost modelling shared with those expected to pay for it, and bylaw consultations via CCHPBC that allow only two weeks for review of complex and sometimes incomplete drafts of bylaws. This is not meaningful engagement. Allowing such limited consultation time on complex and consequential bylaws signals that professional input is not valued and undermines confidence that feedback will be considered at all.

For many NDs, HPOA feels less like modernization and more like constraint. Its structure is defined by centralized control, limited professional input, boards that are appointed rather than elected, and disciplinary provisions that read as punitive. While we recognize the value of competency-based boards, there is significant concern that they may be filled with individuals who lack meaningful understanding of the professions they oversee, and sadly we are already beginning to see decisions that reflect this gap. If this perception is inaccurate, government has done little to correct it or allay concerns. The language of the Act is vague and often heavy-handed, and the absence of clear, proactive communication from government has only reinforced these fears. Instead of creating confidence, HPOA is being experienced as destabilizing, and without intervention it risks weakening professions at a time when patients most need stability.

Instead of creating a stronger and more modern regulatory framework, the approach to date has generated instability and mistrust. Naturopathic doctors are facing steep new costs, growing uncertainty about their ability to practise, and no confidence that their input is being heard. The efficiencies promised by amalgamation have not materialized, leaving

college registrants to bear rising costs with no assurance that their money is being spent responsibly or effectively. The money matters, but the deeper problem is systemic: without vision and leadership, the system is drifting. There is no roadmap, and providers are left to absorb escalating costs in an environment already marked by pressure and fragmentation. This is precisely the opportunity to fix what is broken—to slow down, build a plan, and create a framework that restores trust and protects patient care.

Naturopathic doctors collectively see thousands of patients in British Columbia every year. They provide primary care, manage complex conditions, order and interpret diagnostic tests, prescribe, and coordinate care across the system. In many settings they are the only timely access to primary care. These sudden, dramatic cost increases combined with poor communication and uncertainty about what is coming next are pushing some naturopathic doctors to reconsider whether they can afford to stay in practice. This risks reducing primary care capacity in communities across BC, undermines government's Health Human Resources Strategy which is meant to stabilize and grow the health workforce, and adds additional burden to a health system that is already failing far too many British Columbians. If NDs begin to leave, one in three households in BC will lose the providers they rely on, further destabilizing a system already at risk.

We are urging your office to ensure that HPOA implementation slows down and allows space for genuine engagement, transparency, and understanding. Government must communicate clearly and consistently about what is coming and what it will cost. Colleges must be directed to work with associations in good faith so that consultation is not just a perfunctory and procedural requirement, but meaningful.

Despite our efforts to seek clarity and represent the concerns of naturopathic doctors, many members believe their association has failed them because these decisions were announced without warning and we had no opportunity to influence the outcome. This misperception threatens our ability to function and to continue supporting the profession through regulatory and legislative change. Associations like BCND are essential to a strong profession, and strong professions are essential to effective regulation. Associations are the infrastructure that keeps the system connected and responsive. We educate practitioners, communicate policy changes, gather feedback, and create the conditions for compliance and collaboration. Government and colleges need associations to keep the workforce engaged and aligned with regulatory expectations. Undermining associations, however unintentional, through unilateral decisions and poor communication destabilizes not just the profession but the entire regulatory framework.

Other health professions are watching what is happening to naturopathic doctors and are voicing frustration and fear that they will face similar cost increases and rushed processes as HPOA is implemented. This is a cautionary moment for the entire regulatory system. If the approach does not change, there is a real risk of losing professionals, weakening professions, and dismantling the very associations that make regulation workable and credible. There is still a chance to turn this around, but it requires leadership that restores optimism, prioritizes patient care, and builds a regulatory framework that practitioners can trust.

BCND wants to work with CCHPBC and with government, and we want to see a regulatory system where practitioners receive clear information, detailed explanations, and a meaningful opportunity to engage on decisions that affect their ability to practise. We trust that as you shape the new Office, you will ensure that these lessons inform its direction.

We welcome an opportunity to discuss this further.

Sincerely,

A handwritten signature in black ink, appearing to read "V. Lindsay", written in a cursive style.

Dr. Vanessa Lindsay
President

A handwritten signature in black ink, appearing to read "Alix Arndt", written in a cursive style.

Alix Arndt
CEO