

## Understanding the HPOA: Frequently Asked Questions from the Nov 12 Webinar

On November 12, 2025, the BCND, the British Columbia Association of Traditional Chinese Medicine and Acupuncture Practitioners (ATCMA), the British Columbia Chiropractic Association (BCCA), and the Registered Massage Therapists Association of British Columbia (RMTBC) co-hosted a webinar to address key questions about the Health Professions and Occupations Act (HPOA).

The session centred on implementation of the Act and its implications for practice. The following FAQs summarize the main question themes raised during that webinar.

### Frequently Asked Questions

#### 1. Can the government or regulatory colleges mandate vaccines under the HPOA?

The HPOA (the Health Professions and Occupations Act) does not explicitly authorize the government or regulatory colleges to mandate vaccinations for health professionals. However, it significantly expands regulatory and ministerial powers that could be used to support or enforce such mandates. The Minister of Health can issue binding directions to regulatory colleges (s. 441), and regulators have the authority to impose conditions for licensure, fitness to practise, and ethical obligations (Parts 3 and 8).

While mandates would more likely be implemented under public health legislation or ministerial order, nothing in the HPOA prohibits a college from including vaccination status as a professional requirement through bylaws. It is important to note that in the draft bylaws the College circulated for comment, CCHPBC had not mandated any vaccines. The broader administrative powers of the Superintendent and Minister could also shape college policy indirectly. Practitioners working independently (for example, in private clinics) are not automatically exempt, as licensure requirements apply regardless of employment status.

Ultimately, any mandate would still need to align with human rights law, principles of informed consent, and procedural fairness. Practitioners concerned about vaccine policies should monitor bylaw consultations and seek clarity from their college regarding ethics, exemptions, and complaint pathways.

#### 2. What is the difference between being a "registrant" under the HPA and a "licensee" under the HPOA?

The Health Professions Act (HPA), which previously governed regulated health professions in British Columbia, defined practitioners as "registrants" and treated them as members of a self-regulating professional body. The HPOA, which replaces the HPA, eliminates this structure. Under the HPOA, all health professionals become "licensees." This change is automatic and no action is required by practitioners.

Where "registrant" implied membership in a professional college with some governance rights such as voting for board members, "licensee" reflects a shift toward a state-licensing model. Licensees are regulated by entities accountable to the provincial government, not by peers. All board members of regulatory colleges are now appointed by the Minister of Health, and there is no election or recall mechanism.

This change may feel symbolic in daily practice but has structural consequences. It signals a broader removal of professional self-regulation in favor of a centralized administrative model. It may also affect how health professionals are perceived by the public and policymakers over time.

#### 3. How does the HPOA change complaints, investigations, and reporting duties?

The HPOA introduces a more expansive and centralized approach to professional discipline. It lowers the threshold for regulatory action, expands mandatory reporting duties, and centralizes decision-making in non-college bodies.

Under the HPA, complaints typically required a reasonable concern that action was necessary to protect the public. Under the HPOA, regulators can act on "reasonable grounds to believe" there is a risk, which is a significantly lower threshold. This standard applies to Summary Protection Orders (SPOs), which may be issued without notice.

Colleges still receive and investigate complaints, but the Director of Discipline, a government-appointed official, now manages citations, hearings, and final orders. Public disclosure of complaints, including dismissed ones, may occur earlier in the process. And unlike under the HPA, there is no statutory right to appeal decisions to the Supreme Court. Licensees are limited to judicial review, which only assesses process, not the merits of the decision.

Together, these changes create a more transparent but also more punitive and top-down system of oversight. Practitioners are advised to document their communications with the College early and seek legal advice where disciplinary action is possible.

#### **4. What are the rules around privacy, records, and access to information under the HPOA?**

The HPOA grants regulators broader authority to collect and share personal and professional information.

Colleges may retain records of complaints, citations, consent orders, and other regulatory actions indefinitely, even when a licensee is cleared. Consent orders must be made public, regardless of severity. Sections 255 through 256 enable wide public disclosure.

While practitioners must comply with existing legislation such as the Personal Information Protection Act (PIPA) for patient records, the HPOA introduces expansive regulatory powers to compel information. This includes investigative powers under section 131 and access provisions under section 242.

This framework heightens both transparency and reputational risk. Practitioners should regularly review their college's bylaws on data retention and disclosure.

#### **5. Can unlicensed individuals perform aspects of practice previously reserved for regulated professionals?**

The HPOA maintains core prohibitions on unauthorized practice and misuse of protected titles. However, it gives Cabinet and regulators new flexibility to redefine what constitutes a restricted activity and who may perform it.

Sections 25 to 35 and section 533 allow the provincial government to modify, expand, or incorporate external standards into what is considered authorized practice. For example, international protocols or third-party standards may be adopted without public legislative debate.

This means previously protected areas of practice such as prescribing certain substances, performing manipulations, or using specific titles could become more accessible to unregulated practitioners if Cabinet permits it. The HPA had more fixed boundaries and required a clear regulatory process.

Practitioners should monitor scope-of-practice reviews and engage in regulatory consultations to protect their professional domain.

#### **6. Does the HPOA include jail time or criminal enforcement?**

Yes. The HPOA includes offence provisions that can result in fines or imprisonment, though they are administrative offences rather than criminal in the criminal code sense.

Under Part 10, offences include obstructing regulatory processes, unauthorized use of titles, misleading the public about whether they are a regulated health practitioner or are governed by or otherwise associated with a college, and failing to comply with orders. These can carry penalties up to two years imprisonment under the Offence Act.

These provisions were far more limited and less emphasized under the HPA. The HPOA marks a shift toward enforcement through administrative law with real legal consequences.

Practitioners must be aware that their conduct, including in public communications, can now more easily fall within regulatory scrutiny with punitive outcomes.

#### **7. What does the HPOA require around anti-discrimination and equity?**

The HPOA embeds anti-discrimination obligations into statute, making both individual and systemic discrimination a form of professional misconduct.

Section 15 mandates that colleges and licensees take anti-discrimination measures in service delivery and regulatory processes. Section 9 defines discrimination by referencing the BC Human Rights Code, and section 11 classifies it as misconduct when it arises in the context of professional practice.

Unlike the HPA, which did not explicitly reference discrimination, the HPOA makes it a named standard of conduct. However, the Act does not define what anti-discrimination measures entail. Colleges are expected to create bylaws and policies to interpret and operationalize these duties.

In practice, this could involve training, proactive policies, and a duty to prevent rather than simply respond to discrimination. Licensees may need to demonstrate awareness of systemic inequity and apply trauma-informed, culturally safe approaches, especially in care to Indigenous patients.

### **8. When will the HPOA take full effect, and what should licensees expect during the transition?**

The HPOA takes effect April 1, 2026 and transition processes are currently underway.

### **9. What has changed in governance and professional oversight?**

The HPOA fundamentally alters the governance of health regulation in British Columbia. Under the HPA, college boards were partially elected by registrants, creating a self-regulating model. Under the HPOA, all board members are appointed by the Minister of Health, with no role for licensees in elections or recall (sections 452 to 454).

In addition, regulatory functions have been divided among newly created oversight offices:

- The Superintendent of Professional Governance has sweeping powers to direct, audit, or restructure colleges.
- The Director of Discipline oversees all hearings and discipline processes that progress beyond the investigation stage, with authority over citations, hearing panel appointments, and orders.

These bodies are unelected, report to the Minister, and are shielded from liability. This marks a full transition from professional self-governance to state governance. While intended to improve consistency and public accountability, it also raises concerns about independence, responsiveness, and democratic legitimacy.