

CCHPBC Harmonized Practice Standards

Context

The British Columbia Naturopathic Doctors (BCND) appreciates the opportunity to provide feedback on the draft harmonized practice standards. We acknowledge the College's commitment to modernize and align standards across professions in accordance with the Health Professions and Occupations Act.

To assist the College in refining the draft standards, BCND has structured its feedback in two parts for each standard where applicable.

1. Comments on the Standard

This section provides observations on the clarity, intent, and interpretation of the principles within each draft standard. These comments focus on areas where additional clarification may support consistent understanding across professions, reduce ambiguity, or avoid subjective interpretation. The comments reflect a close reading of the standard itself and are intended to strengthen its applicability while supporting public protection.

2. Implementation Considerations

In addition to comments on the content of the standard, BCND has included implementation considerations where practical or operational issues may arise during adoption. These considerations do not question the intent of the standards. Rather, they identify areas where licensees may benefit from guidance, support, or examples to ensure that the standard can be met in a variety of practice environments. This is particularly relevant for small or community-based practices, integrated clinical settings, and multidisciplinary teams.

The transition to harmonized standards has reduced the amount of explicit, profession-specific detail. While this is an expected outcome of applying a single standard to multiple professions, it also creates areas where expectations are less defined. Identifying these areas early will help ensure licensees receive the clarity needed for consistent interpretation.

Given that several harmonized standards address related or overlapping requirements, further clarity on how licensees should navigate situations where expectations intersect, appear duplicative, or potentially conflict would support consistent implementation. Clear guidance on the interpretive hierarchy of standards would help ensure that licensees apply the appropriate provisions when multiple standards may be engaged in the same clinical scenario.

Across the draft standards, several common themes emerged, including the need for clarity where broad principles replace previously detailed guidance, support for licensees working in diverse practice environments, and interpretive resources to promote consistent application across professions. Highlighting these cross-cutting issues may assist the College as it refines the framework and plans for implementation.

In addition, BCND notes that the College has created these as stand-alone policies. Under the HPOA, the expectation is that standards of this nature would be incorporated into bylaws. By not placing them in bylaw form, any future amendments to the standards would not require consultation. Consultation is only required when bylaws are amended. BCND's overarching comment is that these standards should be included in the bylaws to ensure appropriate transparency, accountability, and consultation.

BCND also notes the significant regulatory implications of the harmonized standards under the HPOA. A failure to comply with a standard may constitute misconduct under the HPOA, resulting in serious consequences for licensees. The standards will also directly influence entitlements to licensure. Under the HPOA, a licence committee must be satisfied that an applicant will practise in accordance with all applicable ethics standards and practice standards before a licence can be granted. Similarly, a licensee's capacity to practise requires that they possess the knowledge, skills, ability, and judgment necessary to meet all applicable standards. These provisions underscore the need for clarity, precision, and transparency in the development and implementation of the harmonized standards.

Further clarity on whether the College will provide standardized templates, checklists, or educational resources to support implementation would assist licensees in understanding what tools are available to meet the expectations set out in the harmonized standards, particularly in small or resource-limited practices.

This structure is intended to support the College in both refining the draft standards and planning for successful implementation. The goal is to ensure that the standards are clear, interpretable, and workable for all licensees,

regardless of practice context. Our feedback is offered in a spirit of collaboration and shared commitment to safe, equitable, and patient centred care.

BCND appreciates the College's efforts in developing harmonized standards that reflect contemporary regulatory expectations. We look forward to continued collaboration as the College advances this work.

Advertising and Marketing

Comments

- The intent of the Advertising and Marketing standard is supported. The focus on transparent, accurate, and ethical communication with the public aligns with expectations across regulated health professions.
- The standard emphasizes that advertising should be factual, verifiable, and not misleading. This is appropriate, and additional clarity on what constitutes adequate substantiation for claims would support consistent application.
- Several expectations relate to maintaining professionalism across all forms of communication, including digital platforms. Examples or interpretive guidance on applying these principles in rapidly evolving online contexts would help ensure shared understanding.
- The standard includes requirements related to third party advertising. While the intent is clear, clarification on the extent of a licensee's responsibility for material they did not create or directly control would support consistent interpretation.
- The prohibition on using terms such as expert or specialist is understood. Additional explanation or examples of acceptable descriptive language could help mitigate ambiguity. For licensees that hold certifications, the standard should clarify that the licensee identifying their certification does not constitute holding themselves out as an expert or specialist.
- The standard references the acceptable use of testimonials and before and after content. Guidance on what constitutes appropriate presentation, including privacy, consent and accuracy considerations, would help support consistent and fair application.
- The requirement to retain advertising materials for a specified period is reasonable. More detail on how this applies to dynamic or frequently changing digital content would support practical implementation.
- It is also appropriate that licensees must refrain from offering incentives or inducements that may encourage inappropriate or unnecessary health services. It would be helpful to provide guidance on types of incentives of inducements that may be offside. For example, referral incentives or advertising discounted fees.
- The term "professional requirements" in section 1.1 is not defined. Clarifying what types of requirements are included would help licensees understand the scope of obligations that apply to advertising and marketing.
- The reference to "unsubstantiated" claims in section 1.3 would benefit from clarity on the evidentiary standard expected and who will determine whether evidence is sufficient. Clearer expectations would reduce the risk of inconsistent interpretation.
- Section 2.3 prohibits incentives or inducements that "may" encourage inappropriate or unnecessary health services. The use of the term "may" is broad. Replacing it with "is reasonably likely to" would better align the requirement with a clear and workable threshold.
- The standard would also benefit from concrete examples that illustrate how the principles apply in practice. For instance, where a licensee chooses to include fees in their advertising, it would be helpful to clarify how sections 1.2 and 1.3 apply, such as expectations for consistency in fees offered for the same service and transparency regarding what services are included within the advertised fee.

Implementation Considerations

- **Substantiation of claims**
Further guidance on what qualifies as adequate evidence when making factual or outcome-related statements in advertising would support consistent application across professions.

- **Responsibility for third party content**

Clarification on what constitutes reasonable steps for ensuring compliance when licensees work with marketing firms, multi-practitioner clinics, or shared platforms would help avoid uncertainty.

- **Use of testimonials and images**

Direction on appropriate consent, presentation, and privacy considerations for testimonials or before and after material would support transparent and safe implementation.

- **Retention of advertising materials**

Additional guidance on retaining digital content, including websites and social media, would help ensure that licensees can meet the retention requirement in a practical manner.

- **Multi-Disciplinary Health Profession Corporation**

Provide guidance on how a health profession corporation, in a particular a health profession corporation with a multi-disciplinary practice, can advertise the services of the health professions that practice through the corporation.

- **Operational processes for retention**

Given the three year retention requirement for advertising, marketing, and promotional materials, guidance on practical approaches to setting up internal systems for organizing and storing digital and print content would support consistent implementation.

Consent to Treatment

Comments

- The intent of the Consent to Treatment standard is supported. The emphasis on voluntary, informed, and ongoing consent reflects core expectations in patient-centered care.
- The standard places clear responsibility on licensees to ensure patients understand the nature, risks, and alternatives of treatment. Informed consent may also require advising the patient of the financial costs of the treatment and, if so, this should be clarified in the standard. Further clarity on assessing comprehension in complex communication situations may support consistency across professions.
- The expectation that patients understand the information provided is appropriate. Additional guidance may be helpful for situations where patients are unable to fully comprehend treatment risks, potential discomfort, or alternatives despite clear and appropriate explanations.
- The requirement for express consent in situations involving disrobing, potentially sensitive areas, or appreciable risk is appropriate. Additional clarification on how licensees should determine when situations fall into these categories may reduce variability.
- The recognition that consent is an ongoing process is appropriate. Guidance on how to identify and respond to non-verbal indications that consent has changed would help support consistent practice.
- The documentation requirements are comprehensive. Further detail on the expected level of specificity in documenting consent discussions would support a shared approach across practice environments.
- Some expectations intersect with communication-related or cultural-safety-related standards. Clarifying how these obligations align may support cohesive application.
- The requirement to address any cultural needs as part of obtaining valid consent is unclear. It would be helpful for the standard to clarify what constitutes a cultural need and whether this affects the elements of valid consent.

Implementation Considerations

- **Determining when express consent is required**

Clarification on identifying situations involving appreciable risk or potentially sensitive areas would support consistent implementation.

- **Supporting patient comprehension**
Guidance on addressing communication, cultural, or language needs during the consent process may help licensees apply the standard effectively.
- **Consent as an ongoing process**
Direction on how to document changes in consent, including instances of non-verbal hesitation, would help ensure consistent practice across professions. It would also be helpful to clarify whether, when a patient requests that another person be present, particularly in circumstances involving disrobing this should be accommodated as part of the consent process.
- **Capacity and substitute decision making**
Additional resources outlining practical approaches to assessing capacity, including when a mature minor is capable of consenting, and identifying substitute decision makers would support licensees in complex cases. The current guidance suggests capacity exists where a provider is confident the patient can comprehend the treatment, what it involves, and the risks and benefits of receiving or not receiving it. Further clarification or examples could support consistent application of this principle.
- **Documentation expectations**
Examples illustrating the expected level of detail in documenting consent discussions would help promote consistency across practice environments.
- **Administrative considerations**
Guidance on practical ways to manage the express consent requirements, such as standardized consent forms, would help support consistent implementation.
- **Documenting consent discussions**
The obligation to record the substance of the consent discussion, including concerns raised and how they were addressed, represents a significant documentation requirement. Clear expectations on the level of detail needed would support licensees.
- **Alignment with related expectations**
Clarification on how this standard interacts with communication, cultural-safety, and boundary requirements may help ensure coherent application across the broader suite of standards. This is especially relevant given that related expectations appear in the TRC Standard but not in other standards, including the patient-centred practice standard.

EDI

Comments

- The intent of the EDI standard is supported. The focus on equitable, respectful, and inclusive care is aligned with the expectations of a modern health system and reflects values shared across the professions.
- Several expectations reference acknowledging and addressing conscious and unconscious bias. This is reasonable, and additional clarity appropriate educational resources and on what successful mitigation looks like in practice would support consistent understanding and application across professions. It may also be helpful to revisit the wording in section 1.1. As drafted, it reads as requiring licensees to identify their own biases. A clearer and more accurate framing would be: “Acknowledge and identify that conscious and unconscious biases, assumptions, and stereotypes may influence decision-making, communication, and professional conduct.” Sections 1.2 and 1.3 could then describe the steps licensees can take to mitigate the impact of these biases.
- The requirement for licensees to adapt communication and behaviour to be inclusive and sensitive is appropriate. Further clarification on the boundaries of this requirement would help avoid subjective interpretation, particularly in situations where clinical communication may need to be direct or where patient preferences differ.
- The expectation to seek feedback from patients or colleagues appears in more than one principle. The intent is understood, and it may be helpful to clarify whether this is a formal requirement or if informal feedback is appropriate, how licensees are expected to approach it, and whether documentation is expected.
- Some obligations in Principle 2 involve identifying and addressing accessibility barriers within the practice environment. Supportive language that recognizes feasibility and proportionality would be helpful, particularly for small practices or those operating in rented spaces where structural changes may not be possible.

- There are areas of overlap between the EDI standard and the Indigenous Cultural Safety and Humility standard. Alignment or clarification of how these standards interact would support clarity for licensees and support consistent application.
- Principle 4 requires ongoing learning about EDI. Licensees would benefit from guidance on what qualifies as acceptable education, how often it is expected, and whether the College will provide standardized resources to support this requirement. Given that unconscious bias, by definition, requires intentional reflection to identify and mitigate, it would be important for the College to provide or endorse education and resources. If licensees are expected to minimize bias, they need tools to do so. For example, completing training on bias, reflecting on their practice, and taking demonstrable steps such as seeking input from colleagues when making decisions.
- Several expectations involve broad concepts such as “mindful presence,” “inclusive language,” and avoidance of expressions with cultural connotations. These concepts are important, and additional examples or explanatory guidance would help ensure the standard can be applied consistently and fairly and licensees understand what is expected of them. Principle 3.1 is particularly vague. If the intent is that licensees affirm and validate patient identities, including through the use of preferred pronouns and gender identity, then clearer wording or explicit examples would help ensure consistent and respectful application.
- Several expectations in the standard create positive obligations that go beyond the requirements in the Act. Clarification on the scope and limits of these obligations would help ensure they are interpreted and applied consistently.
- Some expectations may create uncertainty where licensees are required to tailor care to individual characteristics while also avoiding assumptions or stereotypes. Further guidance on how to balance these obligations would support consistent and practical application.

Implementation Considerations

- **Seeking feedback**

The expectation to seek feedback from patients or colleagues may benefit from guidance on appropriate methods and whether documentation is required, to avoid uncertainty or unintended pressure on patients.

- **Inclusive and sensitive communication**

Clarification on how licensees should navigate the requirement for inclusive language in clinical discussions, especially where communication may need to be direct or medically specific, would support consistent interpretation.

- **Accessibility in diverse practice environments**

Additional guidance on what steps are considered reasonable for licensees who work in small or leased spaces, where structural or environmental changes may not be feasible, would support equitable implementation.

- **Overlap with Indigenous Cultural Safety**

Licensees would benefit from clarification on how the EDI standard aligns with the Indigenous Cultural Safety standard, particularly where expectations related to trauma informed care, communication, or strengths-based approaches intersect.

- **Ongoing education expectations**

Clarity on what qualifies as acceptable EDI education, how often it should occur, and whether standardized resources will be provided would support consistent compliance.

Implementing TRC

Comments

- The intent of this standard is supported. The focus on cultural safety, cultural humility, anti-racism, and reconciliation reflects essential commitments in the provincial health system and aligns with the obligations under the HPOA.

- The expectation for ongoing education is appropriate. It may be helpful to clarify the scope, frequency, and format of required education, and whether the College intends to provide or endorse specific learning resources. Clearer direction would support consistency across professions and reduce uncertainty for licensees.
- The list of required learning topics in Principle 1 is extensive and important. Guidance on how licensees should engage with these topics over time would support practical implementation, especially for those working in small practices without access to structured training resources.
- Principle 2 requires an ongoing self-reflective practice. The intent is supported, and additional clarity regarding what the College considers acceptable resources and methods for self-reflection would help licensees understand how to meet this requirement in a consistent and meaningful way.
- Several expectations involve seeking feedback from Indigenous patients or communities. The intent is understood. Clarification on the appropriate and respectful ways to gather feedback, and whether this is expected to be documented, would help licensees meet the standard without creating unintended burdens for patients or Indigenous communities.
- The requirements in Principle 3 related to strengths based and trauma informed care are well aligned with best practices. Additional examples or guidance on applying these approaches in different practice settings would support consistent interpretation across professions. Because these approaches are fundamental to culturally safe care in general, not solely to TRC-specific contexts, it may be helpful to clarify that patient-centred, strengths-based, and trauma-informed care should be applied for all patients. The Patient-Centred Care Standard incorporates some aspects of these principles, but not all, and further alignment may support consistency.
- Principle 4 creates an obligation to take action when witnessing discriminatory or racist behaviour. This is appropriate and important. Clarification on what constitutes “appropriate action” in different settings, and support for licensees who may face safety or employment constraints, would help ensure compliance while protecting both patients and licensees. Clarification should also be provided as to the types of settings in which racism or discrimination is appropriate to report (i.e. whether the racism or discrimination must be related to the type of activities identified in section 9 of the HPOA). Additional clarity is needed regarding the scope of reportable conduct. The Act requires reporting of discrimination, which is defined through the Human Rights Code, but it does not require reporting “racism,” which has no legal definition. Discrimination arises only in specific contexts (for example, in providing a service). Racist behaviour may occur in other contexts, such as casual workplace interactions, where it may amount to harassment or bullying rather than discrimination. Guidance on the limits of when reporting is required would help licensees understand their obligations. Further clarification is also needed on what constitutes “appropriate action” in a given situation. For example, whether reporting is required in all instances of discrimination, or whether steps taken by the licensee to address or mitigate the situation may satisfy the expectation. Consistent with the Standards’ recognition that bias-mitigation is an ongoing process, guidance and examples would help licensees understand when conduct crosses the threshold into discrimination and when reporting is appropriate. Referencing the Human Rights Code and providing examples would support clarity.
- Some requirements involve adapting care to incorporate Indigenous knowledge, traditions, and cultural practices. This is welcomed. Additional guidance on how licensees should approach this and appropriately implement it when they are not familiar with specific community practices would support culturally safe and respectful care.
- The standard recognizes the diversity of First Nations, Inuit, and Métis communities. Further guidance on engaging appropriately with different communities, particularly for licensees practicing in regions with limited local Indigenous representation, would support practical implementation.
- Clarification is needed on the scope of the expectation to incorporate Indigenous cultural practices and beliefs into clinical care. Guidance on what is appropriate, feasible, and within a licensee’s professional role would support consistent application.
- Principle 4 refers to engaging in active advocacy. Further clarity on the intended scope of this expectation would help ensure it is interpreted in a way that aligns with professional responsibilities and does not require activities outside the clinical context.

Implementation Considerations

- **Scope and frequency of education**

Licensees would benefit from guidance on how often education is expected, whether learning must be formal, and whether the College will provide or endorse specific resources.

- **Seeking feedback from Indigenous patients**

Further guidance on respectful, culturally safe methods for seeking feedback, and whether feedback should be documented, would support safe and appropriate implementation.

- **Appropriate action when witnessing racism**

Clarification on what constitutes appropriate action in different practice contexts, including settings with safety concerns or employment hierarchies, would help licensees understand their obligations.

- **Incorporating Indigenous knowledge**

Some licensees may not have established relationships with local Indigenous communities. Additional guidance on how to respectfully incorporate cultural practices or traditional knowledge when appropriate would support thoughtful implementation.

- **Variation in community context**

Guidance for licensees practising in regions with limited local Indigenous presence would help support meaningful and consistent application of the standard across the province.

Integrated Patient Centred Care

Comments

- The intent of the standard is supported. The emphasis on respect, dignity, autonomy, and shared decision-making aligns with core expectations for modern patient-centred care. Principle 3 of the TRC Standard highlights patient-centred, strengths-based, and trauma-informed care. It may be appropriate to clarify that licensees are expected to provide care in alignment with these principles more broadly, not only in Indigenous-specific contexts. The current wording refers only to patient-centred care and may benefit from further alignment across standards.
- The requirement to provide accurate, understandable, and complete information is appropriate. Clarification on expectations for supporting patients with complex communication needs may help ensure consistent application. Where multiple standards address overlapping elements, cross-referencing may support clarity. For example, guidance could refer to providing information “in accordance with the Consent to Treatment Standard,” or the Consent Standard could reference this standard’s expectations regarding “understandable” and “current” information.
- The duty to promptly address errors or adverse events is clearly stated. Additional guidance on what constitutes appropriate corrective action may be helpful in supporting consistent responses.
- Section 2.1 should clarify that a licensee is not obligated to continue to provide care where the patient is not paying their fees.
- The expectations around continuity of care are comprehensive. Clarity on what constitutes reasonable time frames and acceptable processes for arranging alternative care may support consistent practice in varied settings.
- The standard outlines clear requirements for terminating therapeutic relationships. More detail on navigating situations involving safety risks, discrimination, or harassment may assist licensees in applying these expectations appropriately. In addition, earlier comments under the Consent to Treatment Standard noted the importance of allowing a patient to request that another person be present during care, particularly where disrobing is required. This expectation may be more appropriately addressed within this standard to support patient autonomy, comfort, and safety.
- For clarity, Section 2.3 should be revised to replace “their” with “the licensee’s”. However, we recommend that section 2.3 be clarified to confirm that a licensee may terminate a patient relationship where the patient is exposing the licensee’s employees or co-workers to an actual or potential threat to the employees or co-workers’ personal safety. We also recommend that section 2.3 be revised so the licensee has the choice whether to terminate the relationship. It may be appropriate for a licensee to provide care, despite the fact that a patient acts in a discriminatory manner (for e.g. where the discrimination does not occur in the licensee’s place of work). As

currently worded, section 2.3 could also be interpreted as requiring a licensee to terminate care in any instance where a patient acts in a discriminatory manner, regardless of context. Strict interpretation could unintentionally prevent that individual from receiving services from any licensee of the College. Clarification on the intended scope and context of discriminatory conduct is recommended.

- The collaboration expectations are well defined. Further clarity on sharing relevant patient information, particularly in contexts where multiple practitioners are involved, may help reduce variation in interpretation.
- The recognition of diverse professional roles within collaborative care settings is appropriate. Guidance on how to manage differing clinical opinions while maintaining respectful interprofessional relationships may support consistent implementation.
- The continuity of care requirements introduce additional restrictions on ending a therapeutic relationship. The obligation to provide written notice with reasons for ending care and the requirement to continue providing care for a period of time or assist in finding another provider should be clarified to ensure these expectations are practical and consistently interpreted.
- Section 3.1 creates a positive obligation to collaborate and refer to other health care providers when appropriate. Clarification on the circumstances in which a failure to refer may constitute misconduct would assist licensees in understanding the scope of this requirement.

Implementation Considerations

- **Supporting patient communication needs**
Guidance on approaches to provide understandable information to patients with language, cultural, or cognitive barriers would support consistent application of patient-centred care.
- **Responding to errors or adverse events**
Clarification on what constitutes timely and appropriate corrective action may help licensees meet the standard consistently across practice environments.
- **Managing continuity of care**
Direction on reasonable timelines and processes for facilitating transfer of care when ending a therapeutic relationship or closing a practice would support consistent implementation.
- **Handling safety-related terminations**
Guidance on documenting and managing situations involving harassment, discrimination, or threats may assist licensees in applying termination provisions appropriately.
- **Sharing patient information appropriately**
Clarification on the scope of “relevant information” and expectations for obtaining consent when collaborating with multiple practitioners would support consistent practice.
- **Navigating differences in clinical opinion**
Examples outlining respectful and collaborative approaches to managing differing perspectives among practitioners may support effective interprofessional communication.

Practice Environment

Comments

- The intent of the Practice Environment standard is supported. The focus on compliance with legal, regulatory, and public health requirements aligns with expectations for safe and professional health-care settings.
- The expectations regarding cleanliness, hygiene, and maintenance are appropriate. Further clarity on how these requirements apply across diverse practice environments may support consistent implementation.
- The requirements related to infection prevention and control are comprehensive. Additional guidance may be helpful for determining when specific precautions or documentation steps are required in routine versus higher-risk situations.

- The standard introduces specific expectations related to equipment maintenance, emergency preparedness, and environmental safety. Support on applying these requirements in resource-limited or leased spaces may assist licensees.
- The expectations for documenting point-of-care risk assessments and IPAC-related incidents are clear. Clarification on the level of detail expected in these records may help promote consistency.
- The provisions for providing care in group settings are appropriate. Examples of how to meet privacy and consent expectations in shared environments may support consistent application.

Implementation Considerations

- **Applying environmental requirements across diverse settings**
Guidance on operationalizing cleanliness, equipment standards, and environmental safety in different clinic types, including leased or shared spaces, would support consistent implementation.
- **Documenting IPAC practices**
Clarification on what constitutes adequate documentation for point-of-care assessments and IPAC-related incidents would help licensees meet the intent of the standard.
- **Determining appropriate infection control measures**
Direction on when to escalate from routine practices to additional precautions would assist licensees in assessing and responding to varying levels of risk.
- **Use of surveillance or recording devices**
Guidance on the appropriate use, disclosure, and consent processes related to cameras or recording devices in the practice environment may help ensure compliance with privacy requirements.
- **Equipment maintenance expectations**
Support in interpreting and applying maintenance and replacement requirements, particularly for specialized or shared equipment, would promote consistency across practice environments.
- **Emergency preparedness requirements**
Clarification on the expected scope of emergency preparedness, including drills and equipment, may assist licensees practicing in multi-tenant or non-clinical buildings.
- **Delivering services in group settings**
Examples illustrating how to safeguard privacy, secure consent, and apply practice standards in group care environments would help ensure consistent understanding and application.
- **Point-of-care risk assessments**
Further guidance on meeting the requirement to conduct and document a point-of-care risk assessment prior to each patient interaction would support consistent implementation, including direction on whether standardized forms or tools may be used.

Professional Boundaries

Comments

- The intent of the standard is supported. The focus on maintaining clear professional boundaries and preventing sexual misconduct aligns with expectations across regulated health professions.
- The expectations related to communication, including avoiding jargon and maintaining respectful verbal and non verbal conduct, are appropriate. Additional clarity on how to support culturally responsive communication may help ensure consistent application.
- The requirements regarding gift-giving, personal disclosures, and managing power dynamics are clear. Guidance on navigating situations where patients initiate personal disclosures or offer gifts may support consistent interpretation.
- The standard identifies roles for managing transference, counter-transference, and boundary crossings. Further clarity on how licensees should recognize and document these situations may be helpful.

- The expectations regarding conflicts of interest are comprehensive. More detail on distinguishing perceived from actual conflicts in complex practice environments may support consistent understanding. Examples of conflicts of interest should also be provided to assist licensees in identifying potential conflicts.
- Section 2.5 should clarify whether referral fees are prohibited.
- The dual relationship provisions are clearly articulated. Additional guidance on assessing the appropriateness of care in unavoidable dual relationships may help licensees apply these expectations consistently. As well clarity on insurance and dual relationships would be helpful.
- The expectations related to prevention of sexual misconduct include explicit requirements for draping, touch, and recognizing potentially sexualized interactions. Clarification on how to apply these requirements across diverse treatment modalities may reduce variability.
- The breadth of the dual relationship definition may create challenges for licensees, including those practising in small communities or integrated clinical environments. Clarification or reasonable exceptions would help avoid unintended limitations on practice.
- The prohibition on giving or receiving gifts would benefit from clarity on what constitutes a gift, to ensure the requirement is applied reasonably in different clinical contexts.

Implementation Considerations

- **Navigating patient-initiated disclosures**
Guidance on how to redirect or manage personal disclosures from patients while maintaining therapeutic rapport would support consistent boundary management.
- **Determining when a conflict of interest exists**
Clarification on identifying perceived versus actual conflicts, particularly in complex or overlapping professional roles, may help licensees apply the standard consistently.
- **Managing transference and counter-transference**
Direction on recognizing, addressing, and documenting these dynamics would support clarity across varying practice environments.
- **Responding to boundary crossings**
Examples outlining appropriate corrective steps, including documentation expectations, would assist licensees in operationalizing this requirement.
- **Providing care in unavoidable dual relationships**
Guidance on assessing objectivity, documenting risks, and managing consent in circumstances where alternative providers are not readily available may help ensure consistent application.
- **Applying draping and touch requirements**
Clarification on how to apply draping, contact, and consent expectations across differing treatment approaches and modalities may reduce variation in interpretation.
- **Use of communication strategies**
Support for applying respectful, culturally attuned communication expectations in diverse patient populations may assist licensees in meeting the intent of the standard.
- **Clarifying section 1.5**
Further guidance is needed to confirm that licensees are not expected to share personal information with patients unless appropriate to the clinical context.
- **Assessing perceived conflicts**
Additional direction on how to identify when an interest may be perceived as a conflict, including criteria licensees can rely on, would support consistent application.

Professionalism

Comments

- The intent of the Professionalism standard is supported. The emphasis on ethical conduct, accountability, and public trust reflects expectations shared across all regulated health professions.
- The requirement that licensees stay current with all legal, regulatory, and professional requirements is appropriate. It may be helpful for the College to clarify how updates will be communicated to licensees to support timely compliance.
- The expectations related to safe, competent, and ethical practice are clear. Further examples or explanatory notes could help licensees understand how the College interprets terms such as unsafe practice, unethical conduct, or inappropriate behaviour in varied practice settings.
- The expectation that licensees monitor and maintain their physical, mental, and emotional health is understood. Supportive guidance would help licensees determine what steps are considered reasonable if they have concerns about their own wellness or ability to practise safely.
- The requirement to report unsafe or unethical behaviour to appropriate authorities is important for public protection. Clarification on reporting pathways, especially in multi practitioner or multi site environments, would help ensure consistent compliance.
- The section on billing practices is clear and well structured. Further guidance on what constitutes reasonable fees or appropriate approaches to correcting billing errors would assist licensees in meeting the expectations.
- The standard requires licensees to be accountable for their individual decisions and for the care provided by their healthcare team. It may be helpful to clarify the boundaries of accountability in team-based settings where responsibilities may be shared or delegated.
- The expectations related to harassment, abuse, and exploitation are appropriate. It may be helpful for the College to provide examples or scenarios to support consistent understanding and application across diverse practice contexts.
- The requirement that fees be fair and reasonable would benefit from clearer criteria to ensure transparent and consistent application.
- The prohibition on accepting payment in advance should be clarified so licensees understand how this requirement applies in common billing scenarios.

Implementation Considerations

- **Team based accountability**
The standard requires licensees to be accountable for care delivered by the broader healthcare team. Additional clarity on how this applies in multidisciplinary or independent practice environments would help licensees understand the reasonable limits of their responsibility.
- **Reporting obligations**
The requirement to report unsafe or unethical conduct is appropriate. Guidance on reporting pathways, particularly in clinics with mixed governance structures or employment relationships, would support safe and appropriate compliance.
- **Compliance monitoring and documentation expectations**
Clarification on how compliance with the harmonized standards will be monitored, including whether formal documentation, policies, training logs, or audits will be required, would assist licensees in understanding the operational steps needed to demonstrate adherence across varied practice environments.
- **Monitoring personal wellness**
The expectation that licensees monitor their physical, mental, and emotional health is supported. It may be helpful to clarify what steps are considered reasonable if a licensee has concerns about their own fitness to practise.

- **Billing practices in diverse practice models**

The billing requirements are clear. Additional guidance may assist licensees in interpreting “reasonable fees” and in understanding the appropriate process for correcting errors, particularly in practices that use third party administrative or billing systems.

Record Keeping

Comments

- The intent of the Record-Keeping standard is supported. The focus on clear, accurate, complete, and up-to-date records aligns with expectations across regulated health professions.
- The standard establishes comprehensive documentation requirements. Additional clarity on the expected level of detail in recording assessments, treatment plans, and communications may support consistent application across practice settings. Further guidance is also needed on appropriate documentation when health services are delegated, including how delegation should be recorded to ensure accuracy, accountability, and clarity within the patient record.
- The retention period and expectations around secure storage and transfer are clearly articulated. Guidance on applying these requirements in diverse practice environments, including those with limited administrative infrastructure, may be helpful.
- The inclusion of requirements related to electronic systems, privacy legislation, and security safeguards is appropriate. Clarification on acceptable practices for digital platforms and communication tools may reduce variability in interpretation. Given the rapidly evolving digital landscape, it would be timely to address the use of emerging technologies such as AI tools in patient documentation, including expectations for privacy, data security, and accuracy.
- The expectations related to timely completion of records are reasonable. Further direction on managing documentation in high-volume settings may support consistency.
- The standard’s requirements for responding to requests for access to records are clear. Additional guidance on the interface with privacy legislation may support licensees navigating complex access or disclosure situations.
- The expectations related to handling, collecting, and disclosing personal health information are comprehensive. Guidance on documenting disclosures and managing consent for information sharing may enhance clarity.

Implementation Considerations

- **Level of detail in documentation**

Further guidance on how much detail is expected in clinical notes, particularly for assessments, working diagnoses, and treatment responses, would support consistent application.

- **Use of electronic systems**

Clarification on acceptable platforms and safeguards for electronic records, including communication tools, would help ensure compliance across diverse practice environments.

- **Retention and storage requirements**

Direction on implementing the retention period and secure storage expectations in smaller or resource-limited practices would aid consistent implementation.

- **Managing privacy obligations**

Guidance on reconciling privacy legislation with clinical workflow, including documenting disclosures and managing consent for information sharing, may assist licensees.

- **Timeliness of documentation**

Supportive examples or expectations related to timely completion of records in high-volume or complex practices may promote consistency.

- **Responding to access requests**

Additional guidance on navigating exceptions or complex requests under privacy legislation would assist licensees in meeting the standard’s timelines and requirements.

- **Daily log requirements**

Guidance on meeting the requirement to maintain a daily log of appointments, billing records, and fees charged, including expectations for timely completion, would support consistent implementation.

- **Extended retention period**

Clarification on practical approaches to managing the sixteen year minimum retention period would assist licensees, particularly when records may need to be maintained for several decades.

Scope of Practice

Comments

- The intent of the Scope of Practice standard is clear and aligns with principles of safe and competent practice. The structure supports public protection and provides helpful direction for licensees.
- The requirement to incorporate an evidence-based practice approach is supported. It may be helpful to clarify how “best available research evidence” will be interpreted across professions, including in areas where the evidence base is emerging or multidimensional. This would support consistent application.
- The expectations for dual registration promote transparency for patients. Additional clarification may help address operational considerations, particularly regarding separate record keeping and distinguishing roles in integrated clinical settings.
- The requirement to maintain complete separation between regulated practice and any services provided outside scope is understood. Some licensees may offer non-regulated wellness or educational services as part of a broader practice model. Further clarity would help ensure these expectations can be met without creating confusion for patients, including providing examples of appropriate measures that can be taken to maintain separation.
- The expectations related to avoiding false or misleading information are appropriate. It may be helpful to confirm how this standard interacts with the Advertising and Marketing and Professionalism standards so licensees understand how the concepts fit together.
- The requirements for incorporating new services or techniques provide a helpful framework. It may be useful to clarify that these expectations apply to material additions to practice rather than routine updates within an existing competency area.
- The standard references College standards, directives, and guidance documents as part of determining scope. Additional clarity regarding the intended hierarchy and authority of these documents would reduce the risk of unintended changes to scope through guidance alone.
- The expectation that all information communicated by a licensee be based on best available research evidence may create uncertainty regarding scope and feasibility. Clarification is needed to ensure this requirement is practical and does not impose an unrealistic obligation to continuously monitor all emerging research.

Implementation Considerations

- **Interpretation of evidence-based practice**

Licensees would benefit from guidance on how “best available research evidence” is defined across professions, particularly in areas where the evidence base is emerging or includes multiple sources of knowledge.

- **Dual registration in integrated settings**

Clarification on how licensees should manage responsibilities related to separate record keeping and role separation in multidisciplinary clinics would support consistent implementation.

- **Services offered outside scope**

Further guidance on how licensees can maintain clear separation between regulated and non-regulated services, especially when these services exist under a shared business structure or brand, would support practical compliance.

- **Threshold for new services or techniques**

Clarification regarding what constitutes a material addition to practice versus routine evolution within an existing competency area would help licensees know when the outlined steps are required.

- **Hierarchy of regulatory instruments**

Additional clarity on the authority of College guidance documents compared to regulations and standards would help ensure that scope is not unintentionally narrowed through guidance alone.