

Summary of Risks for NDs Under the Draft Harmonized Practice Standards

Purpose

The following summary outlines key regulatory, operational, and legal risks associated with the draft Harmonized Practice Standards proposed under the Health Professions and Occupations Act (HPOA). These standards are being developed for implementation across four professions within the College of Complementary Health Professionals of BC (CCHPBC), including NDs.

While the intent of harmonization is to promote consistency, the current draft introduces broad, subjective, and sometimes conflicting expectations. Many of these are not tailored to the specific scope, modalities, or practice environments of naturopathic medicine.

Under the HPOA, failure to comply with any practice standard, regardless of clarity or reasonableness, may result in findings of misconduct, disciplinary action, or denial of licensure. The standards are enforceable but are not currently being adopted in bylaw form, which means they can be amended without registrant consultation or formal notice.

This summary identifies high-priority areas of concern based on a legal review of the draft standards and BCND's detailed feedback. It is intended to support internal review, policy engagement, and strategic advocacy on behalf of the profession.

Risk area	Description of risk	Examples from the draft standards	Implications for NDs
Regulatory exposure (misconduct)	Several expectations are broad or subjective, but failure to comply with any standard may constitute misconduct under the HPOA. Unclear expectations increase complaint and discipline risk.	Terms such as affirm and validate identity, mindful presence, cultural needs in consent, perceived conflicts, boundary crossings, transference, counter transference, and broad dual relationship definitions.	NDs may be investigated or disciplined for conduct that is not clearly defined in advance. Risk increases where College interpretation evolves over time without formal consultation.
Governance and rule stability	The draft standards are not being adopted as bylaws under the HPOA, meaning future changes may be made without formal consultation. This bypasses safeguards that existed under the HPA and erodes procedural transparency.	College-developed standards are positioned as binding without the protections of bylaw amendment processes. No requirement exists for registrant consultation before revisions are made	Standards may change with little notice or input, leading to unpredictable regulatory shifts. This is especially risky in areas of evolving interpretation like EDI, cultural safety, or billing. Lack of consultation also removes opportunity for professions to surface operational conflicts before standards take effect.
Licensing and capacity assessments	HPOA links licensure and capacity directly to compliance with all ethics and practice standards. Vague or expansive standards can affect licensing decisions.	Requirement that licence committees be satisfied that applicants will practise in accordance with all standards, and that capacity includes the skills and judgment to meet them.	NDs could face more complex or inconsistent entry to practice or renewal decisions. Concerns about standards compliance could be framed as capacity issues, with higher stakes for individual practitioners.

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Interpretation risk and lack of defences	Standards frequently use broad, values-based language (e.g., “affirm identity”, “act mindfully”) but do not define thresholds or include “good faith” or “reasonable effort” clauses.	Terms like “validate identity,” “cultural needs in consent,” “appropriate action” when witnessing discrimination, or “reflective practice” lack measurable criteria.	Without safe harbour language or guidance on what constitutes sufficient effort, conduct may be judged retrospectively. NDs face heightened risk of misconduct findings even when they acted professionally and with good intent.
Evidence based practice and information requirements	Standards require NDs to incorporate an evidence-based practice approach and, in some cases, to ensure all information is based on best available research evidence, without criteria.	Scope of Practice requirements for evidence-based practice and statements about information being based on best available research evidence.	NDs may feel pressure to continuously scan and interpret a changing research base across diverse modalities. Without clear criteria, enforcement could be uneven or subjective.
Documentation and administrative burden	Documentation expectations are extensive and include daily logs, point of care risk assessments, detailed consent records, and extended retention. These may require new systems and more time per patient.	Daily log expectations, documentation of consent discussions and concerns, point of care IPAC risk assessments before each encounter, and minimum 16-year retention.	Increased time on paperwork, need for new workflows or tools, and greater risk of non-compliance that is administrative rather than clinical. Smaller ND practices may be disproportionately affected.
Financial and billing expectations	Billing standards require fees that are fair and reasonable without clear criteria and may prohibit some common billing practices such as advance payment.	Requirements that fees be fair, reasonable, accurate and clearly explained, and that licensees may not accept payment in advance.	NDs could face uncertainty about fee setting, package billing, and pre-payment models. Without criteria, there is a risk that reasonable business practices are questioned after the fact.
Dual relationships and separation of roles	Broad definitions of dual relationships combined with strict separation between regulated and non-regulated services may be difficult to apply in real ND practice contexts.	Dual relationship definitions that capture personal or business relationships outside practice, and requirements to maintain complete separation between regulated practice and other services.	NDs in smaller communities, integrated clinics, or those who offer wellness, education, or group programs may find it hard to reconcile community reality with the written expectations. Risk of limiting practice growth or access to care.
Collaboration, referral, and continuity of care	Standards include positive duties to collaborate, refer, and maintain continuity of care, with specific	Integrated Patient Centred Care expectations to collaborate and refer, written notice with	NDs may be at risk if referral decisions or termination steps are judged after the fact to be insufficient. The level of effort

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	requirements for written notice and transition steps when ending care.	reasons for ending care, and obligations to assist patients to find alternative providers.	required to locate alternative providers is not clearly defined, which can be challenging in underserved areas.
Practice environment and IPAC	Ongoing obligations to assess and document environmental and infection risks, and to maintain equipment and emergency readiness, may be demanding in leased or shared spaces.	Point of care risk assessments before each encounter, IPAC incident documentation, and requirements for equipment maintenance, environmental safety, and emergency preparedness.	NDs working in shared or multi-tenant premises may have limited control over physical infrastructure. Meeting all environmental obligations may require negotiation with landlords or co-tenants and could create compliance tension.
EDI expectations	EDI standards create positive obligations such as affirming identity, adapting communication, seeking feedback, and engaging in ongoing EDI learning, in addition to prohibiting discrimination.	Requirements to affirm and validate identity, adapt language and behaviour, seek feedback from patients and colleagues, and remain current with evolving EDI practices.	Without clear boundaries, NDs may be unsure how far these obligations extend beyond clinical care and how they will be assessed. There is also a risk of perceived conflict between tailoring care to individual characteristics and avoiding assumptions or stereotypes.
Conflicting standards and unclear hierarchy	Some harmonized standards may require actions that conflict with each other. For example, between evidence-based clinical decisions and culturally or identity-affirming care obligations	Simultaneous duties to affirm patient identity, incorporate Indigenous knowledge, avoid assumptions, and provide care based on best available evidence with no direction on how to prioritize or reconcile these when they conflict.	In complex or sensitive care scenarios, NDs may face contradictory expectations without a clear interpretive framework. The absence of a “hierarchy of standards” may result in after-the-fact discipline based on whichever standard is emphasized by the College in that instance.
Reputational risk from public posting	Under the HPOA, regulatory disclosures may include citation notices, consent orders, and dismissed complaints even if they do not involve serious risk or proven misconduct.	Discipline and complaints procedures are linked to public-facing transparency requirements, even where issues relate to documentation, administrative error, or resolved matters.	Public reputational damage may result from minor or unfounded allegations. The long duration of record retention and publication may affect employment, referral relationships, and public trust regardless of clinical competency.
TRC and cultural safety expectations	TRC standards require ongoing learning, self-reflection, adapting care to incorporate Indigenous knowledge and practices	Requirements to incorporate Indigenous cultural practices and beliefs into care where appropriate, self-reflective	NDs may need clarity on what is clinically appropriate, what is within their role, and how far advocacy or reporting obligations extend beyond direct

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	where appropriate, and taking action when witnessing discriminatory or racist conduct.	practice, and expectations to take appropriate action or report in relation to discrimination and racism.	care. This is especially important where there is limited local Indigenous presence or access to community guidance.
Consistency across four professions	Harmonized standards apply to four distinct professions under one College, each with different scopes, modalities, and practice settings.	References to College standards, directives, and guidance documents as part of defining scope and expectations across professions.	There is a risk that guidance developed primarily from one profession’s context may narrow or distort expectations for NDs. Inconsistent interpretation or enforcement across professions could create inequities for ND registrants.
Implementation inequity for smaller or integrative practices	The harmonized standards do not currently include ND-specific interpretive tools, templates, or examples. This increases burden on smaller practices or those outside conventional models.	Environmental safety, equipment maintenance, emergency planning, EDI processes, and collaborative discharge requirements are framed using assumptions from large clinical settings	Small, solo, or interdisciplinary ND practices may struggle to translate hospital-modeled expectations into workable procedures. Without tailored support, this may lead to unequal enforcement, higher compliance costs, or access-to-care impacts in underserved regions.