



The HPOA in Practice: Readiness Tools for Naturopathic Doctors and Clinics

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BC's Naturopathic Doctors

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Introduction

The Health Professions and Occupations Act (HPOA) will come into force on April 1, 2026. When this happens, naturopathic doctors will move into a new regulatory framework with expanded expectations for communication, documentation, early concern processes, reporting duties, and participation in quality assurance activities. These expectations are not abstract or theoretical. They affect how you interact with patients, how you manage information, how your clinic systems operate, and how you demonstrate compliance in day-to-day practice.

The purpose of this toolkit is to give naturopathic doctors a practical way to review and prepare for the responsibilities created under the HPOA. It summarizes the legislative requirements that are most relevant to practice and translates them into concrete steps you can apply as an individual practitioner and, where required, at the clinic level. The aim is to help you understand what is expected, identify areas that may need attention, and make changes in a way that supports safe, consistent and respectful patient care.

The HPOA sections most relevant to naturopathic doctors appear in five different parts of the Act. These do not map neatly onto five separate responsibilities. In day-to-day practice, they combine into four broader obligation areas that describe how these requirements function:

- Anti-discrimination
- Patient feedback and early concerns
- Duty to report
- Quality assurance and public transparency

Some legislative sections sit together in practice. For example, discrimination is addressed in two separate provisions, but together they form one practitioner obligation. Public posting and quality assurance appear in different parts of the Act but operate together as part of transparency and accountability requirements. In the practice alignment overview, these are shown as five items because public posting and quality assurance require different day-to-day actions, even though they fall under the same general obligation area.

The level of detail in each section of this toolkit differs intentionally. Anti-discrimination, duty to report, and quality assurance expectations relate largely to practitioner behaviour and professional judgement. These can be reviewed through shorter checklists. The expectations around patient feedback and early concerns are different. They require predictable clinic-level systems for receiving feedback, acknowledging concerns, documenting issues, and following up in a timely way. This is why that section includes more tools, including workflow diagrams, scripts and patient-facing language. These tools support practitioners and clinics in building the systems needed to meet the Act's requirements and to support clear, early communication when questions or concerns arise.

You can use this toolkit in several ways: as a self-review, during clinic planning, when updating policies and forms, or when preparing for quality assurance activities. It is not legal advice or a substitute for regulatory guidance. It is a practical resource to help you understand what the HPOA requires, how these responsibilities apply in daily practice, and what steps you can take now to prepare for April 1.



Key HPOA Sections

This table identifies the most relevant sections of the HPOA for individual naturopathic doctors. These provisions change how you are expected to practice, how complaints may be handled, and what your legal obligations are. Use this table to understand what each section does, why it matters to you, and where to find it in the statute.

Topic	HPOA Section	Why it matters	Link
Discrimination	Section 9	Sets the legal definition of discrimination using the BC Human Rights Code. Applies even if there is no intent. Patient experiences of exclusion or disrespect can trigger investigation.	https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/22043#section9
Anti-discrimination duties	Section 15	You must take positive action to prevent discrimination in both patient care and regulatory interactions. Doing nothing puts you out of compliance.	https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/22043#section15
Mandatory reporting	Section 86	You must report misconduct or risk posed by other professionals, including sexual misconduct, incapacity, or discrimination. Failing to report is itself a breach.	https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/22043#section86
Public posting of complaints	Sections 255-256	Complaints, citations, and consent orders can be made public before decisions are finalized. This can cause reputational harm even in unresolved cases.	https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/22043#section255
Quality assurance	Part 3, Division 8	Participation in performance assessments is mandatory. You may be subject to peer review, chart audits, or enforced education. This is broader than previous QA programs.	https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/22043#division_d2e8720

They are listed separately in the alignment overview because they involve different day-to-day tasks, even though they fall within the same overall obligation area.

This structure reflects the different types of responsibilities the HPOA creates and supports practitioners in understanding both individual expectations and clinic-level processes.

Practice Alignment Overview

This overview summarizes the areas that practitioners are expected to understand and prepare for under the HPOA. These areas appear again in the detailed checklists that follow.

Anti-discrimination

- Awareness of the legal definition of discrimination
- Evidence of steps taken to prevent discrimination
- Inclusive intake forms, signage, policies, and communication
- Completion of relevant training

Patient feedback and early concerns

- Clear and accessible patient feedback pathways
- Clear explanations distinguishing early concern processes from regulatory complaints
- Consistent documentation and follow up
- Regular review of feedback for quality improvement

Duty to report

- Understanding of when reporting is required
- No assurances of confidentiality where reporting may be required
- Clear process for obtaining advice
- Appropriate documentation of decisions

Public posting and reputation

- Understanding of what may be posted publicly before resolution
- Professional, factual, timely documentation
- Consistent and respectful patient communication
- Awareness of insurer supports

Quality assurance

- Records that meet standards
- Preparedness for chart audits or performance assessments
- Clear documentation of consent and clinical reasoning
- Ongoing review of clinic workflows



Self-audit checklists for naturopathic doctors

These tools are designed to help you evaluate whether your practice aligns with key expectations under the HPOA. You can complete it privately or with a colleague. It does not replace legal advice.

Anti-discrimination and cultural safety (HPOA ss. 9, 15)

Practice area	Yes/No	Notes or Action Needed
I understand the legal definition of discrimination and how it applies in clinical settings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My intake forms, website language, signage, and written materials are inclusive and respectful.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have completed (or plan to complete) training related to cultural safety, trauma-informed care, or anti-discrimination.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have taken identifiable steps (policy changes, workflow updates, documentation changes) to prevent discrimination.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My physical environment is reviewed for accessibility and inclusion.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Patient feedback and early concern processes (HPOA ss. 255–256, QA Division 8)

Practice area	Yes/No	Notes or Action Needed
Patients have clear, accessible ways to provide compliments, feedback, or early concerns.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I explain that this process is not a formal complaint to the regulator.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I document feedback and my responses consistently.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I follow predictable steps for reviewing and responding to early concerns.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Feedback is reviewed and incorporated as part of continuous improvement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My clinic has a written early concern process that is easy for patients to find.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff know what to do when a patient raises a concern or expresses dissatisfaction.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff know what language to use when acknowledging a concern and directing it into the early concern process.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I acknowledge patient concerns within a predictable timeframe (for example, within two business days).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have a consistent method for documenting patient concerns and responses outside of the clinical chart.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My clinic tracks concerns over time to identify patterns, communication gaps, or systems issues.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I communicate next steps clearly when a patient raises a concern.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I close the loop with patients once a concern has been reviewed and addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I explain the difference between the clinic's early concern process and the College complaint process.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I can recognize when a concern suggests a regulatory trigger and needs to be escalated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand how to document concerns that may escalate and when to contact my insurer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have identified areas where my clinic needs clearer processes, improved communication, or updated policies to reduce avoidable complaints.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Duty to report (HPOA s. 86)

Practice area	Yes/No	Notes or Action Needed
I understand when I am required to report another practitioner (misconduct, sexual misconduct, discrimination, incapacity, patient safety concerns).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I avoid assuring confidentiality in situations where reporting may be required.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I know when and how to contact my insurer or legal counsel for advice.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand how to document situations in which reporting is considered or completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Public posting of complaints (HPOA ss. 255–256)

Practice area	Yes/No	Notes or Action Needed
I understand what information may be publicly posted before a matter is resolved.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My documentation is factual, timely, objective, and avoids unnecessary opinion.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My communication with patients is respectful, professional, and clear.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand the supports available from my insurer if a matter becomes public.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Important:

- A citation or complaint may be posted online even if no decision has been made yet.
- You no longer have an automatic right to appeal a decision, only to seek judicial review.
- A Summary Protection Order (SPO) can restrict your practice without a full hearing.
- Bylaw or QA changes that affect your work can be passed without required consultation.

To protect yourself:

- Save all communications from the college
- Ask how you'll be notified about bylaw changes
- Confirm what your insurer covers, especially around judicial review and public posting

Quality assurance (Part 3, Division 8)

Practice area	Yes/No	Notes or Action Needed
My records meet current documentation standards and are ready for peer review.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that QA under the HPOA may involve chart reviews, performance assessments, and required education.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consent, clinical reasoning, and treatment plans are documented clearly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I regularly review practice standards, clinic workflows, and documentation habits.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Clinic considerations

Clinic owners or clinic leads may use these checklists to review shared policies, ensure consistent processes across practitioners, and prepare staff for new expectations under the HPOA. This includes reviewing documentation practices, feedback pathways, staff training, communication templates, processes for seeking guidance, and readiness for quality assurance activities.

Reducing Complaints Through Transparent Feedback Systems

Many obligations under the HPOA focus on individual conduct. In contrast, the expectations related to early concerns and patient feedback require clinics to create clear, reliable systems. These expectations involve:

- How concerns are received
- How they are acknowledged
- How they are documented
- Who reviews them
- How follow up occurs
- How patients understand next steps
- How staff participate in the process

Because this area requires both individual and clinic-level processes, the toolkit includes additional resources such as workflow maps, scripts, and sample language. These tools are intended to help clinics build consistent processes that support communication, clarity, and respectful resolution when questions or concerns arise.

This added structure does not replace or discourage the College's role. Instead, it helps ensure patients know how to raise questions within the clinic, and that practitioners respond in a timely, organized, and transparent manner.

Clinic-facing guidance for staff

This guidance supports staff in understanding how to receive, acknowledge, and direct patient concerns in a consistent and respectful way. The goal is to help patients feel heard, ensure timely follow up, and create clarity about next steps when questions or concerns arise.

Key expectations for staff:

- Receive concerns calmly and without defensiveness
- Thank the patient for raising the issue
- Explain that the clinic has a process for addressing questions and feedback
- Ensure the concern is passed to the appropriate practitioner or clinic lead
- Avoid offering clinical opinions or explanations outside their role
- Document how the concern was received (for example, phone, in person, email)
- Confirm that the patient will receive follow up
- Know when to bring issues to the attention of the practitioner or clinic lead urgently

Suggested staff script:

"Thank you for sharing this with me. We take patient feedback seriously, and we have a process to make sure questions or concerns are reviewed and responded to. I will make sure your message is passed on, and someone will follow up with you."

Staff should also understand that some issues may require practitioner review or legal/insurer advice, and that the College process is designed for serious matters related to safety.

Building an Early Concern Pathway

A clear early concern process can help support communication with patients by creating space for questions, clarification, and feedback before issues become heightened or emotionally charged. Many concerns that eventually become formal complaints begin as misunderstandings, communication gaps, or uncertainty about next steps in care. Providing patients with an accessible way to raise small concerns can help ensure they feel heard and respected, and can support timely, constructive conversation at the clinic level.

This type of process is not intended to replace or discourage formal complaints to the College. The regulatory process exists to address safety risks and serious matters. An early concern pathway simply acknowledges that many day-to-day issues are better addressed through clear communication and timely follow up, and that patients benefit from knowing how to bring forward questions or concerns directly within the clinic.

A structured early concern process helps set expectations, supports transparency, and can strengthen trust between patients and practitioners without interfering with the role of the regulator.

An effective early concern pathway includes:

- A simple, visible way for patients to raise concerns
- Predictable steps that are followed every time
- Timely, respectful follow up
- Clear documentation
- Clarity about when an issue must be escalated (for example, duty to report)

This pathway is meant to support patients who want to give feedback but may not feel comfortable raising concerns in person. It is also meant to support practitioners by creating a record that shows you responded early, respectfully, and constructively.

This section provides a recommended workflow, a sample script, and a decision pathway that you can adapt for your practice.



Patient Feedback Workflow

Step 1: Patient submits feedback

- Through a form, email, private note, or verbally
- Staff acknowledge receipt within a predictable timeframe (for example, 2 business days)

Step 2: Review: The practitioner or designated clinic lead reviews the feedback to determine whether it is:

- A compliment
- A request for clarification
- A misunderstanding
- A service complaint
- A safety concern
- A regulatory matter requiring duty to report

Step 3: Response

- Respond respectfully, focusing on clarification, explanation, or action where appropriate
- Avoid defensiveness and avoid minimizing the patient's perspective
- Explain next steps (for example: follow up, policy reminder, correction, or referral)

Step 4: Document

- Document the feedback, response, and outcome in a consistent way
- Do not place non-clinical complaints in the medical chart
- Maintain a clinic feedback log separate from clinical records

Step 5: Close the loop

- Confirm with the patient that the matter has been addressed
- Restate that this process is informal and separate from the College's complaint process
- Identify if the feedback indicates a need to adjust clinic systems or policies

Staff and Practitioner Script

For reception, front-desk staff, or clinicians when a patient raises a concern:

"Thank you for bringing this to us. We have an early concern process so we can hear and address issues directly. I will make sure this is reviewed and that we follow up with you. This process is separate from the College's complaint system and is intended to support communication and resolution at the clinic level."

If the patient expresses anxiety or frustration:

"I want to make sure you feel heard. We will review this carefully and get back to you. If what you're sharing raises any safety or regulatory issues, I will let you know what must happen next."

Early Concern Decision Pathway

1. **Is this a misunderstanding, request for clarification, or dissatisfaction with service?**
→ Handle through the early concern workflow.
2. **Is the issue about communication, delay, fees, interpersonal discomfort, or confusion?**
→ Address through the clinic process with clear documentation.
3. **Is the issue about clinical decision making?**
→ Clarify rationale, correct misunderstandings, document thoroughly.

4. **Does the concern involve a regulatory trigger (risk to patient safety, discrimination, sexual misconduct, incapacity)?**

→ Early concern process still begins, but duty to report may also apply.

5. **Does the issue appear to be escalating toward a formal complaint?**

→ Increase documentation, clarify the clinic's steps, and inform your insurer.

Patient feedback process (suggested)

This process can be adapted to suit your practice. The goal is to promote transparency, trust, and early communication, particularly for patients who may be unsure how to raise a concern.

Sample language for website or intake form

We welcome compliments and feedback about your experience. If you would like to share something with us, you can speak with us directly or complete our feedback form.

This process is informal and is not the same as making a complaint to the regulator. If your concern involves patient safety or another regulated professional, we may be required to report it under provincial law.

Patient information: How to share a question or concern

We welcome your questions, feedback, and compliments. If you have a concern about your experience or would like clarification about any part of your care, you can speak with us directly or share your feedback through our early concern process. This helps us understand your perspective and respond in a timely and respectful way.

Examples of concerns you may wish to raise with us include:

- Questions about treatment plans or next steps
- Uncertainty about fees or administrative processes
- Confusion about communication or expectations
- Discomfort or dissatisfaction with any part of your visit
- Accessibility needs that were not fully met

Our early concern process is intended for day-to-day questions, communication gaps, or misunderstandings. Serious matters related to patient safety can also be raised with us, and we will advise you if further steps are required.

The College of Complementary Health Professionals of BC oversees formal complaints about safety or regulated practice. If you have a safety concern, you may also choose to contact the College directly.

We are committed to listening openly and responding with care and respect.



Optional feedback form

Date: _____

Feedback type: (check one)

☐ Compliment

☐ Suggestion or concern

Your message:

Would you like us to follow up?

☐ No

☐ Yes – please contact me at: _____

Note: If this message involves safety concerns or professional misconduct, we may be required to notify the appropriate regulatory body in accordance with the Health Professions and Occupations Act.

Next steps

This toolkit is a practical starting point for preparing your practice for the HPOA. The requirements of the Act will continue to evolve as the new regulatory framework comes into effect on April 1, and as the College begins issuing guidance, standards and processes. What matters now is that naturopathic doctors begin reviewing their own practices, identifying gaps, and putting predictable systems in place.

In the coming months, you are encouraged to:

- Review this toolkit with your colleagues or clinic team and identify areas that require updates
- Incorporate clear patient communication, early concern pathways, and accessible feedback processes
- Update intake forms, websites, communication templates, and clinic policies where needed
- Review documentation practices to ensure clarity, timeliness, and consistency
- Determine how your clinic will receive, record, and respond to early concerns
- Confirm how you will access advice if you are unsure whether duty to report applies
- Ensure staff know their roles in communication, documentation, and early concern processes
- Begin preparing for quality assurance expectations, including chart readiness and practice reviews

After April 1, further expectations and clarifications will come from the College. BCND will continue to monitor developments, prepare guidance, and provide members with tools and updates as the new framework becomes clearer.

This is a period of transition. The goal is not perfection on day one, but steady, practical alignment with the expectations of the HPOA. Your commitment to safe, transparent, respectful practice, supported by clear clinic systems, will help ensure that naturopathic doctors remain trusted, effective contributors to patient care under the new regulatory model.

BCND will continue supporting members throughout this transition and welcomes questions, gaps, or issues that arise as you work through the materials in this toolkit.