

BCCNM STANDARDS SUPPORT — AUGUST 2026

Health Professions and Occupations Act (HPOA)

TRANSITION FOR EDUCATORS

Summary of changes and available resources



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Introduction

The *Health Professions and Occupations Act* (HPOA) the *Nurses and Midwives Regulation*, and the *Regulated Health Practitioners Regulation* establish a legislative framework for regulating health professions in B.C. They clarify roles and responsibilities for health regulators and strengthen accountability for public protection and culturally safe care.

This resource is intended to support educators in understanding the changes introduced under the HPOA and integrating them into nursing and midwifery programs. It is a temporary, practical resource to support teaching and learning while programs transition to the new legislative framework.

Educators are encouraged to use this resource flexibly based on their roles, teaching contexts, and curriculum requirements. It is not intended for direct use by students.

HOW TO USE THIS RESOURCE

You may find it helpful to:

- Scan for relevant sections related to the topics you teach, such as scope of practice, delegation, supervision, or standards.
- Use the reflective questions in each section to review and update course materials, learning activities, and assessments.
- Draw on the included examples and resources when developing lectures, case studies, simulations, or self-directed learning activities.
- Refer students to linked BCCNM website resources for deeper understanding.

WHEN TO USE THIS RESOURCE

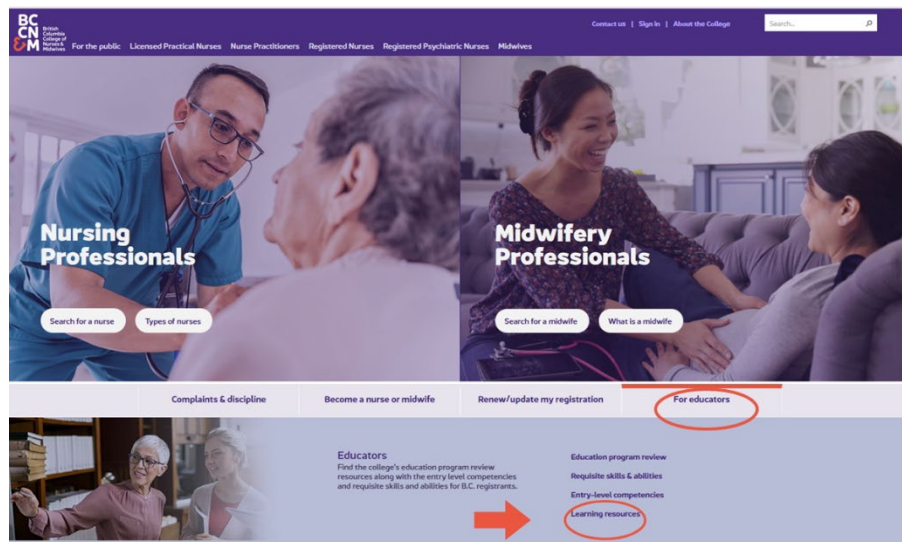
The resource can be used at different stages of curriculum and course development:

- **Program review and revision:** Identify where HPOA-related updates need to be integrated.
- **Course planning:** Align learning outcomes, content, and assessments with current regulatory expectations.
- **Teaching and facilitation:** Suggest discussion and application of concepts through practice-based scenarios.

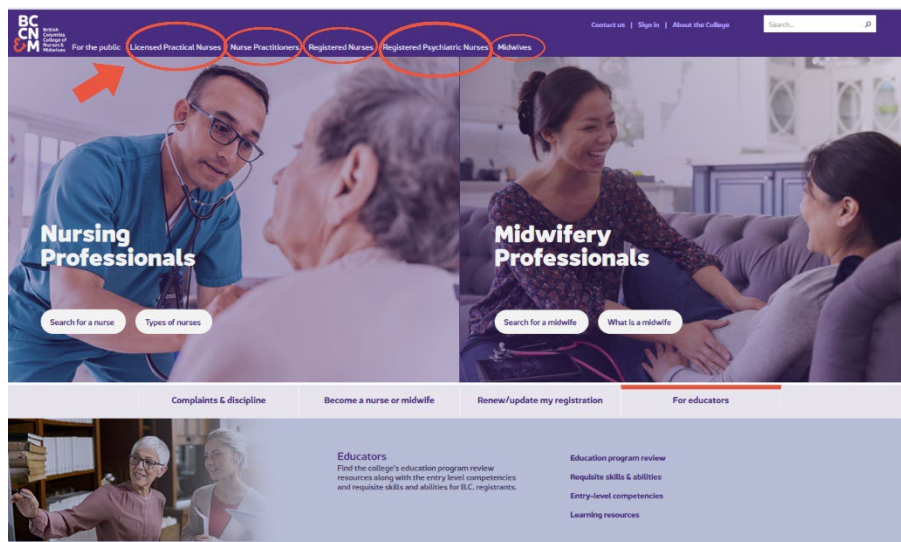
Regulatory information continues to evolve. Use this resource alongside current BCCNM standards and website content.

BCCNM WEBSITE NAVIGATION TIPS

- The [“For educators”](#) tab on BCCNM’s home page provides a table of available learning resources, organized by topic and format.



- The website is currently organized by designation with separate tabs for licensed practical nurses (LPNs), nurse practitioners (NPs), registered nurses (RNs), registered psychiatric nurses (RPNs), and midwives. Resources that apply to more than one designation appear under each relevant tab.

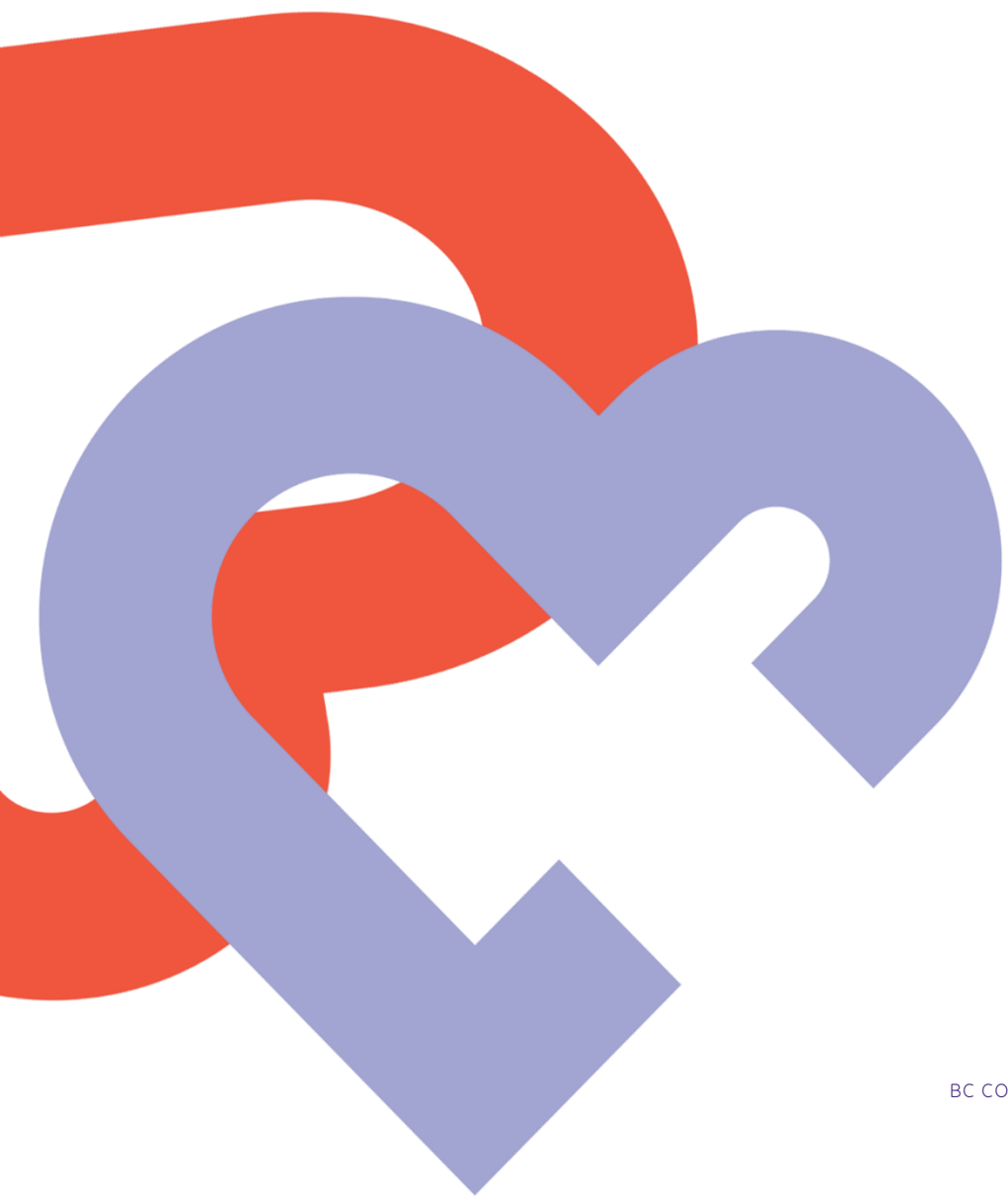


- The [HPOA resource centre](#) on the BCCNM website provides relevant information and links to resources.



For Educators to Consider

Consider how key themes in the updated regulatory expectations—such as cultural safety and humility, public protection, and accountability—can be made visible in your teaching through learning materials, discussions, and practice-based activities.



Controls on practice framework

Before exploring the HPOA changes, please revisit the controls on practice framework. A nurse's or midwife's scope of practice is shaped by four controls:



LEVEL 1: LEGISLATION AND REGULATION

This level sets the legal foundation for nursing and midwifery practice in B.C. It sets out each profession's legislated scopes of practice and identifies the restricted activities nurses and midwives are authorized to perform. The HPOA, the *Nurses and Midwives Regulation*, and the *Regulated Health Practitioners Regulation* shape this level. These laws, along with other legislation, apply to all nurses and midwives across practice settings.

LEVEL 2: BCCNM BYLAWS AND STANDARDS (INCLUDING LIMITS AND CONDITIONS)

BCCNM sets ethics and practice standards and may place limits or conditions on activities that are otherwise authorized in regulation. BCCNM general bylaws also establish additional requirements for practice.

LEVEL 3: ORGANIZATIONAL (EMPLOYER) POLICIES AND PROCESSES

Employers and your place of practice may establish policies and processes that specify how activities are carried out in a practice setting. These policies may further restrict practice beyond what is allowed by regulation or BCCNM standards. Job descriptions should clearly outline role expectations. Employers and place of practice may also require additional education, training, or supervision before nurses or midwives perform certain activities.

LEVEL 4: INDIVIDUAL NURSE OR MIDWIFE COMPETENCE

The first three controls on practice define what a nurse or midwife may do; competence determines what they may *safely* do.

Regulation may authorize an activity, but a nurse or midwife may perform it only when all four controls are met. Each control can narrow practice—none can expand practice beyond what is permitted by the level above.

Professional judgment always applies. Even when a nurse or midwife may perform an activity, they consider whether it is appropriate and supports the client's health outcomes.

Resources

- [BCCNM bylaws](#) (including [BCCNM General Bylaws](#) document) | BCCNM
- Controls on practice web pages ([RNs, LPNs, NPs, RPNs, Midwives](#)) | BCCNM
- Scope of practice learning modules for nurses | BCCNM:
 - Legislation and nursing regulations [Full module, PDF version](#)
 - BCCNM explained: Our role and responsibility [Full module, PDF version](#)
 - Know your scope: Navigating the controls on practice [Full module, PDF version](#)
 - Nursing competence [Full module, PDF version](#)
 - Acting autonomously: Safe & accountable practice [Full module, PDF version](#)
 - Client-specific orders: Safe & accountable practice [Full module, PDF version](#)
- Scope of practice learning modules for midwives | BCCNM:
 - BCCNM and midwifery practice [Full module, PDF version](#)
 - Navigating midwifery scope: Controls on practice framework [Full module, PDF version](#)

Summary of HPOA changes

WHAT DOES THE HPOA DO?

The HPOA strengthens public protection and safety in the health system through the following changes:

Before HPOA	Under HPOA
No independent office had oversight of the regulatory colleges.	Independent oversight of regulatory colleges through the newly established Health Professions and Occupations Regulatory Oversight Office (HPOROO).
Disciplinary hearings were conducted through college-based discipline processes.	A discipline process through the independent Health Professions Discipline Tribunal housed within HPOROO that oversees the discipline process for regulated health professions in B.C.
The legislation did not explicitly address systemic discrimination and racism.	Explicit anti-discrimination objectives with a stronger focus on addressing systemic inequities and Indigenous-specific racism, including mandatory reporting requirements.
There was no specific legislative requirement for Indigenous support workers in the complaints process.	More pronounced commitment to cultural safety and humility, including requiring regulatory colleges to offer Indigenous support workers to people who have experienced harm and wish to submit a complaint.
Public registry requirements were more limited and did not require publication of all disciplinary actions.	Requirement for regulatory colleges to maintain a public registry publishing all disciplinary actions against regulated health professionals.
Regulatory college boards included elected members.	Appointment of the regulatory college board members based on merit and competency, rather than election.



Consider how system-level changes, such as oversight and discipline processes, can be incorporated into learning, even though they are less visible in day-to-day practice.

Consider how the HPOA's emphasis on cultural safety and humility can be reflected throughout the curriculum.

Resources

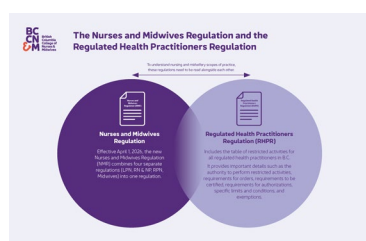
- [HPOA resource centre](#) | BCCNM
- [HPOA: What's changed?](#) | BCCNM
- [Health Professions and Occupations Act \(HPOA\)](#) | Government of British Columbia

THE HPOA REGULATIONS

Under the HPOA, nursing and midwifery practice in B.C. is regulated by the *Nurses and Midwives Regulation* (NMR) and the *Regulated Health Practitioners Regulation* (RHPR).

The NMR combines four former regulations—the *Nurses (Registered) and Nurse Practitioners Regulation*, *Nurses (Licensed Practical) Regulation*, *Nurses (Registered Psychiatric) Regulation*, and *Midwives Regulation*—into a single regulation.

The RHPR is a shared regulation covering all regulated health professions across the six health colleges. The table in Division 2 “Prescribed restricted activities” lists the restricted activities for every regulated profession, supporting greater consistency and transparency across the health system.



The NMR specifies which restricted activities from the RHPR table fall within each designation’s scope of practice. Understanding a full scope of practice requires reading **the NMR alongside the RHPR**.

HPOA regulations. Select image to view a larger version.



The NMR is laid out differently than previous regulations. It has a more structured layout that organizes content into profession-specific parts and integrates restricted activities from the RHPR.

NMR layout. Select image to view a larger version.



When answering scope of practice questions, refer to both the NMR and the RHPR. It is helpful to start by analyzing the question, identifying whether the activity in question is restricted or non-restricted, then reviewing regulatory requirements.

NMR and RHPR workflow. Select image to view a larger version.



For Educators to Consider

Consider how to support students to navigate multiple regulatory documents together, for example, through activities that involve locating and interpreting limits, conditions, and requirements across the regulatory documents listed in the Resources section below.

Resources

- [The Nurses and Midwives Regulation](#) | Government of British Columbia
- [The Regulated Health Practitioner Regulation](#) | Government of British Columbia
- [HPOA regulations](#) | BCCNM

RESTRICTED ACTIVITIES

A **restricted activity** is an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

A **non-restricted activity** is an activity that is not listed in regulation as a restricted activity. Non-restricted activities may be performed by a nurse or midwife when the activity is within the scope of practice for their designation and they have the competence to perform it safely, ethically, and appropriately.

Whether an activity is restricted or non-restricted, nurses and midwives practise within the requirements set out in legislation, BCCNM bylaws, standards, limits and conditions, employer policies, and their own competence.



For Educators to Consider

It may be helpful to provide opportunities for students to work through scope of practice questions using both documents, then connect their answers to BCCNM standards, applying the controls on practice framework outlined earlier.

SCOPE OF PRACTICE CHANGES UNDER THE HPOA

Nurses: The HPOA, NMR, and RHPR do not change nurses' scope of practice.

Midwives: The HPOA introduces several updates to midwifery scope of practice.

Some of these changes are already in effect; others are part of a further expansion announced by the [B.C. government](#) but are not yet in effect. BCCNM will communicate when additional scope changes take effect.

The updates currently in effect fall into three main areas:

1. Contraceptive management

Three-month time limit on contraceptive services has been removed. Clients must still meet the definition of 'midwifery patient' (i.e., be in the postpartum period).

Midwives holding certification may insert an instrument, device, finger, or hand beyond the labia majora to administer contraception (e.g., copper IUDs).

2. Ultrasound

Midwives may use ultrasound to monitor fetal heart rate and determine fetal position and presentation.

3. Induction of labour and delivery

Midwives holding certification may insert an instrument, device, finger, or hand beyond the labia majora to induce labour (e.g., using a foley catheter).

Resources

- [HPOA Regulations](#) | BCCNM

LANGUAGE CHANGES

The HPOA introduces updated terminology. Here are some examples:

Before April 1	After April 1	Notes
Registrant	Licensee	A nurse or a midwife
Registration	Licensure	Process of becoming licensed or maintaining a licence with BCCNM
	Licence	Authority to practise
Multi-jurisdictional registration (MJR)	Multi-jurisdictional licensure (MJL)	Licensure that allows an eligible nurse from other Canadian jurisdictions to practice in B.C.
Registration Services	Licensing Services	The BCCNM department responsible for licensure
Specialized practice midwife	Certified midwife	The HPOA does not provide for “specialized” practice; therefore, BCCNM harmonized and aligned midwife specialized practice with RN and RPN certification
Non-practising nurse	Former licensee	Non-practising registration class for nurses ended April 1, 2026
Registration renewal	Annual declaration	A yearly check to ensure a nurse or a midwife continues to meet the requirements to practice in British Columbia
Inquiry, Discipline and Monitoring	Professional Conduct Review	This department remains responsible for reviewing professional conduct and investigating complaints; however, the discipline process now sits with the Health Professions Discipline Tribunal



For Educators to Consider

Consider whether updated terminology is used consistently across your materials.

It may be helpful to highlight the glossaries and definitions in each standard.

Resources

- Table of changes [HPOA: What's changed?](#) | BCCNM
- Glossaries of approved definitions included in each standard document <https://www.bccnm.ca/Public/regulation/Bylaws/Pages/Default.aspx> | BCCNM

BCCNM BYLAWS

Under the HPOA, colleges are responsible for developing and amending their own bylaws. BCCNM bylaws consist of the General Bylaws and the Practice and Ethics Standards Bylaws.

The General Bylaws cover governance and administration of the college. They also include a wider set of HPOA-aligned areas, such as delegation, regulatory supervision, support programs, public protection, and others.

1. Structure and titles of the standards

BCCNM standards of practice are now organized into two categories: **ethics standards** and **practice standards**.

Standard titles now include the class of licensee to indicate which designations they apply to. For example, if a title begins with "Nurses," it applies to registered nurses, nurse practitioners, licensed practical nurses, and registered psychiatric nurses.

All standards provide glossaries to support understanding and application.



For Educators to Consider

Consider how updates to the structure of standards may be reflected in learning materials across courses.

Review updated standard titles to ensure alignment in course content.

Resources

- [New and revised nursing standards: HPOA](#) | BCCNM

2. Delegation

Delegation is a regulated practice authorized under the HPOA and outlined in BCCNM's [Nurses: Delegation to Unregulated Care Providers](#) practice standard. Delegation refers to a client- and activity-specific process where a nurse transfers legal authority to another care provider to perform a restricted activity that the person is not otherwise authorized to perform.

Delegation is distinct from assignment. While assignment involves allocating care activities that fall within another provider's existing role, delegation enables the performance of a restricted activity through the transfer of authority under defined conditions.

Delegation is deliberate, context-specific, and supported by organizational policies. It is only appropriate when all relevant requirements are met, including client factors, the nature of the activity, and the competence of the individual receiving the activity.

Key points:

- Delegation is transferring legal authority for a restricted activity to someone not otherwise authorized to perform the restricted activity
- The delegating nurse remains accountable for:
 - Appropriateness of the delegation decision
 - Setting appropriate conditions for the restricted activity to be safely performed
 - Verifying the training and ability of the person to whom the activity is delegated
 - Ongoing oversight of client care



Consider emphasizing the role of clinical judgment, decision-making, and accountability in delegation.

It might be helpful to provide opportunities for students to practice identifying the key differences between delegation and assignment, including who retains responsibility and how activities are transferred.

Resources

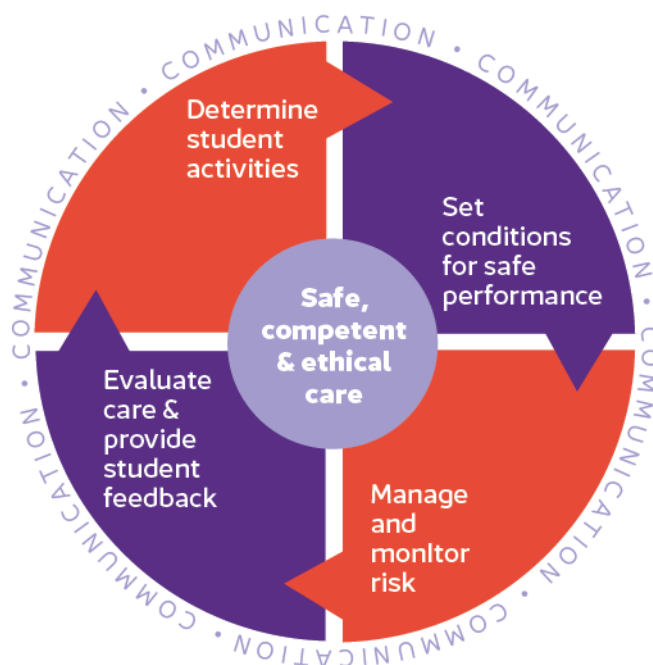
- Video [“What delegation is \(and is not\)”](#) | BCCNM
- [Ask a consultant: Delegation to unregulated care providers](#) | BCCNM
- Delegation learning web pages ([LPNs](#), [NPs](#), [RNs](#), [RPNs](#)), including examples and scenarios | BCCNM
- [Delegation for leaders booklet](#) | BCCNM
- [Safe delegation in nursing practice](#) learning module | BCCNM

3. Regulatory supervision

Under section 32 of the HPOA, student nurses and student midwives must be supervised by a class of licensee identified in the bylaws (for example, a registered nurse, licensed practical nurse, registered psychiatric nurse, nurse practitioner, or midwife). Additionally, students follow the student limits and conditions outlined in Part 10 of the [General Bylaws](#).

Regulatory supervision describes the process used when students, under the supervision of a nurse or midwife, are:

- Performing restricted activities;
- Performing activities that require the professional knowledge, skills, ability, and judgment of a nurse or midwife; or
- Using reserved titles.



Regulatory Supervision

Nurses

BCCNM has revised the *Nurses: Regulatory Supervision of Students* practice standard to reflect the new regulatory framework. The revised standard has two parts:

- Part 1. Students in education settings: Applies when learners are completing requirements of a recognized nursing program.
- Part 2. Employed student licensees in practice settings: Applies when students are working in a practice setting as employees.

Each part outlines expectations for regulatory supervision, including general accountabilities, how student activities are determined, setting conditions, and what needs to be communicated.

Midwives

A new practice standard for midwives mirrors Part 1 of the nursing practice standard. Under the HPOA, midwifery students are no longer authorized to practise through the student register and now require regulatory supervision when performing restricted activities, activities that require the professional knowledge, skills, ability, and judgment of a midwife, or when using reserved titles.

Team-based care and interprofessional clinical placements

The updated regulatory framework supports team-based care and interprofessional clinical placements by allowing nurses and midwives to provide regulatory supervision for student nurses and student midwives, as long as the applicable standards and bylaw requirements can be met. It also clarifies when other health professionals may be involved in supervising or overseeing nursing

and midwifery student activities, and when nurses or midwives may supervise students from another regulated health profession, where authorized by that profession's bylaws.

Education programs and employers remain responsible for providing the organizational supports and resources nurses and midwives need to safely provide regulatory supervision of students and meet BCCNM standards of practice.



For Educators to Consider

It may be helpful to highlight how accountability is shared: overall accountability for client care remains with the supervising nurse(s), midwife or other authorized regulated health professional, while the student must meet the limits and conditions outlined in the General Bylaws when providing care.

Ensure students know about the student limits and conditions listed in the bylaws. Review with students any applicable standards, limits, and conditions that apply before performing the activity.

Resources

- [Nurses: Regulatory Supervision of Students](#) practice standard | BCCNM
- [Midwives: Regulatory Supervision of Students](#) practice standard | BCCNM
- Regulatory supervision – Students in an educational program webpage ([LPNs, NPs, RNs, RPNs, midwives](#)), including case study | BCCNM

4. Scope of practice

The former scope of practice documents for LPNs, NPs, RNs, and RPNs have been replaced by separate practice standards. These standards set out expectations for nurses acting within autonomous scope of practice, acting under client-specific orders, or giving client-specific orders, as applicable to their designation. There are also separate practice standards for certified RNs and RPNs.



Scope of Practice Standards COMPARISON CHART

STANDARDS	LPN	RN GENERAL PRACTICE	RPN GENERAL PRACTICE	RN & RPN CERTIFIED PRACTICE	NP
Acting within autonomous scope of practice	✓	✓	✓	✓	N/A
Acting under client-specific orders	✓	✓	✓	✓	N/A
Giving client-specific orders	✗	✓	✓	✓	N/A
Scope of practice for nurse practitioners	✗	✗	✗	✗	✓
Prescribing	✗	✗	✗	✓*	✓**

*As laid out in the education, competencies, and decision support tool for the certification program.

**As laid out in the Scope of Practice for nurse practitioners.



For Educators to Consider

Consider replacing references to scope of practice documents with the applicable practice standards.

Consider providing opportunities for students to review differences in scopes of practice when working within a team approach.

Resources

- Scope of practice webpage ([LPNs, NPs, RNs, RPNs](#)) | BCCNM

Implementing HPOA updates: Guiding questions

Here are some guiding questions when reviewing and updating your course materials and curriculum documents.

TERMINOLOGY

- Are outdated terms removed?
- Is HPOA, NMR, RHPR language used correctly and consistently?

REGULATORY SOURCES

- Do materials reference NMR, RHPR, and standards with updated titles?
- Are students provided with guidance on how to navigate multiple regulations or regulatory documents?

SCOPE OF PRACTICE

- Are the controls on practice used as the framework for presenting scope of practice decisions?
- Are students aware of all the relevant practice standards that inform scope of practice decisions?

DECISION-MAKING

- In light of HPOA, do students have an opportunity to practise applying standards in different practice situations and consider how client context, practice setting, and available supports influence their decisions?

DELEGATION AND REGULATORY SUPERVISION

- Are delegation, regulatory supervision, and their associated practice standards integrated into learning materials such as case studies and scenarios?
- Is accountability within delegation and regulatory supervision clearly addressed, including the nurse's or midwife's responsibility for their own decisions, actions, and professional judgment?

CONSISTENCY

- Are updates applied to all learning materials across the curriculum?
- Are outdated references removed?

APPLICATION

- Do students have opportunities to integrate regulatory and HPOA concepts into all aspects of learning?
- Do students have opportunities to integrate the BCCNM *Nurses & Midwives: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism* practice standard into all aspects of practice?
- Are your examples relevant to the current B.C. client population and course outcomes?

Questions and feedback

Please share your thoughts about this resource by completing this [brief survey](#).

If you have a question about learning resources or would like to request a consultation, complete [Standards Support intake form](#).



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Pub. No. 1034

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Summary of changes and available resources

Appendix A: The Nurses and Midwives Regulation and the Regulated Health Practitioners Regulation

[Click For Full View](#)





The Nurses and Midwives Regulation and the Regulated Health Practitioners Regulation

To understand nursing and midwifery scopes of practice, these regulations need to be read alongside each other.



Nurses and Midwives Regulation

Effective April 1, 2026, the new Nurses and Midwives Regulation (NMR) combines four separate regulations (LPN, RN & NP, RPN, Midwives) into one regulation.



Regulated Health Practitioners Regulation (RHPR)

Includes the table of restricted activities for all regulated health practitioners in B.C.

It provides important details such as the authority to perform restricted activities, requirements for orders, requirements to be certified, requirements for authorizations, specific limits and conditions, and exemptions.

Appendix B: Nurses and Midwives Regulation layout

[Click for full view](#)



Nurses and Midwives Regulation Layout

NURSES AND MIDWIVES REGULATION

Part 1 sets out definitions, confirms the designation of health professions and the overseeing regulator, and clarifies that the authority to dispense drugs does not include selling them.

Parts 2 - 5 are dedicated to specific classes of licensure (designations).

Restricted activities for nurses and midwives are drawn from the Restricted Activities table located in Regulated Health Practitioners Regulation. They are referenced as items in Divisions 2 and sometimes 3 of each Part in the NMR.

Limited restricted activities are restricted activities for which regulation specifies limits or conditions on how it may be performed by a given class of licensees. The list of limited restricted activities (items) in Division 2 includes activities within autonomous scope as well as activities that require an order.

Full restricted activities are restricted activities that the regulation does not specify limits or conditions on how they may be performed. These activities only apply to Nurse Practitioners (list of full restricted activities under Division 3 - Restricted Activities) and Midwives (Division 2 - Full Restricted Activities). These activities may still be subject to BCCNM and/or workplace limits and conditions.

PART 1 General matters

PART 2 Practice of Nursing

Division 1 - General Practice Matters
Division 2 - Limited Restricted Activities (Non Nurse Practitioners)
Division 3 - Restricted Activities (Nurse Practitioners)

PART 3 Practice of Practical Nursing

Division 1 - General Practice Matters
Division 2 - Limited Restricted Activities

PART 4 Practice of Psychiatric Nursing

Division 1 - General Practice Matters
Division 2 - Limited Restricted Activities

PART 5 Practice of Midwifery

Division 1 - General Practice Matters
Division 2 - Full Restricted Activities
Division 3 - Limited Restricted Activities

Where did Section 6, 7 and 8 go?

Section 6 "Restricted activities that do not require an order"

Divisions 2 or 3: individually described activities below the "List of limited restricted activities" as well as "Full restricted activities" for NPs and Midwives. Always check all subsections of Divisions 2 or 3 to ensure the activity does not require an order or certification.

Section 7 "Restricted activities that require an order"

Division 2: "Restricted activities if order or certified", "Other restricted activities if order" or "Restricted activities if order"

Section 8 "Restricted activities for certified practice registrants"

Division 2: "Restricted activities if order or certified", "Other restricted activities if certified" or "Restricted activities if certified"

Appendix C: The NMR and the RHPR: How it works

[Click for full view](#)

