

January 21, 2026

Webinar hosted by
Natasha Dookie, Chief Legal Officer

Health Professions & Occupations Act

Welcome

Agenda for today

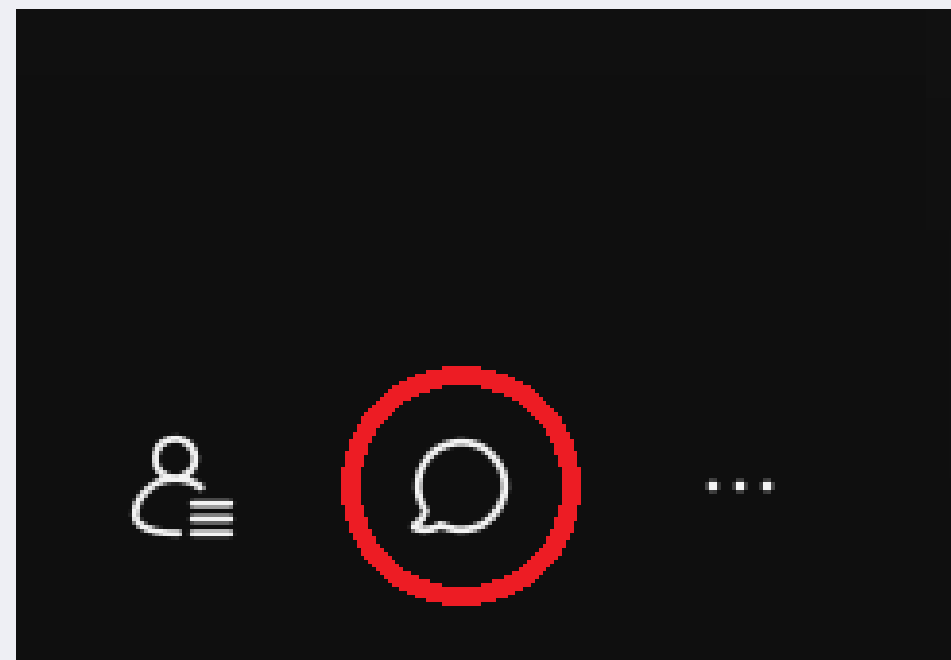
- Introduction
- Territorial acknowledgment
- Regulation 101
- How we are preparing
- Bylaw overview
- Q&A

You can always email communications@bccnm.ca with questions and visit bccnm.ca/HPOA for information.

A couple of things to note

Q&A portion

- We'll activate the chat function once the presentation is over
- You can find it at the bottom of your screen, and the chat box will appear on the right-hand side of the screen



Territorial acknowledgement



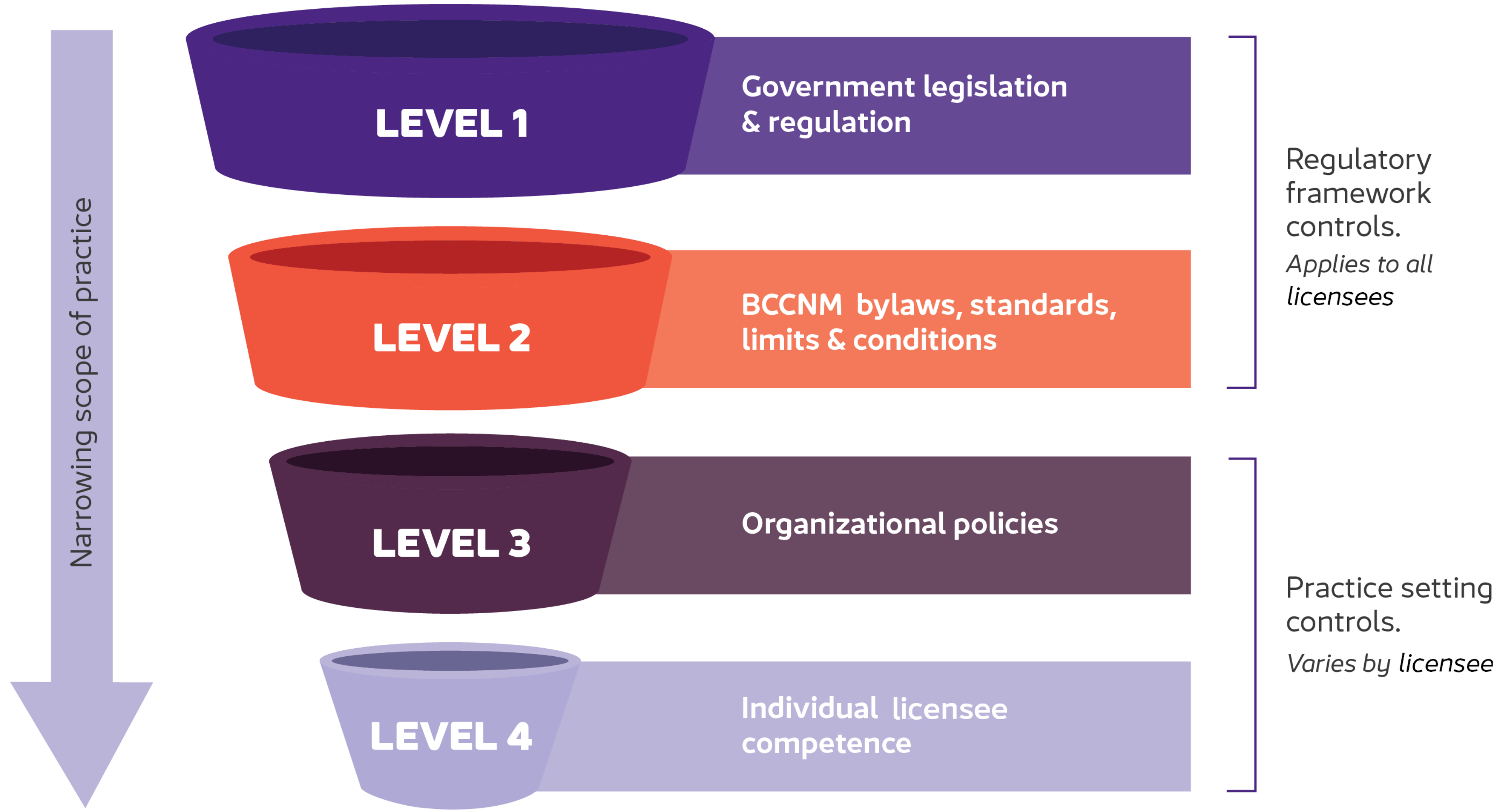
How does health regulation work?



Ministry of Health establishes the framework

- **Enacting the legislation** governing professional regulation (*Health Professions Act, Health Professions and Occupations Act*)
- **Establishing health profession regulations** which set the scopes of practice and the limits and conditions for practice.

Controls on practice



Health Professions and Occupations Act

Comes into effect April 1, 2026

- **Replaces** the *Health Professions Act (HPA)*
- Continues the **shared scope of practice and restricted activities model** established under the HPA in 2005
- Model is designed to **enable inter-professional practice and team-based care**, and to **balance public safety and consumer choice**

Go to bccnm.ca/HPOA for our one-stop resource page

Purpose of the HPOA

To improve public protection and safety in the health system by:


- Establishing the Health Professions and Occupations Regulatory Oversight Office (HPOROO) to ensure regulatory colleges are focused on patient safety and the public interest.
- Enhancing commitment to cultural safety and humility.
- Creating an independent disciplinary hearing process.
- Including all instances of disciplinary actions and summary protection orders against a health professional on the public registry following the disciplinary hearing process.
- Moving to fully appointed college boards, whose board members are selected based on merit and competency, 50% of whom will be public members.

Purpose of the HPOA (cont'd)

To address discrimination and Indigenous-specific racism in the health care system by:

- Creating a new legal duty for both licensees and certain non-licensees to report it if they believe a licensee has engaged in discrimination.
- Enabling the person making a complaint to request that their identity be protected during the investigation of a regulated health practitioner.
- Enabling trauma-informed practices to inform disciplinary hearing proceedings, such as physical barriers during hearing processes, and written cross-examinations.
- Requiring regulatory colleges to provide the option of support for individuals navigating the complaints and discipline process related to complaints of discrimination or sexual abuse/misconduct.
- Requiring colleges to consult with Indigenous governing bodies on any bylaws which are particularly relevant to Indigenous peoples.


Our commitment



BCCNM'S COMMITMENT TO ACTION: 2025

Redressing Harm to Indigenous Peoples in the Health-care System

Relational Accountability in Action



British Columbia College of Nurses & Midwives

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PRACTICE STANDARD FOR ALL BCCNM REGISTRANTS

Indigenous' cultural safety, cultural humility, and anti-racism

Practice standards set out requirements related to specific aspects of nurses' and midwives' practice. They link with other standards, policies, and bylaws of the BC College of Nurses and Midwives, and all legislation relevant to nursing and midwifery practice.

Introduction

In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care provides evidence of Indigenous-specific racism in the B.C. health care system. Indigenous-specific racism and discrimination negatively affects Indigenous clients' access to health care and health outcomes. These impacts include lower life expectancy, higher infant mortality, and the increased presence of chronic health conditions.¹

The purpose of this standard is to set clear expectations for how BCCNM registrants are to provide culturally safe and anti-racist care for Indigenous clients.

This standard is organized into six core concepts. Within these concepts are the principles to which nurses and midwives are held.

Core concepts & principles

1 SELF-REFLECTIVE PRACTICE (IT STARTS WITH ME)

Cultural humility begins with a self-examination of the nurse or midwife's values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact the therapeutic relationship with Indigenous clients. Cultural humility promotes relationships based on respect, open and effective dialogue, and mutual decision-making.

¹ In this standard, "Indigenous" refers to First Nations, Inuit, and Métis Peoples in Canada.
² Turpel-Lafond, M.E. (2021). *In plain sight: addressing Indigenous-specific racism and discrimination in B.C. health care*. Queen's Printer: Victoria, BC, pg. 37.

Last Updated: January 2022

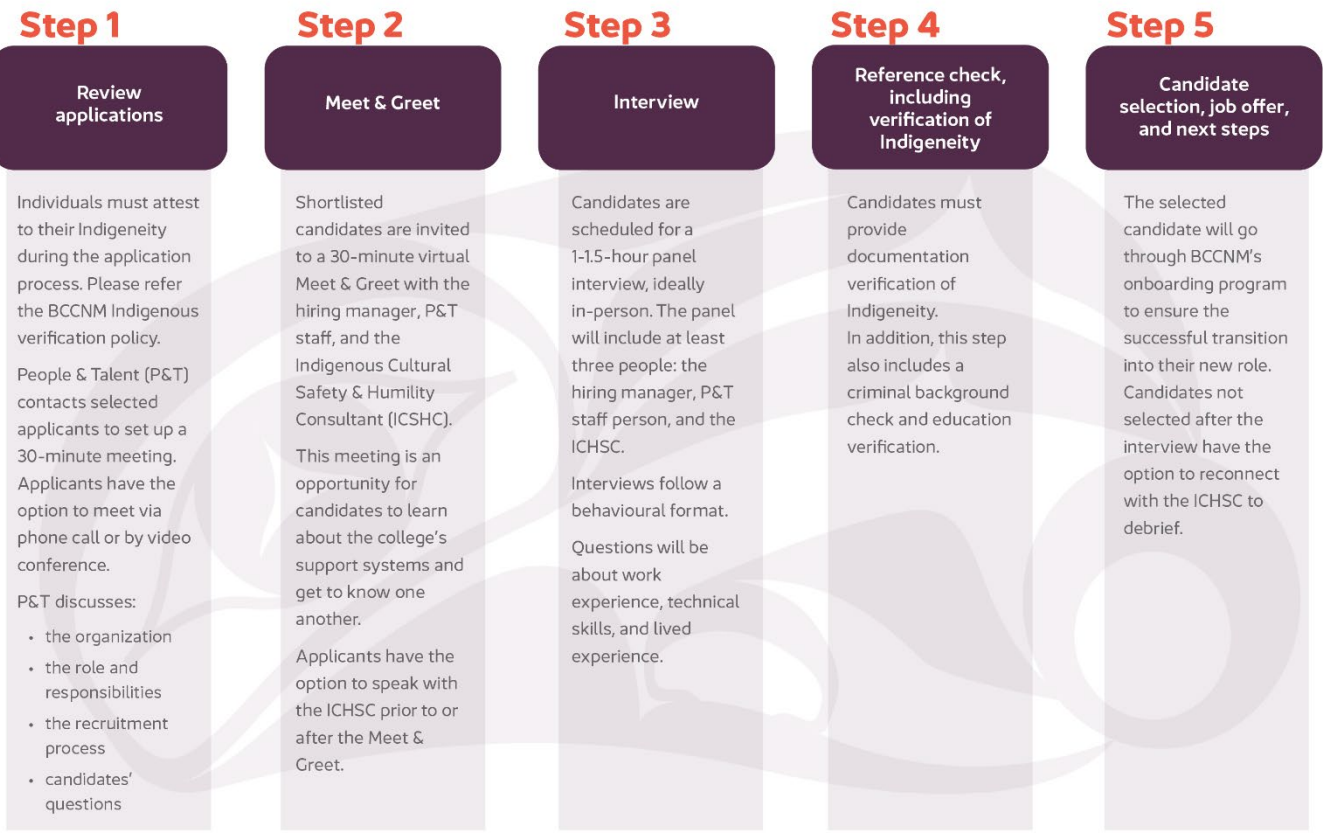
Self-reflective practice



Creating safe health-care experiences



Indigenous recruitment pathway



Regulations

Nurses and Midwives Regulation

- Combines previous *Nurses (Registered) and Nurse Practitioners Regulation*, *Nurses (Registered Psychiatric) Regulation*, *Nurses (Licensed Practical) Regulation* and *Midwives Regulation* into a **single regulation**

Regulated Health Practitioners Regulation

- Lists restricted activities that can be performed by health professionals
- Intended to help public understand and provide clarity to licensees and regulators

Health Professions and Occupations Regulation

- Provides guidance for regulators

What to know about the new regulations

No big changes

- Regulations essentially reorganize previous regulations but to not change them
- Impact on practice is minimal—**your day-to-day won't change**

Nurses

- Minor changes to language, no scope impacts

What to know about the new regulations: midwives

Midwives

Contraceptive management

- Three-month contraceptive services time limit is being removed; clients must still meet the definition of 'midwifery patient' (i.e., client must be in the postpartum period).
- Midwives with specialized practice certification will be permitted to insert an instrument, device, finger, or hand beyond the labia majora for the purpose of administering contraception, i.e., copper IUDs.

What to know about the new regulations: midwives

Midwives

Ultrasound

- Midwives will be able to apply ultrasound for the purpose of fetal heart monitoring and determining fetal position and presentation.

Induction of labour and delivery

- Midwives with specialized practice certification will be permitted to insert an instrument, device, finger, or hand beyond the labia majora for the purpose of inducing labour, e.g., the use of foley catheters to induce labour.

New oversight bodies

Health Professions and Occupations Regulatory Oversight Office (HPOROO)

- Led by Superintendent **Sherri Young**
- Oversees health profession regulatory colleges
- Increased accountability, transparency, accessibility in public interest
- Recruit, assess, and recommend board candidates for colleges



**Health Professions and
Occupations Regulatory
Oversight Office**

Health Professions Discipline Tribunal

- Led by Director of Discipline **Benson Cowan**
- Holds disciplinary hearings after complaint investigation

How we are preparing

Updating our standards

- Most undergoing minor revisions including editing to improve readability, align with language in the HPOA and new regulations
- Smaller group undergoing more significant updates
 - For instance, delegation and regulatory supervision
- Will share revised standards in March after they're approved, allowing time to review before April 1



How we are preparing

Establishing a support program

- HPOA requires us to offer support to individuals who make complaints regarding
 - sexual misconduct,
 - sexual abuse, or
 - discrimination
- Working with our colleagues at BC Health Regulators to find partner(s) for this work
- Will share more information in the coming weeks



How we are preparing

Revising our governance structure

Eliminating

- **Discipline Committee**
Functions taken over by Discipline Tribunal
- **Quality Assurance Committee**
QA program to be overseen by Registrar
- **NP Examination Committee**
Moving to new national exam

Renaming

- Inquiry Committee -> **Investigation Committee**
- Registration Committee -> **License Committee**
- Professional Practice and Standards Committee -> **Professional Standards Advisory Committee**

How we are preparing

Updating our language to align with HPOA

Eliminating

- **Non-practising status**
 - HPOA does not provide for this status
 - This is in line with other health profession regulators
 - We are working directly with impacted individuals

Renaming

- Registrant -> **Licensee**
- Registration -> **Licensure**
- Specialized practice -> **Certification**
 - We're reviewing and revising midwife specialized practice and RN certified practice
 - Will share more information in the coming weeks

How we are preparing

Internal updates

- **Reviewing and revising** standards, policies, procedures, forms and other documentation
- **Consulting and working** with partners
- Drafting **updated website content**
- **Training staff** on new procedures
- **Providing regular updates** via website, newsletters, webinars, meetings with partners

Information and resources

- www.bccnm.ca/HPOA
- Email communications@bccnm.ca



Bylaw overview

Draft bylaws

Consultation Beginning July 2025

- Draft bylaws released in batches for 45-day consultation period
- Nurses and midwives invited to provide feedback via registrant newsletter (August and December issues)
- Consultation with government, the public, Indigenous partners
- Consultation is now closed, but draft bylaws remain posted – [**bccnm.ca/HPOA**](https://bccnm.ca/HPOA) to access
- Revised bylaws will go to board for approval, and come into effect April 1, 2026

Parts 1, 2 and 3 – Interpretation and Governance

Board

Under the new bylaws related to the board:

- The board will have 8 to 12 members who are all appointed by the Ministry of Health, with an equal representation of public members and licensees. There is no election process for board members in the HPOA.
- The college may recommend the appointment of board members to the Superintendent of Health Professions and Occupations Oversight based on the required education, training, experience and other qualifications.
- The board will have a chair and a vice-chair.

Parts 1, 2 and 3 – Interpretation and Governance

Board (cont'd)

Under the new bylaws related to the board:

- The board is required to approve and abide by conflict of interest and consensus decision making policies.
- The board is required to seek advice from appointed professional standards advisors prior to approval of bylaws related to eligibility standards, ethics standards and practice standards.
- Remuneration and reimbursement of board members must be established in the bylaws

Parts 1, 2 and 3 – Interpretation and Governance

Committees

Under the new bylaws related to committees:

- Committees are either statutory, regulatory, or board support committees.
- Statutory committees are required under the HPOA. The two statutory committees are:
 - Licence Committee
 - Investigation Committee
- Board members may not sit on statutory committees.

Parts 1, 2 and 3 – Interpretation and Governance

Committees (cont'd)

Under the new bylaws related to committees:

- Additional regulatory committees are not required but are permitted under the HPOA, as such:
 - the Education Program Review Committee will be continued;
 - the Professional Practice and Standards Committee will be renamed to the Professional Standards Advisory Committee; and
 - The Quality Assurance Committee has been eliminated, and the Quality Assurance Program will be administered by the Registrar.

Parts 1, 2 and 3 – Interpretation and Governance

Committees (cont'd)

Under the new bylaws related to committees:

- Board support committees are not required under the HPOA but serve as support committees to the board on administrative matters. Board members may sit as board support committee members, which include:
 - Finance and Audit Committee;
 - Governance Committee; and,
 - Registrar Oversight Committee.

Parts 1, 2 and 3 – Interpretation and Governance

Committees (cont'd)

Under the new bylaws related to committees:

- The Discipline Committee ceases to exist as disciplinary functions are now under the responsibility of the Director of Discipline in the office of the Superintendent of Health Professions and Occupations Oversight.
- All committee members are appointed by the board. Committees must include a minimum representation of public members. Committee composition and the ability to work in panels are unchanged.

Parts 1, 2 and 3 – Interpretation and Governance

Committees (cont'd)

Under the new bylaws related to committees:

- The bylaws require that when appointing members a panel of a committee, the chair of that committee must:
 - ensure that the panel includes at least one licensee from a particular designated health profession or class of licensees, if the expertise of such an individual will be reasonably required for the matter to be considered by the panel;
 - make reasonable efforts to ensure that appointments provide for the perspectives of Indigenous persons or persons from equity-denied communities if those perspectives may be relevant to the matters to be considered by the panel; and,
(continued on next slide)

Parts 1, 2 and 3 – Interpretation and Governance

Committees (cont'd)

Under the new bylaws related to committees:

- The bylaws require that when appointing members a panel of a committee, the chair of that committee must:
 - With respect to the Investigation Committee, where the respondent, complainant or both are Indigenous, the chair must make reasonable efforts to ensure that at least one-half of the panel consists of Indigenous persons.
- The Board conflict of interest policy applies to all committee members.

Part 4 – College Administration

Under the new bylaws related to BCCNM administration:

- The registrar continues to be the CEO.
- The authority of the registrar and the ability to delegate those authorities are established. As such, the Registrar may appoint multiple Deputy Registrars to perform duties of the Registrar as authorized by the Registrar.
- The registrar and board fiscal authorities and responsibilities are specified.
- There are no changes to fiscal year, banking, borrowing and investment powers, and auditor.

Part 4 – College Administration

Under the new bylaws related to BCCNM administration:

- The annual general meeting has been eliminated as it is not required by the HPOA.
- The registrar can appoint an employee or contractor whose role is to assist with reconciliation initiatives by the college, which are enumerated in the bylaws.
- The board must establish a conflict of interest policy for BCCNM employees and officers.

Part 5 – College Records and Information

Under the new bylaws related to College Records and Information:

- The Registrar continues to be head of the College for purposes of the Freedom of Information and Protection of Privacy Act (FOIPPA).
- The Registrar must establish a policy for the College's records management.
- Fees for access requests continue to be possible, per maximum prescribed in legislation.
- The registry of licensees continues to be in an electronic format and must contain the information required in the bylaws.

Part 5 – College Records and Information

Under the new bylaws related to College Records and Information:

- The bylaws allow the registrar to publish on the College's website (or to make publicly accessible by other means), information respecting a person who:
 - Engaged in unauthorized practice;
 - Engaged in unauthorized use of title; and/or,
 - Who the registrar believes provided false or misleading information to the public contrary to section 34 HPOA.
- Additionally, the registrar can make a statement regarding the above activity indicating the person is not authorized to practice in B.C. and not authorized to use the title to be used exclusively by one or more of the classes of licensees.

Part 6 – Licensing & Education Program Review

Under the new bylaws related to licensing:

- There are changes to language:
 - Registrants will be referred to as “licensees.”
 - The Registration Committee will be referred to as the Licence Committee.
 - Eligibility standards are the requirements to become licensed in a specific class.
- The Licence Committee must periodically review licensing programs applicable to extra-jurisdictional applicants. Particularly, requirements, conditions and limits must enable and support practise in accordance with the guiding principles in the HPOA with respect to Indigenous-specific racism and anti-racism, and non- and anti-discriminatory practice more generally.

Part 6 – Licensing & Education Program Review

Under the new bylaws related to licensing:

- Upon the effective date of the bylaws, the non-practising class of licensure (registration) will be eliminated.
- Practising licensees will be maintained on an annual basis with the requirement to complete an annual declaration and fee payment. Provisional and Employed Student licensees will be required to complete an annual renewal process.
- The bylaws contain provisions relevant to Education Program Review and the Education Program Review Committee.

Part 6 – Licensing & Education Program Review

Under the new bylaws related to education program review:

- The Registrar and Education Program Review Committee will have decision making authority about programs.
- Recognized education programs will no longer be enumerated in schedules to the bylaws instead there will be a published up-to-date list of recognized programs on BCCNM's website.
- Education Program Review policies will be approved by the Education Program Review Committee.

Part 7 – Certification Programs

Under the new bylaws related to BCCNM Certified Practice:

- Establish certified practice programs for RNs, RPNs and Midwives. These programs for Midwives are currently called “specialized practice”;
- For each certification program established in the bylaws, the board must, via bylaw, make practice standards establishing restricted activities authorized in the *Nursing & Midwifery Regulation*. As well the practice standards established by the board, which will be part of the bylaws, will set any limits or conditions respecting the purpose for which they may perform the activities and the practice settings;
- The registrar has the authority to grant certification;

Part 7 – Certification Programs

Under the new bylaws related to BCCNM Certified Practice:

- The process for the recognition of certified practice courses is by the Education Program Review Committee, as is the withdrawal of certified practice course recognition;
- Decision making for recognition and withdrawal of course recognition can be delegated from the Education Program Review Committee to the registrar, deputy registrar or another officer, employee or agent of the college designated by the registrar or deputy registrar for that purpose.
- A certified licensee is required to provide an annual declaration along with the applicable annual fee to maintain their certified license.

Part 8 – Professional Responsibilities

The new bylaws related to Professional Responsibilities establish:

- That the board, as per the *Health Professions and Occupations Act*, must establish ethics and practice standards in bylaw; and,
- That licensees must comply with ethics and practice standards;
- Transitional provisions to allow standards established in bylaw prior to *the Health Professions and Occupations Act* in force date, to continue to apply after the in-force date.
- Additionally these bylaws address:
 - licensee use of title, for all practising and provisional licensee groups;
 - the titles that certified practice licensees must use; and,
 - marketing

Part 9 – Licensee Records

The new bylaws related to licensing:

- Cover off the requirements that exist in BCCNM's current bylaws in the sections pertaining to Client Care Records.
- Consolidate all licensee groups into one part.
- Add an extra general power for the College to inspect licensee records (section 9-7) upon reasonable request.

Part 10 – Delegation and Students

The part of the new bylaws regarding Delegation and Students:

- Requires the board, via bylaws, to make practice standards authorizing any permitted delegation by licensees, in the performance of restricted activities or aspects of practice, to unregulated care providers.
- Requires the board, via bylaws, to make practice standards establishing limits and conditions for licensees to provide regulatory supervision or direction for students enrolled in a recognized education program.
- Clarify that classes of licensees authorized to provide regulatory supervision or direction for students may include classes of licensees of another regulatory college.

Part 11 – Quality Assurance

Under the new bylaws related to Quality Assurance:

- The Quality Assurance Committee will be eliminated and the Quality Assurance program will operate under the Registrar;
- Practice hours will become a quality assurance requirement; and,
- The **personal practice review** requirements will apply to all licensee groups.

The updated Quality Assurance program model will utilize trained assessors who must meet the qualification requirements set out in the bylaws.

Part 12 – Public Protection

The Public Protection part of the new bylaws address a number of key areas, including:

Division 1 - Administrative Matters

- Provides the registrar authority to dispose of certain administrative matters, prescribed in the Health Professions and Occupations Act (HPOA), by making a disciplinary order. The maximum monetary penalty for an administrative matter under section 109(1)(d) of the HPOA is \$100,000.
- The bylaws set out the process of providing information to a respondent about an order made by the Registrar and the process for the respondent to have the disciplinary order reviewed.

Part 12 – Public Protection

The Public Protection part of the new bylaws address a number of key areas, including:

Division 3 – Requirements for complaints, reports and initiating investigations, specifically for

- a regulatory report that must be given to the Registrar,
- a regulatory complaint by the Registrar; and,
- a regulatory complaint by others.

This division also deals with the Registrar's ability to conduct an initial investigation and dispose of matters, before referral to the Investigation Committee.

Part 12 – Public Protection

The Public Protection part of the new bylaws address a number of key areas, including:

Division 5 – Competence Assessments

Division 6 – Capacity Assessments

Division 7 – Summary protection which are enabled by section 259 of the HPOA.

- This division sets out the process for the Investigation Committee to consider if a respondent's practice may present a significant risk of harm and allows the Investigation Committee to put limits or conditions on the respondent's practice to protect the public.

The bylaws also provide the process for reconsideration of a summary protection order.

Part 12 – Public Protection

The Public Protection part of the new bylaws address a number of key areas, including:

Division 8 – Licensee's duties when their practice is suspended.

Division 9 – sets out the factors the Investigation Committee must consider when determining whether to direct the registrar to request the director of discipline issue or cancel a citation for hearing.

Division 12 addresses unauthorized practice and title use, which details the process for addressing situations where non-licensees are practising or using title.

Part 14 – Support Services

Support Programs are newly established under the *Health Professions and Occupations Act* ("HPOA") (sections 276 - 306 HPOA).

BCCNM must implement these programs for complainants making complaints related to:

- sexual misconduct;
- sexual abuse; and,
- discrimination.

Part 14 – Support Services

The HPOA provides for three types of support programs:

- **Information services** – which are intended to provide information and guidance to help complainants understand the regulatory processes (complaints, investigations & discipline);
- **Support services** – which provides funding for various types of support (e.g. counselling); and,
- **Support workers** – which provides individual assistance during regulatory processes.

Our commitment

- Public interest and safety
- Cultural safety and anti-racism
- Transparency and accountability
- Modern governance



The spirit of the *Health Professions and Occupations Act* (HPOA) is rooted in **modernization, public protection, and cultural accountability.**