

Questions and answers from BCCNM Licensee webinar: *Health Professions and Occupations Act*

January 20, 2026

This is a transcript of the Q&A session from the webinar. You can access the webinar [here](#).

With regards to the contraception changes (scope changes for midwives), what is the definition of postpartum, if not 12 weeks?

For that change in particular, it will be limited to the scope of practice of midwifery, which is generally during the perinatal period, so this will be something that we'll be working out in collaboration with association related to payment formed by current evidence related to the perinatal period.

Will there be an increase in fees costs to nurses?

We at BCCNM will do what we do every year in terms of our fee analysis to determine the cost of regulating, and so at this point we don't know if there will be an increase in in the fees to nurses. We always undertake a robust analysis to determine if the increases are necessary.

Are there new regulations for the size and composition of investigative committee panel?

The [bylaws](#) set out the composition of the Inquiry Committee (Investigation Committee after April 1) and allow for paneling, and so all of that can be found in in our bylaws.

Are there plans to regulate health care assistants?

No, not at this time.

Are we going stop using the term registered midwife?

Registered midwife is one of the titles that will be permitted to use per BCCNM's bylaws along with midwife and RM.

*Note that **protected** title in the [regulation](#) is "midwife" (Part 5, Division 1, 55).*

Are midwives going to be well represented on the various boards (committees).
Midwives will be on committees; and in terms of the board, the appointment is done by the Minister of Health. Visit the [Health Professions and Occupations Regulatory Oversight Office](#) for information and the [application form](#) for potential board candidates.

Any updates on billing MSP for midwives?

No, not at this time.

For the practice hours becoming a QA requirement and personal practice review requirements—will this change the number of practice hours required and move more to performance or competency-based requirements?

That change won't happen in the short term, but it's policy work that we will be considering over the coming years. So, the answer is no, not for April 1.

What are the workload implications of changes to the practice standard delegation and regulated care providers, specifically will nurses be required to delegate more tasks than currently?

That is a complex question. The short answer is no, but one of the things that we're working hard to do is create resources that will come through new standards. So, stay tuned for more info on that. We'll make sure that comes out of the **newsletter** for you as we get closer to 1 April.

The [BCCNM licensee newsletters](#) are sent monthly to every nurse and midwife. They are the best source of information and updates on the college's work and we highly encourage you to read them.

How will the college deal with a system that creates unsafe working conditions that don't allow nurses to meet their standards?

That is a complex question. The college's role is to regulate individual nurses, so this doesn't really rest with BCCNM. However, nurses do have their own professional responsibility to advocate when they feel their work environment it is not permitting them to meet their standards. We have a fantastic team in our standard support who can help you work through specific questions that you might have on this.

Connect with our [Standards Support](#) team anytime. They are available to guide you on applying the relevant standards in your nursing or midwifery practice. You can also review our content on [Working with limited resources](#).

So ICU and ER specialty will become certified instead of specialized practice?

No. ICU and ER are not BCCNM certification programs. When we're talking about certification, we're talking about RN Remote Practice, Contraceptive Management, STI, Opioid Use Disorder, and RN First Call. This is the special training that you have, available through programs at BCIT and others. It is usually driven by your workplace.

Read more about [Certified practice](#).

Will BCCNM advocate for midwifery representation on board?

BCCNM has expressed to the Superintendent's office the importance of having individuals from all of our professions on the board, but board appointments rest with the Ministry and the Superintendent's office.

And so is there a process for someone who is interested in having the college recommend as a potential board member?

I would suggest you go to the [Superintendent's website](#) which we could probably post when we're doing the Q and A, when we post the Q and A responses on our website. They have a [portal](#) which you can click into and apply and submit your interest for being on board.

So with the deletion of non practicing status, is there an anticipated increased workload for the registration committee? And if so, how will that be handled?

I'm not sure if we can predict that at this point.

How will these changes impact APAs for midwives? Will they continue to be required?

More to come on that in the coming months, but right now we're planning that APs will be phased out at least in their current format. Stay tuned will be sharing more on that soon.

Will you be holding webinars to educate on changes to the standards?

Yes, if there's interest, we can absolutely do that. If you want to email communications@bccnm.ca and let us know what specifically would be helpful for you to cover in those sessions, that would be really helpful for us.

How is midwives' primary care role as specialists in managing physiological pregnancy labor, birth lactation and post-partum home in the community and in hospitals healthy population between the ages of 19 and 34 reflected in the BCCNM standards?

Standards are based on the scope that's set out in the new [Nurses and Midwives Regulation](#). So that is where it's set out. If you have more specific questions, please email communications@bccnm.ca.

Is there any discussion of expanding (midwife) scope of practice to include procedures such as newborn frenectomy?

There are ongoing conversations around this, but these changes are not expected for April 1st.

Will there be resources created for nursing instructors to help with explaining standards and regulations and the changes to our nursing students?

Yes, our teams are working hard on resources to support all of these changes. So, lots of that to come, but if you have specific needs, again, that would be super helpful for us if you would share your thoughts by emailing communications@bccnm.ca

So how does the current funding and fee structure formerly recognize advanced midwifery competencies such as management of higher acuity clients, expanded scope sales or specialized care, and if it does not, what mechanisms are being considered to address this gap?

This is a question for [MABC](#).

The [Midwifery Service Agreement](#) and any subsidiary agreements are negotiated between the MABC and the Ministry of Health every three to five years.

How will direct care registrants be educated and informed about needing to go directly to the government website for reviewing scope of practice, especially when they're used to looking to the BCCNM website and employer around those?

I'd encourage you to still actually look at the BCNM website. Our standards of practice are going to be updated with the new regulations, but they are not being deleted or completely changed. So, start with BCCNM, we have our support team who can help you if you have specific questions.

We also do a lot of engagement with employers so that they're aware of the changes as well. We're certainly happy to help you walk through regulation.

How do you anticipate the volume of change to scope of practice and practice standards? This ties into the questions someone posed about future education sessions on standards that are changing, and thank you for this session.

You're welcome for the session! One of the things that the HPOA really focuses on is ensuring that all of our standards embody the [guiding principles of the HPOA](#). So, we do anticipate that over the next few years, all of our standards will be reviewed and revised to align with those principles. This is specifically looking at anti discrimination and anti racism provisions, as well as ensuring that as the scope of practice for the profession and the regulations are amended in line with that. We also review and revise all of our standards on an ongoing basis.

On 1 April, what you'll notice first is that we've done mostly a formatting refresh of all of our standards: you'll notice more consistent titles and structure of each document. And then we'll keep you posted when there are established changes to the standards through the newsletter.

The [newsletter](#) is really key to knowing what's changing and when. We also post opportunities when we're in the midst of revising standard practice for you to give us feedback, usually by a survey, we also have a [page on our website](#) where we host all the opportunities, open consultations so we would definitely encourage you to pay attention for those opportunities. We really love hearing from everyone. It helps us make a much better standard practice, so we do look at all the feedback we receive.

We hear you—you're asking for students, to include sample learning activities such as case studies, delegation simulations et cetera, so we will definitely pass that on to our learning developers.

Regarding information captured in legislation, looking for support from BCCNM on how to find questions related to scope of practice if they are only captured in the HPOA?

That's a good question. We can provide some support in interpreting the regulations, and we do it in our standards, limits and conditions as well.

So if the HPOROO is identifying candidates and selecting the board members? Are there any changes to the criteria for being a board member under the new HPOA?

So again, I would encourage you to visit the [HPOROO website](#) because they are setting those recommendations. They also have their policies posted for what they're looking for in terms of appointing board members. They've established their framework for that.

So the scope of practice documents standards limits conditions are being revised. Please consider a recorded webinar to demonstrate the flow and overall interpretation of the documents.

You're absolutely correct. Last year we turned the LPN scope of practice document, the RN scope of practice and the RPN scope of practice document into individual practice standards. We'll be doing the same with the NP scope of practice document as we get ready for 1 April.

We did do a [webinar](#) on that change, and we're also happy elaborate on that, that would be helpful for people. Essentially it was lifting the standards themselves out of the scope documents and then taking the narrative and the various other components and turning them into learning resources as appropriate.

How are midwives being consulted on expansion of these new practice scope issues? (A follow up to the earlier question about surgical sites etc.) As a midwife who has pursued specialists training and education from the UK in this area, I'm concerning that there has been little engagement in consultation on this issue.

There's a lot of a lot of work on ongoing related to midwife scope and this is actually a collaborative effort with BCCNM, and the association (MABC) is engaged in this conversation, as well as the Ministry. So, there are a couple of ways that you can connect in on that topic. The association might be your best starting point, for this matter.

Since elections are ending, is it possible that committees will exist without a midwife on them? Will this mean that the assessment of complaints, education standards, and discipline over a midwife may not be overseen by a peer?

So, the board appointments are done by the Minister of Health. Committee appointments are done by the board, and we always try to ensure that they're balanced. We're required to include specific professions and specific knowledge on our panels for good decision making.

View the draft HPOA bylaws on [committee composition](#) (Part 3, p. 12).

I'm wondering whether BCCCNM has or is planning to develop any guidance or resources specific to working in private practice, particularly for nurses working in team-based and community based medical home models?

Yes, this is definitely on our radar. This is a question that we do get often, so again just keep engaged with us on specific questions that you have that, that we can help you with. Using the communications@bccnm.ca email address is a great way to submit that feedback.

So to renew a license each year, is it now going to be a yearly requirement to do core activities, peer review, and development of a learning plan? Previously it was by selection of BCCCNM and not an annual submission of a yearly plan.

So those requirements have always been in place. Submitting the plan and doing the formal peer feedback is, you're right, selected on usually a five-year cycle, but the quality assurance program does expect that nurses and midwives are doing self assessment, reflecting on their practice, seeking peer feedback, making learning plans, and then evaluating their learning throughout the year. This is part of being a self regulating professional.

Read more about BCCNM's [Quality Assurance program](#).

The MOH NO longer deducts 2.9 percent from midwifery billings. And we now have a set registration fee. Will there be an opportunity to pay in installments this year?

That's a question for the association (MABC).

Thank you so much to everybody who participated. This has been really valuable for all of us in the room. Stay tuned for more information and we'll be communicating more as we make more decisions. Thanks very much everybody.