

## ***Health Professions and Occupations Act Q&A***

### **What is the Health Professions and Occupations Act (previously Bill 36)?**

- The *Health Professions and Occupations Act* (previously known as Bill 36) received Royal Assent in the B.C. Legislative Assembly on November 24, 2022.
- The HPOA is not yet in force. It will come into force by regulation of the Lieutenant Governor in Council at a future date.
- Until then, the *Health Professions Act* (HPA), which was established 30 years ago, continues to provide a common regulatory framework for health professions and regulatory colleges in British Columbia.
- The HPOA does the following:
  - Commits to cultural safety and humility by taking a proactive approach to discrimination in B.C.'s health care system.
  - Improves governance of regulatory colleges, moving to a merit and competency-based appointment process for board members.
  - Strengthens oversight of regulatory colleges by creating the Office of the Superintendent of Health Profession and Occupation Oversight to ensure regulatory colleges are laser-focused on patient safety and the public interest.
  - Creates a safer complaints system with a new independent disciplinary hearing process.
  - Improves information sharing and transparency for enhanced patient safety and public trust.

### **Why was the Health Professions and Occupations Act (HPOA) developed?**

*The following is a brief overview of the history of the HPOA. Please refer to the questions below for more detailed information about the history and development of the HPOA.*

- Work relating to the development of the *Health Professions and Occupations Act* (HPOA) has been a multi-year process.
- In May 2003, a report by the Ombudsman of British Columbia was released that found regulatory college boards, “do not appear to have fully accepted or understood what it means to act in the public interest”.
  - The report can be read online, here:  
<https://bcombudsperson.ca/assets/media/Special-Report-No-24-Self-Governance-in-the-Health-Professions-The-Ombudsmans-Perspective.pdf>.
- On March 8, 2018, the B.C. Ministry of Health appointed Harry Cayton, an expert in health profession regulation, to conduct an inquiry into the College of Dental Surgeons of B.C. and to review the Health Professions Act.
  - The report (referred to as “the Cayton Report”) identified several problems

with the regulatory framework, including the construction of college boards, a lack of relentless focus on patient safety, and secrecy into the complaints system among other things.

- The report was made public on April 11, 2019 and can be read online, here: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>.
- A public consultation on the recommendations in the Cayton report was subsequently held from May 9, 2019 to June 14, 2019.
- In response to the Cayton report, the Minister of Health appointed a Steering Committee on Modernization of Health Professional Regulation (referred to as 'the Steering Committee') to make recommendations on improving the model of health profession regulation.
- The Steering Committee held another public consultation, including a survey that ran from November 27, 2019, to January 10, 2020, and published a final recommendations report that was made public in August 2020
- Using the outcomes of the Steering Committee's final report as a foundation, the Ministry of Health continued engagement with stakeholders and partners over the following two years to determine priorities in regulatory modernization. .
- The consultation informed the drafting of the new legislation that is in alignment with the recommendations report.
- On October 19, 2022, Bill 36 (now the *Health Professions and Occupations Act*) was introduced in its First Reading at the BC Legislature, which then passed on October 29, 2022. The Bill reached Second Reading on October 24, 2022, which then passed on October 27, 2022. The Bill then entered Committee Stage for debate, which ran from October 31, 2022 to November 24, 2022.
- On November 24, 2022, the Bill received Royal Assent. A record of the Bill's progress and the Hansard record can be found online (<https://www.leg.bc.ca/parliamentary-business/legislation-debates-proceedings/42nd-parliament/3rd-session/bills/bills-with-hansard-debate>).
- That legislation is now the HPOA.

## What is the Cayton Report, and who is Harry Cayton?

- Harry Cayton led the United Kingdom's Professional Standards Authority for Health and Social Care.
- The U.K. is one of the leading jurisdictions on professional regulation with a track record of focusing on patient safety.
- By implementing many of the recommendations in the Cayton Report, B.C. will continue to improve on its patient safety commitments in health professional regulation.
- In 2018, Mr. Cayton was commissioned by Health Minister, Adrian Dix, to conduct an

inquiry into the College of Dental Surgeons of British Columbia and suggest possible approaches to modernize B.C.'s overall health regulatory framework.

- This was done in response to concerns from the public.
- Numerous complaints from patients and the public indicated that the college was not always acting in the best interests of patients.
- Mr. Cayton produced a report on his findings (referred to as “the Cayton Report”). The Ministry of Health made this report public in April 2019. The report can be viewed here: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>

### **What happened after the Cayton Report was released?**

- In response to the recommendations outlined in the Cayton report, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (referred to as the Cayton report), Health Minister Adrian Dix established and chaired the all-party Steering Committee on Modernization of Health Professional Regulation (referred to as “the Steering Committee”).
- The Steering Committee members included Norm Letnick, then-health critic for the official Opposition, and Sonia Furstenau, then-health critic and house leader for the B.C. Green Party.
- The Cayton report, along with feedback from public consultation on the report, led the Steering Committee to develop a consultation paper with proposed changes to health profession regulation.
- The consultation paper was open to public feedback from November 27, 2019, to January 10, 2020.
- Feedback from the consultation informed the Steering Committee’s final recommendations in an August 2020 report for improving the model of health profession regulation. <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/modernizing-health-profession-regulatory-framework-consultation-paper.pdf>
- It is these recommendations, along with thorough engagement with stakeholders and partners, that shaped the foundation of the HPOA.

### **Does the *Health Professions and Occupations Act* address discrimination in the BC health care system?**

- The *Health Professions and Occupations Act* (HPOA) addresses discrimination, including Indigenous-specific discrimination.
- The HPOA aligns with the BC Declaration on the Rights of Indigenous Peoples Act (<https://www2.gov.bc.ca/gov/content/governments/indigenous-people/new-relationship/united-nations-declaration-on-the-rights-of-indigenous-peoples>), legislation which mandates government to bring laws into alignment with the articles in UNDRIP.
- The HPOA was also informed by:

- the articles in United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, [https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP\\_E\\_web.pdf](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf)), which among other things recognizes the right to be free from discrimination and,
- the In Plain Sight Report (<https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report-2020.pdf>), which recognizes that many Indigenous people avoid seeking health care as a result of a negative experience.
- In addition, all persons performing duties under the HPOA (including the superintendent, regulatory colleges, and the discipline tribunal) are bound by the guiding principles in the HPOA.
- The guiding principles, require these groups at all times (among other things) to:
  - Protect the public from harm and discrimination;
  - Support and promote awareness of reconciliation with Indigenous peoples and UNDRIP;
  - Take anti-discrimination measures; and
  - Be fair and transparent while respecting the privacy of individuals, among other things.
- For health professionals, discrimination will be considered a form of misconduct.
- Professionals who engage in -discriminatory activity and/or behavior will be held accountable by their regulatory college.
- Health Professionals will also have to take anti-discrimination measures such as ensuring the health services they provide foster physically, culturally, socially, emotionally, and spiritually safe practices.
- In addition, health professionals will have a legal duty to report discrimination when they see other health professionals engaging in discriminatory behavior.
- These policies/measures will help ensure health professionals who discriminate are held accountable.
- Regulatory colleges will be required to report any determination or misconduct, including discrimination, to the practitioner’s employer,
  - Colleges will not release information about the specifics of an investigation until the investigation is complete and only when the college has taken specific action against the professional for misconduct.
- The HPOA will also enable a person making a complaint to request that their identity be protected during the investigation of a regulated health practitioner.
- This is known as an identity protection order.
  - Anyone who makes a complaint, assists with it, or gives information, can apply for an identity protection order.
  - Applications of this kind are not limited to issues of racism or discrimination – they can be made regardless of the type of complaint.

- The HPOA also enables trauma-informed practices to inform disciplinary hearing proceedings.
  - Trauma-informed practice includes allowing physical barriers to be placed during the hearing process, and for cross-examinations to be conducted in writing only or without the accused health professional being present.

### What type of consultation occurred ahead of these changes?

- The consultation process that occurred for the *Health Professions and Occupations Act* (HPOA) was a multi-year consultation and engagement processes.
- There were three areas of consultation on the HPOA spanning three years.
  - These areas included: 1) public engagement, 2) stakeholder engagement including regulatory colleges and associations, and 3) Indigenous engagement.
- **Public Consultation:**
  - The first consultation consulted on the Harry Cayton report which was held from **May 9, 2019, to June 14, 2019**, and received over 300 written submissions.
    - The written submissions received called for greater transparency and accountability in the complaints and discipline process.
    - They also called for consistent approaches to regulation, and greater role clarity in the mandate of regulatory colleges to protect the public.
    - It was this consultation that resulted in the Minister of Health appointing the all-party Steering Committee.
    - A summary of the engagement can be found online, here: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/regulating-health-professions-what-we-heard.pdf>
  - The second consultation was based on the Steering Committee's published consultation report and was held from **November 27, 2019 to January 10, 2020**.
  - The consultation consisted of a public survey and the opportunity to submit a written submission.
    - The survey received a total of 4,018 responses, where 71% of respondents identified as health professionals.
    - Members of the public were the second largest group at 22%.
    - The remaining 7% included, regulatory staff and board members, professional association or union representatives, health profession students and researchers.
    - There were 255 unique written submissions received from: health professionals (94), professional associations (53), members of the public (38), B.C. health profession regulators (21), regional health authority representatives (11), Indigenous partners (2), and others like provincial bodies, educational institutions, unions, non-profit groups and out of

province regulators (36).

- In addition, 1,225 writing campaign/form letters were received regarding professionals' scopes of practice, amalgamation of regulatory colleges and the regulation of additional professions.

- **Stakeholders including regulatory colleges and associations:**

- Engagement with these stakeholders covered topics including the results of public consultation processes, regulatory college amalgamations, regulated new professions under the Health Professions Act, protected titles, sexual misconduct and abuse, cultural safety and humility, continuing competency, increasing public safety, anti-discrimination, public registries of health professionals, registrar's authority and role, bylaws, etc.
- The Ministry of Health met with stakeholders between **August 26, 2020 and July 25, 2022**.
- There were 53 distinct meetings with stakeholders, which consisted of the following groups:
  - BC Health Regulators
  - Regulatory Colleges
  - Provincial professional health associations (30 groups)
    - Sept 15, 2020
    - February 12, 2021
    - June 18, 2021
    - July 16, 2021
  - BC College of Social Workers (not regulated under the HPA)
  - Ambulance Paramedics of BC (not regulated under the HPA)
  - Union groups, including Health Services Association of BC and Hospital Employee's Union

- **Indigenous Partners:**

- Extensive engagements were held with Indigenous partners, leaders and groups.
- The subject of these conversations included: hardwiring cultural safety and humility into college processes, culturally safer complaints process, improving transparency in the complaints process, embedding Indigenous and other diverse/equity- oriented perspectives into college governance, monitoring performance through an oversight body.

- Below is a summary of the engagement process:

- MoH met with Indigenous partners **between June 2019 and August 11, 2022**.
- There were 27 distinct meetings with Indigenous groups, persons, and bodies representing Indigenous peoples during this time.
- These groups included:

- In Plain Sight Legislation Working Group, including representatives from both First Nations and Métis Nation
- First Nations Leadership Council,
- Métis Nation BC
- First Nations Health Authority
- BC Assembly of First Nations
- Broader engagement on the draft legislation occurred with:
  - First Nations Summit, which includes the majority of First Nations governments and Tribal Councils in B.C.
  - Engagement with VPs of Indigenous Health from all Regional Health Authorities and the Provincial Health Services Authority (PHSA)
  - Three open house sessions with an open invitation to Indigenous Peoples broadly, with participation and perspective brought from:
    - Adams Lake Indian Band (Secwepemc peoples)
    - Tla'amin Nation (Coast Salish peoples)
    - Lax Kw'alaams (Tsimshian peoples)
    - Anishinaabe peoples
    - Treaty 7 Nation
    - Métis Nation BC
    - First Nations Health Authority
    - Aboriginal Health/Patient Navigator leads from Central Okanagan
    - Regional Health Authorities (Northern, Interior, Fraser) and PHSA

### **What does this legislation do for the public?**

- The *Health Professions and Occupations Act* (HPOA) will improve access to safer health care.
- One way it will do this is by creating a safer environment for people seeking health care services, which in turn encourages more people to enter B.C.'s health system. It will do this by:
  - Making discrimination a form of misconduct, so that health professionals who discriminate are held accountable by their regulatory college.
  - Requiring health professionals to take anti-discrimination measures, such as ensuring the health services they provide foster physically, culturally, socially, emotionally, and spiritually safe practices.
  - Creating a legal obligation for health professionals to treat patients with respect.

- Requiring health professionals to foster meaningful communication with patients, including using respectful dialogue that encourages patients to participate in the decisions that affect them.
- In addition, it will create a safer more transparent complaints process that encourages people who have been hurt or wronged by a health professional to come forward by:
  - Offering identity protection measures to people who have experienced discrimination, sexual abuse, or sexual misconduct by a health professional throughout the complaints process.
  - Providing access to support workers and support services such as counselling for people who have experienced sexual abuse, sexual misconduct or discrimination while receiving health care from a regulated health care provider.
  - Creates a legal duty to report for professionals when they see other professionals discriminating.
- Furthermore, all disciplinary actions taken against health professionals will be published on a public, online record. Information about the specifics of an investigation **will not be published** until the investigation is complete **and only when** the college has taken specific action against the professional for misconduct.
- This will help ensure members of the public can make informed decisions when selecting health care providers.

### Is it true that the HPOA will restrict what physicians or other regulated health practitioners can say?

- The HPOA will not limit physician's or health practitioner's critical or free speech. However, the Act does have provisions that can be enabled to protect the public by requiring regulatory colleges to take action against health professionals who are spreading misinformation that could bring harm to patients or the public.
- Currently under the *Health Profession Act* (HPA), regulatory colleges already have the ability to restrict the license of a health professional who poses a significant risk to the public or a patient, who has committed an act of misconduct, or who is not competent to practice safely.
- The HPOA continues to authorize regulatory colleges to take action in instances of misconduct and significant risk to the public. The new legislation uses clearer language around this authorization for rare instances when a regulated health professional provides false or misleading information to patients or the public that, if acted upon, creates a significant risk of harm to the person receiving the information.

### Why does the HPOA include provisions on fines and jail time?

- The *Health Professions and Occupations Act* (HPOA) enables the Provincial Court of British Columbia to issue a fine and/or a term of imprisonment, upon conviction, against individuals (including persons who are not regulated health professionals) who commit a



offence.

- This authority already exists under the *Health Professions Act* (HPA).
- This is necessary to take action against individuals including persons who are not licensed or regulated health professionals, from doing specific harmful actions. For example, offences under the HPOA include but are not limited to:
  - Falsely claiming to be a health professional (such as a doctor).
  - Falsely claiming to be able to provide, or providing, a regulated health-related activity (such as injecting another person with a scheduled drug) when not authorized to do so.
  - Knowingly disclosing information, such as the unauthorized release of private or confidential information.
  - Knowingly providing false or misleading information to someone exercising a power under the HPOA, such as providing false information during an investigation.
  - Willfully preventing someone from acting within their given authorities under the HPOA, such as willfully obstructing evidence during an investigation.

### Does the legislation allow government to access medical records?

- **No.** The *Health Professions and Occupations Act* (HPOA) **does not** allow government to inspect, copy or seize clinical records.
- Only an independent Investigator, who is appointed by the regulatory college, at the request of an investigation committee can access private medical records.
  - This authority **already** exists under the current governing legislation, the HPA.
  - When a health care professional is being **investigated**, an investigator is authorized to search records to confirm whether the complaint has validity or to acquire proof of the professional's misconduct.
  - The investigator is subject to restraints in this process – including that the records must be in relation to the investigation.
  - The Investigator is also subject to the bylaws of the college and the directions of the investigation committee.
  - This same process will occur with the HPOA and that it is in place for the protection of patients.
  - The government has no legal access to patient records in the HPOA. The legislation builds a firewall between the government and the independent regulatory colleges.

### What is the Superintendent's Office?

- The *Health Professions and Occupations Act* (HPOA) creates the Office of the Superintendent of Health Profession and Occupation Oversight (also known as the Superintendent's Office).
- The Superintendent's Office is led by a Superintendent, appointed by the Lieutenant Governor in Council following a merit-based process.

- The purpose of the Superintendent's Office is to oversee regulatory colleges and ensure they are acting within their legal mandate.
  - This includes protecting the public from harm and discrimination.
  - The Superintendent's Office will also promote best practices for good governance and oversee regulatory colleges in alignment with these practices.
  - The Superintendent's Office will also promote consistency, where appropriate, across regulatory colleges.
- The Superintendent will also make recommendations to the Minister of Health on board appointments for health professional regulatory colleges.
- In addition, the Superintendent will also conduct designation assessments into whether groups of health service providers should become regulated as either a health profession or an occupation under the HPOA.
- The Superintendent's Office also houses a new independent discipline tribunal led by a Director of Discipline.
  - The discipline tribunal is integral to the new hearing and discipline process under the HPOA as it allows for separation between colleges, who continue to investigate complaints, and the tribunal who will administer disciplinary hearings following a college investigation. This separation will ensure that the same body which investigates a complaint is not also the same body that issues discipline for that complaint.
  - The Director of Discipline is independent in their role from the oversight functions of the Superintendent.
  - The Director of Discipline is appointed by the Minister of Health following a merit-based process.

### How is the Superintendent independent?

- The Superintendent is appointed by the Lieutenant Governor in Council.
  - This type of appointment and model already exists for other positions, such as the Seniors Advocate under the *Seniors Advocate Act*.
- The Superintendent's Office is established within the Ministry of Health. However, it is independent from other government functions.
- The Superintendent is required to act within the legal mandate set by the HPOA.
- The Minister of Health **cannot** ask the Superintendent to act outside of the legal mandate of the position.
- The Minister of Health **can** direct the Superintendent to act within their mandate.
  - For example, this includes directing the Superintendent to conduct an audit into one or more of the regulatory colleges.
    - After conducting an audit (or another oversight function, such as an investigation), the Superintendent must give a copy of the findings, including any advice and recommendations made within it, to the Minister.

- The Minister **can** ask the Superintendent to conduct more research and consultation in order to make further advice and/or recommendations.
- The Minister **cannot** influence or direct the findings of an audit, investigation, or other oversight report of the Superintendent.

### How will health profession regulatory college boards be appointed?

- A key recommendation from the Cayton Report was to move away from elected college boards in favor of fully appointed boards.
- This became a clear priority following public engagement, as indicated through an online public survey held from November 27, 2019, to January 10, 2020 by the Ministry of Health.
  - Out of the 4,018 survey respondents, ninety-two per cent supported ensuring regulatory college boards are composed of members appointed based on merit and competence.
- Under the *Health Professions and Occupations Act* (HPOA), the Superintendent's Office will make recommendations to the Minister of Health on board appointments.
- The Superintendent will select all candidates for recommendation using a competency-based process to ensure boards have the appropriate balance of experience, professional knowledge and skills.
  - The Minister of Health must then appoint members identified through the competency-based process of the Superintendent, or request the Superintendent to provide another group of candidates.
  - The Minister cannot make appointments outside of this independent process.
- The Superintendent will be required to develop standards, in consultation with partners, on criteria for making appointment recommendations, which will be published for transparency.
- This moves away from the current system, where health professional board members are chosen through an election-based system and public members are directly appointed by the Minister of Health.

### Is it true that health professionals will no longer be on regulatory college boards?

- **No**, this is **not** true.
- Currently under the *Health Professions Act* (HPA), 50-66% of board members are health professionals elected by their peers, with the remaining seats being public members appointed directly by the Minister of Health.
- This has created misunderstandings that elected members are beholden - even partially - to those who elect them.
- Under the *Health Professions and Occupations Act* (HPOA), the new appointments will be made up of 50% health professionals and 50% public. This process will be published in policy by the Superintendent.

- This process will ensure that half of the board members are public representatives and half are health professionals of the regulatory college with profession-specific knowledge and insight.

### Will profession-specific bylaws be made by actual health professionals?

- Under the *Health Professions and Occupations Act* (HPOA), regulatory college boards will continue to be responsible for making bylaws.
- When setting bylaws about eligibility standards, ethics standards, or practice standards, boards will be required to seek the advice of professional standards advisors.
- Professional standards advisors are individuals who **must** be a licensed health professional (for which the standard applies) with education, training, experience, and other qualifications that qualify them to give expert advice respecting the practice of the profession.
- For example, if the regulatory college board is making bylaws about eligibility standards for licensure of dietitians, the board must seek advice from professional standards advisors who are licensed dietitians.
- If a board does not accept the advice of professional standards advisors, they must publish the reason(s) why.

### Will complaints against regulated health professionals be published?

- Regulatory colleges **will not release information** about the specifics of an investigation until it is complete, and then **only** when disciplinary action is taken against a health professional.
  - Regulatory colleges will however be able to acknowledge that they have received a complaint or disposed of a complaint in order to respond to public sources like the media.
  - For example, if a media outlet is publishing an article about an alleged complaint against a health professional, the respective regulatory college will be able to acknowledge that a complaint has or has not been received.
- Unfounded complaints will be dismissed and will not be published.
- Warnings and advice given by a regulatory college to a regulated health professional will not be published.
- Discipline issued by an independent tribunal will be published by the regulatory college along with the complaint.

### What will happen after a complaint has been investigated?

- Under the *Health Professions Act* (HPA), regulatory colleges receive complaints, conduct investigations, determine disciplinary action, and enforce discipline through disciplinary orders.
- Under the *Health Professions and Occupations Act* (HPOA), regulatory colleges will

continue to receive complaints, conduct investigations, and issue limited types of disciplinary action for administrative matters.

- For example, this could include disciplinary action for an administrative issue. This could include failing to respond to communications from the regulatory college regarding renewal of licensure.
- Regulatory colleges will also retain the ability to resolve less serious issues by making agreements with health professionals.
  - This could include issuing a warning, requiring the health professional to agree not to repeat the conduct, or agreeing to take additional training among other actions.
- **However**, when a health professional has committed misconduct, sexual misconduct, sexual abuse, or discrimination, disciplinary action will be determined by an independent tribunal.
- Under the new Superintendent's Office, an independent discipline tribunal will be created and led by a Director of Discipline.
- The Director of Discipline will be responsible for selecting tribunal members to serve on independent panels to determine disciplinary action against health professionals who have caused harm to patients.
  - The discipline panel will consist of three persons, including: a professional of the same profession that is being disciplined, a member of the public, and a specialist in the area of concern (for example in the case of sexual assault, someone who is an expert in this area of trauma).
  - The Director of Discipline is required to consult on, set, and publish policy on how tribunal members are appointed and selected for panels.
- This ensures that:
  - Discipline is handled independent of the college which does the investigations.
  - The body that investigates and the body that determines discipline are separate.
- Once the disciplinary panel has determined appropriate disciplinary action, they will make a disciplinary order.
- Regulatory colleges will then be responsible for enforcing the disciplinary order.

### **Will the HPOA regulate any new health professions? Does it change the scope of practice or restricted activities for any health profession?**

- The Health Professions and Occupations Act (HPOA) will not automatically result in any new professions being regulated.
  - The HPOA will modernize and streamline how the B.C. Government designates and regulates health professions and occupations.
  - It will be the role of the Superintendent to make recommendations to the Minister on designating new professions and occupations based on consultation, research, and risk assessments.

- In addition, the HPOA will not change the scope of practice or restricted activities of any designated health professional.
  - Scope of practice statements and restricted activities are detailed in government regulation.
  - As is currently the case under the *Health Professions Act*, any changes to a health profession's scope of practice or restricted activities would require thorough analysis, consultation, and amendment of the regulation.
  - To view the regulations of designated health professionals, please visit the BC government website here: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation>.

### What happens next? When will the HPOA come into force?

- The Health Professions and Occupations Act (HPOA) received Royal Assent on November 24, 2022, but is not yet in force as a whole.
- On October 18, 2023, certain sections of the HPOA came into force.
- The Orders in Council which bring into force sections of the HPOA that allow for the creation of the the Office of the Superintendent of Health Profession and Occupation Oversight (the Superintendent's Office) can be seen here:
  - [https://www.bclaws.gov.bc.ca/civix/document/id/oic/oic\\_cur/0579\\_2023](https://www.bclaws.gov.bc.ca/civix/document/id/oic/oic_cur/0579_2023) and
  - [https://www.bclaws.gov.bc.ca/civix/document/id/oic/oic\\_cur/0580\\_2023](https://www.bclaws.gov.bc.ca/civix/document/id/oic/oic_cur/0580_2023)
- Only the sections of the HPOA noted in the Orders in Council are in force. All other sections of the HPOA are not in force at this time.
- As such, the HPA remains the governing legislation for health professionals and regulatory colleges.
- The Superintendent's Office must be established in advance of the HPOA coming into force in order to facilitate the appointment of the Superintendent and the Director of Discipline.
- In addition, the Superintendent's Office will be required to consult with stakeholders as the office develops policy and publishes the finalized policy to ensure transparency.
- This will ensure the Superintendent's Office is able and prepared to meet its mandate once the rest of the HPOA comes into force.
- The Ministry of Health will be working with professional organizations, health care practitioners, and other stakeholders and partners to implement the legislation as a whole.