



BCHealthRegulators

Our Purpose, Your Safety

2024/25 annual report

March 1, 2024 to February 28, 2025

territorial acknowledgment

BCHR acknowledges the rights and title of the First Nations on whose collective unceded territories encompass the land base colonially known as British Columbia. We give thanks for the medicines of these territories and recognize that laws, governance, and health systems tied to these lands and waters have existed here for more than 9,000 years. We also acknowledge the unique and distinct rights, including rights to health and wellness, of First Nations, Métis, and Inuit peoples from elsewhere in Canada who now live in British Columbia. As leaders in the settler health system, we acknowledge our responsibilities to these rights under international, national, and provincial law.

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Message from the Executive Director

I am pleased to present the **BC Health Regulators** (BCHR) Annual Report for the fiscal year starting March 1, 2024 and ending February 28, 2025. Over the past year, BCHR and its member colleges have focused their efforts on the immense amount of work and preparation needed to be ready for the new *Health Professions and Occupations Act* (HPOA), which is expected to come into force in 2025.

Work on the project has brought together many of the best minds in regulation, Indigenous issues and collaboration, program and process development, project and change management, and communications. These contributions have come from numerous staff of all member colleges, experts from the industries that support them, and government. While this is one of the largest, most complex projects undertaken by all colleges and has involved challenges one would expect from such an immense undertaking, it has been inspiring to witness the many opportunities and successful outcomes these collaborative efforts produced.

This work has been financially supported through a \$4.5M grant from the BC Ministry of Health, which has enabled us to build upon our existing administrative and organizational framework to accomplish this project, while enabling the colleges to devote as many resources as possible to their individual regulatory mandates.

During this fiscal year, 11 former regulatory health colleges merged into two multi-profession colleges on June 28, 2024. On top of the ongoing HPOA-readiness work, this required these colleges to stretch their limited resources yet again. The success of these amalgamations was the result of the highest levels of determination, dedication and drive of the staff of each of these colleges.



Kate O'Donnell
Executive Director, BCHR

Kate O'Donnell

The role of BCHR

BC Health Regulators (BCHR) provides the framework for collaboration and information sharing among BC's health profession regulators, known as regulatory colleges.

BCHR membership for 2024/2025

Six regulatory colleges in B.C. currently operating under the Health Professions Act:

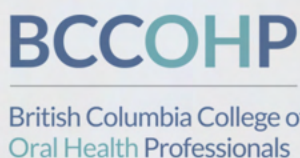
- BC College of Nurses and Midwives
- BC College of Oral Health Professionals
- College of Complementary Health Professionals of BC*
- College of Health and Care Professionals of BC*
- College of Pharmacists of BC
- College of Physicians and Surgeons of BC

One regulatory college in B.C. operating under the Social Workers Act:

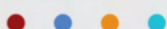
- BC College of Social Workers

* On June 28, 2024, 11 colleges successfully completed a resource-intensive process to amalgamate into two new multi-profession regulatory colleges as follows:

- **The College of Health and Care Professionals of BC** now regulates audiologists, dietitians, hearing instrument practitioners, occupational therapists, opticians, optometrists, physical therapists, psychologists, and speech-language pathologists.
- **The College of Complementary Health Professionals of BC** now regulates chiropractors, massage therapists, naturopathic physicians, traditional Chinese medicine practitioners, and acupuncturists.



College of Pharmacists
of British Columbia



Regulatory modernization

The HPOA Project

During the 2024/25 fiscal year, the primary work undertaken by BCHR was to continue providing leadership to help all health regulatory colleges prepare for and align themselves with the new *Health Professions and Occupations Act* (HPOA). This legislation is expected to fundamentally change the regulatory framework, including transforming the governance, oversight, complaints, and discipline processes for all health regulatory colleges.

It is expected that the B.C. Government will bring the HPOA into force in 2025. Although at the time of publication this in-force date had not yet been announced, the colleges have been proactively working toward being ready to be in compliance with the HPOA by mid-2025.

Funding of \$4.5 million for BCHR's multi-year HPOA-readiness work (referred to as the "HPOA Project") has been provided by the B.C. Government. The work being undertaken that is supported by this funding consolidates the efforts that would otherwise have to be completed by each college individually, including the creation of model bylaws.

Developing HPOA-compliant model bylaws

Each regulatory college has its own bylaws, which detail the organization's operations, including the responsibilities of its board, committees and the registrar, and the qualifications needed to be registered/licensed to practice in the health profession(s) it regulates.

An overarching goal of the HPOA Project is to promote consistency in the way the health

regulatory colleges interpret and will operationalize the HPOA. To support this goal, the colleges worked together through BCHR to create a set of model bylaws that are compliant with HPOA and that each college could then customize to create their own bylaws.

An external legal team with extensive regulatory experience drafted the initial model bylaws and refined them following feedback from each health regulatory college. This feedback included review by more than 90 college staff members who applied their expertise in a variety of subject areas covered by the bylaws. In addition, the bylaws were reviewed by Indigenous consultant Harmony Johnson.

The development of model bylaws was completed in November 2024. Each college then began their own process to customize them to reflect the professions regulated by their individual college.

In addition, a working group of college staff began a collaboration with Tisk^wat Consulting (Harmony Johnson and Lindsay Beck) to build a toolkit to guide the colleges' ongoing consultation and cooperation with Indigenous Governing Bodies (IGBs) and organizations. Tisk^wat Consulting also began work to coordinate a review by IGBs of the relevant elements of the model bylaws and their potential implications for Indigenous peoples.

Model principles of good governance

BCHR also retained a consultant to help develop a set of model regulatory principles of good



governance. These principles were informed by relevant literature, promising practices related to right-touch and compassionate regulation, and other core concepts. Like the model bylaws, individual colleges can adapt and adopt these for their own particular purposes, as they deem necessary.

Mapping the colleges' complaint processes

The HPOA will change how complaints are received and administered by colleges, including the related investigation process. For many colleges, elements of these processes will be either entirely new or different than current processes.

To support a shared understanding of these needed changes, BCHR facilitated a cross-college collaboration to develop a high-level map for complaints-related processes. The complaints map is a tool to help colleges understand the complaints process under HPOA and to provide a guide for each college in determining how they may want to approach its implementation.

Support programs

Under the HPOA, colleges must offer support services to individuals who have experienced discrimination, sexual misconduct, or sexual abuse by a health professional regulated by a college. Through these support programs, colleges will be required to offer three types of services:

- **An information services program:** Providing information on the process of making a complaint, people's rights under the HPOA, and the investigation and disciplinary process.
- **A support services program:** Counselling services, funded by the college and available to anyone who has submitted a regulatory

complaint alleging that a regulated health practitioner has committed an act of discrimination, sexual misconduct, or sexual abuse, to support recovery from or seek redress for discrimination, sexual misconduct, or sexual abuse.

- **A support worker program:** Providing the assistance of support workers to provide the information above, accompany people to proceedings, and provide recommendations to those involved in the process about how to minimize trauma, remove barriers, and foster meaningful participation.

A working group of college staff was established to explore whether a shared services model could be developed to streamline and optimize the delivery of these three support services by the six colleges.

Other HPOA-related initiatives

In January 2025, the following additional initiatives were approved by the HPOA Steering Committee, and by the end of the fiscal year related work was being undertaken by college and/or external subject matter experts, as appropriate:

- **Records retention:** Establishing a standardized policy and schedule for managing, retaining and disposing of records in compliance with the HPOA.
- **Anti-discrimination and human rights measures:** Develop a legal primer to help colleges understand and implement the HPOA's anti-discrimination requirements (those not present in the Health Professions Act). The primer will clarify the obligations of regulators, professional bodies and licensees

in preventing and addressing discrimination, including complaints alleging discrimination by health-care providers, and how these obligations should be fulfilled. The primer will also provide guidance on integrating reconciliation measures, disrupting racism, and promoting equity.

- **Summary protection orders, identity protection orders, and reconsiderations and reviews:** Developing a process flowchart, procedural guide, and templates for reviewing and administering requests related to identity protection orders, summary protection orders, and reconsiderations and reviews, including legal test factors for a registrar to consider, ensuring compliance with HPOA.
- **Capacity assessments:** Developing a shared understanding of the capacity evaluation process and its interaction with the complaints process. This will guide the development of procedural manuals, define the role of the Capacity Officer, and address key issues, such as financial implications, recruitment and resourcing.
- **Complaints process (REDI):** Reviewing, analyzing and annotating the complaints process through a reconciliation, equity, diversity, and inclusion (REDI) lens, in line with HPOA principles. Developing recommendations for changes to the complaints process, including policy changes, procedural updates, and best practices for integrating REDI principles.
- **Consultation with Indigenous Governing Bodies:** Developing processes and shared

practices for consultation, cooperation and collaboration to foster meaningful relationships with Indigenous communities. These processes will outline structured approaches to ensure consistent, respectful dialogue and collaborative decision-making, enabling the effective advancement of reconciliation efforts and Indigenous human rights.

Project communications and engagement

BCHR's existing meeting structures were used to actively engage member colleges in collaborative project work and decision-making processes. BCHR meetings also provided a forum for ongoing communication with the Ministry of Health, enabling colleges to better understand the implications of the new act and resulting regulation, and the work needed to prepare to comply with them successfully.

To support development of robust internal and external communications strategies, BCHR has provided college staff with regular project updates by way of a project newsletter and by holding virtual update sessions for staff. The virtual updates have featured presentations from a variety of project leaders, subject matter experts and leadership. In addition, BCHR has organized the development of HPOA-related messaging that colleges can opt to use for their communications with registrants/licensees, the public and other audiences.

Indigenous Cultural Safety & Humility (ICS&H)

Regulators continue to share and collaborate on work that advances their efforts to uphold the Declaration of Commitment to Cultural Safety and Humility signed with the First Nations Health Authority (FNHA) on March 1, 2017. Notable BCHR-led work in 2024/25 included:

ICS&H education for colleges

BCHR continued to support the development of ICS&H awareness and knowledge among staff at all colleges. In October 2024, BCHR hosted a two-day symposium entitled “Advancing Reconciliation in B.C. Health Care.” The event was attended by 215 people from the six health regulatory colleges, the BC College of Social Workers, the Office of the Superintendent of Health Profession and Occupation Oversight, as well as representatives from various departments of the Provincial Health Services Authority.

The Symposium was opened with words of welcome and singing of the Coast Salish Anthem

by **Gabriel George** of the Tsleil-Waututh Nation. Then, over two days, the attendees had the opportunity to hear from several presenters, as well as participate in group discussions that aimed to strengthen a commitment to, and build collaboration around, eliminating Indigenous-specific racism and discrimination.

The Symposium’s keynote speaker was Canadian lawyer, author and former member of parliament **The Honourable Jody Wilson-Raybould**, whose presentation was entitled: “True Reconciliation: 3 core practices.”



*Gabriel George of the
Tsleil-Waututh Nation
opening the
Symposium*

Symposium objectives

- Deepen understanding of our history of settler colonialism and its impacts on the present
- Learn core practices to strengthen our commitment to eradicate Indigenous-specific racism and discrimination to advance the work of Truth and Reconciliation
- Learn about operationalizing the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) in the context of health care.
- Understand role of experienced Indigenous leadership in improving complaint process for Indigenous Specific Racism and Discrimination (ISRD)
- Greater understanding about:
 - how we are addressing events and complaints specific to ISRD
 - how the complaints process can be safer for Indigenous patients and families
 - respective roles of health authorities and regulatory colleges
 - what Indigenous complainants experience, want and need
 - what it means to have culturally safe, racism-free, and trauma-informed approaches for addressing ISRD
- Develop greater connection and integration between health authorities and regulatory colleges to help address ISRD.



Following her talk, Wilson-Raybould participated in a discussion with **Joe Gallagher**, Vice President Indigenous Health & Cultural Safety at the Provincial Health Services Authority and CEO of Qoqoq Consulting Ltd.



Harmony Johnson, consultant and Vice-President Indigenous Wellness and Reconciliation at Providence Health Care, and lawyer, conflict resolution innovator, and educator **Dr. Roshan Danesh** co-presented about operationalizing the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the future of health care in B.C.

Johnson provided a comprehensive overview of the systemic nature of racism in health care experienced by Indigenous peoples, drawing from the *In Plain Sight* report. Danesh spoke about the role of UNDRIP as a crucial instrument for reconciling Canada's legal traditions, fostering proper political relationships, and realizing a vision of mutual respect and co-existence between Indigenous and non-Indigenous peoples.

In addition, theme-related case studies were shared with the group:

- "ISRD Complaints Pathways" was presented by **Heather Hastings**, Executive Director, Cultural Safety & Transformation, Provincial Health Services Authority
- "Regulatory College IDM Case Study" was presented by **Jennifer Strate**, Executive Director, Inquiry, Discipline & Monitoring at BC College of Nurses and Midwives.

Indigenous Community of Practice

The colleges continue to collectively support the Indigenous Community of Practice (ICoP) for board and committee members.

The ICoP grows out of knowledge that having Indigenous people in leadership and decision-making roles in B.C.'s health-care system is essential to the work required to eradicate Indigenous-specific racism and reclaim the health and wellness of Indigenous people. This was highlighted in Recommendation #14 of the *In Plain Sight* report.

Indigenous people are being asked to undertake health leadership in mainstream environments that are not yet anti-racist and culturally safe, exposing them to significant harm. The intention of the ICoP is to create a safe and supportive space by and for Indigenous people to foster community connections and networks, enhance individual and collective well-being, and to share experiences, learnings and teachings.

The ICoP continues to be supported and guided by x^wməθk^wəyəm (Musqueam) Knowledge Keeper **Sulksun** and facilitated by k^{'w}unəməŋ **Joe Gallagher** and **Rhianna Millman**.



The group met five times during the fiscal year and held their first in-person session at the xʷməθkʷəy̓əm Cultural Centre. The day consisted of presentations by **Diana Clarke**, Associate Deputy Minister of Indigenous Health and Reconciliation, **Brittany Morgan**, Director of Indigenous Health and Reconciliation, and **Stephanie Mannix**, Executive Director of Indigenous Relations and Reconciliation on DRIPA, DRIPA Action plan and the Distinctions-based approach primer and its application in the B.C. health system.

Kate O'Donnell, Executive Director, BCHR, attended a virtual meeting to give a broad overview of the HPOA.

Indigenous Engagement Group

The Indigenous Engagement Group (IEG) is a group of Indigenous registrants and public members who hold positions on B.C. health regulatory boards and committees and who are also members of the Indigenous Community of Practice (ICoP).

Separate and unique from the ICoP, the members of the IEG bring their Indigenous lived experience and expertise, as well as their understanding of health regulation to engagement with the six health regulatory colleges whereby they can collectively provide their thought leadership, perspectives, and feedback. During the 2024-25 fiscal year, IEG members participated in four engagement sessions with the colleges.

The IEG met with branding consultants Incite Strategies to support developing two distinct

brands and visual identities for the two amalgamated colleges: CHCPBC and CCHPBC.

The IEG provided their individual and professional Indigenous thought leadership to support the development of BCCNM's "Awareness to Action" mini modules, designed to support registrants' application of the Indigenous Cultural Safety, Cultural Humility and Anti-racism Practice Standard. The IEG was also asked to select the name of these modules as further accountability to Indigenous registrants and the public.

BCCNM updated the language on their registration renewal screens that allows for registrants to self-identify as Indigenous. The IEG provided feedback on the proposed revisions BCCNM had made to Indigenous self-identification at renewal panels to ensure the language and options provided were inclusive of the diversity of Indigenous peoples in BC.

Since receiving the Safe Spaces Playbook, BCCNM has worked to revise its governance documents to align with what they were told by the Indigenous people who participated in truth sharing and the Coast Salish teachings shared throughout the Safe Spaces Project. BCCNM has significantly amended their former Code of Conduct for BCCNM Board and Committee members, moving away from a compliance-based policy and toward a partnership agreement. The IEG was asked to review the "Partnering with BCCNM" document to ensure it reflected a relational approach with clear accountability, grounded and rooted in the laws and teachings of the Territories.

Centralized supports and resources

BCHR provides resources and structures that support the work of all member colleges.

Information sharing and education opportunities

BCHR offers opportunities throughout the year for college staff, board members and committee members to learn about issues and processes that impact them. In 2024/25, sessions included:

- The “Practice of Chairship Workshop” provided to 14 people in November 2024 by consulting firm The Regulator’s Practice. This course had been updated during the year, and is designed to enhance participants’ chairship skills and help them to lead with confidence.
- “Governance 101,” an education session designed to orient board members to the colleges’ regulatory functions, with 11 people attending.

BC Patient Advisory Network (BC-PAN)

The BC Public Advisory Network (BC-PAN) is a collaborative effort between B.C. health regulators to encourage more comprehensive and meaningful public engagement on important issues related to health-care regulation in B.C. The network is made up of 18 public advisors and the six health regulatory colleges forming BCHR.

During the 2024-2025 year, the BC-PAN:

- Shifted from an annual meeting format to multiple targeted initiatives with individual colleges, creating more efficient, valuable dialogue to gather public advisors’ feedback.
- Hosted a booth at the 2024 BC Health

Quality Forum

- Onboarded four new public advisors
- Developed and published a new promotional video
- Expanded its presence to Facebook and Instagram.

In addition, the BC-PAN undertook the following:

- organized a diversity, equity and inclusion (DEI) workshop to enhance intercultural competence and cultivate safer and more-inclusive spaces for BC-PAN advisors. Recognizing the diversity of advisors’ backgrounds and lived experiences, this workshop aimed to deepen understanding of DEI concepts and address the unique challenges faced when sharing personal and often difficult interactions within the health-care system.
- In support of the BC College of Oral Health Professionals’ (BCCOHP’s) initiative to develop one set of cohesive, patient-centered professional standards that support the delivery of safe care by the oral health team, the BC-PAN participated in an engagement process focused on ethical principles and patient outcomes.
- The College of Pharmacists of British Columbia (CPBC) developed a poster to be displayed in B.C. community pharmacies that provides clear, concise information to patients about what they can anticipate during their visit. Public advisors offered feedback on the poster through a structured survey.

