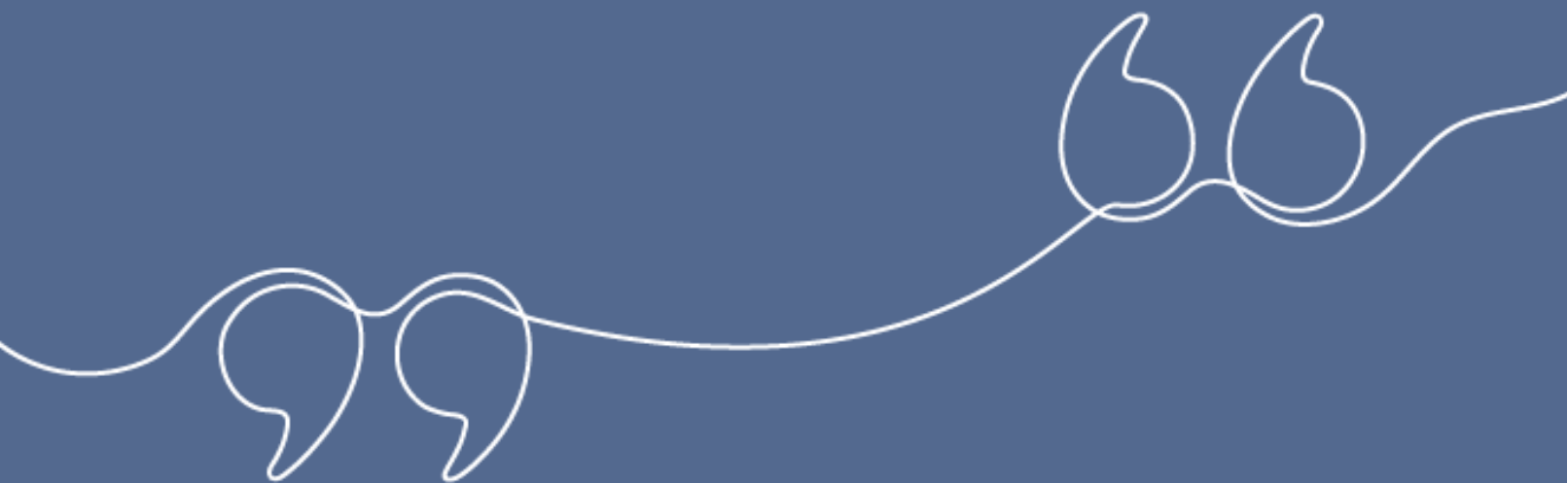


# Consultation findings summary report:

**BCCOHP Bylaws to align with upcoming transition  
to the *Health Professions and Occupations Act***

February 2026



## Introduction

The BC College of Oral Health Professionals (BCCOHP) serves the public by regulating 17,000 oral health professionals, including certified dental assistants, dental hygienists, dental technicians, dental therapists, dentists and denturists.

BCCOHP is committed to its legislated mandate to protect the public by ensuring oral health professionals deliver safe, competent, and ethical care. In alignment with this mandate, BCCOHP is preparing for the transition to the [Health Professions and Occupations Act \(HPOA\)](#), which introduces a new regulatory framework for oral health professionals in British Columbia.

All of BC's health regulators are required to draft a new set of bylaws to comply with the requirements of the HPOA when it is fully brought into force April 1, 2026. As part of this transition, BCCOHP has developed a series of updated bylaws that reflect the requirements of the HPOA and support transparent, accountable, and modernized regulatory practices.

## Objective

The goals of the consultation were to:

- Understand how oral health professionals, members of the public, and other stakeholders interpret and respond to the proposed bylaw content
- Identify strengths, gaps, and areas where further clarification or refinement may be beneficial
- Capture questions, concerns, and suggestions related to the implementation of the bylaws under the HPOA
- Inform revisions that will support both professional engagement and public confidence in BCCOHP's regulatory framework

## Consultation process overview

BCCOHP invited feedback on 16 proposed bylaws from members of the public, oral health professionals and other interested audiences on proposed bylaws. These bylaws address core regulatory functions, including governance, administration, licensure, certification, professional responsibilities, quality assurance, public protection, and health monitoring.

The consultation took place in two stages: the first phase covered Parts 2 through 12 and Part 15 of the bylaws, while the subsequent phase addressed Parts 1, 13, and 14.

BCCOHP collaborated with Pivotal Research Inc. to facilitate the consultation and analyze the responses.

## Timeline

The consultations were administered in two phases as bylaw parts were completed, as follows:

- Parts 2-12 and 15 of the bylaws were open for consultation from September 8 to October 31, 2025
- Parts 1, 13 and 14 were open for consultation from November 14 to November 28, 2025

This allowed for various bylaws parts to be open for consultation for as much time as possible.

## Tactics

Both consultations were hosted on BCCOHP's website, allowing participants to review the proposed bylaws and submit feedback via a web form. This approach enabled respondents to provide specific commentary on individual bylaws or broader feedback on the complete set.

# Response Summary

## Phase 1 (Parts 2-15 and 15)

- Oral health professionals 95%
- Public 3%
- Member organizations 2%
- Other <1%

These proportions reflect the distribution of perspectives across all submissions rather than the number of individual respondents.

In total, 3,443 bylaw-specific submissions were received across the 13 bylaws, along with 478 submissions to the general feedback form. Because many respondents commented on more than one bylaw, these figures represent submissions rather than unique individuals. The table below summarizes the number of submissions received for each bylaw part.

<b>Bylaw part</b>	<b>Number of submissions</b>
Part 2: Board	418
Part 3: Committees	326

Part 4: College administration	276
Part 5: College records and information	206
Part 6: Licenses	509
Part 7: Certification	235
Part 8: Professional responsibilities	324
Part 9: Health profession corporation permits	202
Part 10: Delegation	150
Part 11: Quality assurance	316
Part 12: Public protection	247
Part 15: Health monitoring	234

## Phase 2 (Parts 1, 13 and 14)

### Participant Role Breakdown

The vast majority of feedback came directly from oral health professionals.

- Oral health professionals 79%
- Public 6%
- Member organizations 14%
- Other <1%

### Number of Submissions

Bylaw part	Number of submissions
Part 1: Interpretation	21
Part 13: Support Programs	16
Part 14: Accreditation	22

## Feedback and actions taken

Respondents provided thoughtful feedback and insight, and many themes emerged from the consultation.

The tables below provide an overview of the feedback received for each part, the actions that will be taken by BCCOHP, and points that support the rationale for each decision.

## Part 1: Interpretation

**Overview:** The Interpretation bylaws are a list of definitions for terms used in multiple places in the bylaws. The definitions provide more precise meanings for those terms – some of which are specific to the way in which the terms are used in the bylaws. This avoids potential ambiguity and allows for more concise drafting.

**What we heard:** Feedback centered on concerns that this part did not define or recognize certified dental assistants. Respondents also desired more clarity in the definitions and expressed issues of trust and transparency on how feedback will influence decisions.

BCCOHP’s response/action	Rationale
<p>No changes were made to Bylaw part 1 following analysis of the consultation feedback as CDAs are covered outside this bylaw part. See rationale at right for more detail.</p>	<ul style="list-style-type: none"> <li>• The definitions for dental assistant and licensed dental assistant are included in Part 10 (Delegation) where assistants are referenced.</li> <li>• Bylaws for “Licensed Dental Assistants” are to be established apart from the HPOA Bylaws under the Transition Regulation and transition provisions of the HPOA. (s. 539)</li> </ul>

## Part 2: Board

**Overview:** This part of the proposed bylaws sets out the structure of the Board (as set out in the HPOA). Notable changes under the proposed bylaws include:

- Board elections are discontinued. Board consists of 8 to 12 members all appointed by Minister of Health (equal number of public and professional members)
- Board makes decisions by consensus whenever possible; may decide matters by majority vote if consensus is not possible
- This part sets out Conflict of Interest expectations for board members

**What we heard:** Some respondents were concerned the new bylaws may weaken democratic accountability and self-regulation by shifting power to government-appointed non-expert boards without guaranteed profession specific representation. They called for stronger safeguards, including a mandatory vice chair role, explicit majority-vote requirements for removing board leaders, and full transparency on board remuneration. They also wanted clarification for defining “urgent business” and direct notification of board meetings to licensees.

BCCOHP’s response/action	Rationale
<p>No changes recommended as Board structure is primarily determined by the HPOA and Bylaws must align. See rationale at right for more detail.</p>	<ul style="list-style-type: none"> <li>• The mandate of a regulatory college, including BCCOHP, is to be accountable to the public.</li> <li>• The move away from elections is not a bylaw change that BCCOHP has control over, but rather a change mandated in the HPOA.</li> <li>• Appointing a mandatory vice-chair is a governance concept that is applicable for associations with “succession” and “authority” assumptions that do not apply to HPOA college boards.</li> </ul>

### Part 3: Committees

**Overview:** This part of the proposed bylaws sets out the structure of BCCOHP’s committees (as set out in the HPOA). Notable changes under the proposed bylaws include:

- Only 3 committees *required* under the Act and committee names changed to comply with HPOA  
(Registration to Licence / Inquiry to Investigation / Permit Committee established to manage issuance of Health Profession Corporation Permits)
- Discipline Committee is discontinued – disciplinary functions will be responsibility of Director of Discipline within the Superintendent’s Office
- Board members may not sit on statutory committees
- Board establishes 2 additional committees  
(Finance & Audit / Accreditation (to manage facility accreditations))
- The Registrar is granted authority to establish Advisory Working Groups as needed

**What we heard:** Respondents emphasized the importance of proportionate, profession-specific representation and expertise on committees and panels. They once again called for mandatory vice-chair roles and clearer governance language, expressed concern about replacing permanent practice/standards committees with temporary registrar-led advisory groups and noted uncertainty about the Accreditation Committee.

Recommended Actions	Rationale
<p>No changes recommended as the move to fewer mandatory</p>	<ul style="list-style-type: none"> <li>• The move to fewer mandatory committees is based on the HPOA. BCCOHP bylaws provide for the board to strike</li> </ul>

<p>committees is based on the HPOA. See detailed rationale at right.</p>	<p>additional committees if/when they determine it is needed.</p> <ul style="list-style-type: none"> <li>• Appointing a mandatory vice-chair is a governance concept that is applicable for associations with “succession and “authority” assumptions that do not apply to HPOA college boards.</li> <li>• The Board is required to appoint “Professional Standards Advisors” to provide advice to the board when making bylaws about eligibility, ethics, or practice standards. The “advisor” must be a practicing licensee from the profession that the standards relate to, or, have other education, training and experience that qualify the person to give “expert advice”. The advice provided to the board by the Standards Advisor(s) must have provided for adequate consultation with those affected by the decision being made.</li> <li>• The HPOA draft requires profession-specific representation on panels of the licence and investigation committees when making a decision about an individual applying for, or a licensee in, that specific profession.</li> </ul>
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### Part 4: College Administration

**Overview:** This part of the proposed bylaws sets out the structure of BCCOHP’s administration (as set out in the HPOA). Notable changes under the proposed bylaws include:

- Registrar is designated as CEO
- Registrar must appoint at least 1 Deputy Registrar
- This part sets out Conflict of Interest expectations for the registrar and staff
- Administrative structure of BCCOHP remains the same

**What we heard:** Respondents expressed transparency and accountability concerns regarding BCCOHP’s governance and finances under the proposed bylaw part, requesting more access to financial information, guaranteed public annual meetings, and more avenues for licensees to question how their fees are used. They emphasized the need for profession-specific representation in leadership and key regulatory roles, questioned the financial power of the Registrar/CEO, and asked for protections to ensure funds continue to support profession-specific education, research, and initiatives. They also called for stronger, more independent conflict-of-interest and investigation processes.

Recommended Actions	Rationale
<p>No changes recommended. See detailed rationale at right.</p>	<ul style="list-style-type: none"> <li>• The HPOA removes the annual meeting requirement; however, auditor’s reports and financial statements are required to be posted on public website.</li> <li>• Licensees have no responsibility or authority over college finances.</li> <li>• Profession-specific representation and leadership is not necessary for a regulator to meet its mandate of public protection (and may be more appropriate for a professional association). The role of the board is to act with the authority granted to it by government to ensure the college meets its duties under the Act in the public interest. Part of that responsibility is to ensure the college has the financial resources necessary to operate effectively.</li> <li>• No additional financial power is granted to the Registrar/CEO than already exists under the HPA.</li> <li>• Funds are to enable BCCOHP to meet its statutory obligations under the HPOA, and not to support profession-specific initiatives.</li> <li>• Conflict of Interest (COI) processes are set out in the HPOA and the bylaws support this.</li> </ul>

## Part 5: College Records and Information

**Overview:** This part of the proposed bylaws sets out the structure of BCCOHP’s records and information (as set out in the HPOA). There were no significant material changes to this part (reduced in size with some re-ordering of sections for clarity).

**What we heard:** Respondents asked for clarity on how HPOA-related changes affect records, privacy, and the public register. Some questioned the Registrar’s authority over registry and publication, asked for Board oversight, and noted that retaining or publishing information about rescinded or overturned orders can create ongoing reputational impacts. They asked for more communication about these changes, and clear communication on the rules about what is published and for how long, and limited options to challenge or appeal publication decisions.

Recommended Actions	Rationale
<p>No changes recommended as this Bylaw part is informed largely by other legislation.</p>	<ul style="list-style-type: none"> <li>• FIPPA requires BCCOHP to designate “a person” to be the “head” of the public body for the purposes of the operation</li> </ul>

	<p>of FIPPA. The logical person in a regulatory college is the registrar.</p> <ul style="list-style-type: none"> <li>• The HPOA establishes the requirements for what is published within the complaints process and is more specific and broader than the HPA intentionally.</li> <li>• The HPOA sets out provisions for issuing Identity Protection Orders.</li> <li>• Reconsideration processes are set out in the HPOA.</li> </ul>
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## Part 6: Licences

**Overview:** This part of the proposed bylaws sets out the structure of BCCOHP’s licensing procedures (as set out in the HPOA). Notable changes under the proposed bylaws include:

- BCCOHP will issue licences to practice rather than register eligible professionals (HPOA requirement)
- Classes of licences simplified (discontinued classes are non-practicing / student / dental hygiene practitioner / limited education & limited volunteer / armed forces)
- New provisional class of licence established that may permit practice while applicants satisfy some licensing requirements
- Fewer restrictions on employment of dental therapists to allow provision of dental therapy services in broader range of settings
- Amalgamation provisions deleted (no longer relevant)

*Note: Part 10 – Delegation speaks to the continued regulation of licensed dental assistants under the HPOA.*

**What we heard:** Feedback focused on how license categories and requirements shape professional identity, mobility, and fairness. Respondents discussed the role of dental hygiene practitioner designation in recognizing advanced education, emphasized maintaining clear and appropriate license categories that align with education, scope, and equivalency, and proposed requiring recent entry-to-practice exams. Considerations were raised for supervision and cultural competence for provisional licenses and opposition was expressed to mandatory vaccination as a condition of licensure.

Recommended Actions	Rationale
<ul style="list-style-type: none"> <li>• Recommend requiring “licencing exams” to be completed within 3-years of applying for initial licence.</li> </ul>	<ul style="list-style-type: none"> <li>• The HPOA change from “registering” to “issue a licence to practice” necessitated the elimination of some registration classes.</li> <li>• Promotion of “professional identity” is a function of an association.</li> </ul>

<ul style="list-style-type: none"> <li>Removed the requirement for Jurisprudence and ICSH modules for initial registration and consider options to include in modernized Quality Assurance Program.</li> </ul>	<ul style="list-style-type: none"> <li>Education beyond “entry-to-practice” standards does not change the “scope of practice” for current dental hygiene practitioners.</li> <li>Consistency in “currency of examination completion” across different professions better demonstrates “fairness” in eligibility standards.</li> <li>Mandatory vaccination would only be required as a condition of licencing in the case of emergency public health orders.</li> </ul>
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## Part 7: Certification

**Overview:** This section of the proposed bylaws sets out the structure of BCCOHP’s certification procedures (as set out in the HPOA). Notable changes under the proposed bylaws include:

- No significant material changes to this part
- Bylaw part is reorganized with terminology changed to be consistent with language of the HPOA
- Section added to provide for reconsideration of certification decisions

**What we heard:** Respondents raised equity and process concerns related to competency requirements, noting perceived inconsistency in requiring a mandatory local anesthesia refresher course for dental hygienists but not dentists, despite overlapping scope. Questions were raised regarding the removal of in-person hearings for denied specialty certifications, citing impacts on transparency and the ability to clarify credentials. Many indicated a preference for the existing Quality Assurance Program and self-assessment model, viewing additional mandatory refresher courses as unnecessary.

Recommended Actions	Rationale
<p>No changes recommended. See rationale at right.</p>	<ul style="list-style-type: none"> <li>The refresher course is only required for those dental hygienists who have not held a licence and certification within the previous 5-year period and have not been practicing dental hygiene.</li> <li>While the preferred method of conducting reconsideration hearings is through written submission, there is a provision to have in-person hearings if the circumstances warrant them.</li> <li>The Quality Assurance Program comments are not relevant to this part.</li> </ul>

## Part 8: Professional responsibilities

**Overview:** This part of the proposed bylaws sets out the professional responsibilities of a licensee (as set out in the HPOA). Notable changes under the proposed bylaws include:

- New part that consolidates licensee’s professional responsibilities with respect to professional and practice standards, limits and conditions on classes of licence, use of title, liability insurance, duty to notify registrar, and BCCOHP access to licensee records

**What we heard:** Many respondents questioned changing the professional title from registered dental hygienist to another designation, citing potential confusion, identity concerns, and inconsistency across oral health professions. They also recommended higher insurance minimums (including tail coverage). There were concerns raised about privacy and due process and broad BCCOHP authority to access or copy patient records. Respondents seek clearer, published ethics and practice standards to guide consistent enforcement. While some expressed concerns about sharing complaint details and possible outcomes before matters are resolved, others support removing restrictions on dental hygienists’ independent practice to enhance access to care and professional autonomy.

Recommended Actions	Rationale
<p>Minor change recommended:</p> <ul style="list-style-type: none"> <li>• Include the authorization to use the abbreviation “DH” in titles</li> <li>• The new HPOA board may wish to assess the need for reconsideration of PLI coverage needs after April 1.</li> </ul>	<ul style="list-style-type: none"> <li>• The Oral Health Regulation sets out the reserved titles, for dental hygiene it is only “dental hygienist”. The bylaws allow for the use of both dental hygienist or licensed dental hygienist.</li> <li>• While the minimum PLI amounts are set in bylaw, “tail coverage” cannot be required of those who BCCOHP have no authority over. This could be an option promoted by the associations and insurance providers.</li> <li>• Ethics and practice standards will be published in a “schedule”. The BCCOHP Standards were consulted on extensively.</li> <li>• Authority for BCCOHP to access and copy patient / registrant records is not a new provision, but something that has always existed.</li> <li>• Complaint processes are set out in the Public Protection bylaws.</li> </ul>

## Part 9: Health Profession Corporation Permits

**Overview:** This part of the proposed bylaws sets out the structure of BCCOHP’s Health Profession Corporations’ permit registration and renewal process (as set out in the HPOA). Notable changes under the proposed bylaws include:

- No significant material changes to this part
- Corporations must have a Health Profession Corporation (HPC) Permit to provide health services in dentistry, dental hygiene, denturism, or any combination of those
- Provision now made for HPCs owned by mixed group of oral health professionals
- Licencees who are eligible to be issued an HPC Permit include Dental Hygienist, Full Dentist, Limited (restricted-to-specialty) Dentist, Full Denturist, Limited (grand-parented) Denturist

**What we heard:** Respondents focused on how corporate and permit rules affect practice ownership and administration. They asked for clearer eligibility criteria for permits across different business structures and expressed concern that restricting ownership to active licensees may limit succession planning and financial security for those leaving practice. They also noted that added paperwork, tight deadlines, and higher fees increase operational burden, particularly for small practices. Additionally, they indicated the breadth of the Registrar’s discretion over reporting and approvals was a source of uncertainty and potentially inconsistent requirements.

Recommended Actions	Rationale
No changes recommended	<ul style="list-style-type: none"> <li>• BCCOHP does not provide business advice or guidance. That is an association function.</li> <li>• Eligibility requirements are slightly different from HPA and clear communication of minor changes are planned.</li> <li>• Policy is being considered to address those registrants who are currently “Non-practicing” due to a health concern by using a “temporary leave of absence” notice on their licence &amp; registry.</li> <li>• Health profession corporation requirements and ownership limitations are a function of the Act and Regulations – not bylaws.</li> </ul>

## Part 10: Delegation

**Overview:** This section of the proposed bylaws sets out the process of delegation of an aspect of practice or restricted activity (as set out in the HPOA). Notable changes under the proposed bylaws include:

- No significant material changes to requirements for delegation
- Limits and requirements for delegation to dental assistants has not materially changed
- Some sections reorganized for greater clarity

*Note: BCCOHP is continuing to explore options to establish further bylaws that will enable regulation of dental assistants beyond April 1, 2026. [Section 539](#) of the Health Professions and Occupations Act (Bill 36) provides a provision to continue to regulate certified non registrants.*

**What we heard:** Respondents seek clearer, more detailed rules on delegation, including an explicit list of which dental hygiene tasks may be assigned to CDAs/DAs to reduce ambiguity. They also advocate for delegation authority for dental hygienists that is comparable to that of dentists, emphasizing consistency and fairness across professions.

Recommended Actions	Rationale
Delegation by dental therapists will be added to this part.	<ul style="list-style-type: none"> <li>• Delegation bylaws are consistent in format for professions other than dentistry as they have limited scopes of practice and RA authorizations to provide greater flexibility and professional judgment.</li> <li>• Delegation in dentistry is more defined in the bylaws as there are specified limitations on the delegation of different aspects of practice and RAs to Licenced Dental Assistants and dental assistants.</li> </ul>

## Part 11: Quality Assurance

**Overview:** This part of the proposed bylaws sets out the structure of BCCOHP’s Quality Assurance Program (as set out in the HPOA). Notable changes under the proposed bylaws include:

- This bylaw part is drafted to accommodate ongoing development of the BCCOHP Quality Assurance (QA) Program
- The purpose of a QA Program under the HPOA is to assist licensees to improve their own professional performance and identify issues of professional performance
- The Registrar is responsible for establishing and administering the QA Program
- This bylaw part sets out eligibility requirements for QA Assessors and QA Officers as required by the HPOA and for the conduct of a QA Assessment

- Specific detailed QA requirements for each profession found in the current bylaws to be established in policy

**What we heard:** Many respondents suggest that QA assessors be from the same oral health profession as the registrant and question expanding Quality Assurance (QA) inputs to patients, colleagues, family, and other external sources due to potential subjectivity, bias, and confidentiality issues. They also note that shifting QA authority to the Registrar may reduce direct peer involvement and blur the line between QA and discipline, while annual QA requirements and documentation can add administrative and financial demands, especially for smaller or independent practices.

Recommended Actions	Rationale
<p>No changes recommended. See rationale at right.</p>	<ul style="list-style-type: none"> <li>• The QA Bylaws are very high-level intentionally to allow for the ongoing development of the program throughout 2026.</li> <li>• The expectations for the components of a QA program are set out in the HPOA and some of the concerns expressed are outside our control.</li> <li>• Several of the concerns appear to be based on a misunderstanding of the intention of the QA Program and the requirement to separate QA from investigations, and complaint and discipline processes.</li> <li>• HPOA and bylaws require QA Assessors to be from the same profession as those undergoing an assessment.</li> <li>• The reference to “family” in this Part concerns contacting “family members of patients” which will allow QA Assessors to gather information from parents of infants or minors who would not be able to provide meaningful information to the assessor.</li> </ul>

## Part 12: Public Protection

**Overview:** This part of the proposed bylaws sets out the structure of BCCOHP’s complaints, discipline and unauthorized practice processes, and the monitoring program (as set out in the HPOA). Notable changes under the proposed bylaws include:

- Under the HPOA, the Inquiry Committee becomes the Investigation Committee
- The Discipline Committee is discontinued as the discipline process will be under the office of the Director of Discipline within the Office of the Superintendent
- Complaints can be submitted by any means, not only written and signed by a complainant
- The Registrar is authorized to address certain disciplinary issues as “administrative matters” rather than referring them on to the Investigation Committee

- Colleges must establish monitoring programs for general contraventions by licensees and for instances of unauthorized practice
- Bylaws incorporate new processes mandated by the HPOA

**What we heard:** Respondents raised questions about how the bylaws affect independent practice, oversight, and privacy. They seek assurance that dental hygienists can continue to practice and bill independently even if an employer dentist is suspended and note concerns about reduced opportunities to appeal urgent decisions, including the lack of oral hearings and reliance on written submissions. Many recommended clarifying that online monitoring should be complaint-based rather than ongoing surveillance, citing privacy and digital monitoring concerns. They also point to the expanded authority of the Registrar to impose disciplinary measures, fines, and suspensions without committee review.

Recommended Actions	Rationale
<p>No changes recommended. See rationale at right.</p>	<ul style="list-style-type: none"> <li>• Concerns around written vs oral hearings are like those submitted on the Certification bylaws, and the same reconsideration options are available for investigation hearings.</li> <li>• General monitoring by colleges is mandated under the HPOA and distinct from complaints.</li> <li>• The Registrar’s authority to resolve “administrative matters” comes from the HPOA, not the bylaws, and only applies to a limited range of potential misconduct. (i.e. failure to cooperate, failure to give required notice, failure to provide required information)</li> </ul>

### Part 13: Support Programs

**Overview:** These bylaws provide detail in respect of a new set of programs mandated under Division 5 of the HPOA. The HPOA states that a board must make bylaws with respect to the following: *“establishing or participating in, and administering, each type of support program;”*. All colleges must establish and administer three types of programs:

- Information Services Program
- Support Services Program
- Support Worker Program

*Note that the Support Programs bylaws do not have a corresponding part in the current BCCOHP bylaws under the current HPA.*

**What we heard:** Most of the feedback indicated a lack of understanding on the purpose of the Support Programs. Concerns raised centered on the lack of focus on employment issues not being addressed, and that dentists should not be paying for social programs that do not address their issues properly.

Recommended Actions	Rationale
No changes recommended as this is informed by the HPOA. See further rationale at right.	<ul style="list-style-type: none"> <li>The types and purposes of the Support Programs, including the colleges’ responsibility for funding of those programs is set out in the HPOA and the bylaws comply with this.</li> </ul>

### Part 14: Accreditation

**Overview:** These bylaws are required by the [Oral Health Professionals Regulation](#) and will apply to non-hospital surgical facilities in which dentistry is practised. They have been drafted to transition BCCOHP’s current Sedation and General Anesthesia Program into a formal program for the accreditation of facilities where such health services are delivered.

*Note that the Accreditation bylaws do not have a corresponding part in the current BCCOHP bylaws under the current HPA.*

**What we heard:** Most of the feedback indicated concerns over the balance between patient safety and access to sedation dentistry if accreditation is delayed or suspended. There were also comments asking about access to the standards mentioned in the bylaw part, and concerns that the suspension of accreditation may have implications on the practice of other oral health professionals within a dental office that do not require accreditation. Other comments referenced the need to provide proper training for clinic staff such as certified dental assistants.

Recommended Actions	Rationale
No changes recommended	<ul style="list-style-type: none"> <li>The accreditation standards will be linked from within the bylaws.</li> <li>This should provide clarity on what facilities (or areas within an office) require accreditation and expectations for staff qualifications and equipment requirements.</li> </ul>

## Part 15: Health Monitoring

**Overview:** This part of the proposed bylaws sets out the structure of BCCOHP’s health monitoring program (as set out in the HPOA). Notable changes under the proposed bylaws include:

- This is a new bylaw part to provide for the continuing operation of BCCOHP’s health monitoring program for licensees (currently registrants)

**What we heard:** Respondents emphasize the need for health monitoring to be overseen by an independent, qualified health professional rather than a BCCOHP employee, to support impartiality and trust. They raise concerns about how medical information might be used in complaint investigations or disclosed despite confidentiality assurances and ask for clearer communication about whether the program is primarily supportive or disciplinary. Participation is viewed as effectively non-voluntary given potential regulatory consequences, and respondents note the absence of clear processes for appeal or review of monitoring agreements or related decisions.

Recommended Actions	Rationale
No changes recommended as BCCOHP’s health monitoring program is continuing in its current format. See rationale at right.	<ul style="list-style-type: none"><li>• BCCOHP’s pre-existing health monitoring program is continuing in its current format under the HPOA, with the primary difference being that bylaws are now required to enable the program.</li><li>• Confidentiality and separation from investigations will generally be maintained except for instances where significant patient safety concerns are identified.</li></ul>

## Outcomes and next steps

BCCOHP thanks those who took the time to provide input and feedback throughout these consultation processes. To learn more about BCCOHP’s transition to the HPOA, visit the [BCCOHP website](#). Further information on the Ministry of Health’s new legislation can be found on the [Province of BC website](#).