



# PSYCHOLOGISTS OF BRITISH COLUMBIA

For ethical care and governance.

## A Summary of Concerns

The Health Professions and Occupations Act ("HPOA")

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## MISSION STATEMENT

To bring attention to ***The Health Professions and Occupations Act (HPOA, Bill 36, 2022)*** (“HPOA”) for the purpose of having it and its accompanying bylaws repealed, due to significant concerns regarding its implications for professional ethics, standards of psychological care, and the potential risks it poses to individuals accessing mental health services.

We support strong public protection and high standards of care. We advocate for ethical regulation that protects client confidentiality, ensures fair governance, and sustains a strong and accessible mental health system for British Columbians.

## ACT & REGULATORY BODY

The Health Professions and Occupations Act (“HPOA”), effective April 1, 2026. The applicable regulatory body is The College of Health Care Professionals of British Columbia (“CHCPBC”).

The HPOA replaces the prior act, being *The Health Professionals Act* (British Columbia) (“HPA”), which was regulated by The College of Psychologists of British Columbia (“CPBC”).

## OVERVIEW OF KEY CONCERNS

The **Health Professions and Occupations Act (HPOA), Bill 36 (2022)** makes major changes to how psychologists in British Columbia are governed, investigated, and regulated. Many psychologists support strong public protection, but they are concerned that some parts of the Act shift too much authority away from professional expertise and reduce important safeguards that previously protected both clients and practitioners.

Key concerns focus on **privacy and confidentiality**, as certain conditions in the Act allows for broader access to client records without their consent. Clients may not seek out the services of a psychologist at all, if they are aware that a Quality Assessor can read their files at any time.

Other concerns include **loss of profession-led governance** and **expanded investigative and disciplinary powers**, government-appointed regulatory boards without guaranteed psychology representation, and the ability to suspend or discipline practitioners before hearings are completed.

Psychologists worry that these changes can reduce trust in therapy, discourage clinicians from taking complex cases, and could affect access to care.

The Act also creates **new compelled requirements**, including mandatory reporting obligations, potential licensing conditions set through regulation, and expanded powers for future regulatory changes without full legislative debate. Psychologists are concerned that these structural changes can influence how care is delivered, how professionals practice, and how safe clients feel seeking psychological treatment. With regulatory control in the hands of government, psychological care shifts from an ethical framework to a punitive, legalistic model that could force defensive practice instead of care.

A further concern is the effect these changes may have on the future of the profession. Psychologists facing greater regulatory pressure and uncertainty may choose to **retire sooner, limit their scope of practice, or move to jurisdictions with more stable and competent regulatory environments**. At the same time, prospective psychologists and trainees may reconsider practicing in B.C. if they perceive higher risk, reduced autonomy, and less professional voice in governance. Together, these impacts could worsen existing shortages in mental health services and may make it harder for people in BC to access timely psychological care.

**Expert psychological care is needed** on two dimensions in British Columbia. The first is therapy, as British Columbians are six times more likely to die of suicide than homicide. Death by suicide is the second or third leading cause of death for people age 10 – 24.<sup>1</sup> Psychologists are the most highly trained mental health professionals to help these people and the first choice of intervention.

**The second need is assessment.** Psychologists have unique expertise to conduct comprehensive disability assessments for ICBC and WorksafeBC claims, civil court cases, and brain injury, employability and dementia assessments. Psychologists can also assess for, and diagnose learning disabilities and autism. They also have the most training and availability for child custody assessments. If assessments are not completed for these critical legal issues, people may not get compensation for their injuries, or children could be untreated for their autism, or could be left in abusive situations. Strong access to qualified psychologists is essential to the health, safety, and resilience of communities across the province.

## PSYCHOLOGISTS IN BC HAVE CONCERNS WITH:

### I. THE LEGISLATIVE PROCESS

#### BACKGROUND

**The Health Professions and Occupations Act (HPOA)** was introduced with the stated purpose of strengthening public protection and improving accountability in BC's health system. Public safety is a goal that psychologists strongly support. However, many believe the Act moved beyond balanced oversight toward an almost singular focus on public protection, with less attention to the role, expertise, and practical realities of health professionals themselves.

The framework shifts the balance of regulation in ways that can sideline professional voice and clinical context. When direct professional representation is reduced and centralized authority expanded, decisions affecting day-to-day care may be made with less input from those delivering it—potentially impacting autonomy, morale, and ultimately the quality and accessibility of services to the public.

#### LACK OF CONSULTATION

The government did not fully consult psychologists before passing the **Health Professions and Occupations Act (HPOA), Bill 36 (2022)**. There was no direct consultation with psychologists – the profession most affected by the bill.

#### Why this matters?

- Psychologists work directly with clients every day. When laws change without their input, rules can overlook how care happens. These rules also may not have fully considered the ethical standards for the profession.
- Psychologists for Ethical Care and Governance believe that **Informed professional input** should be a part of any law impacting the profession and its clients.
- The **consultation period** provided to psychologists was brief and not sufficient enough to gather meaningful, comprehensive input. Many psychologists were not yet aware of the Act or that a consultation was taking place, further limiting the ability of the profession to participate in a timely and informed way.

- The **feedback that was submitted** by the BCPA and other associations and alliances during the development process does not appear to have been seriously considered or reflected in the final legislation. The structure and wording of the Act suggest that few, if any, of the concerns raised by the profession were incorporated to any meaningful degree.

**BCPA: Implementation Concerns:** The British Columbia Psychological Association has joined other professional bodies in questioning the speed of the transition and the perceived lack of meaningful consultation with frontline practitioners during the legislative process. **Advocacy Update: Ongoing Dialogue and the Need for Greater Clarity. Nov. 2025**

## THE LEGISLATIVE PROCESS (“CLOSURE”)

The Act was advanced using legislative **closure**,<sup>3</sup> during the debate. This move cut off discussion on over 400 of the 645 clauses in the bill. Failure to consider every clause seems to violate Standing Order 84 – a legislative rule that requires every clause of a bill to be considered. <sup>3</sup> **Ref. Standing Orders of the Legislative Assemblies of British Columbia.**

### Why this matters?

- When debate is shortened, it results in a **lack of transparency and stifles the democratic process.**
- 400 clauses in the Bill were never considered, **bringing into question whether the Act is in fact valid.**
- Future professional requirements can change without new legislation or debate. Practitioners may need to adjust to externally developed **standards that were not designed for psychological practice contexts.**

**Political Advocacy:** *The BC Conservative Party has publicly pledged to repeal the HPOA if elected, arguing it was "rammed through" without proper debate.*

## ONGOING LEGAL AND PROFESSIONAL CHALLENGES

Several organizations are actively campaigning or preparing legal frameworks to challenge or pause the legislation.

**Doctors of BC:** *The province's largest physician advocate has formally called for an "immediate pause" on implementation, citing a lack of meaningful consultation and risks to professional independence.<sup>4</sup> [www.doctorsofbc.ca/advocacy-policy/advocacy/health-professions-occupations-act](http://www.doctorsofbc.ca/advocacy-policy/advocacy/health-professions-occupations-act)*

**BC Health Professionals Alliance:** *A coalition of over 20 professional groups (including nurses, chiropractors, and physicians) that has organized protests and public awareness campaigns demanding the repeal or delay of the Act.*

**Allied Support:** *Working with groups like **Doctors of BC** and the **BC Nurses' Union** to present a unified front against provisions like government-appointed boards and the lack of appeal rights. [www.nnpbc.com](http://www.nnpbc.com)*

### Why this matters?

- **Concerns reach beyond one profession**  
When multiple health and professional groups raise constitutional and governance concerns, it signals that the issue may involve broader principles of fairness, rights, and regulatory balance.
- **Legal review can influence the future of the Act** Charter challenges and coordinated coalitions can affect how the legislation is interpreted, implemented, amended, or potentially reconsidered.

## II. REGULATION & GOVERNANCE

### GOVERNMENT-APPOINTED GOVERNANCE STRUCTURE

Psychologists were previously regulated by the **College of Psychologists of British Columbia (CPBC)** under the **Health Professions Act (HPA)**. The regulatory body was comprised of 6 psychologists elected by their peers, and 3 qualified members appointed by the Minister of Health.

The **HPOA** shifts this power entirely to the government. The HPOA created new large colleges and placed psychologists in the **College of Health Care Professionals of BC (CHCPBC)** together with several other professions. Board members are now government-appointed rather than elected. **Not one psychologist was put on the original board, when the bylaws were created.**

## Board Composition (as of January 2026)

The HPOA amalgamates **15 professions into six regulatory colleges**, with psychologists now governed within the **College of Health and Care Professionals of BC (CHCPBC)**

The CHCPBC board is limited to 12 members (6 public, 6 professional). Because the college regulates more professions (9) than there are professional board seats, the government has selected representatives from only some fields. The professional members of the board as of January 2026<sup>5</sup> include **a dietitian, occupational therapist, optician, speech-language pathologist, optometrist, and a physical therapist.**

## NO GUARANTEED PSYCHOLOGY REPRESENTATION

The CHCPBC board does not reserve a dedicated seat for psychologists. Decisions affecting psychological practice can occur without psychology-specific expertise.

*CHCPBC will be regulating nine professions, therefore not every profession will have a seat on the Board. Professions that did not have a seat on the first Board are: audiologists, hearing instrument practitioners and **psychologists**. However, the mandate of Board members of regulatory health colleges is not to represent the interests of health professionals: that is the role of professional associations. Instead, Board members of regulatory health colleges have a fiduciary duty to the college and the public.*<sup>6</sup> <https://chcpbc.org/about/#board>

**BCPA: Loss of Professional Autonomy:** Like other health organizations, the British Columbia Psychology Association is concerned about the shift from professional self-regulation to a centralized, government-appointed model. Under the HPOA, college boards will no longer be elected but will be appointed by the Minister of Health, which may lead to a lack of professional expertise in governance.<sup>7</sup> ***Advocacy Update: Ongoing Dialogue and the Need for Greater Clarity.***

## Why this matters?

- Shifting power from a group of peer-accountable professionals to a collection of government bureaucrats **politicizes healthcare decisions** and removes democratic safeguards against political bias. [www.doctorsofbc/advocacy](http://www.doctorsofbc/advocacy)

## Large multi-profession colleges create policy overlap

Psychologists now share governance with many other professions. Rules designed for one profession can affect another, even when practice needs differ.

### Why this matters?

- A one-size-fits-all approach by **a board that may lack specific psychological expertise could fail to account for the unique ethical and clinical complexities of psychological practice.** This poses a risk to professional autonomy.
- Without a psychologist consistently at the highest level of decision-making, **regulations may not have specialized oversight and concerns are that they may not reflect the nuances of mental health care.**
- **The field of psychology is far broader than many other health professions.** Diverse representation is necessary to address issues ranging from neuropsychology, forensic psychology, and school psychology.

## Regulatory and Disciplinary panels can include few psychology experts

All Panels must be comprised of at least three Committee Members and include at least one Public Committee Member. Only one must be a psychologist. **(CHCPBC Bylaws ss. 4:32-4:39)**

### Why this matters?

- The majority of members on any given committee or panel regulating, disciplining and governing psychologists **may have no psychology training.**
- Decisions are made by majority vote. Subject to Bylaw 4.40, Committee and Panel decisions are made by majority vote. **CHCPBC Bylaws 4.39**
- The psychologist member on any regulatory, governance or disciplinary panel can be outvoted.
- The psychologist on the panel may not have expertise on the matter before the panel, as psychology is diverse. The previous college had 6 people on the discipline committee, ensuring wide expertise.

## IMPACT ON PSYCHOLOGISTS AND THEIR CLIENTS

The risk to clients boils down to a potential breakdown in the sanctity of the therapeutic relationship. **Without psychologist representation guaranteed on the CHCPBC board** to defend specific clinical standards, clients face:

**Breach of Confidentiality:** New powers under HPOA **131 s. 2** allow regulators to seize private records more easily during an assessment or investigation. If clients don't trust that their "deepest secrets" are safe from government-appointed officials, they may withhold information that is essential for healing.

**Reduced Quality of Care (Defensive Practice):** Psychologists may avoid treating high-risk patients or may change how they record sensitive information to protect client privacy. They may focus on protecting themselves from heavy-handed disciplinary measures, rather than client needs and the higher standards inherent in ethical care and decision making.

**Loss of Continuity and Choice:** If a significant number of psychologists in BC leave the province or the profession due to these regulatory changes, clients could face sudden disruptions in their care, fewer options for specialized treatment, and face longer wait times in an already strained mental health system. It is suggested that this is happening already.

**Relationship with Psychologists and the College:** Since psychologists lack guaranteed representation on the board and perceive a lack of responsiveness to their feedback, this, for some, creates distrust in their relationship with the College who governs them. The expanded and vague regulatory powers also can create fear and anxiety.

*Psychologists For Ethical Care and Governance recently submitted survey results to the BC Health Critic showing that 68% of respondents might leave the profession under the current framework. **Psychologists for Ethical Care and Governance. Submitted to Dr. Anna Kindy, BC Health Critic Nov. 2025.***

**Politicized Care Standards:** There is a concern that government-appointed boards will prioritize political or administrative narratives over clinical best practices, potentially impacting the type of advice or treatments a practitioner can or feels safe providing to their clients.

When governance boards are fully appointed and subject to ministerial direction, regulatory decisions may increasingly reflect broader health-system policy objectives rather than profession-specific clinical considerations.

### Why this matters?

**The law's overreach and the unprecedented powers** it gives to the Public Health Office and health ministry is a concern to many psychologists and other health practitioners.

The legislation has been criticized for granting significant power to the Health Ministry and the Public Health Office by various professions such as Doctors of BC, news outlets and by the Conservative Party of BC.

*"The government now effectively gets to say what is good practice and what is not," said Dr. Benjamin Turner, a surgeon in Lethbridge, Alta., who has patients from B.C. The new legislation lets the government "set practice standards,"* <sup>8</sup> **The B.C. Catholic. April 13, 2023.**

*B.C.'s new health-care bill is a shameful travesty. 'Let them know you trust your healthcare providers more than you trust them.'* <sup>9</sup> **Pique News Magazine. Jan 19, 2023.**

**Doctors of BC statement:** While we support the HPOA's intentions to modernize the legislation and enhance cultural safety, we are concerned about several aspects of the legislative framework, such as government-appointed boards, changes to disciplinary processes, disclosure of minor disciplinary actions, and the removal of appeal rights. **[www.doctorsofbc/advocacy](http://www.doctorsofbc/advocacy)**

**The Conservative Party of BC** has publicly stated that the HPOA needs to be repealed, echoing concerns about the overreach of the legislation. They have stated this on their last official party platform and with a legislative petition that was submitted demanding the act's repeal.

*"I have the honour of presenting a petition to repeal Bill 36, the Health Professions and Occupations Act. 10,845 British Columbians signed the petition... Our healthcare professionals deserve respect and engagement to help resolve the crisis we are facing". John Rustad, MLA Legislative Assembly of British Columbia."* <sup>10</sup>

**Signatures:** The initial petition presented in the House contained **10,845 signatures**. On May 4, 2023, Rustad held a press conference confirming that the total number of signatures for the ongoing repeal effort had surpassed **15,000 British Columbians**.

### III. CONFIDENTIALITY & PRIVACY

Confidentiality and privacy are the foundational pillars of psychological ethics. They are vital for establishing the safety and trust required for individuals to seek and engage fully in treatment. It may take years in therapy for a client to develop sufficient trust in a psychologist to disclose very painful secrets, and progress in their healing.

**Before the HPOA, client information stayed confidential unless:**

- A psychologist believed there was serious risk of harm to the client or to others
- A court issued a subpoena
- A client filed a complaint and allowed the College to review the file

#### THE IMPACT OF THE HPOA ON PRIVACY

Under the **Health Professions and Occupations Act (HPOA)**, the traditional boundaries of the therapeutic "vault" are significantly altered through the following provisions:

##### 1. EXPANDED QUALITY ASSURANCE POWERS

The Act grants Quality Assurance Committees **broad authority to monitor practice standards**. Although a quality assurance program has always existed under the former regulation, the HPOA moves beyond reactive discipline to proactive surveillance. A Quality Assessor will be appointed by the regulatory body.

**Powers:** A Quality Assessor can read the client files of a psychologist and assess the practice environment to ensure competence. (HPOA s 99.2c). The quality assessment can be non-random, suggesting that certain psychologists could be selectively monitored. The goal is that every psychologist will periodically undergo a quality assessment (**CHCPBC QA bylaws 10.11a**)

**Impact on Psychologists:** They must allow the Quality Assessor to enter premises and review files.

For the purposes of conducting a quality assurance assessment of a licensee, a quality assurance assessor may do one or more of the following: (c) inspect relevant records of the licensee, including records containing the personal information or other types of confidential information of patients;

### **Section 99.2c HPOA**

If a psychologist refuses to open their client files to the Quality Assessor, then the psychologist is guilty of misconduct. (HPOA s 11.1.a). They are also guilty of committing an offence. (HPOA s 514.2.c)

**Impact on Clients:** Private clinical notes may be reviewed by third-party Quality Assessors without the client's consent. Many people may not enter therapy if they know their file could be read.

## **2. ACCESS TO RECORDS WITHOUT A WARRANT**

Regulators now have enhanced "search and seize" capabilities that bypass traditional legal hurdles.

- **Powers:** Investigators can **compel** the production of records and **seize/copy files without a court warrant. HPOA Division 3 s 511 (1)** A person who may make an application for a search and seizure order may, without first obtaining the order.
- **Impact on Psychologists:** Inability to refuse access to sensitive files during an investigation, even if the psychologist believes it harms the client.
- **Impact on Clients:** The most intimate details of their lives can be legally extracted from their psychologist's office and held in a government-regulated database. Clients may feel less safe sharing openly. Therapy depends on strong privacy protections. If clients believe their records can be accessed or reviewed without a court order, they may hold back important information, which can slow treatment progress and reduce treatment success.

## **3. IMPACT ON PUBLIC SECTOR WORKERS**

These concerns may be particularly significant for individuals in public-sector roles, such as educators, law enforcement, healthcare workers, first responders, and government positions.

- **Impact:** Clients in public positions may fear that their mental health records could be shared with other licensing boards or employers, potentially creating an environment where they avoid seeking needed care to protect their privacy, or their careers.

- **Public-service workers may avoid care.** Teachers, Police Officers, Doctors, Nurses, Firefighters, Paramedics, and Government workers often depend on strict confidentiality when seeking psychological support. If they fear file access or investigation exposure of their mental health records, some may delay or avoid needed treatment entirely to protect their privacy, or their careers.

### Why This Matters?

- **For Psychologists:** These powers create an **ethical dilemma** between the duty to protect client privacy and the legal requirement to comply with "warrantless" seizures or quality assurance programs. If psychologists worry that records can be more easily and broadly accessed, it may lead to "defensive charting," where psychologists may change how they record sensitive information to protect clients, potentially impacting the quality of care.
- **The non-random Quality Assurance program** raises the possibility that certain psychologists will be selectively monitored, which could lead to discrimination against them.
- **Defensive Practice:** It may also lead to psychologists practicing defensively. The ethical dilemma combined with a fear of confidentiality and repercussion can reduce a psychologist's willingness to work with high-risk or complex clients who need the most specialized care.
- **For Clients:** If clients believe their private disclosures can be seized by a third party without a warrant, they may withhold information or avoid seeking help entirely. This erodes the **sanctity of the therapeutic relationship**, which is the single most important predictor of successful treatment.

**BCPA: Confidentiality and Privacy:** A major concern for the British Columbia Psychology Association is whether certain provisions of the HPOA might grant regulators or government officials the power to access confidential client files, potentially compromising the foundational psychologist-client privilege. ***Advocacy Update: Ongoing Dialogue and the Need for Greater Clarity. Nov. 2025***

## IV. INVESTIGATIVE AND PENALTY POWERS

The HPOA substantially expands the definition of misconduct and increases investigation powers compared with earlier legislation. It introduces penalty powers that include substantial fines and incarceration. It permits the college to shut down a psychologist's practices before a hearing of the evidence is held. It also denies psychologists the ability to appeal disciplinary decisions to a higher court.

1. **Expanded definitions of misconduct:** Registrants may be disciplined for vague concepts such as "conduct unbecoming" or bringing the profession into "disrepute" (**HPOA s. 11**). This creates anxiety, because the regulator can abuse poorly defined concepts in the disciplinary process. They may not, but they have the power to.
2. **Unwritten expectations:** Registrants "must act in accordance with... uncodified expectations and requirements." (**CHCPBC Professional Responsibilities Bylaws s. 8.3**). Thus, psychologists can be disciplined for violating unwritten rules. This creates substantial anxiety among psychologists, because the regulatory body can now discipline them on any basis they wish, for violating a rule that is not written, that does not exist.
3. **Misleading information:** Psychologists can be disciplined for providing false or misleading information. There are currently no guidelines on what is defined as misleading information, and what is necessary debate over scientific or clinical issues. (**HPOA ss. 70, 259, (CHCPBC Public Prot Bylaws s. 11.23)**)  
Positions that were accepted as universally true are now seen as false. The 'chemical imbalance' theory was promoted very widely, even though there never was any evidence that low serotonin levels caused depression. If psychologists fear being disciplined for speaking the truth, even though the majority label it as 'misinformation' then crucial information will be stifled, and the public will be harmed.

This also raises the possibility that free speech is being impinged, even though it is protected under the Charter of Rights and Freedoms under Section 2 (b) "freedom of thought, belief, opinion, and expression". Psychologists can be disciplined for disagreeing with what the government defines as 'correct information', even though free speech is guaranteed under the Charter.

4. **Sweeping investigatory powers:** Investigators can enter a registrant's office without a warrant, search the premises, and seize any records that they find there. **(HPOA s. 511)**. They can make copies of the files. **(HPOA s. 510)** They can also order anyone, including clients or colleagues to answer questions or produce records **(Bill 36 – HPOA, s.257)**.

Seizing and copying files without a warrant, and ordering testimony from anyone, allows for over-reach by the regulatory body. This raises the distinct possibility that the HPOA violates the Charter right against unreasonable search and seizure. (s.8).

5. **Incompetent Disciplinary Panels:** The panels for the Inquiry and Discipline committees have 4 people. One is a member of the public. The other 3 are registrants of the College, only one which must be a psychologist. Thus, 3 of the 4 panel members may have never taken a psychology course. Panel decisions are made by majority vote. The one person with expertise, can be outvoted. **(CHCPBC Full Bylaws. Sections 4:31 to 4:39)**.

This leads to a strong likelihood that decisions will be incompetent, because the majority of members are likely to have none or not enough understanding of complex psychological issues. Psychologists deal with high-conflict issues such as forensics, and child-custody assessments, which frequently generate complaints. Psychologists may distrust the College, because it created structural incompetence in dealing with psychologists.

6. **Judgement before hearing:** Psychologists can have their practice shut down before any hearing occurs or the evidence has been critically evaluated. **(HPOA ss. 259, 260)**.

This violates the fundamental legal assumption that a person is innocent until proven guilty, which is affirmed in the **Canadian Charter of Rights (11.d)**. This allows for abusive over-reach by the regulator, as no evidence needs to be gathered or heard before psychologists' practices can be shut down.

7. **Public Disclosure:** The public must immediately be told the psychologist's practice is shut down. This can happen before any finding of misconduct, or hearing has occurred. **(HPOA sec 256 2a)**

Client's therapy can be significantly interrupted even if the psychologist is innocent. This can be traumatic for clients, as they spend years building trust. Psychologists may find it far more difficult to get referrals, given the unwarranted loss of public trust.

8. **Severe penalties and broad discretion:** Individuals who violate certain sections of the HPOA can be given fines up to \$200,000 for individuals, \$500,000 for corporations, and imprisonment for up to two years (**Bill 36 – HPOA, s. 518**).

These criminal level punishments have created enormous anxiety among psychologists, and several have cited this as a major reason for shutting their practice.

9. **Never-ending scrutiny:** The HPOA applies even to former health care professionals. (**HPOA, s 5a**). Psychologists who have retired or resigned from the college or even moved out of the province of BC can still be subject to disciplinary proceedings. (**HPOA, s 163**).

This opens the door to over-reach by the regulator, as they can pursue psychologists for years after they have left the field.

10. **Inability to Appeal Decisions.** Psychologists cannot appeal disciplinary decisions to any other court. (**HPOA Sec 512. 3**) The only form of appeal is that registrants can ask the director of discipline to review the decision that has already been made. (**HPOA ss. 194-196**)

This is a profound source of concern to psychologists, as organizations that are not subject to review by an external party frequently become abusive. Decisions made by incompetent committees become entrenched. Criminals have the right to appeal decisions to a higher court, yet psychologists do not.

### Why this matters?

1. **Administrative burden on practitioners:** Responding to expanded investigations, documentation requests, and regulatory procedures can require significant time. This reduces the number of hours psychologists can devote to direct patient care.
2. **Workforce retention concerns:** Increased regulatory risk and investigation stress have already resulted in experienced practitioners retiring or leaving B.C. Penticton has lost 2/3 of its' psychologists. Psychologists are already avoiding high-risk practice areas, which can reduce service availability. Some are also refusing to take on new clients, or plan to retire early.

3. **Workforce growth concerns:** Young psychologists may be very reluctant to practice in B.C. Other provinces offer regulation by psychologists who understand the complexities of their profession, rather than people who have never taken a psychology course. They also allow psychologists to choose their regulators through elections, rather than having the government impose them. This allows them to shape the direction of their profession. In other provinces, the regulatory codes are clearer and are more constrained in their investigative and disciplinary powers. Psychologists in other provinces can also appeal to higher courts.

## V. COMPELLED REQUIREMENTS

The HPOA gives regulators the authority to require certain actions from psychologists as conditions of licensure or professional compliance. These are unique to British Columbia, and do not exist in any other Canadian jurisdiction.

### VIOLATION OF THE PRINCIPLE OF INFORMED CONSENT

- **Compelled assessments or treatment**

Psychologists can be required to undergo assessments, provide tissue samples, participate in therapy or education, or meet health-related licensing conditions (**HPOA ss. 49, 146, 200**).

This is a violation of informed consent, in that any assessment or treatment must be entered into on a voluntary basis, free of coercion. Yet the regulator can coerce psychologists into a variety of interventions.

- **Vaccination conditions**

Vaccination can be set as a licensing requirement (**HPOA s. 49**), and standards can be adopted from external bodies (**HPOA s. 533**). Practitioners must comply with all aspects of the act (**HPOA s. 68**), and refusal can affect licensing (**HPOA ss. 210, 212**).

This is a violation of informed consent. If a registrant chooses to decline for personal health or religious reasons, they can be denied a license to practice. Even if they may be able to practice safely through video-conferencing.

## VIOLATION OF PRIVACY

- **Mandatory reporting of personal matters**

Psychologists must report certain legal or financial events, such as arrests or bankruptcies. They also have to report lawsuits related to their practice. (**CHCPBC Prof. Resp. Bylaws s. 8.13**). They must also report personal information to the regulatory body. (**HPOA s.78**). The regulator can ask anything they want, as there are no constraints on the personal information that can be required.

This is a violation of the fundamental right to privacy, as these reporting requirements are far in excess of what employees in B.C. are obligated to tell their employer. There is no rationale or need for asking this personal information, such as about bankruptcies. It also raises concerns about how this information will be used, and whether it will create bias by the regulator for or against some psychologists based on their personal information.

## VIOLATION OF LEGAL RIGHTS

- **Mandatory reporting on colleagues**

Psychologists must give testimony about their colleagues even when there is no evidence of wrongdoing. (**CHCPBC Qual. Assur. Bylaws ss 10.12 a, 10.13**).

Consultation with colleagues was encouraged in the former ethical codes for psychologists because it assists with the care of clients. (CPBC Code of Conduct 3.21).

Compelling speech may be a violation of the right to remain silent, which is protected in the Canadian Charter (ss. 7 and 11.c). Knowing that psychologists that you consult with can be ordered to testify about your practice can create ethical and professional tension. Psychologists may be hesitant to consult with their colleagues as a result.

The decrease in consultation due to compelled testimony in HPOA can result in a lowering of the quality of care to clients.

## Why this matters?

- **Government Overreach:** The regulator is intruding on the rights to informed consent, privacy, and silence. It is over-reaching what is needed to regulate health care professionals. Previously, there was an assumption that the lengthy training and supervision of psychologists had created competent professionals. The previous regulator verified credentials and continuing education and responded to complaints. It was not designed to intrude on the private lives of psychologists, compel them to testify against each other, or force excess interventions on them.
- **Difficulty attracting new professionals:** This substantial intrusion of the B.C. regulator into the private lives and freedoms of psychologists may make new psychologists quite reluctant to practice in the province. They have other provinces and territories to choose from, and may prefer freedom, over unwarranted intrusion.

## VI. A SUMMARY OF RISKS TO CLIENTS AND THE PROFESSION

**The changes introduced under the Health Professions and Occupations Act (HPOA)** create several potential risks for both clients and the psychology profession in British Columbia. While the stated goal of the Act is public protection, psychologists are concerned that some structural changes may have unintended consequences that can affect care delivery, professional stability, and public trust.

**For clients,** confidentiality is central to effective therapy. Broader investigative powers and expanded authority to access records may cause some individuals to feel less secure when sharing sensitive personal information. If clients hold back details out of fear that their information could be accessed or circulated, treatment outcomes can suffer.

The public relies on expert assessments that, in many cases, only psychologists are qualified to provide. Matters such as ICBC or WorkSafeBC compensation claims, brain injury evaluations, employability assessments, child custody decisions, and diagnoses of autism or learning disabilities depend on this specialized expertise. If psychologists restrict or close their practices, these assessments may be delayed or unavailable. Without timely evaluations, individuals may face financial hardship or loss of access to their children—circumstances that can lead to severe distress and, in some cases, suicidal risk.

There is also concern that psychologists may be reluctant to accept complex or high-risk cases due to increased regulatory exposure. This can limit access to specialized services for individuals who need them most. If experienced practitioners retire earlier, reduce their hours, or relocate to other provinces, wait times for care may increase further in an already strained mental health system.

**For the profession**, the shift away from elected governance toward fully government-appointed boards, without guaranteed psychology representation, reduces direct professional voice in regulatory decisions. Expanded investigative authority, interim suspensions before hearings, and strong penalties create greater professional uncertainty and administrative burden. Time and resources devoted to regulatory compliance reduce time available for patient care. It also contributes to feelings of distrust, uncertainty, and disconnection in psychologists' relationship with the College that governs them. Over time, increased regulatory risk and reduced professional autonomy **may discourage students from entering the field** and may **encourage experienced psychologists to retire early, relocate, or narrow their scope of practice**.

**Taken together**, these risks raise concern that the combined effect of the HPOA changes could reduce trust in the therapeutic process, strain the psychology workforce, and limit access to timely, high-quality psychological care for people in British Columbia.

## A COLLABORATIVE PATH FORWARD

The HPOA addresses areas that had been neglected in previous regulation. It makes a contribution by addressing racism and discrimination, giving support to those harmed by professionals, and regulating all mental health professionals. Psychologists want to improve the regulation of mental health practitioners. This means collaborating with the government to significantly include the input and expertise of psychologists.

### HPOA CONTRIBUTION

#### **Anti-discrimination provisions:**

Psychologists acknowledge that the HPOA made an important contribution by including provisions related to Indigenous Cultural Safety and anti-discrimination. Psychologists are committed to advancing truth and reconciliation between the profession and Indigenous peoples, and to strengthening culturally responsive and respectful care. At the same time, there is concern that key terms—particularly what constitutes discrimination—have not

been clearly defined in the legislation. This lack of clarity is significant given the strong disciplinary powers attached to the Act. If a psychologist is found to have discriminated, even inadvertently, they may face formal complaints, public reprimand, mandated remediation, practice restrictions, or loss of licensure. Clear definitions and practical guidance are therefore essential to ensure fairness, consistency, and due process for both the public and the profession.

### **Support for victims of professional misconduct**

The HPOA also made a contribution by setting up support programs for people who experienced sexual abuse, or significant discrimination by the health care professionals that it regulates. This section of the HPOA facilitates the recovery of complainants from harm.

### **Overdue Regulation of Mental Health**

Psychologists in B.C. also welcome regulation in the field of mental health. Individuals who have no training, or even criminal convictions, can call themselves ‘counsellors’ or ‘psychotherapists’. <sup>11</sup> The public is not aware that there is no effective regulation of these individuals. Psychologists consider regulation of mental health professionals to be essential for the protection of the public, and delivery of effective help.

## **PATH FORWARD**

We respectfully invite the engagement and support of policymakers, professional bodies, regulatory leaders, health-sector organizations, and advocacy groups in the following areas:

### **1. Facilitating cross-sector collaboration**

Encourage open dialogue among provincial associations, regulators, legislators, ministries of health, professional organizations (including the Canadian Psychological Association and the British Columbia Psychological Association), and public-interest groups to explore balanced regulatory approaches that protect both accountability and professional integrity.

### **2. Creation of a College of Mental Health Professionals**

A major concern for psychologists is that they were combined with 8 other professions that have no knowledge of psychology. The professionals would be better regulated, and the

public more effectively protected, if a college was created that consisted of psychologists, counsellors, and psychotherapists. The bylaws and policies would be created from profession specific knowledge, rather than attempting a one-size fits all approach that attempts to cover professions as diverse as opticians, physiotherapists, and psychologists.

### 3. **Supporting a measured implementation review**

Consider advocating for a delay or phased implementation of the HPOA and associated bylaws to allow for comprehensive review, meaningful consultation with affected professions, and careful evaluation of potential impacts on client care, confidentiality, and workforce stability.

### 4. **Collaborative advocacy and policy refinement**

Work together to identify legislative or regulatory amendments that ensure modernization efforts do not compromise ethical standards, clinical independence, or the accessibility and quality of psychological care in British Columbia.

Our shared objective is to ensure that modernization efforts achieve these important goals while preserving the ethical, clinical, and professional conditions necessary for effective psychological care.

## AN APPEAL FOR COLLABORATION

**Psychologists for ethical care and governance** support strong public protection and high standards of mental health care in British Columbia.

While the Act has now been passed, legislation is not beyond reconsideration. We respectfully ask policymakers and the public to work with us to carefully review the Health Professions and Occupations Act and pursue meaningful amendments — that may unintentionally affect confidentiality, fair governance, and access to psychological services. Or, if necessary, a complete repeal and replace provision of the Act.

Thoughtful reforms include stronger privacy protections, meaningful psychology representation, and clear procedural safeguards, which can better balance public safety with professional expertise. We welcome immediate, constructive dialogue with policymakers and partners to uphold shared principles of ethical practice, public protection, and high-quality mental health care for present and future generations, while ensuring a stable, fair, and sustainable practice environment for both current psychologists and those preparing to enter the profession in BC.

## HOW CAN YOU HELP?

### TAKE ACTION

If you share concerns about the HPOA, you can:

- **Contact your MLA and the Minister of Health** to request a formal legislative review and targeted amendments. <https://www.leg.bc.ca/contact-us/mla-contact-information>
- **Submit written feedback** to the Ministry of Health outlining how changes may affect access to psychological services and how it affects you and your family. <https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/health/ministry-contacts>
- **If you are a public sector worker (health, education, justice, social services)**, ask your union, professional association, or employer to formally review the HPOA's impact on service delivery and to submit a written position or request for legislative reconsideration to the Ministry of Health.
- **If you are an MLA or policymaker**, work on behalf of psychologists and the public to bring forward these concerns within caucus, request committee review or public hearings, and advocate for targeted amendments to be introduced for legislative reconsideration.
- **If you are a Psychologist in British Columbia** contact your MLA to request a formal legislative review and targeted amendments. Join this independent group of psychologists in BC to stay informed and support in any way that you can.
- **If you are an Advocacy group for the Repeal of the HPOA**, collaborate with us for a unified voice.

Thoughtful legislative refinement will help ensure accountability, clarity, and fairness—while safeguarding access to high-quality psychological care for the people of British Columbia.

## CONTACT INFORMATION

**Visit our website** for information and updates: [www.hpoa-psychologists.com](http://www.hpoa-psychologists.com)

Questions, Collaboration or Media Inquiries: **Email:** [hpoa.psychologists@gmail.com](mailto:hpoa.psychologists@gmail.com)

**DISCLAIMER:** Psychologists for Ethical Care and Governance is an independent group of registered psychologists in British Columbia. The views expressed in this document reflect the perspectives of the individual members of this group only. They do not represent the official position of the College of Health and Care Professionals of BC, any regulatory body, employer, professional association, or government agency. This document is intended to support informed discussion and public awareness and does not constitute legal advice or legal interpretation. Cited information is accurate as of February 2026.

## REFERENCES

### **HPOA**

Bill 36 – 2022, Health Professions And Occupations Act - HPOA – 3<sup>rd</sup> Session, 42 Parliament (2022)

THIRD READING:

<https://www.bclaws.gov.bc.ca/civix/document/id/bills/billsprevious/3rd42nd:gov36-3>

### **COLLEGE OF HEALTH AND CARE PROFESSIONALS OF BC (CHCPBC):**

<https://chcpbc.org/legislation/hpoa/>

### **NEW BYLAWS (CHCPBC)**

<https://chcpbc.org/wp-content/uploads/2025/12/2025-12-09-CHCPBC-Draft-Bylaws-Consolidated.pdf>

**HPA** (Former Act, no longer in effect)

[https://www.bclaws.gov.bc.ca/civix/document/id/consol29/consol29/00\\_96183\\_01](https://www.bclaws.gov.bc.ca/civix/document/id/consol29/consol29/00_96183_01)

**COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA (CPBC)** (Former college)

**CPBC CODE OF CONDUCT** - September 1, 2014 (Former code of conduct)

### **DOCTORS OF BC**

<https://www.doctorsofbc.ca/advocacy-policy/advocacy/health-professions-occupations-act>

### **BRITISH COLUMBIA PSYCHOLOGY ASSOCIATION (BCPA)**

<https://psychologists.bc.ca/>

**BCPA Advocacy Update: Ongoing Dialogue and the Need for Greater Clarity**

<https://psychologists.bc.ca/news/advocacy-update-ongoing-dialogue-and-need-greater-clarity>

### **British Columbia Nurses Union**

<https://www.nnpbc.com/pdfs/advocacy/advocacy-discussion/issues-briefs/IB-Health-Professions-Occupations-Act-2024-Update.pdf>

**Charter of Rights:** <https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccd/ressources-ressources.html#copy>



## FOOTNOTES

1. Suicide rates Statistic:

<https://www.injuryresearch.bc.ca/injury-priorities/youth-suicide-and-self-harm>

2. House of Commons: Legislative Closure:

[https://www.ourcommons.ca/procedure/procedure-and-practice-3/ch\\_14\\_2-e.html#:~:text=Closure%20is%20a%20procedural%20device,speak%20have%20not%20done%20so%E2%80%9D](https://www.ourcommons.ca/procedure/procedure-and-practice-3/ch_14_2-e.html#:~:text=Closure%20is%20a%20procedural%20device,speak%20have%20not%20done%20so%E2%80%9D)

3. House of Commons Procedure and Practice, Third Edition 2017. Chpt 14. The Curtailment of Debate. & Standing Orders of the Legislative Assemblies of British Columbia.

[https://ppbc.leg.bc.ca/standing\\_orders.html](https://ppbc.leg.bc.ca/standing_orders.html)

4. Doctors of BC call for immediate pause of the HPOA:

<https://www.doctorsofbc.ca/advocacy-policy/advocacy/health-professions-occupations-act>

5. Original Board Member Composition (CHCPBC):

<https://chcpbc.org/2024/06/06/minister-of-health-appoints-board-members-for-new-college/>

6. CHCPBC Board:

<https://chcpbc.org/about/#board>

7. BCPA Advocacy Update: Ongoing Dialogue and the Need for Greater Clarity. Nov. 2025:

<https://psychologists.bc.ca/news/advocacy-update-ongoing-dialogue-and-need-greater-clarity>

8. Article: The BC Catholic – Doctors speak out against bill 36 as a violation of conscience rights:

<https://bccatholic.ca/news/catholic-van/catholic-doctors-speak-out-against-bill-36-as-a-violation-of-conscience-rights>

9. Article: Pique News Magazine – BC’s new health care bill is a shameful travesty:

<https://www.piquenewsmagazine.com/maxed-out/maxed-out-bcs-new-health-care-bill-is-a-shameful-travesty-6396731>

10. John Rustad Quote – repeal Bill 36: 2023, Feb 8). Presenting Petitions: Repeal of Bill 36. Official Report of Debates of the Legislative Assembly (Hansard), 42nd Parl., 4th Sess., Vol. 33, No. 3, p. 11981.

<https://www.facebook.com/johnrustadbc/videos/i-had-the-honour-of-presenting-a-petition-to-repeal-bill-36-the-health-professio/925196521951625/>

11. Article: No training ‘counsellors’ ‘psychotherapists’ <https://www.cbc.ca/news/canada/british-columbia/bc-therapist-fraudulent-degrees-discipline-1.5796266>



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