

Questions for BC Conservative Party MLAs to raise about the Health Professions and Occupations Act (HPOA)

A. Questions from Dr. York Hsiang

1. In 2024, BC spent \$47.5B or 57% of the province's budget on health care. What did British Columbians receive for that enormous amount of money spent? There is still over 1M British Columbians without a family doctor; many departments and hospitals have closed either temporarily or permanently due to lack of healthcare staff. When will the government evaluate and inform the people of British Columbia its plan to address these ongoing fundamental requirements despite spending 2/3 of its budget on healthcare? Where is all the money going?
2. To modernize healthcare, each healthcare region has purchased and implemented electronic healthcare records (EHR) at costs ranging from multimillions to even \$1B. But, these different systems do not "talk" to each other. Why was there no agreement on using a single EHR like in Alberta rather than foolishly allowing each healthcare region to purchase its own system without consideration as to whether information could be transferred to another healthcare region when a patient's health is on the line during urgent patient transfer?
3. The EHRs have cost healthcare regions multimillions to \$1B. All healthcare personnel must now directly enter all orders and notes into the EHRs. Those not computer savvy such as those of the boomer generation chose to retire early than learn a brand new system. There has been a drastic reduction of highly experienced healthcare workers who have left because of this. So after spending multimillions to even \$1B dollars, each hospital region has lost senior experienced staff. What was the original purpose of the EHRs? Will the government evaluate the impact of EHRs to let the people of British Columbia know what benefit they received while senior hospital staff chose to retire early?
4. At the final Legislature session of 2022, the NDP invoked closure to pass Bill 36 which has become the HPOA when only 223 of 645 Sections had been read and debated by members of the Legislative Assembly. The HPOA is the most draconian legislation to control healthcare workers in BC. There is no equivalent legislation anywhere else in Canada or North America. Under the HPOA, all healthcare personnel are considered as potential felons, the government will be setting the standards, and acts of misconduct can lead to unannounced entry into doctors' offices to seize patient records which jeopardize patient confidentiality. Healthcare workers found not by courts of law, but by tribunals, to have committed disciplinary offences, can be punished with license revocation or suspension, closure of practices, and heavy fines. Those charged with offences face huge fines and incarceration. Because this legislation exists nowhere else in Canada, and BC lacks doctors and nurses, how does the HPOA improve recruitment or retention of much needed doctors or nurses? Why would any doctor or nurse come to BC knowing that the HPOA is active?
5. The HPOA, by claiming to benefit patient safety, has collapsed 21 health colleges into 6. Each College Board will have its members appointed by government so the self-governing role of each College will no longer exist. How does this benefit patients? Is the government more capable than healthcare practitioners when it comes to health?

B. Questions from Dr. Steven Pelech

1. Health care waits for specialists have further increased. How is the government going to fix this problem?
2. How can we improve the general health of British Columbians so they don't get sick in the first place?
3. The use of MAID for assisted death has increased. Will the Federal government extend it to those under 18 years of age and with mental health issues such as anxiety and depression? How is the BC government going to weigh in on this?
4. How are we assisting drug addicts to overcome their addictions, and with the closing of the Ministry of Mental Health and Addictions, is this signaling a lower priority for the government?
5. The University of BC has become a major centre for mRNA vaccine research and development in Canada. Will this be a major bust as data continues to mount about the poor efficacy and major health risks associated with the technology?
6. Will BC, like Alberta, discourage the use of puberty blockers and life altering gender surgery to people under 18 years of age, that usually result in loss of reproductive capability and sexual pleasure?
7. Should we have max vaccination of children in schools with vaccines like HPV, which have not been demonstrated to reduce the occurrence of cervical cancer in the most common age group (30 to 50 years of age), in controlled studies?
8. MLA's should request data on all of these and other health-related matters, and encourage debate amongst those that are pro- or con- on these issues in accessible open forums so that they can get a better sense of what the benefits and problems are with various strategies. They should not be relying on information that is carefully cherry-picked by experts who are often conflicted.

C. Questions from Gail Davidson

1. What is the justification for the Health Professions and Occupations Act (HPOA) given that the HPOA:
 - Has never been subject to the notice, consultation, transparency, access to information, debate and consensus required in a democracy including consultation with and informed debate by health care workers, the Legislative Assembly, or the 5 million residents of BC in need of access to ethical personalized medical care; and,
 - Was improperly passed by the NDP government by invoking closure when only 223 of 645 sections had been reviewed and debated by Members of the Legislative Assembly; and,
 - Lacks a statutory purpose; and,
 - Does not contain measures to respect, protect and ensure rights to deliver and receive health care that is timely, personalized, confidential and consent-based;

2. What is the evidence that it was (and is) necessary or beneficial to health, under the HPOA to:
- 2.1 Abolish democratic governance of the health professions and occupations and impose governance by political appointees not required by law to be competent or accountable;
 - 2.2 Delegate law making powers to political appointees whose decisions will not be subject to appeal (i.e. a challenge of the decision itself), but only to a review of the legality of the decision-making process;
 - 2.3 Authorize adoption as law in BC of any law made anywhere by any state and any rule adopted by any organization anywhere;
 - 2.4 Authorize the Minister of Health and Cabinet to make appointments of people without notice to, consultation with, or oversight by the public, health care workers, or the Legislative Assembly;
 - 2.5 Authorize appointees to make appointments of people with authority over health care workers;
 - 2.6 Create acts of misconduct and criminal offences that violate the principles of legality and predictability e.g. “providing false or misleading information to patients or the public” is both an act of misconduct (s. 70 (2) (g)) and a criminal offence (s. 514 (2) (b));
 - 2.7 Make rules regarding: informed consent (s. 72 (3) (b)); ethical standards (ss. 70 (2), 361); what health care services can be provided, by who, to whom (s. 72 (3) & 73 (b)), and in what locations (s. 72 (4) (a)).
 - 2.8 Empower appointees to mandate vaccination for ‘transmissible disease’ as a condition of licensing and employment. Sections 49 (1) (b) (v) and 49 (3) (f)
 - 2.9 Authorize (ss. 325-340) the minister and the provincial health officer to make emergency orders without complying with requirements of necessity, notice, legitimacy, proportionality and temporariness.
 - 2.10 Authorize appointees to suspend licenses to practice without notice to the practitioner and before a complaint has been investigated or determined
 - 2.11 Authorize appointees to suspend a license to practice without notice to the practitioner and before a complaint has been investigated or determined
 - 2.12 Authorize violation of privacy rights without prior notice or hearing;
 - 2.13 Allow broad and subjective interpretation of what constitute public health emergency (see s. [325](#) and Public Health Act s. [52](#) (2)) and
 - 2.14 Authorize the Minister and public health officer to make emergency orders without the competence to assess the lawfulness, necessity, legitimacy, or proportionality of emergency orders, or to identify measures capable of delivering benefit, limiting harm, and complying with domestic and international law.
 - 2.15 Authorize the Minister and the public health officer to impose emergency orders without notice and access to the information needed to assess justification and

- without consultation with health care professionals, emergency specialists, the Legislative Assembly, or other informed, competent or impacted parties.
- 2.16 Impose severe penalties for acts of misconduct that include temporary or permanent loss of licenses to practice and employment and for criminal offences, fines up to \$500,000, imprisonment up to 2 years (s. 518), and additional penalties for each day that the offence continues ([517](#))
- 2.17 Shield appointees from accountability and prevent or restrict remedies for violations by appointees of protected rights, laws or established democratic principles. For example The HPOA grants exclusive jurisdiction to inquire into, hear, and determine all questions of fact, law, and discretion under the HPOA to the health occupation director, director of discipline, discipline panel, and Health Professions Review Board, all of whom are appointees. whose decisions are “final and conclusive and not open to question or review in any court.”(s. [512](#)). Examples of delegation of decision-making to appointees include powers to:
- i/ a health occupation director to determine misconduct complaints and impose discipline (ss. [230](#) to [232](#)), and to make bylaws or rules “in addition to any imposed under this Act” (s. [530](#) (a) (ii));
 - ii/ the Discipline panel to conduct and set rules for disciplinary proceedings (ss. [173](#) to [189](#));
 - iii/ the Director of Discipline to issue citations and appoint discipline panels (ss. [161](#) to [170](#)); and,
 - iv/ the Health Professions Review Board to conduct reviews (ss. [310](#) fllg), make orders (s. [319](#)), and make recommendations to the superintendent on policies, discipline processes, and investigations.
- 2.18 The HPOA was passed and received Royal Assent on 24 November 2022. Implementation was not completed as predicted by June, 2024 and no specific date has been predicted when the HPOA will be declared in force. What is the current expected date?
- 2.19 What has been the cost to date of implementation of the HPOA? We are aware that funds have been assigned to pay for the work of appointees, civil servants and contractors. 2024.
- 2.20 Why was Allan Seckel K.C. appointed in July 2023 to lead the amalgamation of colleges and to 2023 to lead the amalgamation process and to “exercise the powers and to perform the duties of the board of each of the colleges”? Mr. Seckel is not and has never been a medical professional or administrator. At the time of appointment and perhaps now, he holds many high level decision and policy making powers over public services and the allocation of public money. Mr. Seckel, at the time of appointment was, Chair of: Legal Aid BC, Chair of BC Housing, Chair of WorkSafe BC’s Fair Practices Commission, Director of ICBC, and Director of Translink. In addition, Mr. Seckel was Chair of the Cross Jurisdictional Technical Advisory Group, formed in April or May 2020 to assist the BC Justice COVID-19 Response Group and the federal Action Committee on Court Operations in Response to COVID-19.

- 2.21 What are the costs to date and the anticipated costs of amalgamation? Including but not limited to the following costs: 5.125 million allocated for the initial cost of amalgamation. Payments to Allan Seckel and to any corporations owed in whole or in part by Mr. Seckel for work related to amalgamation; 4.5 million allocated to a private organization, the Society of BC Health Regulators to create by-laws for the new colleges, policies, to ensure incorporation of the guiding principles, and to review complaint processes, licensing and quality; of remuneration, benefits and expenses for appointees including: Brian Westgate, appointed as the Acting Executive Director of the Office of the Superintendent; Brian Westgate's team; and, Sherri Young has been appointed as the HPOA Superintendent to lead the Office of Superintendent of Health Professions and Occupations Oversight.
- 2.22 Will these costs or any of them be billed to licensed health professionals and health occupations?
- 2.23 What is the anticipated annual operation cost of the HPOA and who will pay those costs?
- 2.24 Why was Brian Westgate, a career civil servant with a Bachelor degree in Forestry appointed as the Acting Executive Director of the Office of the Superintendent?
- 2.25 Why was Sherri Young, a career bureaucrat with Ms Young is a career bureaucrat with no disclosed education in medicine, health or law, appointed as the HPOA Superintendent to lead the Office of Superintendent of Health Professions and Occupations Oversight?