To: Executive Director, Professional Regulation and Oversight, Ministry of Health
Email: PROREGADMIN@gov.bc.ca
Re: Proposed changes to Scope of Practice for Regulated Health Professions under the Health Professions and Occupations Act (HPOA)
From: BC College of Family Physicians (BCCFP) and College of Family Physicians of Canada (CFPC)
Date: March 31, 2026

Executive Summary

On behalf of over 8,000 family physicians across British Columbia and more than 37,000 across the rest of Canada, the BC College of Family Physicians (BCCFP) and the College of Family Physicians of Canada (CFPC) appreciate the opportunity to provide input on the proposed scope of practice changes for regulated health professions under the Health Professions and Occupations Act (HPOA).

The BCCFP and CFPC support family physician-led team-based care in a model aligned with the Patient Medical Home (PMH)[1] vision for family practice in Canada that enables all health professionals to work to the top of their scope, recognizing their defined roles and competencies acquired through existing training.

However, scope expansion is not a substitute for sustainable system design. In the absence of integrated digital infrastructure, clear clinical leadership based on accurate terminology[2], defined care pathways, and sufficient system capacity, these changes risk increasing fragmentation, administrative burden, and costs, while undermining continuity of care.

Family physicians are specialists in comprehensive, longitudinal, and relationship-based care[3], providing the majority of medical services across Canada[4] and serving as the most responsible

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[1] Patient Medical Home https://patientsmedicalhome.ca/files/uploads/PMH_VISION2019_ENG_WEB_2.pdf
[2] BCCFP Importance of Terminology Statement https://cdn.sanity.io/files/ljmbyaeb/production/454fd6243da56f7971318be82b820c7fdc94f086.pdf
[3] CFPC Value of Family Physicians https://www.cfpc.ca/CFPC/media/Resources/Health-Policy/CFPC-2024-Value-of-Fam-Physicians-EN.pdf
[4] Canadian Institute for Health Information. National Physician Database — Payments Data, 2020–2021. Table A.2.1: https://www.cihi.ca/en/national-physician-database-npdb-metadata

providers for 90% of patients across the province[5]. Their role in coordinating care across providers and settings is foundational to a high-functioning primary care system. Family physician-led team-based care is essential to enhance the accessibility of care to meet the diverse needs of communities without compromising continuity and equity.

While some proposed changes appropriately align scope with existing training and may reduce duplication (for example, audiology-related changes), others – particularly those involving expanded prescribing authority, diagnostic authority, and imaging referrals – introduce significant concerns related to continuity of care, patient safety, system capacity, and accountability.

Importantly, expanding scope across multiple health care professionals does not address the underlying driver of access challenges in British Columbia: a lack of attachment to a longitudinal family physician. Many patient presentations require comprehensive assessment, diagnostic work-up, and ongoing management. Without this foundation, there is a risk that care is delivered in fragmented or episodic settings that are not designed to support continuity, coordination, or accountability for outcomes.

To ensure these proposed scope changes strengthen rather than destabilize primary care in British Columbia, the BCCFP and the CFPC recommend that implementation be guided by five key principles:

1. **Define clear clinical leadership and accountability**, recognizing the irreplaceable role of family physicians in excellent patient outcomes.
2. **Reduce, rather than redistribute, administrative burden** through streamlined workflows, clear follow-up expectations, and investment in coordination supports.
3. **Prioritize system readiness** by advancing interoperable digital infrastructure and coordinated care pathways alongside any scope changes.
4. **Protect clinical quality and system capacity** by aligning expanded authorities with training, evidence-based guidance, and available resources.
5. **Align changes with a cohesive long-term vision for primary care** that strengthens longitudinal, relationship-based care and supports workforce sustainability.

[5] CARGA Report https://news.gov.bc.ca/files/CARGAPrimaryCareReport1.pdf

1. Clear Clinical Leadership and Accountability Are Essential

Effective team-based care depends on defined clinical leadership, expertise in managing complexity, and accountability.

Family physicians are uniquely trained to manage complexity[6], provide longitudinal care, and coordinate across providers and settings. This role is strongly reflected in public trust: Canadians report high levels of comfort receiving care from a family physician they have an ongoing relationship with, including for minor health concerns (94%), managing chronic conditions (93%), diagnosing new health issues (93%), and major health concerns (91%)[7].

Expanding scope across multiple providers without clearly defined roles introduces uncertainty regarding clinical responsibility, follow-up, and liability. Family physicians may be expected to assume responsibility for care they did not initiate, increasing administrative workload and legal risks.

Scope expansion should be implemented within a framework that explicitly defines accountability and reinforces physician-led team-based care for continuity.

2. Administrative Burden and Workforce Sustainability Must Be Addressed

There is a significant risk that these changes will increase administrative burden rather than reduce it.

In a recent BCCFP member survey, over 90% of respondents indicated that reducing administrative burden would improve retention and sustainability of longitudinal family practice. Similarly, 92% identified administrative burden reduction as a key factor in improving retention.

Expanding ordering and prescribing authority across multiple providers will generate increased volumes of test results, follow-up requirements, and care coordination responsibilities.

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[6] CFPC Value and Volume of Family Physician Services https://www.cfpc.ca/CFPC/media/Resources/Health-Policy/Value-and-Volume-of-Family-Physician-Services.pdf
[7] CFPC Public Polling https://nanos.co/wp-content/uploads/2025/03/2025-2767-CFPC-Survey-Populated-report-Final.pdf

When diagnostic work-up or treatment is initiated across multiple settings without clearly defined pathways, responsibility for interpretation, follow-up, and ongoing management frequently returns to family physicians. This can create duplicative or circular workflows that increase administrative burden and costs to the system, without meaningfully improving access to timely care.

Without clear definitions for who is ultimately responsible for patient care and fragmented digital infrastructure, these changes risk reducing family physician capacity even further thereby undermining workforce sustainability.

3. System Design and Digital Infrastructure Must Precede Scope Expansion

With 85% of physicians identifying the health system (including referral forms and testing requisitions) as creating the most unnecessary administrative burden[8], expanding scope without addressing underlying system infrastructure will not achieve the intended improvements in access or efficiency.

As highlighted in our CARGA Report responses, fragmented digital systems and workflows remain a significant barrier to coordinated care. BC currently lacks interoperable EMRs and reliable mechanisms for real-time information sharing across providers. In a recent member survey, 84% of family physicians reported duplication in medical imaging or testing due to fragmented digital infrastructure.[9]

In this context, expanding prescribing authority, diagnostic access, and imaging referrals risks further fragmenting care, increasing duplication, and reducing continuity.

Digital enablement is not only a system efficiency issue, but a workforce stabilization strategy. Without integrated records, standardized workflows, and clear care pathways, scope expansion will add complexity rather than improve access.

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[8] CFIB/CMA Losing Doctors to Deskwork Report https://digitallibrary.cma.ca/link/digitallibrary1478
[9] BC College of Family Physician and BC Family Doctors Red Tape Awareness Week Survey - https://cdn.sanity.io/files/ljmbyaeb/production/16ec52abbb913245d4c101301cb1ee15fa97f001.pdf

A coordinated implementation plan that prioritizes interoperability, shared records, and integrated care pathways is essential.[10]

4. Clinical Safety, Appropriate Use, and System Capacity Must Be Safeguarded

Several proposed changes involve expanded authority for diagnosing, prescribing, and ordering diagnostic tests. These activities require significant clinical training, experience, and diagnostic reasoning.

Variability in training and clinical exposure may impact diagnostic accuracy and appropriate use of investigations, with downstream implications for patient safety, system costs, and care escalation.

Importantly, expanding who can order imaging does not increase the availability of imaging resources, including equipment, technologists, and radiologists. Without addressing these capacity constraints, increased ordering authority is likely to further extend wait times.

These changes should be supported by clearly defined training and certification standards, evidence-based clinical guidelines, increased imaging resources and system-level modelling of demand, cost, and outcomes prior to implementation.

5. Scope Expansion Must Align with a Long-Term Vision for Primary Care

Scope expansion is being positioned, in part, as a response to access challenges that are fundamentally driven by insufficient family physician capacity.

While these changes may offer localized or short-term improvements, they do not address the underlying need for more family physicians, the sustainability of comprehensive practice, or the administrative burden that limits capacity.

We recognize the importance of strengthening existing services, focusing on quality, and supporting longitudinal, relationship-based care. Without alignment to a clear long-term vision,

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[10] Unlocking Connected Care submission by the Digital Health Interoperability Task Force
https://policybase.cma.ca/viewer?file=%2Fmedia%2FBriefPDF%2FBR2026-07.pdf#page=1

there is a risk that care becomes more episodic, and accountability for patient outcomes is weakened.

Continuity of care has been shown to significantly improve a patient's health and decrease the acuity and cost of their interactions with the health care system[11]. Receiving care across multiple disconnected settings increases the likelihood of a fragmented system that lacks essential information sharing.

Scope expansion should be implemented as part of a broader, coordinated strategy that prioritizes truly connected team-based care and includes investment in family medicine training, recruitment and retention to achieve a stable, sustainable system.

Conclusion

The BCCFP and the CFPC assert that scope of practice reform achieves best results when supported by family physician-led team-based care, aligned with the PMH vision for family practice in Canada.

We support a primary care system where all health care professionals work to the top of their scope in a connected, integrated environment, recognizing clearly defined roles and competencies, to contribute meaningfully and efficiently to patient care and where collaboration is the aim, not substitution.

We reiterate that scope expansion alone is not a substitute for effective system design. Without clear clinical leadership, defined care pathways, and integrated digital infrastructure, these changes risk increasing fragmentation, system costs, and administrative burden rather than improving patient access and outcomes. Patients across British Columbia are better served by an established, well-connected interprofessional team of health care professionals, led by family physician expertise.

The BCCFP and the CFPC urge the Ministry to take a coordinated, system-level approach and would welcome the opportunity to work collaboratively to ensure these changes strengthen patient care in British Columbia. We also wish to express our support for the submissions made

[11] CFPC Value of Continuity Report https://www.cfpc.ca/CFPC/media/Resources/Health-Care-Delivery/Continuity-of-Care-one-pager-ENG-Final.pdf

by BC Family Doctors, Consultant Specialists of BC, and Doctors of BC. Taken together, these submissions represent a unified voice from across BC's physician community, and we urge the Ministry to recognise the weight of that consensus in its deliberations.