



REGULATORY REPORT FORM

for licensees

The [*Health Professions and Occupations Act*](#) outlines circumstances in which licensees (and non-licensees, in some cases) must submit a regulatory report with respect to another licensee. Please visit [our website](#) for information about who must submit a regulatory report, and when.

To confirm the person you are making a regulatory report about is a CHCPBC licensee, please check the CHCPBC [Public Registry](#).

You must provide your name and contact information when submitting your report. However, CHCPBC will not share your personal contact information (i.e., personal email address, phone number, home address) with the licensee. For more information regarding CHCPBC’s collection, use, and disclosure of personal information, please see our [Privacy Notice](#).

While regulatory reports cannot be made anonymously, you may apply for an Identity Protection Order, which may keep your name and/or details about you confidential from the licensee you are reporting and/or other parties. For more information about Identity Protection Orders, please visit [our website](#).

If you have any questions about filling out this form or making a regulatory report, or need any assistance to do so, please email complaints@chcpbc.org or call CHCPBC at 604-742-6715.

When you have completed this form, please send it by email to complaints@chcpbc.org. If you have additional information and evidence to submit to CHCPBC that does not fit within this form, please attach it to your email.

Your details

Title (e.g., Mr., Ms., Mx., Dr.): _____ **Pronouns:** _____

First name: _____ **Last name:** _____

Preferred name: _____

Profession: _____ **Licence number:** _____

Place of employment: _____

Address: _____ **City:** _____

Province: _____ **Postal code:** _____ **Country:** _____

Phone: _____ **Email:** _____



Who are you making a regulatory report about?

Provide the details of the health professional you are reporting below:

Name: _____

Profession: _____ **Licence number (if known):** _____

Place of employment (if known): _____

- I understand that, with limited exceptions, the CHCPBC licensee I am making a regulatory report about will be given a copy or summary of my report, including my name, but not my personal contact information.
- I understand that if I wish to keep my identity confidential from the CHCPBC licensee I am making a regulatory report about, or others involved in this matter:
- a. I must apply for an Identity Protection Order within the next 10 business days, and
 - b. my application may or may not be approved.
- I have already applied or intend to apply for an Identity Protection Order.

Regulatory report details

Please complete ONE of the sections below and leave the rest blank. Please visit the [CHCPBC website](https://www.chcpbc.org) for information about when reports need to be made.

Section A - Reporting health facility admission

Admitting facility: _____

Date of admission: _____ **Date of discharge** (if applicable): _____

Reason for admission: *(Please describe the health condition underpinning the admission)*

In your opinion, is the licensee fit to practise?¹

¹ See Definitions page at the end of this form.



Section B - Reporting significant risk to the public

Reason for report:

To the best of your ability, tell us what happened, including when and where it took place. Please describe why, in your opinion, the continued practice of the licensee presents a significant risk of harm to the public.

Witness information:

If anyone witnessed or has additional information about these events, please provide their name, contact information (if available), and role in the events.

Section C - Reporting sexual misconduct, sexual abuse, and discrimination²

Affected individual(s):

Please provide the name and contact information of the person that experienced the sexual misconduct, sexual abuse, and/or discrimination.

I have discussed my duty to make a regulatory report with the affected individual(s):

Yes No

Reason for report:

To the best of your ability, tell us what happened, including when and where it took place.

Witness information:

If anyone witnessed or has additional information about these events, please provide their name, contact information (if available), and role in the events.

If you would like to provide additional information and/or documentation, you may do so by emailing CHCPBC at complaints@chcpbc.org.

² See Definitions page at the end of this form.



Definitions

The following terms referenced in this form are defined under the *Health Professions and Occupations Act* (HPOA):

Term

Definition, copied from the HPOA

Fit to practise

Section 39

- (1) A person is **fit to practise** a designated health profession if the person has the competence and capacity to practise the designated health profession.
- (2) A person has the competence to practise a designated health profession if the person has the knowledge, skills, ability and judgment necessary to practise the designated health profession ethically, safely and in accordance with all applicable ethics standards and practice standards.
- (3) A person has the capacity to practise a designated health profession if the person's competence to practise the designated health profession is not unduly impaired by a health condition.

Sexual misconduct and sexual abuse

Section 8

- (1) Subject to subsections (2) and (3), a regulated health practitioner commits an act of **sexual misconduct** if the regulated health practitioner does any of the following with respect to a patient or a person within a prescribed class of persons:
 - (a) engages with the patient or person in sexual intercourse or another physical act of a sexual nature;
 - (b) touches the patient or person, directly or indirectly, if the touching is of a sexual nature;
 - (c) attempts an act described in paragraph (a) or (b);
 - (d) engages in an act of a sexual nature in the patient's or person's presence;
 - (e) manipulates or exploits the patient or person for sexual purposes, including offering or accepting services in exchange for acts of a sexual nature, whether or not the services are health services;
 - (f) harasses the patient or person, if the harassment is of a sexual nature;
 - (g) engages in communication of a sexual nature with the patient or person, including requesting communication or sharing media containing sexual content;
 - (h) builds a relationship of trust or emotional connection with the patient or person and uses or attempts to use that relationship to abuse, manipulate or exploit the patient or person for sexual purposes;
 - (i) engages in any other activity of a sexual nature with or in relation to the patient or person, whether or not the activity occurs within the health service environment or in the course of providing health services.



- (2) Subject to subsection (3), an act referred to in subsection (1) (a), (b), (c), (d), (g) or (i) is not sexual misconduct for the purposes of this Act if the patient or person is the regulated health practitioner's spouse and that spouse consents to the act.
- (3) A regulated health practitioner commits an act of **sexual abuse** if the regulated health practitioner engages in an act referred to in
 - (a) subsection (1) (a), (b), (c) or (d) without the patient's or person's consent, whether or not that patient or person is the regulated health practitioner's spouse, or
 - (b) subsection (1) (e) or (h).

Discrimination **Section 9**

- (1) In this Act, "**discrimination**" means, subject to subsection (2), conduct that is prohibited under the *Human Rights Code* and that is undertaken in relation to one or more of the following:
 - (a) the functions under this Act of the superintendent's office or the Health Professions Review Board;
 - (b) the conduct of governance activities, including the employment of persons on behalf of a regulator;
 - (c) the practice of a designated profession or occupation by a regulated health practitioner, including with respect to
 - (i) the provision of health services or services related to the provision of health services,
 - (ii) the employment of persons in relation to the practice of the designated profession or occupation, and
 - (iii) the housing of persons in community care facilities or assisted living residences within the meaning of the *Community Care and Assisted Living Act*, or other types of facilities where health services are provided;
 - (d) interactions between a regulated health practitioner and any of the following, conducted in the course of practising a designated profession or occupation or in the carrying out of business, professional or other activities related to the practice of a designated profession or occupation:
 - (i) patients;
 - (ii) persons who exercise powers or perform duties for a regulator;
 - (iii) persons within a prescribed class of persons;
 - (e) the use of the regulated health practitioner's status as a regulated health practitioner in relation to an activity prohibited under section 7 [*discriminatory publication*] of the *Human Rights Code*.
- (2) Conduct is not discrimination if the conduct is undertaken for a prescribed purpose, in prescribed circumstances or in accordance with a prescribed process.