

AYURVEDA IN BRITISH COLUMBIA

A Position Paper on Professional Accountability, Title Integrity, and the Pathway to Regulation

Issued by the Ayurveda Association of British Columbia

Executive Summary

Ayurveda in Canada has reached a jurisdictional threshold. Healthcare regulation is a provincial responsibility under the Constitution Act, 1867. No national organization has the authority to establish licensing, protected titles, or scopes of practice in British Columbia.

Standards are a prerequisite for regulation, not its consequence. There is no clear historical precedent in British Columbia for a health profession achieving regulatory recognition through national association visibility alone. Regulated health professions in BC have advanced through provincial organization, internal standards, defined scopes of practice, and engagement with provincial regulators.

The field now faces a clear strategic divergence between two models:

- The Unstructured Marketplace Model: Low barriers, flexible titles, and minimal standardized training.**
- The Structured Profession Model: Tiered competency benchmarks, defined scopes of practice, and transparent accountability.**

Only the structured model can support credible regulatory recognition.

No Ayurvedic program or designation in Canada currently confers government-recognized licensure. In a pre-regulatory environment,

clear standards and transparency are the only real protection available to the public.

Part 1: Education, Standards, and Regulation — Three Distinct Functions

A recurring source of confusion is the failure to distinguish between three separate functions:

- Education delivers structured, competency-based training with measurable outcomes.**
- Standards and Registration define professional benchmarks, titles, ethical expectations, scopes of practice, and accountability mechanisms.**
- Regulation is the exclusive domain of provincial government.**

These roles cannot be collapsed. To criticize an educational institution for not functioning as a regulator is to misunderstand how professions develop.

Part 2: The Provincial Jurisdictional Framework & Historical Precedent

Healthcare governance in Canada is constitutionally assigned to the provinces. Professional recognition, title protection, and scope of practice can only be established through provincial legislation.

There is no clear historical precedent in British Columbia for a health profession achieving regulatory recognition through national

association visibility alone. Regulated health professions in BC have advanced through dedicated provincial professional associations that first established internal standards and engaged directly with provincial regulators.

National organizations may support awareness and networking, but they hold no legal authority to set regulatory standards within British Columbia. Regulatory readiness requires strong provincial-level organization, defined standards, and verifiable competency frameworks.

In British Columbia, this alignment is increasingly critical as the province transitions to the Health Professions and Occupations Act. Professional bodies must increasingly demonstrate how their standards align with the public-protection principles reflected in the Health Professions and Occupations Act and the Health Professions and Occupations Regulatory Oversight Office (HPOROO), particularly regarding transparency, accountability, competency, and the reduction of public risk.

A further distinction must be made between membership and registration. Membership may indicate affiliation, participation, or support for an organization. Registration, by contrast, should indicate that a practitioner has been reviewed against defined standards, including education, scope of practice, title eligibility, competency, and accountability. The relevant public question is not merely whether a practitioner belongs to an organization, but whether they are registered, under what title, and according to what standards.

Visibility may support professional development, but it cannot replace standards. Promotion creates awareness, while competency, scope clarity, and accountability create regulatory readiness.

Part 3: Proposed Professional Structure

To support orderly development, the Ayurveda Association of British Columbia has established a clear three-tier professional framework. These categories (RPKT, RAP, and RAAP) are intended as the primary pre-regulatory professional benchmarks for regulatory consideration.

1. Registered Panchakarma Therapist (RPKT)

Focused on hands-on Ayurvedic body therapies, Panchakarma protocols, and external therapies within a non-diagnostic, non-prescriptive scope.

2. Registered Ayurvedic Practitioner (RAP)

Focused on Ayurvedic constitutional assessment, lifestyle and dietary guidance, preventative wellness planning, and non-medical consultation within a consultative scope.

3. Registered Advanced Ayurvedic Practitioner (RAAP)

This highest tier combines the full scope of both the RPKT and RAP categories. Practitioners at this level are trained in both practical therapies and clinical consultation. They possess the broadest scope of practice currently defined within the framework.

The RAAP level carries instructional authority — only practitioners registered at the RAAP level are qualified to teach and certify others within the AABC system, with the exception of certain Registered Master Ayurvedic Specialists (RMAS).

In addition, AABC maintains a separate Registered Master Ayurvedic Specialist (RMAS) pathway. This is designed as an equivalency and bridging route for highly qualified practitioners holding advanced

credentials from India (such as BAMS or MD Ayurveda). Upon successful completion of appropriate bridging education specific to either the RPKT or RAP (or both), RMAS individuals may also be granted instructional authority consistent with their verified scope of practice.

Additional educational benchmark titles exist below the RAP and RPKT levels. These are intended purely for educational and training purposes and will not be proposed as regulatory titles, as too many designations would complicate future regulatory review.

Part 4: Why Standards Matter Now

The absence of licensure does not make training depth, verifiable hours, or competency benchmarks irrelevant — it makes them more essential.

The term “regulatory ready” means that a curriculum has been built with defined competencies, measurable training hours, verifiable practical training, and structural coherence that a future provincial regulator could meaningfully assess. It does not imply current licensure or guarantee future recognition.

Suggesting that all training programs are essentially equal because none are currently licensed removes any meaningful distinction between serious professional training and minimal instruction. This approach does not protect students or the public — it discourages real competence.

Accessibility remains important. Ayurveda should be available to students, wellness workers, practitioners, and the public. However, accessibility cannot override public protection. A field can welcome

beginners without granting professional titles, and it can offer introductory education without representing limited training as professional competency.

A consistent resistance to clearly defined, verifiable standards has emerged from those whose own qualifications and business models would not meet the benchmarks required for professional practice. This reveals whose interests are truly being protected.

Part 5: Structural Barriers to Regulation

Ayurveda's progress toward professional recognition is currently hindered by:

- Inconsistent and unregulated use of professional titles**
- Extreme variation in training depth and quality**
- Educational offerings delivered without clear alignment to defined scopes of practice**
- Resistance to transparent competency benchmarks and verifiable training hours**
- Representation by individuals whose own qualifications would not meet proposed professional standards**
- Conflation of clinical healthcare practice with spiritual or religious frameworks in ways that complicate healthcare regulation**
- A lack of standardized protocols for identifying clinical red flags, assessing herb-drug interactions, and managing the physical safety risks inherent in advanced therapeutic applications**
- Teaching or certifying others without verified competency, scope alignment, or accountability to professional standards.**

These conditions create fragmentation. The public cannot reliably assess competence, and regulators have no coherent framework to evaluate.

Part 6: Our Position and Path Forward

The Ayurveda Association of British Columbia exists to establish clear, competency-based professional standards, define transparent scopes of practice, and create a provincial framework for practitioner alignment and accountability.

We do not claim regulatory authority. We do not grant licensure. We do not guarantee future recognition.

We simply refuse to participate in lowering standards to accommodate ambiguity. Titles should reflect verifiable education. Competency should be demonstrable, not assumed.

Real substance has structure.

The future of Ayurveda in British Columbia will be determined by the clarity, consistency, and accountability the profession chooses to build today.

Final Regulatory Status Statement

No Ayurvedic educational program, certification, or professional designation in Canada currently confers government-recognized licensure or protected title. Any future recognition will be determined exclusively by provincial regulatory authorities.