

**2021/22**  
**Annual Report**



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## ABOUT HEABC

The Health Employers Association of BC (HEABC) represents a diverse group of 211 publicly funded health care employers. Our members range in size from affiliate organizations with fewer than 100 employees to large, regional health authorities with thousands of employees.

HEABC is the accredited bargaining agent for most publicly funded health employers in the province, negotiating six major provincial agreements covering 161,000 unionized health care employees. In addition, HEABC's Physician Services team oversees and coordinates the negotiation of provincial and local physician contracts, including the Physician Master Agreement.

### VISION

HEABC, health employers, government and other stakeholders work in partnership to ensure BC's health workforce is supported to meet the future health needs of British Columbians.



### MISSION

HEABC works with health employers and government to create the human resource and labour relations environment necessary to deliver high-quality health care.



### GUIDING PRINCIPLES

We...

- Provide timely, effective services that add value
- Build and sustain long-term collaborative relationships
- Listen and understand others' perspectives
- Anticipate issues and take action
- Recognize the diversity of our membership when developing system-wide approaches
- Routinely seek feedback on the relevance and value of our contributions
- Demonstrate effective leadership regardless of the positions we hold
- Recognize and value teamwork while acknowledging individual contributions



HEABC takes a provincial leadership role in strategic planning related to human resources and labour relations for BC's publicly funded health employers. Through collective bargaining and other industry initiatives, HEABC builds constructive and collaborative relationships with members, government, employees and unions, while continuing to adapt to the evolving needs of its members.

As part of its 2019-2024 Strategic Framework, HEABC has adopted the following vision and mission statements, and is guided by eight overarching principles.

## OUR MEMBERS

HEABC members provide a wide range of health care services. Health authorities provide comprehensive services that span the continuum of care. Affiliate members generally focus on one service type. Providence Health Care, our largest affiliate member, offers a range of services, comparable to the health authorities.

6 HEALTH AUTHORITIES

205 AFFILIATES

### NUMBER OF AFFILIATE MEMBERS PER HEALTH REGION

73	Vancouver Coastal Health
69	Fraser Health
31	Island Health
23	Interior Health
9	Northern Health

### AFFILIATE MEMBERS % BY SERVICE TYPE

44%	Mental Health & Substance Use (drug & alcohol treatment; mental health)
27%	Long-term Care and/or Assisted Living Facilities
12%	Home/Day Support (home support agencies; adult day care)
6%	Child Development (child development centres)
6%	Community Service (community service agencies; community housing; health & outreach)
5%	Other (other; diagnostic and treatment; acute care)



# MESSAGE FROM THE BOARD CHAIR AND PRESIDENT & CEO



HEABC, like many other health sector organizations, has been challenged with responsibilities and workload related to the provincial COVID-19 pandemic response, while implementing a range of internal measures to protect the health of our own staff and ensure that we continue to provide seamless services to members. As Board Chair and President & CEO, we are very proud of how HEABC has fulfilled and expanded its role as a key support for publicly-funded health care in BC during the pandemic. The pandemic may not be over, and will likely require additional and ongoing measures for the foreseeable future; however, we have emerged from the past two years stronger and better positioned to provide excellent support and services to our members and government stakeholders now and into the future.

### Amplifying our impact

HEABC's *2019-2024 Strategic Framework* was introduced to our members in 2019 as a commitment to amplifying our impact by focusing on four strategic directions: lead, anticipate, leverage and convene. These strategic directions have served us well during the pandemic response period where HEABC has been called upon to provide leadership and support to a wide variety of work. As new needs are identified, HEABC has viewed them through this strategic lens to

evaluate how and where we can use our resources to maximize our contributions. This approach has included supporting the implementation of health care worker immunization policies and procedures, working with employers to make adjustments to staffing in the long-term care sector in compliance with public health orders designed to reduce COVID-19 transmission between sites, and drafting contracts and providing labour relations advice to facilitate the re-deployment of health care workers to priority areas.

At the same time, HEABC has taken on increased responsibilities related to provincial health human resource planning focusing on the execution of recruitment and retention strategies to address shortages among specific health care professional groups and prepare BC to meet future health care demands.

This work has spanned multiple performance and work planning cycles, and you are invited to read in more detail about some of these initiatives that are highlighted in this Annual Report.

Most recently, HEABC updated its *2019-2024 Strategic Framework* to include clear areas of focus for the final two years of the five-year strategy. These areas of focus are outlined in more detail on page 8 of this report.

### Organizational changes

To support this growth and ensure that we have the capacity to take on additional responsibilities, HEABC has taken steps to strengthen its leadership structure to provide better and more integrated services for members. The most recent changes include a restructuring of senior leadership positions, as well as adjustments to some key service areas, including research and analytics, legal services, negotiations and labour relations. You are invited to read more about some of these changes on page 13 of this report.

Over the past year, HEABC took significant steps toward completing our transition to a hybrid work organization, which was started in 2020/21. This transition was initially made necessary by the COVID-19 pandemic, which required HEABC, like many organizations, to move the bulk of its operations off-site as part of public health and safety protocols. Although this approach was initiated by the pandemic, it will outlast COVID-19. A flexible approach to work location will position us well to attract and retain skilled and talented professionals now and into the future. This work has involved a significant focus on workplace culture, as well as ensuring that staff have the tools and resources to excel in a hybrid environment. You can read more about some of this work on page 14 of this report.

### 2021/22 priority areas

It should come as no surprise that with the health sector collective agreements and Physician Master Agreement (PMA) expiring March 31, 2022, HEABC's focus for the past year has included preparing for bargaining, and then assembling employer bargaining teams and working with the various unions and the Doctors of BC on timelines and schedules for negotiations of new agreements. This work has included consultations with members and government to develop bargaining objectives, the drafting of bargaining strategies for all sectors, and leading employers

in essential service planning. As of the time of writing of this report, HEABC staff are leading five active tables, including negotiations with the Doctors of BC for a renewed PMA.

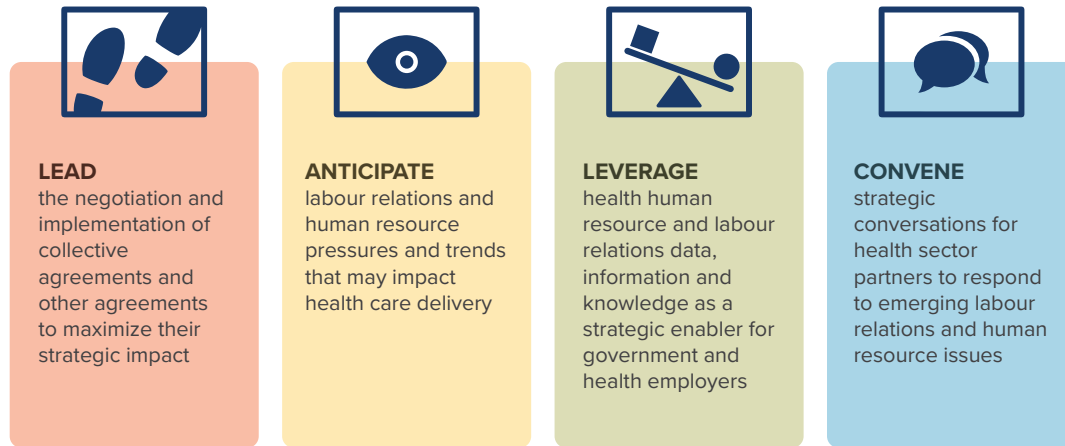
Another priority area has been support for the Ministry of Health and employers in developing and delivering upon human resource strategies in support of key provincial recruitment priorities, including campaigns targeted at increasing the provincial supply of Health Care Assistants, Physicians and Nurses. Related to this work, HEABC continues to support the Ministry of Health in launching the new Provincial Health Human Resources Coordination Center, which will bring together key leaders in the health system to address health human resource issues that affect recruitment and retention in the sector.

You are invited to read about progress made on these priority areas throughout this Annual Report.

# STRATEGIC PLAN UPDATE

## ANNUAL AREAS OF FOCUS FISCAL YEARS 2022/23 AND 2023/24

HEABC's 2019-2024 Strategic Framework was introduced to our members in 2019 as a commitment to amplifying our impact by focusing on four strategic directions: lead, anticipate, leverage and convene.



### LEAD

the negotiation and implementation of collective agreements and other agreements to maximize their strategic impact

### ANTICIPATE

labour relations and human resource pressures and trends that may impact health care delivery

### LEVERAGE

health human resource and labour relations data, information and knowledge as a strategic enabler for government and health employers

### CONVENE

strategic conversations for health sector partners to respond to emerging labour relations and human resource issues

HEABC applies the strategic directions to an annual refresh of our work plan priorities to ensure we are achieving the greatest possible impact on behalf of our members and stakeholders. The following Annual Areas of Focus span the final two years of our current five-year strategic framework.

### OPERATIONAL PRIORITIES

#### 1. NEGOTIATE & IMPLEMENT 2022 COLLECTIVE AGREEMENTS & PHYSICIAN MASTER AGREEMENT

Fiscal year 2022/23 will focus on negotiations to renew the six health sector collective agreements and the Physician Master Agreement (PMA). Once agreements are

ratified, focus will turn to implementation of key changes. HEABC will also undertake a formal post-bargaining review, and report to the Board the extent to which approved bargaining objectives were achieved. This operational priority directly aligns with HEABC's strategic direction of leading the negotiation and implementation of collective agreements and other agreements to maximize their strategic impact.

#### 2. COORDINATE LABOUR RELATIONS ISSUES & RISK MANAGEMENT RELATED TO PANDEMIC POLICY UNWINDING/TRANSITION

Labour relations issues and risk management is a core function that HEABC carries out as part of its mandate. Over the past two years, public health responses to the COVID-19 pandemic have had significant labour relations implications that have required HEABC to place an unprecedented number of resources and degree of focus on this function. Labour relations issues and risk management will continue to require extraordinary focus as public policy decisions put into place during the pandemic go through an unwinding or transformation process.

This operational priority aligns with HEABC's strategic directions of anticipating labour relations and human resources pressures and trends that may impact health care delivery and convening strategic conversations for health sector partners to respond to emerging labour relations and human resource issues.

#### 3. SUPPORT IMPLEMENTATION OF THE PROVINCIAL HEALTH HUMAN RESOURCE STRATEGY

The Ministry of Health is expected to release its provincial health human resources strategy in fall 2022 and HEABC will be called on to lead, coordinate, support and inform various components of the provincial strategy. This operational priority directly aligns with HEABC's strategic directions of anticipating labour relations and human resources pressures and trends that may impact health care delivery and convening strategic conversations for health sector partners to respond to emerging LR and HR issues.

#### 4. ENHANCE THE STRATEGIC USE OF DATA, INTELLIGENCE AND ANALYTICS FOR BC HEALTH SECTOR LABOUR RELATIONS AND HUMAN RESOURCES

HEABC relies upon health care workplace and compensation data to support critical strategies and broad decision-making. Accurate and timely compensation data and intelligence is central to the development and execution of labour relations bargaining strategies, and accurate health human resource data and information informs critical professional recruitment strategies and helps ensure that BC's health care system maintains an ongoing balance of the right workers at the right time.

This operational priority focuses upon HEABC adopting a more integrative and strategy-oriented approach to research, with

a broader focus on data and intelligence-informed decision making. It also includes implementing high standards for HEABC-led research, pursuing broader partner engagement and focusing on developing stronger and more effective forecasting tools.

#### 5. IDENTIFY EMERGING HUMAN RESOURCE CHALLENGES AND DEVELOP STRATEGIES TO ADDRESS AND MANAGE THE RISKS, IN AREAS THAT FALL WITHIN HEABC'S MANDATE

During the past two years, the pandemic, climate emergencies, the opioid crisis, changing workforce demographics, and a variety of provincial, national, and global economic factors, have combined to create challenging labour markets for all sectors. These factors have created the potential for significant negative impacts on the availability of staff and leaders for HEABC members. While the Provincial Health Human Resource Plan, under the leadership of the Ministry of Health, will include important initiatives designed to address these concerns, there may be other areas that more appropriately fall to HEABC to lead the development of strategies and mitigation approaches.

This operational priority directly aligns with HEABC's strategic directions of anticipating human resources pressures and trends that may impact members and convening strategic conversations for health sector partners to respond to emerging issues.



# STRATEGIC PLAN UPDATE

## PEOPLE PRIORITIES

### 1. SUPPORT & ENABLE HIGH-PERFORMING TEAMS

In 2021, HEABC implemented changes to our organizational structure to strengthen and align work across the organization, and create greater agility and flexibility through the vertical and horizontal integration of team processes and relationships. This year and next, HEABC will focus on learning and development opportunities that directly support the skills needed for high-functioning teams and on process improvement initiatives to streamline and prioritize work that adds value for HEABC and our health system partners.

This priority, and the ones that follow, address the enterprise risk related to human resource retention in that it addresses our employees' desire to add value to the organization and work together effectively in a team environment. It also aligns with HEABC's guiding principle of "recognizing and valuing teamwork, while acknowledging individual contribution and expertise."

### 2. BUILD A CULTURE THAT SUPPORTS A HYBRID ORGANIZATION

In 2021, HEABC formally became a hybrid work-location organization. As a specific area of focus, HEABC will continue to build a culture that supports a predominantly hybrid-location workforce – one that is inclusive of those employees who are resident or remote workers.

### 3. ENABLE OUR WORK THROUGH PROCESS, TOOLS & TECHNOLOGY

This priority focuses on ensuring that HEABC staff have the tools necessary to do their work. It will involve continuously identifying how processes and tools can be improved to create efficiencies, streamline workflow and enable staff to focus their attention on key organizational priorities. A significant focus will be on access to tools and technology to support the work.

### 4. DEVELOP LEADERSHIP THROUGHOUT THE ORGANIZATION

One of HEABC's guiding principles is to "Demonstrate effective leadership qualities regardless of our positions." To this end, we will explore opportunities to deepen leadership development at all levels in the organization. This work includes creating internal and external development opportunities specifically designed to enhance the necessary leadership skills, with a particular focus on those skills that will support a culture that is "courageous, caring and connected."

## ENTERPRISE OBJECTIVES

### 1. CONTINUE TO ESTABLISH THE CLARITY OF OUR ROLE IN THE HEALTH SECTOR

During the COVID-19 pandemic, the health human resource and labour relations landscape has become increasingly more complex, both in terms of the nature of the emerging risks and issues and the number of individuals and groups involved in managing those risks and addressing those issues. HEABC will develop a strategy for proactively clarifying our role in the health sector within those contexts in which we frequently experience confusion. The focus will be on continuing to be clear about roles as we undertake work in the sector.

### 2. ENHANCE COMMUNICATION WITH HEALTH SYSTEM PARTNERS

HEABC's experience during the COVID-19 pandemic has highlighted the need for us to pay closer attention to how and when we communicate with our health system partners, particularly when they are under considerable strain. HEABC staff at all levels will strive to excel at communicating effectively with our health system partners and other stakeholders.

This enterprise objective aligns with our guiding principles to "listen and understand the perspectives of others" and to "anticipate issues and take action," in this case, related to the need for communication.



## BOARD CHAIR RECRUITMENT

### BETSY GIBBONS RETIRES

HEABC Board Chair Betsy Gibbons' term concludes at the end of HEABC's 2023 Annual General Meeting and she is not seeking reappointment. Gibbons has served four terms (2011-2023) as Board Chair. During that time, she provided strong governance leadership as HEABC's role and mandate expanded to provide broad-based labour relations and human resources support for provincial health system priorities.

Most recently, Gibbons served as Chair as HEABC provided considerable support for the provincial COVID-19 pandemic response, the launch of the new Provincial Health Human Resources Coordination Centre and implementation of new recruitment strategies for various health care profession groups.



Although Gibbons has a year remaining as Board Chair, the HEABC Board has started the search process with sufficient lead time to ensure a smooth transition of leadership. In accordance with HEABC's bylaws, the Board of Directors will nominate a new Chair, whose appointment is subject to the approval of the Minister of Finance. The incoming Chair will assume their responsibilities following HEABC's 2023 Annual General Meeting, which will take place on June 26, 2023.

## ORGANIZATIONAL CHANGES

### STRENGTHENING LEADERSHIP STRUCTURES TO POSITION HEABC FOR THE FUTURE

Over the past few years, HEABC has taken steps to strengthen its leadership structure in support of providing better and more integrated services for members. The most recent changes include a restructuring of senior leadership to position HEABC for the future as we continue to play an important role in the health sector.

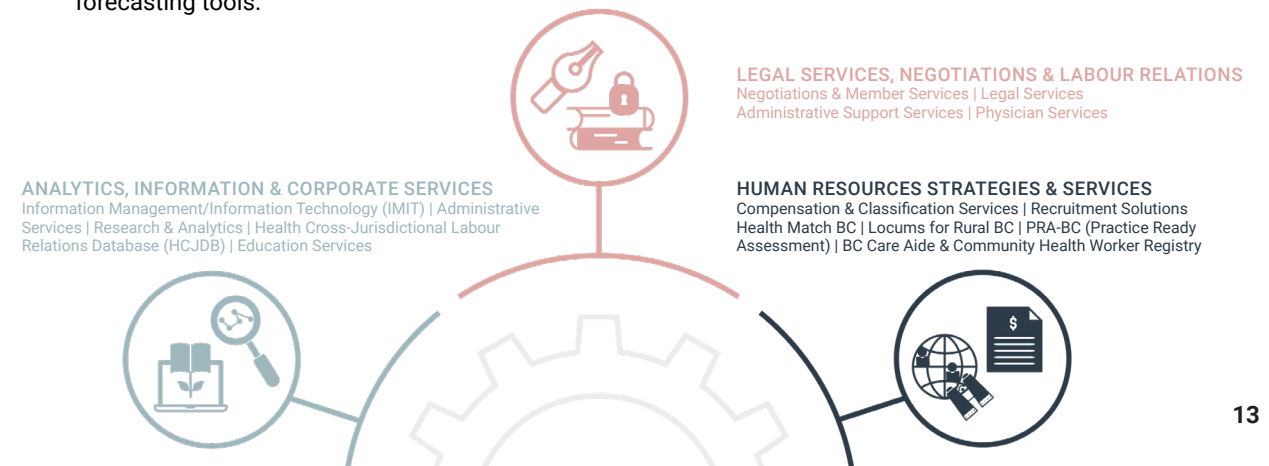
Tim Thompson, who joined HEABC in 2020 as Executive Director, Strategic Integration, has been appointed to the new role of Vice-President, Analytics, Information & Corporate Services. Tim provides leadership to professional staff who support a suite of strategic and corporate services to HEABC, partner organizations, members and government stakeholders, including research and analytics, education services, information management and technology, and the corporate service business areas.

In February, HEABC's Knowledge Management team was renamed Research and Analytics, with teams dedicated to labour relations and health human resources research and analytics. The Health Cross-Jurisdictional Labour Relations Database has been moved into this portfolio. The name change and reorganization prefigure HEABC's adoption of a more integrative and strategy-oriented approach to research, with a broader focus on data and intelligence-informed decision making, clear and effective data governance, broader partner engagement, high standards and norms for HEABC-led research, and stronger and more effective forecasting tools.

Audra Fediurek, who joined HEABC in January 2018 as Executive Director, Health Match BC, has been appointed to the new role of Vice-President, Human Resource Strategies and Services. Audra continues to provide leadership to the Recruitment Solutions teams, and in her new role also provides leadership for the Compensation and Classification services team. The creation of this role recognizes the increasingly important role HEABC plays in provincial recruitment and human resource strategies, and the importance of the Compensation Reference Plan and other compensation and classification work in supporting our members in the recruitment, retention and recognition of staff.

These two new Vice-President positions align with the existing position of Vice President, Legal Services, Negotiations and Labour Relations, filled by Matt Prescott. In this position Matt provides leadership to staff providing legal and labour relations services to members, to staff negotiating and overseeing implementation of collective agreements and to staff supporting health authorities and government in their work with physician contracts. Matt is the spokesperson for government and leads the renegotiation of the Physician Master Agreement (PMA).

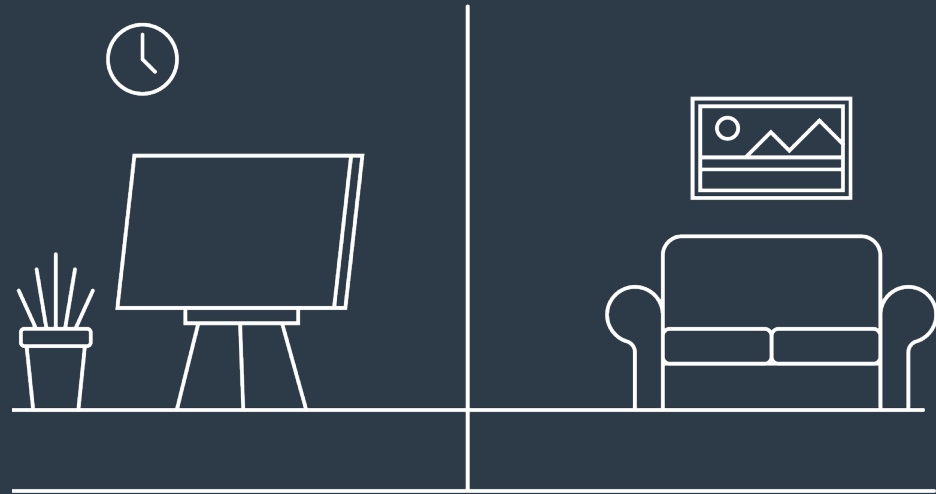
These changes, along with HEABC's transition to a hybrid work environment (see page 14), position HEABC well to provide responsive and valuable services to BC's publicly-funded health sector as it evolves to meet the future needs of British Columbians.



## HYBRID OFFICE

### HEABC TRANSITIONS TO BECOME A HYBRID WORKPLACE/ ORGANIZATION

and innovative ways, while seeing even greater opportunities for expanding our impact and providing services.



During COVID, HEABC, like other office-based organizations, quickly pivoted to having 100 per cent of our staff working from home. Not only did this approach allow our services to remain largely uninterrupted, but it exposed us as an organization to the opportunities and possibilities of working in new and different ways. The experience of shifting to a fully distributed model required flexibility, quick problem solving, and rapid process improvement. Staff and teams rapidly adopted new ways of working together using our available digital tools.

Throughout the pandemic, our staff have demonstrated the capacity to be innovative and a commitment to quality improvement. They have developed greater fluency with digital tools and an approach to virtual work. We continue to build the skills necessary to leverage technology to connect us to our diverse and dispersed provincial members, clients and stakeholders. Growing competence in what it takes to optimize hybrid and remote experiences, means that our staff are able to meet client and stakeholder needs in new

It was the success that we saw as an organization broadly, and as professionals individually, that drove us to undertake an intentional process to consider our approach to work locations for staff and teams. We assessed each role for work location requirements and engaged individuals and teams around their workflow and personal preferences. We needed to ensure that we protected the organization and our ability to deliver high-quality services and impact for stakeholders and members. We wanted to ensure that staff were recognized for the skills they demonstrated to work in a distributed, remote way. Approximately 86 per cent of our staff have chosen to be hybrid workers, flexing between home-offices, our Renfrew office, client worksites, and other key locations.

Importantly, in an increasingly challenging labour market, being a fully hybrid organization has enabled us to recruit and retain staff. Transitioning to a hybrid workplace has given employees flexibility in how and where they work, and offers the potential for a better work-life balance.

## DEI COMMITTEE

### IMBEDDING DIVERSITY, EQUITY AND INCLUSION INTO HEABC'S DAILY OPERATIONS

In 2021, HEABC's Diversity, Equity and Inclusion (DEI) Committee brought together a diverse group of staff members to participate in a series of facilitated sessions to develop recommendations with respect to how to move forward with HEABC's DEI work.

The DEI Committee's main focus over the last several months has been to identify training and development opportunities for HEABC staff to provide foundational knowledge around topics such as unconscious bias, creating an inclusive workplace, allyship, mental health, cultural safety and humility in relation to health care and Indigenous-specific anti-racism.

The Committee will be running the following training in 2022:

- Equity, Diversity and Inclusion Training for Leaders, consisting of two half-day workshops (Fall 2022)
- Equity, Diversity and Inclusion Training for team members—half-day session (Summer/ Fall 2022)
- Mental Health First Aid training for 10 HEABC staff members who would then become organizational resources—currently underway with some staff already trained
- Cultural Safety & Humility Workshops (April/ May 2022)



The committee has organized the above training to offer the most equitable number of opportunities to staff and leaders who wish to begin, or deepen, their understanding of DEI work. Through these training opportunities, HEABC will begin to build DEI into the organization's day-to-day operations and ensure that these principles inform how we continuously grow into a more inclusive organization. The uptake by staff has been very high for those opportunities currently available and the committee is looking forward to continuing that momentum into the summer and fall.



## LABOUR RELATIONS BY THE NUMBERS



### ORGANIZATION

<b>Health Authority</b> (Including Providence Health Care)	<b>754</b>
<b>Affiliates</b> (Excluding Providence Health Care)	<b>122</b>



### BARGAINING ASSOCIATION

<b>NBA</b>	<b>277</b>
<b>CBA</b>	<b>275</b>
<b>HSPBA</b>	<b>208</b>
<b>FBA</b>	<b>102</b>
<b>LABOUR RELATIONS CODE</b>	<b>11</b>
<b>APADBA</b>	<b>3</b>



**876**

**AJUDICATION  
FILES OPENED**

(April 1, 2021 - March 31, 2022)



### BY FORUM

<b>Full arbitrations</b>	<b>456</b>
<b>Expedited arbitrations</b>	<b>311</b>
<b>British Columbia Healthcare</b>	
Office of Arbitration	<b>58</b>
Industry Troubleshooter	<b>41</b>
Labour Relations Board	<b>10</b>



### TOP 6 TOPICS

<b>Discipline &amp; discharge</b>	<b>*290</b>
*259 of these related to COVID	
<b>Leaves</b>	<b>73</b>
<b>Scheduling/hours of work</b>	<b>47</b>
<b>Posting/selection</b>	<b>42</b>
<b>Overtime</b>	<b>41</b>
<b>Classification</b>	<b>32</b>

## ESSENTIAL SERVICES PLANNING

If a union engages in labour disruption during the collective agreement negotiations period, the BC *Labour Relations Code* (LRC) prohibits that job action from putting public health, safety and/or welfare at risk. Essential staffing levels as agreed to between the employer and the union for each worksite, program and unit in the province is the tool used to ensure that this risk is managed. If an employer and union cannot agree to essential staffing levels, the Labour Relations Board (LRB) is responsible for making a final determination.

HEABC leads the process and provides support to employers through online resources and personal consultation, as needed. By participating in this process, each employer is able to establish and communicate its position on essential staffing levels. Consequently, there is less risk of the LRB determining essential service levels that are not adequate to ensure sufficient, ongoing patient care if job action is initiated, and less risk of health care being severely disrupted in the event of job action.

In the health sector, planning and preparation for essential services began in the fall of 2021. The first phase involved negotiating Strike Headquarters (also referred to as Scheduling Headquarters), as employers are legally required

to provide space and equipment for the union to take over scheduling responsibilities during a strike. Strike Headquarter agreements were concluded by January 2022.

The second phase required employers and unions to negotiate essential staffing levels for each program, worksite and unit, and to upload agreed-to Essential Service Plans (ESP) into the Essential Services Database (ESD).

Many ESPs were successfully negotiated between employers and unions at the local level. The LRB scheduled regional mediation in March and April 2022 to support the parties in reaching agreements on essential staffing levels that remained outstanding.

As of the writing of this report, the vast majority of essential service staffing levels had been agreed to and employers and unions are continuing to upload their plans into the database. As these are uploaded, the LRB drafts an Essential Services Order (ESO) that confirms the agreed-to essential staffing levels between the parties. The ESOs are implemented by the LRB in the event of a job action.



## NEGOTIATIONS UPDATE

Over the past year, HEABC's Legal Services, Negotiations and Labour Relations team focused on the final year of implementation of the 2019-2022 health sector collective agreements and preparation for the current round of collective agreement negotiations.

To prepare for bargaining, HEABC received input from various member advisory groups with respect to health care system priorities, including affiliate employers, health authority Vice Presidents of Human Resources, Vice Presidents of Indigenous Health, and HEABC's Board of Directors. These consultations were used to develop bargaining objectives and strategic plans, which are approved by the HEABC Board of Directors and the Public Sector Employers' Council (PSEC) Secretariat.

### Addressing Indigenous-specific racism

In 2020, following an investigation into allegations of Indigenous-specific racism in the BC health sector, Dr. Turpel-Lafond issued a report titled *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care*. In response to the calls to action set out in the report, HEABC hosted three consultation sessions with HEABC, regional health authorities, First Nations Health Authority, affiliate employers, Ministry of Health, and PSEC. The outcome of the consultation sessions identified a number of areas to explore during bargaining in support of hard-wiring cultural safety and humility throughout the health care system.

### Employer representation

HEABC's bargaining teams are comprised of employer representatives from both health authority and affiliate employers. Representatives are chosen from a list of nominees put forward by health authority Vice Presidents of Human Resources and affiliate employers. Health sector Indigenous leaders have also sent representatives

who provide invaluable support and leadership to the bargaining process.

In total, approximately 60 employer representatives will serve on bargaining committees during this round of negotiations. Employer representatives bring an operational lens to negotiations and report back to their organization to update and to solicit feedback and input during negotiations. HEABC could not fulfill its obligations as the bargaining agent without their commitment, contributions and support.

### Negotiations update

Bargaining with four health sector bargaining associations (Community, Facilities, Health Science Professionals and Resident Doctors), and the Doctors of BC for the Provincial Master Agreement, commenced in February, March and April, and negotiations with the remaining two health sector bargaining associations (Nurses and Ambulance Paramedics and Dispatchers) are expected to begin in the fall.

HEABC is committed to a fair negotiating process that serves the interests of health care employers, patients and clients, health care professionals and the broader BC health care system, and will be seeking a sustainable and collaborative agreement working within the provincial government's Shared Recovery Mandate for public sector bargaining. The mandate supports government's three key priorities for public sector negotiations:

- protecting the services people depend on
- improving health care and preparing for future challenges
- supporting a strong, inclusive economic recovery that includes everyone

The current health sector collective agreements expired on March 31, 2022; however, the terms and conditions of the agreements remain in effect until replaced by a renewed agreements.

## IMPLEMENTATION UPDATE

### Implementation update

Almost all the provisions of the 2019-2022 health sector collective agreements have been implemented with only a couple of outstanding objectives remaining due to their complex nature. These pieces will transcend the previous agreements and will be integrated into the current round of negotiations.



### Final Patient Care Assessment Process (Nurses)

Please see the Nurse Staffing Secretariat update on page 30 of this report for an update on this work.

### Bill 47 implementation (Facilities)

HEABC continues to support the overall coordination of the current repatriation initiative by participating in weekly meetings of the Bill 47 Repatriation Project Board and the Repatriation Transition Working Group. A team of HEABC legal and labour relations staff is leading negotiations with unions on behalf of the receiving health authorities and Providence Health Care on the local Labour Adjustment Transition Agreement that applies to each specific contract repatriation, providing advice and support to ensure there is a coordinated approach to all labour adjustment/labour relations issues arising from repatriation.

## CASES OF NOTE

### ARBITRATION DECISIONS

#### **Arbitrator confirms calculation of call-back pay under Article 28.02 of the HSPBA Provincial Agreement**

The Health Sciences Association (HSA) filed an interpretation grievance regarding the employer's calculation of call-back pay for statutory holidays and super stats. The issue arose due to an amendment of Article 28.02 which removed reference to overtime pay and instead stipulated a call-back pay rate of a minimum of two hours at double time. HSA argued that Article 28.02 should now be interpreted to provide employees who work on a statutory holiday with double their regular rate of pay times the applicable statutory holiday rate (i.e., at four times the regular rate) and those who work on a super stat with double their regular rate of pay times the super stat rate (i.e., at five times the regular rate). Arbitrator Hall agreed with HEABC, finding that the extrinsic evidence from the latest round of bargaining indicated no mutual intention by the parties to change the call-back pay premiums beyond the new rate for the two hours minimum. The grievance was dismissed.

*For further information, members may consult CIU #HSP-166.*

#### **Speech/Language Pathologists performing additional procedures must be compensated at the Grade II rate** **Speech/Language Pathologists**

In response to a grievance brought by HSA, Arbitrator Nichols considered the appropriate classification of Speech/Language Pathologists (SLPs) who perform certain functions that have been designated as "Certified Practices" by the College of Speech and Hearing Health Professionals of BC. Arbitrator Nichols found that the Certified Practices fell within the definition of additional procedures, on the basis that these Certified Practices require a sufficiently higher level of skill and ability in addition to further training and proof of competency. The grievance succeeded and established that SLPs must be

compensated at the Grade II rate for performing additional procedures.

*For further information, members may consult CIU #HSP-164.*

#### **Termination of unvaccinated health care worker upheld by arbitrator**

Arbitrator Koml Kandola issued a precedent-setting award when she concluded that the grievor's failure to become vaccinated amounted to just and reasonable cause for termination. The employer, Fraser Health had repeatedly notified its employees that they were required under Public Health Officer (PHO) orders to obtain vaccinations against COVID-19 or be subject to possible termination. The grievor did not become vaccinated within the timeline set out in the PHO order, and the employer placed her on an unpaid leave of absence for a period of one month, and subsequently terminated her employment when the grievor advised that she had no intention of ever obtaining the required COVID-19 vaccinations. The union argued that the employer should have allowed the employee to remain on an unpaid leave of absence until the PHO orders were lifted. However, the employer provided evidence of significant operational impacts of leaving employees on unpaid leaves for an indefinite duration. Arbitrator Kandola agreed with HEABC's position in finding that the grievor had rendered herself ineligible for work and dismissed the grievance.

*For further information, members may consult GIU #339.*

#### **Arbitrator confirms that contracting out of orthotic and prosthetic services at GF Strong is genuine contracting out**

HSA filed a grievance asserting that the employer had breached the collective agreement by contracting out orthotic and prosthetic services to a third party, Vancouver Prosthetics and Orthotics Inc. (VPO). The contracting out arose after the employer's sole registered Orthotist retired and the employer was unsuccessful in recruiting a

## LABOUR RELATIONS BOARD DECISIONS

replacement. The employer argued contracting out was permissible under the collective agreement in that it was entered into genuinely and in good faith, and no layoffs resulted. Furthermore, the employer argued that the arrangement did not constitute impermissible contracting in. The employer argued that the arbitrator needed to consider all the services contracted out to VPO in assessing whether the contracting out was genuine and noted that, in addition to orthotic services, the services agreement with VPO included additional services that had not previously been performed by the bargaining unit, and expanded the locations in which the services were provided beyond the employer's GF Strong worksite. Arbitrator Kandola completed a comprehensive contextual analysis, reviewing a number of factors outlined in prior case law and ultimately concluded that the employer's arrangement with the VPO was a genuine contracting out, and dismissed the grievance.

*[2021] B.C.C.A.A. No. 124*

### LABOUR RELATIONS BOARD (LRB) DECISIONS

#### **LRB Confirms Work-Based Approach to Certification Scope**

HSA filed an application to the LRB to determine whether a dietician position at Lakes District Hospital and Health Centre (LDHHC) fell within the scope of its certification or the certification of the BC Government and Service Employees' Union (BCGEU). HSA successfully argued at the original hearing that the position fell under their "all employee" certification for paramedical employees at LDHHC. On an application for review, the LRB found that the original decision had failed to engage in a sophisticated analysis by relying on the express wording of the certifications. The LRB reviewed the assumptions underlying the HSA and BCGEU certifications and noted that the scope of the certifications were informed by the health care delivery model (e.g., a medical model focussed on the treatment of illness and disease and a wellness model that emphasizes

the absence of disease). The LRB held that, in the context of LDHHC, HSA's certification covered the acute care paramedical employees while BCGEU's certification captured community health-based paramedical employees. Ultimately, the LRB confirmed that the dietician position is a community-based position, and, therefore, fell within the scope of the BCGEU's certification.

*For further information, members may consult GIU #306.*

*2021 BCLRB 178*

#### **LRB Orders variation of a certification to avoid proliferation of bargaining units**

The Canadian Union of Public Employees (CUPE) brought an application to vary its certification at a Portland Hotel Society (PHS) worksite to include five nurses who were certified with the British Columbia Nurses' Union (BCNU). CUPE held bargaining rights at PHS for a bargaining unit of over 640 employees in various positions, including 40 nurses. PHS had also voluntarily recognized BCNU as a bargaining unit for five RNs. HEABC agreed with CUPE's position that only one union should represent nurses at that worksite in order to prevent a proliferation of bargaining agents at the second tier. BCNU opposed the application and argued it should retain its representation rights. In granting CUPE's application, the board confirmed its general policy against the proliferation of bargaining units at a single worksite. With this decision, the LRB continues to discourage the certification of multiple bargaining agents under a single collective agreement at the same employer and the inherent industrial instability caused by creating multiple bargaining units.

*2021 BCLRB 64*

#### **LRB decides that Registered Pharmacy Technicians were properly represented by the Facilities Bargaining Association**

A group of Registered Pharmacy Technicians (RPT) brought an application to the LRB to be transferred from the Health Services and Support

# LEGISLATIVE UPDATES

Facilities Subsector Bargaining Association (FBA) to the Health Science Professionals Bargaining Association (HSPBA). HEABC and the Hospital Employees' Union (HEU) objected on the basis that these positions remain correctly placed within the FBA. The LRB reviewed the six paramedical criteria developed in prior case law and found that the RPT did meet some of the criteria (e.g., post secondary education and membership in a professional body). However, the LRB agreed with HEABC's submissions that the job of RPT is technical in nature and does not involve the application of scientific knowledge, that the job lacks the exercise of independence of judgment, and that the job does not perform an important role in either the diagnosis or treatment of patients or health promotion. Given these determinations, the board found that RPTs were properly included in the FBA.

2022 BCLRB 38

## LEGISLATIVE UPDATES

### Amendments to the Employment Standards Act (ESA)

Effective January 1, 2022, the ESA was amended to provide five days of paid sick leave to all employees. This requirement was subject to the "meet or exceed" test for employees covered by a collective agreement. HEABC's assessment was that health sector agreements meet or exceed this requirement and, as a result, unionized health sector employees, including casual employees, were not entitled to the new paid sick leave. On April 1, 2022, Bill-19 Employment Standards Amendment Act received Royal Assent, which changed the paid sick leave provisions in the ESA in two fundamental ways:

- ESA paid leave was changed to a minimum requirement for all employees, by removing section 49.1 from the "meet or exceed" test in section 3.
- Annual paid sick leave is calculated based on

the calendar year rather than each employee's employment year.

Section 49.1(3) provides that employees must be paid no less than an average day of pay for each sick day. The formula used to calculate an "average day's pay" is the amount paid ÷ days worked over the past 30 days, multiplied by the period of leave.

Consequently, the ESA now provides that all employees are entitled to a minimum of five paid sick days annually calculated based on an average day's pay, regardless of existing sick leave plans/provisions available to the employee. This entitlement cannot be denied based on employment status or an insufficient sick leave bank. If the five days are not used in a calendar year, those days do not carry over into the subsequent year of employment. Further, Section 49.1(3) provides that employees must be paid no less than an average day of pay for each sick day. The formula used to calculate an "average day's pay" is the amount paid ÷ days worked over the past 30 days, multiplied by the period of leave.

For further information, members may consult GIU #338.

### Amendments to the Labour Relations Code

Bill 10 - The Labour Relations Code Amendment Act received Royal Assent in early June introducing a card check system for certification applications whereby if a union can demonstrate the support of 55 per cent of employees in a proposed unit through having those employees sign a membership card or otherwise being active members of the union, the union will be automatically certified. Currently, there is a mandatory secret ballot vote that requires a majority employee support in order for the union to be certified to represent workers.

The current, mandatory vote certification process remains in effect where less than 55 per cent of employees in a proposed bargaining unit, but at least 45 per cent, have signed a membership card.

### Amendments to the Freedom and Information of Privacy Act

Bill 22 – 2021 passed on November 25, 2021, enacting a number of significant changes to privacy legislation governing public bodies. The significant changes include:

#### Removal of foreign access and storage and foreign demands for disclosure

Public bodies are now allowed to store and disclose personal information outside of Canada in accordance with the regulations "if any" are made by the Minister. Currently, there are no regulations.

#### Privacy management program and privacy impact assessments

There is a new obligation on public bodies to develop a "privacy management program." While most public bodies already have a privacy management program in place, Bill 22 makes it clear that the Minister of Citizens' Services would have the ability to specifically prescribe terms as to the nature, scope and requirements of such programs.

#### Changes to the Access Provisions of the Act

Several new and significant changes have been made to the Freedom of Information Access Provisions of the Act, some of which seek to reduce the overall burden on public bodies. These include:

- Excluding a right to make access requests for some categories of records, such as those available to the public for purchase, those that do not relate to the business of the public body, those comprising metadata, and records that have been lawfully deleted by an employee of a public body;
- Expanding the circumstances in which public bodies may ask the Commissioner to authorize the public body to ignore a request, including for requests that are excessively broad;

- Expanding the authority of public bodies to charge fees for access requests; and
- Introducing a requirement to make information available to the public without a request.

#### Mandatory breach reporting

Public bodies are now required to issue notice of breach to affected individuals and to the Office of the Information and Privacy Commissioner if there is a risk of "significant harm." Further detail will be prescribed by Regulation.

#### New privacy offences

New privacy offences have been introduced, including making it an offence to collect, use or disclose personal information "willfully" in violation of the Act. Liability is imposed both at the personal and corporate or institutional level, and allows for fines of up to \$50,000 for individuals and \$500,000 for corporations.

#### Indigenous rights

Public bodies are prohibited from disclosing information if such disclosure could reasonably be expected to harm the rights of an Indigenous person in respect of cultural heritage, traditional knowledge, traditional cultural expressions or manifestations of sciences, technologies or cultures unless the Indigenous peoples consent in writing.

#### Fees for Access Requests

Public bodies may charge applicants fees for making an access request (unless the request is for personal information). The access fee has been set by Order in Council at \$10.

Many of the major changes to BC's *Freedom of Information and Protection of Privacy Act* came into effect on November 25, 2021; however, the new mandatory breach notification requirements will only come into force by Regulation.

For further information, members may consult the government's amendment overview [2021 FOIPPA Amendments Overview \(gov.bc.ca\)](https://www2.gov.bc.ca/gov/content/privacy/foipppa-amendments-overview)

## JOINT BENEFITS TRUSTS

### SUSTAINABLY MANAGING EMPLOYEE BENEFITS INTO THE FUTURE

The health sector Joint Benefits Trust (JBTs) elevated their profiles in the last year, with all three trusts (Joint Community Benefits Trust (JCBT), Joint Facilities Benefits Trust (JFBT) and Joint Health Sciences Benefits Trust (JHSBT) launching their own websites. Beneficiaries can now view the latest information regarding each of the three trusts, such as information about recent changes to plan design under the JFBT and pilot projects undertaken by the JCBT, as well as background and governance information about each trust.

Over the past two years of the COVID-19 pandemic, the trusts have faced both challenges and opportunities. Trustees continue their practice of annual audits and are maintaining an annual cycle of reviewing actuarial assumptions and valuation. As of the most recent audit/valuation, the funded status of the JFBT and the JHSBT are looking very healthy. The JCBT, while within an acceptable funded range, is experiencing pressure resulting from long-term disability experience and fewer savings during the pandemic.

The JBTs and trustees are continuing to work to sustainably manage employee benefits into the future.

Joint Community Benefits Trust  
[www.jcbt.ca](http://www.jcbt.ca)

Joint Facilities Benefits Trust  
[www.jfbt.ca](http://www.jfbt.ca)

Joint Health Sciences Benefits Trust  
[www.jhsbt.ca](http://www.jhsbt.ca)

## PHYSICIAN SERVICES

### SUPPORTING A COORDINATED APPROACH TO MEDICAL STAFF COMPENSATION, CONTRACTING AND RELATED SERVICES.

In 2014, the Auditor General identified concerns with respect to physician compensation models and administration of agreements and set out a series of recommendations. That same year the Ministry of Health released *Setting Priorities for the BC Health System*, which set out its broad strategic and future direction for the BC health care system. In 2015, the Ministry of Health asked HEABC to put forward a proposal to enable the Ministry to leverage HEABC's expertise, experience, and well-established relationships within the sector to improve strategic coordination and consistency in physician compensation matters. In 2016, HEABC's proposal was approved, and since that time, the Physician Services team at HEABC has been delivering its expanded role.

In 2021/22, Physician Services supported 152 local physician contract negotiations between health authorities and physicians across priority policy areas including anesthesia, emergency, hospitalists, primary care as well as any contracting arrangement that exceeds the rate ranges set by the Physician Master Agreement (PMA). Not including COVID-19 contracts, this work represents an overall increase in our workload of approximately 60 per cent over the previous fiscal year. Just over half of these negotiations were for new service contracts with physician groups; these types of contracts tend to be complex to negotiate and generally require a higher degree of consideration, data analysis and coordination to ensure consistency and mitigate risks. For all of these contract negotiations, Physician Services provided advice and coordination, and for 49 of them, Physicians Services was directly involved in the negotiations.

Over the past fiscal year, HEABC Physician Services provided support for several other negotiations and initiatives, including the urgent implementation of contracts related to the province's COVID-19 response, assisting health authorities in applying policy guidelines and/or providing drafting support

for 68 COVID-19 clinical contracts in 2021/22 (over 300 COVID-19 physician contracts have been implemented in the province since the start of the pandemic). Physician Services continues to provide ongoing advice and interpretation with respect to Provincial Health Officer's Orders on mandatory vaccination for physicians, including drafting interpretations, directions and communication materials for health authorities. Over the past year, Physician Services also played a significant role in drafting and negotiating Nurse Practitioner (NP) contracts and leading negotiations for the NP Contract Template. To-date, more than 150 NP contracts have been implemented, approximately 78 of which were negotiated this year.

Additionally, Physician Services continues to develop and deliver educational offerings for health authority and Ministry of Health staff on various matters related to physician compensation, contracts and negotiations. In 2021/22, the Physician Services team delivered two sessions of the *Introduction to Physician Contracts* course, which has been adapted for a virtual learning environment. Additionally, work began on a set of new offerings, which will be available in 2022/23.

All provincial health sector contracts and collective agreements, including the Physician Master Agreement (PMA), expired March 31, 2022. In 2021/22, Physician Services led the development of the negotiation plan for renewed PMA and Resident Doctors of BC contract and is currently leading these provincial negotiation tables on behalf of the Ministry of Health and our members.

HEABC is committed to the elimination of Indigenous-specific racism and the promotion of a culturally safe health care system for patients and workers, and is proud to be collaborating with health authority and Ministry of Health partners through the Provincial Medical Services Executive Council's Working Group on Indigenous-Specific Anti-Racism to address a number of recommendations from the *In Plain Sight Report*, including recommending changes to Medical Staff Bylaws and Rules and the patient complaints processes.

## HEABC LAUNCHES ONLINE RESILIENCY TRAINING COURSE

### BUILDING AND SUSTAINING YOUR RESILIENCE COURSE

Health sector employers and unions recognize the importance of strengthening the skills and capabilities of employees to manage life challenges, workplace stressors, and incidents at work so that health care professionals can maintain a positive state of mental health and wellness as challenges arise. The need for this type of support has increased significantly over the past two years due to the ongoing COVID-19 pandemic and a series of natural disasters, including wildfires and flooding, that have placed unprecedented demands on health care workers.

In response to this, HEABC and the Community Bargaining Association (CBA) launched a voluntary, online course called *Building and Sustaining Your Resilience* to provide tools and strategies to help learners build and sustain resilience in the workplace using the Resilience@Work (R@W) Sustain 7 Model. The course, which was developed in collaboration with the Provincial Health Services Authority R@W Community of Practice, is jointly funded by employers and the CBA in response to a need for increased mental health and resiliency supports in the sector.

Made up of nine online modules, this free, self-directed course is open to all public sector health care workers in BC who have access to the PHSA Learning Hub or iLearn, the learning platform used in the Interior Health region.



Since its launch this April, the course has been met with enthusiasm from learners. Currently, there are over 600 registrants with approximately 15 per cent of them having fully completed all nine modules offered.

## EDUCATION SERVICES TO MEET OUR MEMBERS' NEEDS

HEABC's Education Services program provides members with training and e-learning courses, as well as information and tools to equip managers and human resources professionals to effectively handle various workplace and labour relations issues.

In addition to these ongoing services, the Education Services team supported and collaborated with various stakeholders on several new and existing projects during the past year:

### OH&S Training Day

For the third year in a row, HEABC Education Services led the coordination and hosting of the Resident Doctor's Occupational Health and Safety and Violence Prevention day, which was held virtually due to the ongoing COVID-19 pandemic.

### Learning Hub

After almost a year of working with PHSA, HEABC fully implemented Learning Hub for course registration and administration, saving hundreds of hours of administrative and finance work, while providing our affiliate members with access to the Learning Hub course catalogue.

### Online Resilience Training Program

The online course was launched province-wide this April and the number of registrants increased rapidly. There are currently over 600 registrants with approximately 15 per cent having fully completed all nine modules offered.

### E-learning by the numbers

Because of the large numbers of new Health Care Assistants (HCAs), the HCA *Practice in British Columbia and Recognizing and Responding to Adult Abuse* courses have received the highest registration and completion numbers.

### Looking ahead: 2022/23

As bargaining is underway, there are no regularly scheduled education programs; however, this hiatus provides us with an opportunity to develop and expand our programs including:

- Developing a self-directed e-learning version of our popular Labour Relations 101 workshop, which has been paused due to COVID-19.
- Expanding our physician contracts education, starting with a course focusing on developing effective Alternative Payments Subsidiary Agreement (APSA) contracts.
- Collaborating with other HEABC departments to provide education for specific client populations.
- As with previous rounds of bargaining, Education Services will support the development of post-ratification presentations for members.

### The future of our face-to-face workshops

With the shift to a hybrid workforce, training and development is changing. Hybrid classrooms, with in-person participants and those attending via video conferencing, are expected to become the norm. The challenge is to design courses in such a way that the experience is equally effective for all participants. Because our workshops and webinars are highly interactive and make use of small group discussions and case studies, this presents an interesting challenge and opportunity to deliver something innovative.



**2021/22 Member Education**  
(all are webinars due to COVID-19)

**32 webinars**  
**727 registrants**

## RESEARCH AND ANALYTICS

### WORKING TO MAKE HEALTH HUMAN RESOURCE AND COMPENSATION DATA MORE ACCESSIBLE TO OUR PARTNERS

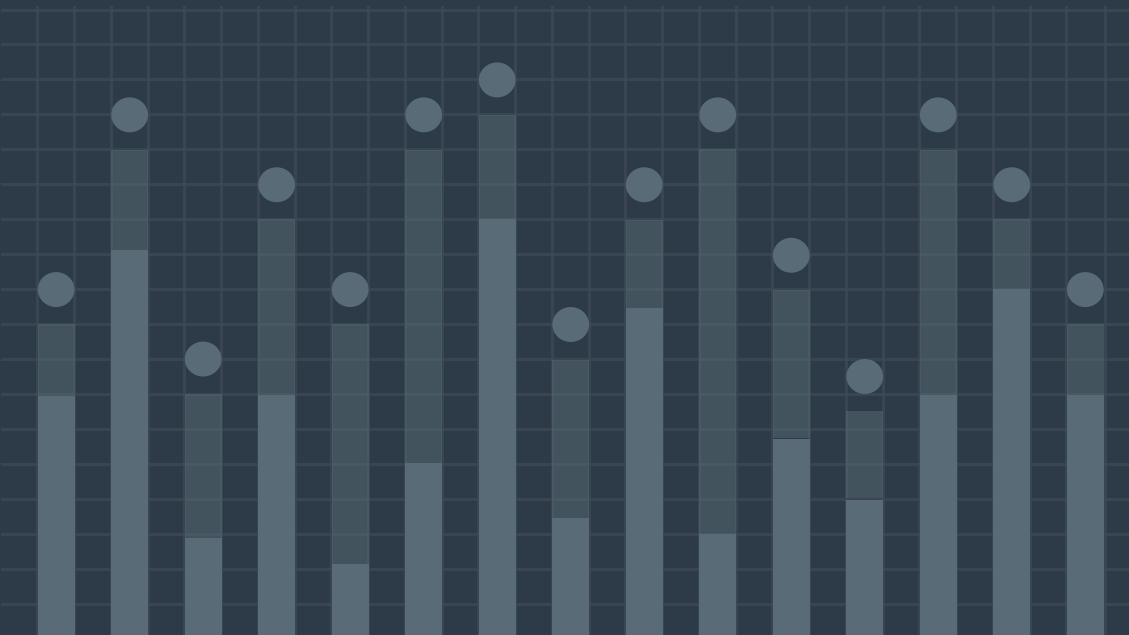
HEABC's Research and Analytics team (formally known as Knowledge Management) supports government, health sector employers and other partners, including other HEABC work teams, by providing advice, information, analysis and evidence to inform decisions. Over the past year, the team has focused on supporting preparations for collective bargaining and discussions concerning the provincial response to the COVID-19 pandemic and public health sector workforce needs.

Our position in the sector and the experience we bring make us a go-to resource for many of our partners when they require data-driven solutions. In order to continue to provide the necessary information and level of service our partners require, over the past year we initiated changes to our team structure and focus. In addition to the department name change, Research and Analytics created several leadership positions in the areas

of Health Human Resource Data Infrastructure and Labour Relations Analytics. The Health Cross-Jurisdictional Labour Relations Database (HCJDB) team was also moved into our portfolio. These developments are important steps in aligning and defining the work we do today that will lead to efficiencies in the health sector tomorrow.

The past two years has taught us that reacting and responding to urgent requests is not sustainable or the best way to achieve long-term impact for our members and stakeholders. As a result, we have shifted our focus to self-service information product design, advanced analytics (e.g., workforce supply forecasting), and guiding the development of existing data infrastructure in order to address common data limitations.

This shift is in response to the demand for more accessible and relevant information. We are working with the Ministry of Health and employers to better align the available data with internal and external information needs. This shift also allows us to provide our partners comprehensive services (from conception to implementation and evaluation) and work together on data-driven solutions to current as well as future challenges.



## NURSE STAFFING SECRETARIAT

### SUPPORTING COLLABORATIVE SOLUTIONS TO NURSING ISSUES

The Nurse Staffing Secretariat (NSS) was established as part of the 2014-2019 Nurses' Bargaining Association (NBA) Provincial Collective Agreement to support collaborative approaches to provincial nurse staffing issues. The approach was successful and was renewed as part of the 2019-2022 NBA agreement.

Here are some highlights from the past year of collaborative work.

#### Final Patient Care Needs Assessment Process (Final PCAP)

Article 60 of the 2019-22 NBA Provincial Collective Agreement provides for a collaborative direct patient care assessment process (PCAP) in each health authority and Providence Health Care (HA/PHC) to support the determination of immediate (short-term) direct patient care staffing requirements. This past year, health authorities and Providence Health Care continued to rely on the Interim PCAP tool and are committed to collaborating with the NBA on a final version.

The parties agreed to a Final PCAP Steering Group to advance the work identified in the project work plan and schedule and have contracted a consultant to lead this work. With guidance and support from the Canadian Institute for Health Information, work has begun on a literature review and jurisdictional interviews. The consultant has also facilitated focus groups to further learn from the previous work of the parties prior to the Interim PCAP.

HEABC continues to support the ongoing Final PCAP development work which is anticipated to be finalized by September 2023.

#### Joint Evaluation Initiatives

The parties agreed to establish a Joint Evaluation Steering Committee (JESC) to lead the evaluation of a number of key initiatives. JESC will consult

and collaborate to create meaningful evaluation plans and processes for key areas and act as a resource/support for any sub-committees.

It was agreed that the evaluation expertise of a consultant would be beneficial to this work. The consultant is currently supporting the evaluation of two important areas of focus; the Professional Responsibility (PR) process and Clinical Mentorship.

#### Professional Responsibility (PR) Process

A new PR process, established under the 2019-2022 NBA agreement, enables nurses to highlight professional practice problems and bring them forward to their manager for collaborative solutions. This new process is a significant change from previous practice, which had been used by nurses to raise a number of other concerns over two decades.

The consultant worked closely with the Professional Responsibility Working Group to finalize an evaluation plan and approach for the PR process, central to which is an online survey. The consultant has administered the evaluation survey and will report findings to JESC.

#### Clinical Mentorship

The parties agreed to create clinical mentorship positions for the term of the 2019-2022 Collective Agreement. Clinical mentors provide "elbow-to-elbow" clinical mentorship to nurses. This mentorship is intended to assist with skill development, recruitment, retention and safe patient care. Implementation of the clinical mentorship positions was delayed by the pandemic, but the parties agreed to allocate across each the positions health authority and Providence Health Care and to implement them on September 1, 2021 for 18 months. With the guidance and support of JESC and an overarching Evaluation Framework, a Clinical Mentor evaluation sub-working group has also been established to develop an evaluation of these positions.

# HUMAN RESOURCES SERVICES AND STRATEGIES

## RECRUITMENT SOLUTIONS

### Physician Recruitment and Retention

As the province continues to navigate physician workforce shortages, worsened by the COVID-19 pandemic and an influx of newcomers to the province, several programs within HEABC have been called upon to support physician recruitment and retention efforts.

Throughout the fiscal year, Health Match BC, Locums for Rural BC, and Practice Ready Assessment BC continued their focus on delivering exceptional services and supporting physician candidates through complex licensing, immigration, locum, and employment processes.



The Health Match BC (HMBC) team continued to assist Canadian and internationally trained physicians interested in relocating to British Columbia, supporting a total of 467 new applicants to the program who trained in a recognized jurisdiction for the purposes of licensure with the College of Physicians and Surgeons of BC (CPSBC). A total of 159 physician files were submitted to the CPSBC through HMBC and 289 physicians were referred to health employers for consideration. The HMBC physician team also continued to support recruitment for the new Associate Physician class of licensure.



In 2021/22, a record 2,072 assignment requests were received by the **Locums for Rural BC** (LRBC) program. The program achieved an 80 per cent

assignment fill rate, which translated to over 9,500 locum days covered. The program also welcomed 187 new members (i.e., locums registering to provide locum assignments) throughout the year. LRBC provides support for physicians practicing in rural communities to take periods of leave from their practices for continuing medical education (CME), vacation and health needs. The program also supports recruitment and is proud to report that nine of its members took on permanent positions in the communities of Agassiz, Bella Coola, Chemainus, Cranbrook, Fernie, Gabriola Island, Kaslo, Terrace, and Tofino.



**Practice Ready Assessment BC** (PRA-BC) continued to operate at full capacity, with 33 family practice physicians completing PRA-BC's spring and fall 2021 intakes. These graduates were welcomed by rural and urban communities across the province and commenced full-time practice on a three-year return of service. To date, PRA-BC has helped place 175 physicians in 55 communities throughout BC.

Together, these programs continued to build, sustain, and strengthen long-term partnerships with stakeholders such as the Joint Standing Committee on Rural Issues, the Rural Coordination Centre of BC, the Ministry of Health, Divisions of Family Practice, and health authorities. An increased focus on provincial partnership has supported increased efficiency, as well as shared knowledge and resources that enables better support for physician recruitment and retention.

### Supporting the Health Care Assistant Workforce

The health system continued to experience a high demand for Health Care Assistants (HCAs) in 2021/22. In response, new provincial initiatives such as the Health Careers Access Program (HCAP) and Community Workforce Response Grants (CWRG) increased the number of recognized BC Health Care Assistant program graduates, while efforts continued to promote the profession and support improved registration pathways for Internationally Educated Health Professionals, Nursing Students, and Canadian-trained HCAs.



In 2021, the **BC Care Aide and Community Health Worker Registry** supported a 38 per cent increase in new HCA registrations, most notably within the BC HCA Program Graduate category. Initiatives supported throughout the fiscal year included a new temporary registration category for nursing students, the temporary simplification of documentation requirements for new BC HCA graduates and qualified nursing students, and a new pilot process for Nursing and Community Assessment Service (NCAS) assessed HCA candidates who require minimal low-risk knowledge upgrades.

Temporary changes were also made to further streamline the Expedited Registration pathway for qualified out-of-province Canadian HCA Program graduates. Since launching in January 2020, the expedited pathway has dramatically reduced the time it takes for qualified Canadian candidates to become registered (by 10 weeks), increased the number of those who apply for registration and complete the process from 23 per cent to 87 per cent, and increased the number of Canadian HCA registrants by 300 per cent.

In May 2022, the registry processed its 700<sup>th</sup> applicant for the Expedited Registration pathway for qualified out-of-province Canadian HCA Program graduates!



In 2021, Health Match BC's **Choose2Care** team also supported future HCAs by providing valuable information and support related to education, employment and registration in BC. The Choose2Care team administers a suite of financial stipends and bursaries, designed to address financial barriers related to specific HCA employment and registration pathways. For example, in 2021/22, 232 NCAS bursaries were distributed to those who completed an HCA NCAS assessment and 100 remedial bursaries distributed to individuals requiring additional education and upgrading before being eligible for registration.

The HCAP Pre-Requisite Stipend for participants of the Health Career Access Program (HCAP) became available in February 2021. A total of 1,551 financial rewards totaling \$582,157 were distributed this fiscal year.

In April 2021, Choose2Care supported the launch of the Provincial HCA Recruitment Incentive (\$5,000) for individuals who started an HCA Program at a recognized institution between January 1, 2020 and March 31, 2021, obtained employment in long-term care, assisted living, or select home and community care settings, and committed to a 12-month return of service with the Ministry of Health. At the end of fiscal year 2021-22, Choose2Care had distributed 2,431 financial rewards, totaling \$12.2 million.



# HUMAN RESOURCES SERVICES AND STRATEGIES

## Support for Provincial Health Human Resource Strategies

To respond to urgent and emerging health human resource challenges, the Ministry of Health has created the Provincial Health Human Resources Coordination Centre (PHHRCC), which brings together key leaders in the health system to address health human resource issues that affect recruitment and retention in the sector.

The PHHRCC is a decision-making table comprised of representatives from the Ministry of Health, regional health authorities, Provincial Health Services Authority, the First Nations Health Authority and HEABC. The objective of PHHRCC is to create greater standardization and coordination in provincial recruitment and retention processes, activities and systems.

HEABC's Vice President of Human Resources Strategies and Services serves on PHHRCC, and our work there is part of HEABC's larger strategic focus on supporting the implementation of the provincial health workforce strategy, and identifying emerging human resource issues and risk management approaches in areas that fall within HEABC's mandate.

In addition to being a member of PHHRCC, HEABC will be represented, as appropriate, on various project teams and working groups. Work is underway by HEABC in support of two of those groups: one looking at streamlining the recruitment of Internationally-Educated Nurses (IENs), and the second working on a provincial and coordinated approach to recruitment incentives targeting difficult-to-fill positions.

## Supporting Recruitment of Internationally Educated Nurses

In January 2022, HEABC began work on a series of new recruitment initiatives for Internationally Educated Nurses (IENs), with a goal to increase the number of IENs living and working in BC, recognizing the increasingly competitive recruitment landscape for nurses across the world.

Health Match BC (HMBC) has been working in close partnership with the Ministry of Health, the British Columbia College of Nurses and Midwives (BCCNM), the Nursing Community Assessment Service (NCAS), and health authority representatives to:

- Refresh and expand sourcing and marketing activities, including the development of a new standalone website and refreshed marketing campaign for IENs.
- Identify and recommend strategies to reduce barriers to recruiting IENs, including the development of a new candidate tracking system; creating new navigational supports for IENs; and administering a suite of newly developed IEN bursaries.
- Introduce new candidate tracking methodologies that will track the provincial IEN candidate pipeline, identifying barriers and bottlenecks throughout the various stages of recruitment.

## COMPENSATION AND CLASSIFICATION SERVICES

HEABC's Compensation and Classification Services team provides support to members in managing classification systems and issues that arise within the health sector collective agreements. The team also manages a compensation plan for health care managers and other staff not covered by collective agreements. The following is an update on some areas of focus from the past year.

### Union Classification

#### Maintaining consistent application of negotiated classification systems

HEABC provides support to member organizations in the application, interpretation and administration of negotiated classification systems. This work includes collaborating with our members to manage and resolve classification disputes for all affiliations, as well as the ongoing establishment of salary structures for all new and reclassified Health Science Professional positions under the Health Science Professional Bargaining Association (HSPBA) collective agreement. The past two years have seen an increase in the number vacancies for health professions, particularly in key health delivery areas. HEABC's Compensation and Classification team partners with our members and stakeholders to resolve classification issues related to the implementation of health human resources strategies designed to improve the delivery of health services within the provincial health care system.

#### HSPBA Classification System Redesign

**Appendix A:** Over the past year, progress was made by member organizations in implementing a measured approach to achieving a redesigned classification system for Health Science Professionals. These measures, outlined under Appendix A of the HSPBA collective agreement, were prioritized and designed to improve

recruitment and retention, support the Ministry of Health Target Operating Model and the creation of community-base care teams, and address existing inequities within the existing HSPBA classification system.

#### HSPBA Classification Redesign Interim Agreement:

HEABC and the HSPBA have made progress in the design of a new profile-based classification system as outlined in the HSPBA Classification System Redesign Interim Agreement. Progress includes the development of job profiles and principles for their use, classification groupings, a classification manual and plan maintenance agreement, as well as a key decision/recommendation rendered by Arbitrator John Kinzie on the methodology for a revised and standardized approach to supervisory compensation.

### Management Compensation

#### Emerging Human Resource Challenges

HEABC values the diversity of our membership, and the complexity and variety of roles that require qualified executive, management and technical/professional talent to support the delivery of health services to the people of British Columbia. Working within the Health Sector Compensation Reference Plan (CRP), and through the application of public sector compensation guidelines, HEABC's Compensation and Classification team works with partners to establish and maintain competitive levels of compensation to support the recruitment and retention of management/excluded (non-union) staff.

The past two years have seen a challenging labour market for all sectors, and our members have been working within an increasingly competitive recruitment and retention environment. Working in partnership with our members, HEABC provides leadership in identifying emerging issues and developing strategies to address these challenges, while ensuring the compensation tools and approaches available under the CRP and other public sector compensation guidelines are effectively utilized.



## AFFILIATE MEMBERS SPOTLIGHT

HEABC's Affiliate members provide a wide variety of much-needed services in the community for the aging population, including affordable housing, long-term care, health and wellness programs and assisted living. The following shines a spotlight on two of these service providers.

### KIN VILLAGE

At KinVillage, they believe that a compassionate and invested community is the foundation for supporting people to live their lives fully. This non-profit has offered services to seniors living in the South Delta region for over 40 years. KinVillage was originally developed by a group of local volunteers to give seniors a place to live, but it has evolved to include much more. They now offer an array of services that include independent and supportive housing, assisted living, long-term

care, a community centre that offers health care services and wellness programs. Over 310 seniors call KinVillage home and it is the gathering place for hundreds more.

Partnering with Fraser Health, the City of Delta, BC Housing and other community agencies, KinVillage looks after all matters that pertain to health and wellness of the aging population. A group of highly trained staff and volunteers offers support to caregivers and family members so they can better support their aging loved ones. These services aren't limited to residents. The KinVillage Community Centre also offers a wide-range of programming to benefit the community's older adults from educational programs to social options like snooker and dances and a wide variety of physical, intellectual and artistic options.



### EDEN GARDENS

Nanaimo Travellers Lodge Society (NTLS), operating as Eden Gardens, is a non-profit long term care home and registered charity. NTLS has been providing compassionate care to residents from all over Vancouver Island, predominantly the central core, since 1979, and Eden Gardens was opened in 2017.

Home to 130 residents living with dementia and employing over 240 staff, Eden Gardens provides monthly day programs to over 160 clients, as well as a community bathing program. Compassionate and person-centred care are the cornerstones of Eden Gardens. Intimate communities create a neighborhood environment and friendly, family-like atmosphere. Eden Gardens is a home where the residents don't just live, but live well—with laughter, love and purpose.

During the COVID-19 pandemic, the community came together to show the residents, and those caring for them, that they were not alone. Musicians serenaded residents with saxophones, trumpets and guitars. There was a

car show brought to the parking lot, a motorcycle brigade, and even a ballerina dancer on site. The generosity and words of encouragement from the community brought hope, confidence, love and joy during a really difficult time. Since COVID-19 restrictions have been lifted, more visitors have been welcomed inside Eden Gardens, and the once locked-down home is now starting to see the return of spirit to the halls.

Eden Gardens relies on its community of staff, families and volunteers—including 2020 BC Health Care Award recipient Joe Wittkofski—to ensure the residents living with dementia receive the quality of life and services they deserve.



**Eden Gardens**  
Compassionate Dementia Care



Joe Wittkofski "Outstanding Health Care Volunteer"

# BC HEALTH CARE AWARDS



The BC Health Care Awards were created in 2007 to celebrate excellence and innovation in BC's health care community by recognizing deserving teams that are improving health care delivery in BC and individuals whose achievements and actions inspire those around them.

Due to the ongoing COVID-19 pandemic, recipients were honoured last year with a pre-recorded video awards presentation. This year, we are pausing to reflect and gather feedback on the future direction for the awards. As we do so, we invite you to look back at the Provincial Health Care Heroes honoured since the inaugural awards in 2007.



2009 Claire Kirk



2010 Dorothy McNaughton



2011 Glenda Phillips



2012 Dr. Paul Sugar



2013 Bill Clifford



2014 Pearl Broswick



2015 Dawn Nedzelski



2016 E. Jane Garland



2016 Heather Dunne



2017 Dianna Mah-Jones



2018 Glenn Jay Braithwaite



2018 Dr. Ramm Hering

2009-2020 PROVINCIAL  
HEALTH CARE HEROES



2019 Denise Bradshaw

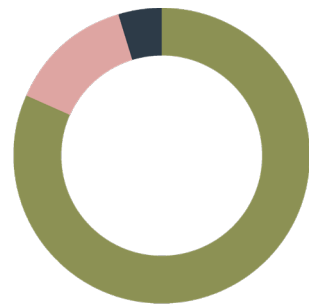


2020 Linda Warner

# BARGAINING ASSOCIATIONS

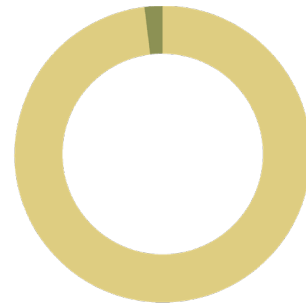
## FULL-TIME EQUIVALENTS BY ASSOCIATIONS & CONSTITUENT UNIONS

### HEALTH SCIENCE PROFESSIONALS



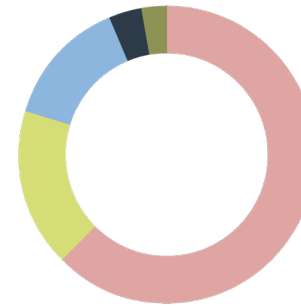
Union	FTEs	%
HSA	11,766	79.2
BCGEU	2,200	14.8
CUPE	711	4.8
PEA	167	1.1
HEU	21	0.1
<b>Total</b>	<b>14,865</b>	<b>100%</b>

### NURSES



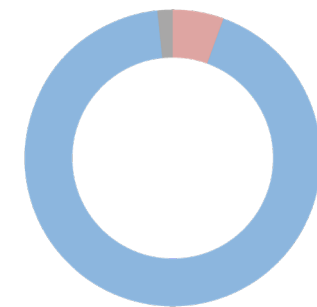
Union	FTEs	%
BCNU	33,699	98.4
HSA	526	1.5
BCGEU	2	0.0
HEU	5	0.0
CLAC	1	0.0
<b>Total</b>	<b>34,233</b>	<b>100%</b>

### COMMUNITY



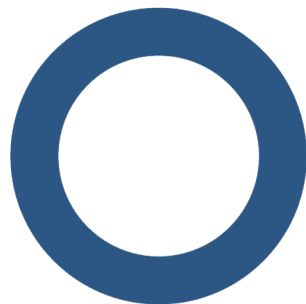
Union	FTEs	%
BCGEU	7,786	60.7
UFCW	2,184	17.0
HEU	1,546	12.1
CUPE	787	6.1
HSA	431	3.4
BCNU	28	0.2
CLAC	24	0.2
USWA	39	0.3
<b>Total</b>	<b>12,825</b>	<b>100%</b>

### FACILITIES



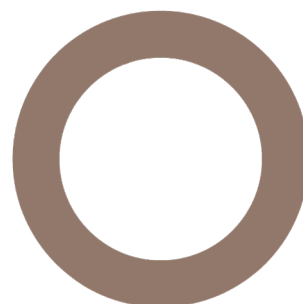
Union	FTEs	%
HEU	28,312	93.4
BCGEU	1,564	5.2
IUOE	239	0.8
PPWC	107	0.4
BCNU	75	0.2
IBEW	5	0.0
UAPP	4	0.0
USWA	1	0.0
UBCJA	3	0.0
IUPAT	1	0.0
CUPE	0	0.0
<b>Total</b>	<b>30,311</b>	<b>100%</b>

### AMBULANCE PARAMEDICS & AMBULANCE DISPATCHERS



Union	FTEs	%
*CUPE	3,028	100
<b>Total</b>	<b>3,028</b>	<b>100%</b>

### RESIDENT DOCTORS OF BC



Union	FTEs	%
RDBC	1,351	100
<b>Total</b>	<b>1,351</b>	<b>100%</b>

<b>BCGEU</b>	BC Government and Service Employees' Union
<b>BCNU</b>	British Columbia Nurses' Union
<b>CLAC</b>	Christian Labour Association of Canada
<b>CUPE</b>	Canadian Union of Public Employees
<b>HEU</b>	Hospital Employees' Union
<b>HSA</b>	Health Sciences Association of BC
<b>IBEW</b>	International Brotherhood of Electrical Workers
<b>IUOE</b>	International Union of Operating Engineers

<b>IUPAT</b>	International Union of Painters & Allied Trades District Council
<b>PEA</b>	Professional Employees Association
<b>PPWC</b>	Pulp, Paper, & Woodworkers of Canada
<b>RDBC</b>	Resident Doctors of British Columbia
<b>UAPP</b>	United Association of Plumbers & Pipefitters
<b>UBCJA</b>	United Brotherhood of Carpenters and Joiners of America
<b>UFCW</b>	United Food and Commercial Workers Union
<b>UPN</b>	Union of Psychiatric Nurses
<b>USWA</b>	United Steelworkers of America

#### Notes:

- Data is annualized to a 365-day reporting period.
- FTEs reflect data as reported in HSCIS 2021-Q4. No adjustments made to account for non-reported FTEs.
- FTE: Straight-time hours divided by the annual Standard Work Hours for a full-time employee according to bargaining group (1950 hours), \* BC Emergency Health Service CUPE employee's FTE = (straight-time hours + standby hours)/2121.6 hours
- FTEs with no valid union were excluded from the report. In 2021, 66 FTEs were excluded.

# HEALTH EMPLOYERS ASSOCIATION OF BC

## STATEMENT OF OPERATIONS & ACCUMULATED SURPLUS

Year ended March 31, 2022, with comparative information for 2021

	2022 Budget	2022	2021
	(note 2(i))		
Revenue:			
Provincial government funding	\$ 11,943,215	\$ 11,723,731	\$ 12,400,569
Fees for service	40,000	162,544	19,127
Interest	150,000	425,659	202,134
	12,133,215	12,311,934	12,621,830
Restricted funding from deferred operating contributions (note 4)	19,318,169	27,871,930	13,924,780
Amortization of deferred capital contributions (note 5)	192,280	192,280	192,283
	31,643,664	40,376,144	26,738,893
Expenses (note 14):			
Ongoing operations:			
Legal services, negotiations and labour relations	5,861,770	5,982,638	5,540,757
Health Match BC - Recruitment solutions	6,954,337	5,375,615	4,502,857
Knowledge management and compensation services	4,000,410	3,746,866	3,747,015
Physician services	3,000,000	2,805,450	2,562,852
Executive services and board governance	1,778,780	1,603,738	1,629,432
Collective bargaining and related expenses	2,745,770	1,148,846	1,801,112
Finance and administration	669,570	716,205	640,098
General	535,000	457,198	1,100,354
Occupational health and safety	330,510	278,050	426,637
Expenses from ongoing operations	25,876,147	22,114,606	21,951,114
Other managed programs:			
Recruitment Solutions – Managed bursary programs	-	12,374,998	-
Locums for rural BC	2,345,062	2,528,989	2,180,760
Practice ready assessment BC	2,413,635	2,355,792	1,546,702
BC care aide and community health worker registry	759,719	691,167	666,656
Health cross jurisdictional labour relations database	418,976	310,592	393,661
Expenses from other managed programs	5,937,392	18,261,538	4,787,779
Total expenses from operations	31,813,539	40,376,144	26,738,893
Annual surplus (deficit)	(169,875)	-	-
Accumulated surplus, beginning of year	3,627,800	3,627,800	3,627,800
Accumulated surplus, end of year	\$ 3,457,925	\$ 3,627,800	\$ 3,627,800

See accompanying notes to financial statements.

# HEALTH EMPLOYERS ASSOCIATION OF BC


## STATEMENT OF FINANCIAL POSITION

March 31, 2022, with comparative information for 2021

	2022	2021
<b>Financial assets:</b>		
Cash	\$ 10,222,307	\$ 6,002,501
Restricted cash (note 3)	16,135,883	9,404,188
Accounts receivable (note 4(a))	35,332,976	21,354,068
	61,691,166	36,760,757
<b>Liabilities:</b>		
Accounts payable and accrued liabilities (note 12)	2,994,229	2,859,299
Deferred operating contributions (note 4)	51,125,883	26,214,688
Deferred capital contributions (note 5)	5,715,111	5,907,391
Deferred lease liability (note 6)	2,010,243	2,094,456
Retirement benefit liability	165,379	258,424
	62,010,845	37,334,258
<b>Net debt</b>	(319,679)	(573,501)
<b>Non-financial assets:</b>		
Tangible capital assets (note 7)	3,542,491	3,935,936
Prepaid expenses	404,988	265,365
	3,947,479	4,201,301
Commitments (note 11)		
Contractual rights (note 12)		
<b>Accumulated surplus (note 8)</b>	\$ 3,627,800	\$ 3,627,800

See accompanying notes to financial statements.

Approved on behalf of the Board:

 Director
  Director

**Note:** The above is an excerpt from the Financial Statements which includes Notes to the Financial Statements, which form an integral part of the statement. Complete Audited Financial Statements are available at the office of HEABC.

## 2021/22 BOARD OF DIRECTORS

### BOARD CHAIR

#### **Betsy Gibbons**

Independently appointed Board Chair

### AFFILIATED CARE PROVIDER REPRESENTATIVE

#### **Joseph McQuaid**

Executive Director  
Alberni-Clayoqout Continuing Care Society

### DENOMINATIONAL CARE PROVIDER REPRESENTATIVE

#### **Erroll Hastings**

Executive Director  
Zion Park Manor

### FRASER HEALTH REPRESENTATIVE

#### **Dr. Victoria Lee**

President & CEO  
Fraser Health Authority

### GOVERNMENT REPRESENTATIVE

#### **John Davison**

President & CEO  
Public Sector Employers' Council Secretariat  
Ministry of Finance

### GOVERNMENT REPRESENTATIVE

#### **Mark Armitage**

Assistant Deputy Minister  
Health Sector Workforce and Beneficiary  
Services Division  
Ministry of Health

### INTERIOR HEALTH REPRESENTATIVE

#### **Susan Brown**

President & CEO  
Interior Health Authority

### NORTHERN HEALTH REPRESENTATIVE

#### **Cathy Ulrich**

President & CEO  
Northern Health Authority

### PROPRIETARY CARE PROVIDER REPRESENTATIVE

#### **Kathy Nduwayo**

Executive Director  
Cerwydden Care Centre

### PROVINCIAL HEALTH SERVICES AUTHORITY REPRESENTATIVE

#### **Dr. David W. Byres**

President & CEO  
Provincial Health Services Authority

### VANCOUVER COASTAL HEALTH REPRESENTATIVE

#### **Vivian Eliopoulos**

President & CEO  
Vancouver Coastal Health Authority

### VANCOUVER ISLAND HEALTH AUTHORITY REPRESENTATIVE

#### **Kathy MacNeil**

President & CEO  
Island Health Authority



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Photo credit: Barry Underhill

