

**HEABC**

HEALTH EMPLOYERS  
ASSOCIATION OF BC



# **ANNUAL REPORT**

---

2022/23



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# ABOUT HEABC

The Health Employers Association of BC (HEABC) represents a diverse group of more than 200 publicly funded health care employers. Our members range in size from smaller affiliate organizations with specialized services to large, comprehensive 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 170,000 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.

HEABC takes a 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.

HEABC is a key provider of support, and in some cases leadership, for elements of the province's Health Human Resources Strategy, including partnering with the province, health employers and other stakeholders on marketing and recruitment campaigns for health professionals and expedited pathways to residency for foreign-trained professionals.

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

## 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

# 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.

**209**  
6 HEALTH AUTHORITIES 203 AFFILIATES

## AFFILIATE MEMBERS PER HEALTH REGION

Vancouver Coastal Health

71

Fraser Health

68

Island Health

31

Interior Health

24

Northern Health

9

## AFFILIATE MEMBERS % BY SERVICE TYPE

44

**Mental Health & Substance Use**

26

**Residential Care**  
(extended care; long-term care)

12

**Home/Day Support**  
(home support agencies; assisted living; adult day care)

6

**Child Development**  
(child development centres)

7

**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

## CHAIR AND CEO MESSAGE

To say that the past year has been a whirlwind is an understatement. The year started as the six health sector collective agreements and Physician Master Agreement expired, and ended with ratified agreements and contract implementation plans in place for all sectors/subsectors. At the same time, HEABC was called upon to coordinate the unwinding of relevant provincial COVID-19 pandemic policies and support, and in some cases lead, elements of the province's newly announced Health Human Resources Strategy (HHRSS).

HEABC completed this work alongside internal-facing initiatives to complete our transition to a fully hybrid workplace to support our employees in working seamlessly from both remote and in-office locations.

Bargaining commenced in January 2022 and the parties negotiated using a mix of remote, hybrid and in-person settings. The primary motivation may have been concern for the health and safety of participants; however, the move to a combination of in-person and virtual negotiations also reduced unnecessary travel and supported participants in reducing time away from work and home life.

A key priority in this round of negotiations was the introduction of language to support the elimination of Indigenous-specific racism in the health care system. HEABC achieved this result by negotiating provisions across agreements that support Indigenous employee rights and cultural practices and the recruitment of more Indigenous workers into the health sector.

Another cross-sector priority accomplishment was the achievement of formal commitments from each bargaining association to engage with the Provincial Health Human Resources Coordination Center (PHHRCC), which was established as part of the HHRSS. To achieve this aim, the formation of a joint consultation forum was written into each health sector agreement, allowing the resource and

coordination center to seek input from bargaining associations regarding various PHHRCC initiatives.

For more information on the latest round of collective agreement negotiations and the subsequent plans for implementation, please see page 17.

To support bargaining, HEABC invested in research/analytics and information management and technology, both in terms of supporting remote and in-person work environments and building capacity to address an unprecedented need for health sector human resource data. This work will continue in 2023/24 as HEABC completes a significant transformation away from issue-driven research to a more strategic and coordinated approach. This approach will include a greater emphasis on value-added analytics and research methods, and building capacity to support research and data needs for both bargaining and human health resources planning. Please see page 34 for more detail on the work of this team.

HEABC's Human Resources Services & Strategies (HRSS) team also experienced significant growth and change over the past year with the launch of the provincial HHRSS. The strategy outlines 70 specific actions to attract and retain a healthy and productive workforce, including 40 strategies in which HEABC has been called upon to play a significant role. Significant pieces of work to support the provincial strategy include the expansion of the Practice Ready Assessment BC program from 32 to 96 seats annually by March 2024, and ongoing support for the recruitment of Internationally Educated Nurses (IEN). You can read more about HEABC's efforts to support this important work on page 42-45 of this report.

Bargaining and support for the province's HHRSS were major thrusts in 2022/23, but they were far from the only priorities. Working with member employers and unions, HEABC supported the repatriation of 21 food services and housekeeping contracts – a commitment announced by

# MESSAGE FROM THE BOARD CHAIR AND PRESIDENT & CEO

government in 2021. HEABC staff also contributed their expertise to the development of new staffing models for Relational Services Officers, and the planning, implementation and change management associated with the introduction of Associate Physicians and USA-Certified American Board of Medical Specialties into the health system. These are just a few examples from a long list of priorities and accomplishments from the past year that will have a lasting impact on BC's health care system.

HEABC is heading into the final year of its 2019-2024 Strategic Framework. The framework was introduced to our members in 2019 as a commitment to increase our impact by focusing on four strategic directions: lead, anticipate, leverage and convene. Each year, HEABC develops strategic areas of focus that outline specific and concrete actions in support of the framework. We invite you to read about current priorities and progress on page 12 of this report.

In 2023/24, HEABC will undertake a process to renew and refresh our Strategic Framework. This work will involve consultations with members and government stakeholders to ensure that our strategic areas of focus are consistent and in-step with health system priorities. You can read more about this work on page 11.

As a final note, members are encouraged to watch for upcoming news as HEABC re-launches the BC Health Care Awards after a two-year hiatus. The refreshed awards will focus on leading health sector human resource and labour relations-related practices to align more closely with HEABC's mandate.

Thank you for reading HEABC's 2022/23 Annual Report. In it you will find further details on some of the priorities referenced above, as well as updates on other work completed on behalf of, or in collaboration with members over the past year.



# BETSY GIBBONS' RETIREMENT

## HEABC SAYS GOODBYE TO LONG-TIME BOARD CHAIR BETSY GIBBONS

**After serving four terms as Chair and guiding HEABC through significant growth and change, Betsy Gibbons will retire from the HEABC Board following HEABC's 2023 AGM.**

Outgoing Board Chair Betsy Gibbons began her time on the HEABC Board of Directors in 2007, representing Provincial Health Services (PHSA). She was first appointed to the role of Board Chair in 2011. Over that time, she has experienced five rounds of bargaining, worked with four CEOs and seen HEABC more than double in size as the organization has grown and taken on more responsibilities.

"It is going to be hard to imagine the HEABC Board of Directors without Betsy," said President & CEO, Michael McMillan. "She has been Board Chair during my entire tenure as President & CEO, and her guidance, support, mentoring and considerable experience has been invaluable to me over the past seven years."

Betsy has provided strong governance leadership as HEABC's role and mandate have expanded beyond our legislated core responsibilities of bargaining and labour relations to include broad-based labour relations and human resources support for provincial health system priorities, including the province's Health Human Resources Strategy.

The BC Health Care Awards were launched in 2007, just as Betsy started her time on the HEABC Board, and as Board Chair, she has handed out awards at eight awards ceremonies. Working with HEABC's CEO, the Board and HEABC's leadership team, she has seen HEABC through numerous organizational restructurings, eight Ministers of Health, and at least four rounds of strategic planning.

When asked what she will miss the most, Betsy says it is the talented group of individuals she has had the privilege of working with and knowing over the years, both within HEABC and the broader health sector. She says she will also miss the intellectual challenges that come as we contemplate how to continuously improve services to the public while also supporting a healthy, happy and productive workforce.

*“ Our HEABC team should be extraordinarily proud of the work each and everyone does and I continue to be amazed with the creative, innovative, service-oriented thinking that seems to be the mission of each individual. Speaking of missions, our members clearly have a calling to serve. The health sector is no place for the uninspired! ”*

In addition to her work with HEABC, Betsy has just completed an incredible six-year term as director and chair of a performing arts organization, and following HEABC's AGM, for the first time in almost 40 years, she will not be serving on a board. Not one to sit back and let others do the work, Betsy says that in the fall she plans to explore how she might contribute to a board either in the public sector or a non-profit, volunteer-driven organization. Of course, she will also have more time for her other passions. Since retiring from her professional career, Betsy and her husband have made at least three trips abroad each year. Life is short, as Betsy puts it and the world is a big place!

All of HEABC will miss Betsy's skilled, thoughtful and caring leadership style and we extend our best wishes for many years of rewarding post-HEABC pursuits and experiences.



# BETSY GIBBONS' RETIREMENT

## Message to HEABC Staff and Members

My 16 years in service to HEABC as a board member and chair has been one of the most rewarding periods of my life. In many ways, an organization is a living entity, shaped and nurtured by those within it. In turn, individual team members are shaped and nurtured by the organization. When this goes well, as it has at HEABC, the results are spectacular, and our broader community of members and stakeholders reap the benefits of what fine minds, grit, determination and an unparalleled service ethos create and produce.

As both a participant in, and observer of the significant growth and evolution of HEABC, it seems to me that there has never been a "steady state," or perhaps the definition of steady state is that there is a steady onslaught of challenges! In any case, I have been consistently impressed with how HEABC staff members rise, rather than shrink, from the challenge du jour. HEABC and its people are mission driven, reflective of those working across the health sector, and a drive toward the best solution, often demanding creative thinking, defines the work.

I am very proud to have been associated with such an outstanding group of people. My wish for each of you is that you derive great satisfaction from your work, enjoy collaborating with your colleagues, and that you have a happy, healthy, and rewarding life.

Best wishes and fond farewell,

*Betsy Gibbons*



# NEW CHAIR OF HEABC BOARD OF DIRECTORS

## LYNN STEVENSON APPOINTED NEW CHAIR OF HEABC BOARD OF DIRECTORS

Lynn Stevenson is the new Chair of HEABC's Board of Directors, replacing Betsy Gibbons who has finished serving her fourth and final term. Lynn starts in her role on June 26, 2023 and will be serving a three-year appointment.

The recruitment process for Board Chair was led by HEABC's Governance and HR Committee and commenced in June 2022. In December 2022, the committee recommended Lynn as the preferred candidate to the Minister of Finance.

Lynn brings a wealth of experience chairing and co-chairing health-related advisory and advocacy committees to her new role, including the British Columbia Academic Health Council (2011-2014), the Canadian Foundation for Healthcare Improvement (2016-2020) and Healthcare Excellence Canada (2019-2021).

This appointment will be Lynn's second time on the HEABC Board of Directors, as she previously served as one of two government representatives in 2016.

Lynn says she can't wait to bring both compassion and commitment in leading the Board's participation in the development of sustainable

strategies to ensure that people are top of mind as we build on the current positive legacy of HEABC. Lynn says that she's been fortunate to have had many opportunities in her career to provide services across the continuum of care to British Columbians. These experiences have taught her to be an active listener and to obtain skills to engage others in problem solving. Lynn hopes to bring these experiences to her new role to continue strengthening HEABC's support to its members and British Columbians.

Currently, Lynn is an Adjunct Professor in UBC's Master of Health Administration program. She also served as Associate Deputy Minister of Health from 2014-2018 and has successfully managed numerous leadership roles in the BC health sector over the past 28 years. Immediately prior to her time in government, Lynn served as Executive Vice-President, People, Organizational Development, Practice and Chief Nurse at Vancouver Island Health Authority (2008-2014).

As Betsy Gibbons passes the baton to Lynn following HEABC's AGM in June, she says she is confident she is leaving the Board and HEABC in good hands.

“ I am very pleased to be handing over the Board Chair responsibilities to such a qualified and accomplished individual. Lynn will provide excellent leadership and support to the Board of Directors, as well as HEABC's CEO and Senior Executive Team. ”

- Betsy Gibbons



# STRATEGIC FRAMEWORK RENEWAL

HEABC’s current five-year Strategic Framework runs until March 31, 2024. Working with the Board of Directors, members, stakeholders and staff, HEABC has embarked on a process to renew the Strategic Framework that will unfold over the course of fiscal year 2023-24.

## Summer 2023: Environmental Scan

Over the summer, HEABC staff will complete an environmental scan of government priorities, relevant health sector data, legislative changes, and health system pressures, including social, demographic and economic pressures that will inform the strategic planning process.

## Summer/Fall 2023: Consultations

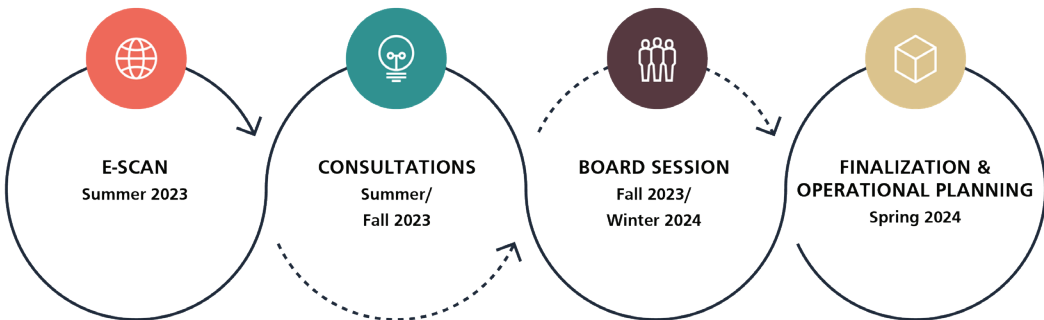
Over the summer and fall, HEABC will consult with members and stakeholders using a variety of outreach methods to get feedback and guidance on the sector’s shared vision and identify opportunities for HEABC to lead/support the achievement of the vision.

## Fall 2023/Winter 2024: Board Session

HEABC will lead a Board consultation process to receive feedback on the emerging vision for the health sector and opportunities for HEABC to lead and/or support the achievement of this vision.

## Spring 2024: Finalization & Operational Planning

HEABC will seek Board approval of a renewed strategic framework. Following that, HEABC leaders will work with HEABC staff to develop a supporting operational/organizational development plan to bring the strategic framework to life.



# STRATEGIC FRAMEWORK 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 amplify our impact by focusing on four strategic directions: lead, anticipate, leverage and convene. Using the Strategic Framework as a touchstone, HEABC undertakes an annual refresh of our strategic areas of focus and identifies specific pieces of work that are critical to fulfilling our mission and vision. Last spring, working with the Board of Directors, HEABC identified areas of focus for fiscal years 2022/23 and 2023/24 that will span the final two years of HEABC's 2019-2024 Strategic Framework. These were first reported in the 2021/22 Annual Report and have been updated with progress noted below.

### Operational Priorities

#### 1. *Negotiate & implement 2022 collective agreements & Physician Master Agreement*

Now that the six health sector collective agreements and the Physician Master Agreement have been ratified, HEABC's focus has turned to the implementation of key changes, in alignment with the implementation framework approved by the Board. HEABC will undertake a formal post-bargaining review, and report to the Board the extent to which approved bargaining objectives were achieved.

#### 2. *Coordinate labour relations issues & risk management related to pandemic policy unwinding/transition*

The public policy and public health responses to the COVID-19 pandemic had significant labour relations implications that required HEABC to place an unprecedented number of resources and degree of focus on this function. Throughout the pandemic, HEABC provided advice, support or leadership to several initiatives that would not fall within our formal mandate. Labour relations issues and risk management will continue to require extraordinary focus as public policy decisions put into place during the pandemic undergo an unwinding or transformation process.

#### 3. *Support implementation of the provincial Health Human Resources Strategy*

The Ministry of Health released its provincial Health Human Resources Strategy in fall 2022. HEABC has been called upon to lead, coordinate, support and inform various components of the strategy. A critical enabler for success is the development of new systems for provincial coordination of activities relating to health human resources. A new Provincial Health Human Resources Coordination Centre (PHHRCC) has been established as a central governance structure to enable greater standardization and coordination in provincial recruitment and retention processes, activities, and systems. In addition to being an active member, HEABC is leading and supporting project teams and working groups, where appropriate.

#### 4. *Enhance the strategic use of data, intelligence & analytics for BC health sector labour relations & 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 resources (HHR) data and information informs critical professional recruitment strategies.

# STRATEGIC FRAMEWORK UPDATE



## 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

Inconsistencies and gaps in labour relations and HHR related data and information represent a potential risk to the province's health care labour relations and HHR strategies. Strong labour relations and HHR data and intelligence and the appropriate use of analysis, (including data analytics) are key assets in support of our core strategies. HEABC is committed to strengthening this capacity within the organization, and in support of our partners within the health care sector.

## People Priorities

To achieve our enterprise objectives and operational priorities, HEABC must support its people by focusing on a set of inter-dependent people (staff) focused priorities that will help us to attract and retain talent, and succeed as a high-functioning hybrid organization. These are:

- a) Support and enable high-performing teams
- b) Build a culture that supports a hybrid organization
- c) Enable our work through process tools and technology
- d) Develop leadership throughout the organization

In addition to the above priorities, HEABC is focused on two enterprise-wide objectives, which preserve and build on HEABC's reputation as a strategic partner in health human resources and labour relations.

## 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 became increasingly complex, both in terms of emerging risks and issues, and the number of individuals and groups involved in managing those risks and issues. HEABC will develop a strategy to pro-actively clarify our role in the health sector as we undertake new and emerging work.

### 2. *Enhance communication with health system partners*

HEABC staff at all levels will strive to excel at communicating effectively with our health system partners and other stakeholders.

# DEI COMMITTEE UPDATE

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

Organizations across the province are recognizing the importance of building a diverse, inclusive and equitable workforce and workplace. HEABC has also committed to this work and over the past year, HEABC's Diversity, Equity and Inclusion (DEI) Committee worked to build organizational capacity and explore ways in which HEABC can achieve a fully diverse, equitable and inclusive workplace. The team held a number of activities and events to support HEABC on this journey.

### Training Sessions

In 2022, the DEI Committee provided Cultural Safety and Humility training to many staff members. Topics included:

- Indigenous-specific anti-racism and its importance
- Cultural safety and humility and healthcare
- Personal and organizational action

That was a good start, but there is more work to be done! Building on this work, the Committee has put together the following training sessions in 2023:

- DEI training, in-person forum style, reflections and group discussions for leaders
- Two half-day workshops for leaders, facilitated by PIVOT HR Services, covering 12 DEI topics

- Four concurrent workshop sessions focused on "Strength through Diversity" for all staff members during an All-Staff Forum, followed by an additional two half-day workshops to deepen the understanding of DEI work

The Committee plans to continue to provide more education and training opportunities for staff to deepen and build DEI into HEABC's day-to-day operations and ensure that these principles inform how we continuously grow into a more inclusive organization. Staff have shown a high interest in participating in the workshops and training sessions and the committee is looking forward to continuing that momentum into the rest of the year.



# MEMBER SERVICES SPOTLIGHT

## PROVIDING PRACTICAL AND PROACTIVE ADVICE AND SOLUTIONS TO LABOUR RELATIONS ISSUES SO MEMBERS CAN FOCUS ON HEALTH CARE DELIVERY

HEABC's Member Services team provides labour relations support and advice to members on a wide range of issues including terminations, collective agreement interpretations, human rights, workplace policies and procedures, and many more.

The team of Labour Relations Consultants and Legal Counsel strives to offer practical advice that allows employers to focus on providing health care services to British Columbians and the communities they serve. To achieve this objective, HEABC representatives approach labour relations issues seeking timely, equitable resolutions that efficiently resolve workplace disputes. By working with employers proactively and early in the dispute process, HEABC helps members reduce risk and liability.

HEABC represents members in mediations, arbitrations, and Labour Relations Board (LRB) hearings related to labour relations issues such as grievances related to pay, work jurisdiction, and job selection disputes. Over the past year, HEABC represented members in numerous disputes regarding employees terminated under the Public Health Officer mandatory vaccination order. The team works closely with HEABC's Negotiations team, as well as other HEABC departments, to tackle new initiatives and disputes.

Over the past year, in alignment with HEABC's Implementation Framework (see page 22), staff also provided members with education sessions to support implementation of the new collective agreements. This work included completing Summary of Changes documents, hosting education sessions, and answering employer questions through a centralized email process. This work will continue to be a significant focus for HEABC in the coming year.

In addition to representing members and offering one-to-one advice, HEABC keeps its members up to date on important issues through Contract Interpretation Updates (CIUs), General Information Updates (GIUs) and Member Bulletins (MBs). Information included changes to the *Employment Standards Act*, PHO Orders, and important labour arbitration awards.

By providing these services to members, HEABC strives to achieve its mission of working with employers and government to create the human resource and labour relations environment necessary to deliver high-quality health care.



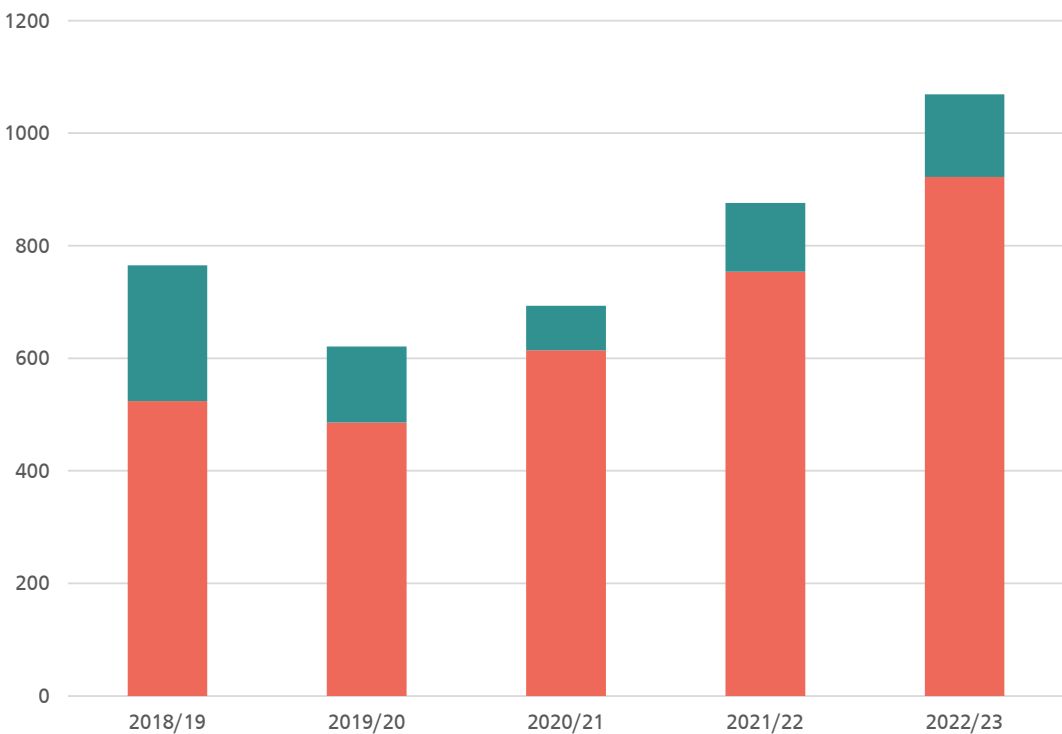
# LSNLR: LABOUR RELATIONS BY THE NUMBERS

## AJUDICATION FILES OPENED

(April 1, 2022 to March 31, 2023)



## CASELOAD GROWTH: AJUDICATION FILES



### 2022-2023

#### FORUM

Full Arbitrations	<b>628</b>
Expedited Arbitrations	<b>313</b>
Industry Troubleshooter	<b>60</b>
British Columbia Healthcare	
Office of Arbitration	<b>54</b>
Labour Relations Board	<b>14</b>

#### BARGAINING ASSOCIATION

NBA	<b>539</b>
CBA	<b>231</b>
HSPBA	<b>169</b>
FBA	<b>116</b>
Labour Relations Board	<b>11</b>
APADBA	<b>3</b>

#### TOP 6 TOPICS

Discipline & Discharge	<b>530</b>
Scheduling/Hours of Work	<b>72</b>
Posting/Selection	<b>53</b>
Leaves	<b>43</b>
Classification	<b>40</b>
Overtime	<b>36</b>

\*459 related to PHO mandatory vaccination order



# LSNLR: NEGOTIATIONS UPDATE

## NEGOTIATIONS UPDATE

Negotiations for the 2022-2025 health sector collective agreements commenced with the Community Bargaining Association in February 2022 and concluded with the ratification of the nurses' provincial collective agreement in late April 2023.

Starting in the fall of 2021, bargaining plans for each sector/sub-sector were completed and approved by government following extensive consultation with employers and the Ministry of Health to understand and reflect their priorities for service delivery and determine how these priorities can best be supported through the collective bargaining process.

Bargaining commenced during the COVID-19 pandemic, which created unique challenges. Negotiations occurred using a mix of remote, hybrid, and in-person settings, with improved technology helping to reduce unnecessary travel, and improve work/life balance for participants across the sector.

### Shared Recovery Mandate

The BC government's Shared Recovery Mandate applies to all public sector employers with unionized employees whose collective agreements expire on or after December 31, 2021. The mandate aims to provide a fair and reasonable offer to public-sector workers that includes significant inflation protection, while ensuring that government has the resources to continue to invest in building a stronger province for everyone.

Key priorities of the 2022 Shared Recovery Mandate include:

- Protecting the services that people in British Columbia depend on
- Improving health care and preparing for future needs and challenges
- Supporting a strong economic recovery that includes everyone in BC

## Bargaining Highlights: Cross-Sector

### *Indigenous-Specific Anti-Racism Provisions*

A key priority during the most recent round of negotiations was the introduction of initiatives to support the elimination of Indigenous-specific racism in the health care system. HEABC negotiated nearly identical provisions across health sector collective agreements, with employers and health sector unions jointly making an important commitment to improving Indigenous employee rights, supporting Indigenous cultural practices, adopting improved leave entitlements, and undertaking initiatives to support the recruitment and retention of Indigenous employees. These achievements are historic and establish a legacy for future agreements to continue to advance this important work.

### *Provincial Health Human Resources Coordination Centre Joint Forum*

In September 2022, the Ministry of Health published BC's Health Human Resources Strategy (HHRS), which includes action items to support care delivery for a diverse, accessible, and sustainable health care workforce and system. In support of the strategy, the province established the Provincial Health Human Resources Coordination Center (PHHRCC) to support recruitment and retention efforts in a coordinated and centralized way. To align provincial recruitment and retention discussions, the parties at each bargaining table agreed to a Memorandum of Agreement creating a joint consultation forum with PHHRCC, allowing the resource and coordination center to seek input from bargaining associations regarding various PHHRCC initiatives.

### *Protection against inflation*

Providing employees with protection against inflation during the term of the collective agreements has been woven into each collective agreement and was a contributing factor in reaching renewed agreements.

# LSNLR: NEGOTIATIONS UPDATE

## Community Bargaining Association (CBA)

- Negotiations started February 3, 2022
- Tentative agreement reached January 15, 2023
- Agreement ratified on March 1, 2023

### Summary

There are approximately 21,700 active employees in the Health Services and Support Community subsector collective agreement who provide services in a wide variety of settings, including private homes, group homes, residential community living homes, supported employment programs, child development centres, adult day programs, mental health centres, community service agencies and health authorities throughout BC. These employees are on the front-line of providing important health services in our neighbourhoods and communities. The most common job classification in the Collective Agreement is Community Healthcare Worker (44 per cent).

### Agreement highlights

- Three-year term.
- General wage increases for all employees:
  - Year 1 – \$0.25 per hour and then 3.24 per cent
  - Year 2 – 5.5 per cent + up to 1.25 per cent Cost of Living Adjustment (COLA)
  - Year 3 – 2.0 per cent + up to 1.0 per cent COLA
- A negotiable Flexibility Allocation of up to 0.25 per cent in years 1 and 2 to support mutually beneficial outcomes for both parties.
- The continuation of low wage redress to increase parity of CBA positions with similar positions and provisions in the Facilities Bargaining Association.

- The addition of language that provides employers with the ability to recognize previous experience for salary purposes to address recruitment and retention challenges.
- Updated scheduling language for home support workers.

## Facilities Bargaining Association (FBA)

- Negotiations started February 11, 2022
- Tentative agreement reached September 1, 2022
- Agreement ratified on October 13, 2022

### Summary

The Facilities subsector collective agreement covers employees who provide support services in various settings including hospitals and residential care homes throughout BC. Care Aides are the largest classification group in this subsector, making up approximately one-third of the bargaining association. Care Aides provide non-clinical care for hospital patients and extended care home residents and are an important part of integrated care teams.

### Agreement highlights

- Three-year term.
- General wage increases for all employees:
  - Year 1 – \$0.25 per hour and then 3.24 per cent
  - Year 2 – 5.5 per cent + up to 1.25 per cent Cost of Living Adjustment (COLA)
  - Year 3 – 2.0 per cent + up to 1.0 per cent COLA
- Increases to shift premiums intended to improve staffing during evenings, nights and weekends in support of improved services, and improved consultation processes.

# LSNLR: NEGOTIATIONS UPDATE

- Implementation of payment or reimbursement for some expenses resulting from required conditions of employment.
- Employers can fill vacancies of less than 15 calendar days with casual or float pool positions. Previously, vacancies of any duration were subject to restrictions outlined in section 16.01(c) of the collective agreement.
- The formation of a Wage Comparability Working Group to identify wage comparability issues, allocate a fund to provide interim wage adjustments to address comparability issues during the 2022-2025 Collective Agreement, and to provide recommendations to Government to prepare for the renewal of the 2022-2025 Collective Agreement.
- Updates to a number of occupational health and safety provisions.

## Health Science Professionals Bargaining Association (HSPBA)

- Negotiations started March 2, 2022
- Tentative agreement reached November 2, 2022
- Agreement ratified December 22, 2022

### Summary

The HSPBA collective agreement covers a diverse group of almost 22,000 health science professionals who provide services in acute, rehabilitation, community, and long-term care settings. The most populated classifications in this bargaining association are medical technologists, medical radiation technologists and physiotherapists. Classifications range from medical and laboratory disciplines to pharmacists, psychologists, occupational therapists, social workers and physiotherapists.

### Agreement highlights

- Three-year term.
- General wage increases for all employees:
  - Year 1 – \$0.25 per hour and then 3.24 per cent
  - Year 2 – 5.5 per cent + up to 1.25 per cent Cost of Living Adjustment (COLA)
  - Year 3 – 2.0 per cent + up to 1.0 per cent COLA
- The completion and implementation of a modernized, profile-based classification system.
- Increases to shift premiums with the intention of assisting in staffing evening, night and weekend shifts thereby improving services.
- Updated occupational safety and health provisions that support safer workplaces for employees, including training for supervisors.

## Resident Doctors of BC (RDBC)

- Negotiations started April 28, 2022
- Tentative agreement reached October 28, 2022
- Agreement ratified on December 12, 2022

### Summary

The RDBC collective agreement covers approximately 1,400 resident physicians who work in hospitals operated by BC's six health authorities and Providence Health Care (PHC) as well as in the community. RDBC represents medical graduates who participate in a graduate educational program leading to qualification for independent practice as a family or specialist physician.

# LSNLR: NEGOTIATIONS UPDATE

## *Agreement highlights*

- Three-year term.
- General wage increases
  - Year 1 – \$489.38 to be applied to all steps of the salary grid on a flat-rate basis and then an increase of 3.24 per cent
  - Year 2 – 5.5 per cent + up to 1.25 per cent Cost of Living Adjustment (COLA)
  - Year 3 – 2.0 per cent + up to 1.0 per cent COLA
- Technology and personal expense stipends to support employment related costs.
- Training stipend to recognize employer-specific training required in between rotations.
- Increases to call shift premiums.
- Addition of mental health benefits and other extended health improvements and health care spending account.
- Provisions for rest following lengthy overnight shifts, relief from clinical duties on academic days, and relief from call duties during qualifying exams.
- Implementation of a new Scheduling Committee to address systemic workload issues.

## **Ambulance Paramedics and Ambulance Dispatchers Bargaining Association (APADBA)**

- Negotiations started October 3, 2022
- Tentative agreement reached January 6, 2023
- Agreement ratified on February 14, 2023

### *Summary*

There are approximately 5,000 active employees in this subsector represented by the Canadian Union of Public Employees (CUPE) Local No. 873. Ambulance paramedics and dispatchers provide services in ambulance stations and dispatch/emergency medical communication centres. The most common job classification in this bargaining association is Primary Care Paramedic (67 per cent).

### *Agreement highlights*

The parties have agreed to several general and targeted compensation-related increases. Collectively, these changes are aimed at addressing the priorities of continuing to improve staffing and service levels.

- Three-year term.
- General Wage Increases for all employees:
  - Year 1 – \$0.25 per hour and then 3.24 per cent
  - Year 2 – 5.5 per cent + up to 1.25 per cent Cost of Living Adjustment (COLA)
  - Year 3 – 2.0 per cent + up to 1.0 per cent COLA
- Targeted wage grid redesign to improve retention of APADBA employees based on years of experience.
- On-call (pager) pay increased from \$2/hour to \$12/hour for time spent on-call.
- \$1000 mental health benefit for counselling services.

# LSNLR: NEGOTIATIONS UPDATE

## **Nurses' Bargaining Association (NBA)**

- Negotiations started December 8, 2022
- Tentative agreement reached March 31, 2023
- Agreement ratified on April 27, 2023

### ***Summary***

The NBA represents approximately 51,500 registered, psychiatric and licensed practical nurses across BC. Approximately 98 per cent of the bargaining association's membership is represented by the BC Nurses' Union (BCNU). Nurses work across the entire health sector in hospitals, long-term care, community and public health, home support and mental health. Approximately 87 per cent of nurses under the NBA are employed by the province's six health authorities and 13 per cent work for affiliate organizations including Providence Health Care.

### ***Agreement highlights***

- Three-year term.
- General wage increases
  - Year 1 – \$0.25 per hour and then 3.24 per cent
  - Year 2 – 5.5 per cent + up to 1.25 per cent Cost of Living Adjustment (COLA)
  - Year 3 – 2.0 per cent + up to 1.0 per cent COLA
- A new premium for regular status employees of \$2.15 per hour, for each hour worked, excluding overtime.
- Increases to shift premiums, on-call rates, responsibility pay, business allowance and isolation allowance.
- A revised wage schedule with a new increment step at 10 years, and new recognition pay at 15 years, 20 years, 25 years, and 30 years.
- Expansion of voluntary shift exchanges and job share language to enhance flexibility.

# LSNLR: IMPLEMENTATION FRAMEWORK

## IMPLEMENTATION FRAMEWORK

With the completion of the 2022-25 bargaining cycle, the focus now shifts to collective agreement implementation. The 2022-2025 Health Sector Agreement Implementation and Administration Framework was created in recognition of the importance of consistent implementation and administration of the provincial bargaining cycle and was approved by the HEABC Board in September 2021. The framework outlines the structures and processes for the implementation of the 2022-2025 health sector collective agreements.

### Objectives

- Facilitate a more coordinated and strategic approach to contract implementation.
- Achieve greater clarity around roles and responsibilities.
- Facilitate the effective management of implementation risks, recognizing the complexity of the roles, responsibilities and interests of various stakeholders.

### Framework overview

#### ***STEP 1: Develop implementation direction for key strategic provisions (KSPs)***

Direction for implementation is led by HEABC in consultation with employers, the Ministry of Health and, where appropriate, PSEC Secretariat. KSPs are developed for each collective agreement to identify and track implementation of changes that have an intended strategic impact in alignment with approved negotiations objectives, or that carry significant risk of unintended operational harm or cost.

#### ***STEP 2: Communicate implementation direction***

With the implementation direction set, HEABC communicates that direction to all who require it, including internal staff, government partners and most importantly member employers.

#### ***STEP 3: Implement parallel KSPs and non-KSPs consistent with direction***

Once the implementation direction is communicated for both KSPs and other changes (non-KSPs), employers must implement the provisions consistent with that direction and meet all contractual obligations.

#### ***STEP 4: Consider feedback and review decision-making as needed***

As employers implement the agreements, issues and events may arise that require HEABC to revise its original strategic direction. Employers provide feedback to HEABC on these issues as they emerge so a change in direction can be considered and communicated out.

#### ***STEP 5: Escalate employer issues and disputes for discussion and resolution***

Occasionally, issues and disputes may arise between employers or between employers and HEABC during the implementation process. HEABC is responsible for establishing systems and processes to identify and address these issues/ disputes and to escalate them to a higher level (i.e., HEABC's Board) if they remain unresolved. Employers may also escalate disputes or identify them to HEABC for resolution.

#### ***STEP 6: Evaluate implementation outcomes to inform future bargaining***

In consultation with employers and MoH, HEABC will identify KSP outcomes for evaluation and develop an evaluation framework. Employers, MoH, and PSEC Secretariat, where appropriate, will participate in the evaluation process.

## ARBITRATION DECISIONS

### **Arbitrator accepts HEABC's position that grievances related to Temporary Pandemic Pay are not arbitrable**

The Health Science Professionals Bargaining Association (HSPBA) filed grievances on behalf of several employees in privately funded positions who did not receive the provincial government's temporary pandemic pay. The union objected to the fact that these employees did not receive the pandemic pay while publicly funded employees under the same collective agreement did, arguing that this approach constituted a breach of the wage provisions and wage schedules under the collective agreement. HEABC brought a preliminary objection that the issue was not arbitrable, arguing the essential character of the grievance was related to the provincial government's decision to only provide temporary pandemic pay to publicly funded employees, and therefore the dispute did not relate to a decision made by employers or a right under the collective agreement. The arbitrator agreed with HEABC, finding that without a positive requirement on the employers to pay the temporary pandemic pay under the collective agreement, they lacked the jurisdiction to find a failure to pay this benefit constitutes a breach of the collective agreement.

The HSPBA filed for reconsideration by the Labour Relations Board (LRB), and we are awaiting a decision.

*For further information, members may consult CIU # HSP-169.*

### **Arbitrator confirms HEABC's interpretation on the calculation of increment steps for casual employees**

The Health Sciences Association (HSA) of BC filed a grievance with Fraser Health concerning its interpretation of Article 3.03(a)(ii) – Wage Entitlement of the Health Science Professionals

Collective Agreement. At issue was whether in calculating the 1957.5 hours needed to move to the next increment step, casual employees were entitled to combine both their regular and casual hours worked for another employer. The employer's practice was to combine only casual hours worked. HSA argued that both regular and casual hours worked within the bargaining unit at a second site should be included in the increment step progression calculation. HEABC argued, on behalf of the employer, that the language of Article 3.03(a)(ii) specifically addressed casual employees and so only casual hours should be included. The arbitrator agreed with HEABC's interpretation, finding that the approach of the parties in Article 3.03 was to make specific reference to regular hours where their inclusion was intended. The grievance was dismissed.

The Nurses' Bargaining Association (NBA) has also filed a grievance on this same issue of casual increment progression. However, because the language in the nurses' collective agreement pertaining to increment step progression for casual employees (Article 11.04(F)(2)) is nearly identical, this award informs the interpretation of increment progression in that collective agreement. As a result, we anticipate the NBA will withdraw its grievance.

*For further information, members may consult CIU # HSP-168.*

## **Vaccination mandate litigation**

HEABC received two successful arbitration decisions in Provincial Health Officer (PHO) Order termination matters respecting unvaccinated workers: *Fraser Health and BCGEU (Capozzi)*, April 4, 2022; *Fraser Health and HEU (London)*, July 15, 2022. In both decisions, the termination of the unvaccinated employee was upheld on the basis that at the time of termination, there was no foreseeable ability for the employee to work. Following these decisions, HEABC successfully defended a number of termination grievances at an industry troubleshooter.

# LSNLR: LABOUR RELATIONS BOARD DECISIONS

HEABC also received a pair of unsuccessful decisions from Arbitrator Elaine Doyle which considered termination grievances of two unvaccinated employees who alleged their terminations constituted discrimination on the basis of religious belief: *Island Health and UFCW* (Zall and Rostas), January 6, 2023. Arbitrator Doyle accepted an interpretation put forward by the union that the PHO Order does not apply to health authority staff who are not working in a direct care location, and so are not necessarily precluded from all work under the order (e.g., remote work).

HEABC considers this interpretation to be incorrect and filed an application for a stay and review of the arbitration awards by the LRB. The LRB declined to issue a stay of the awards pending its review process, and the parties have now filed written submissions on the merits and await a final decision.

*For further information, members may consult GIU # 331.*

## LABOUR RELATIONS BOARD (LRB) DECISIONS

### LRB agrees that the recapture of contracted out services is not a successorship

The United Steel Workers (USW) brought an application to the LRB to have the Provincial Health Services Authority (PHSA) declared the successor employer to Sodexo with respect to food and housekeeping services. Sodexo had previously been contracted to provide at the Burnaby Centre for Mental Health and Addiction. When PHSA repatriated these services at the newly-opened Red Fish Healing Centre, PHSA ceased contracting with Sodexo and opted to directly employ the food and housekeeping services employees. The USW was certified to represent unionized workers at Sodexo but the BC Government and Service Employees' Union (BCGEU) had previously been certified to represent community subsector employees working at the repatriated site. HEABC and the BCGEU agreed this certification continued to apply to community subsector employees at Red Fish (including food and housekeeping staff). The USW argued that because the services provided by workers directly employed by PHSA were identical to those previously provided by the bargaining unit through Sodexo, PHSA should be considered the successor employer to Sodexo and therefore, USW should maintain representation rights of the food and housekeeping employees. USW separately relied on the "contract flipping" provisions in section 35(2.2) of the *Labour Relations Code* to support the position that PHSA was a successor employer.

The LRB accepted the position of HEABC and BCGEU that it is settled law and policy that recapturing contracted out work does not amount to a successorship. The LRB also agreed with HEABC and BCGEU that section 35(2.2) was



# LSNLR: LABOUR RELATIONS BOARD DECISIONS

irrelevant to the matter, as it deals with situations where work being performed is retendered to a new contractor, not where services are recaptured from a contractor. The application was dismissed.

*For further information, members may consult CIU # Com-174.*

## **HEABC's application to remove empty certifications denied**

HSA applied to the Labour Relations Board (LRB) for a declaration that it was certified to represent paramedical professionals employed by Yaletown House Society. HEABC applied to have the employer removed from the union's consolidated certification, arguing that the employer was only on the certification due to the brief inclusion of Registered Psychiatric Nurses (RPNs) in the paramedical professional bargaining unit before the RPNs transitioned by legislation to the nurses' bargaining unit. HEABC also applied to vary the union's consolidated certification to remove a group of additional affiliates who similarly had been certified only by reason of the brief inclusion of the RPNs in the paramedical professional bargaining unit.

HEABC relied on the LRB's prior decision in *Health Employers Association of BC*, BCLRB No. B439/2000 (RPN Decision), where the LRB had recommended that employers who had only employed RPNs in the paramedical professional bargaining unit prior to the change be removed from the consolidated certification. HEABC argued the employer and other listed affiliates employed no members of the union and had not for many years, justifying their removal from the consolidated certification. In the alternative, HEABC argued that the union had abandoned its bargaining rights by taking no action to maintain its certification over paramedical professional employees with the employer.

The LRB accepted the union's position that the RPN Decision did not sufficiently make orders that would determine the status of the certification of paramedical professional employees with the employer or the other listed affiliates. With respect to abandonment, the LRB noted this was a "close case," but ultimately found the certifications were not abandoned, based in part on the fact there was no evidence the union knew the listed employers were contracting with Health Science Professionals. Accordingly, the LRB dismissed HEABC's application to remove the employer and other listed affiliates from the consolidated certification and made a declaration that the HSPBA agreement is in full force and effect specifically with the employer.

HEABC applied for reconsideration of the original panel's decision on the basis that it was inconsistent with the principles of the *Labour Relations Code*. However, the reconsideration panel issued a decision confirming the original decision.

Following these decisions, the Health Science Professionals certifications remain in place for affiliates who were included in the certification due to their prior employment of RPNs, when that position fell within the paramedical professional bargaining unit. The reconsideration panel did confirm that no final determination had been made as to whether the certifications at the other listed affiliates should be continued or cancelled, as the panel did not hear all the relevant evidence at those sites. Further, the LRB encouraged the parties to discuss and attempt to resolve the issue of certifications at the other listed affiliates before any further litigation.

*For further information, members may consult case reference 2002 BCLRB 24.*

# LSNLR: LEGISLATIVE UPDATES

## LEGISLATIVE UPDATES

### Amendments to the Workers Compensation Act

On November 24, 2022, *Bill 41, Workers Compensation Amendment Act (No. 2), 2022* received royal assent. This new legislation introduced several changes to the Worker's Compensation Act that employers should be aware of. One of the changes which took immediate effect expanded WorkSafeBC's ability to prohibit employers from attempting to dissuade, discourage, or impede an employee from making an application for compensation or receiving compensation.

Another important amendment that employers should be aware of is the addition of *Section 154.2* which creates a legal duty for workers and employers to cooperate with the board in seeking an early and safe return to work for an injured employee, including providing information to the board and seeking possible alternative work that can be performed by the employee. WorkSafeBC can impose administrative penalties on employers who fail to comply with their return-to-work obligations. This new requirement applies to any business with 20 or more employees and will be effective January 1, 2024.

*For further information, members may consult WorkSafeBC's amendment overview: [Bill 41: Amendments to the Workers Compensation Act](#)*

### Amendments to the Criminal Code

On January 31, 2023, the federal Minister of Health granted British Columbia's request for an exemption to the *Controlled Drugs and Substances Act*. The exemption allows adults in BC to possess less than 2.5g cumulatively of opioids, cocaine, methamphetamine, and MDMA. This exemption does not legalize these substances, they still remain controlled substances under the Act. Possession of these substances is still not permitted for purposes other than personal use and they cannot be accessible to the driver or operator of a motor vehicle.

As with alcohol and cannabis, employers can still adopt policies restricting possession and use of these substances while an employee is working on the employer's premises, subject to the duty to accommodate.

*For further information, members may consult GIU #351.*

### Introduction of the Public Interest Disclosure Act (PIDA)

*PIDA* is BC's new whistleblower protection legislation for current and former employees of ministries and offices of the legislature. *PIDA* provides mechanisms for investigating allegations of wrongdoing and, where wrongdoing is found, the means to address it. *PIDA* also provides protection for public sector employees who speak up about serious or systemic wrongdoing within a public body.

*PIDA* is being implemented throughout the public sector in a phased approach, and in June 2023, the health authorities and Providence Health Care (PHC) are required to implement this legislation. The BC Ombudsperson is supporting the implementation of *PIDA* and is available to assist with the resolution of issues and challenges relating to the implementation and application of this legislation.

A *PIDA* working group was established in 2022, with representatives from each health authority, PHC, HEABC and the Office of the Ombudsperson. The working group has focused on planning and preparing for the implementation of *PIDA* in the health sector. Internal communications and education regarding *PIDA* will be provided by each health authority and PHC as implementation of this legislation proceeds.

*For further information, members may consult the government's announcement: <https://news.gov.bc.ca/releases/2021AG0114-001443>*

# LSNLR: LEGAL SERVICES SPOTLIGHT

## PROVIDING LEGAL REPRESENTATION AND ADVICE TO MEMBERS ON MATTERS WITH PROVINCIAL IMPACT

Obtaining legal advice and representation can be expensive. Most employers don't have the in-house capacity to provide representation for grievance disputes and are left with the costly option of outsourcing this work to private law firms. That's where HEABC's Legal Services team steps in. The team, which is part of the larger Legal Services, Negotiations & Labour Relations (LSNLR) department, acts as in-house legal counsel for member employers on matters that have the potential to have provincial impact.

Legal Services is comprised of four Senior Legal Counsel and a Legal Researcher who report to the Senior Director and General Counsel. Senior Legal Counsel act as lead counsel for third-party disputes with industry significance, including grievances referred to arbitrations and/or applications

before the Labour Relations Board. They are also often assigned to provide legal support to large scale projects involving various internal and external stakeholders and offer strategic advice to other members of the LSNLR team who may be representing members at various local hearings and arbitrations. Representing members of provincial matters ensures a consistent and strategic approach to arbitrations and hearings that may set industry precedents.

The Legal Services team also provides internal legal advice to other departments within HEABC on such things as employment, privacy, HEABC membership, and/or regulatory questions related to our constitution/bylaw. This resource saves HEABC legal fees, adding another layer of value to the broader public health sector.



# LSNLR: JOINT BENEFITS TRUSTS

## SUSTAINABLY MANAGING EMPLOYEE BENEFITS INTO THE FUTURE

While employers and health sector bargaining associations have been occupied with collective bargaining over the past year, the Joint Benefits Trusts (JBTs) maintained an even keel approach to managing benefits. One of the advantages of the joint trusts is that there is no longer a need to bargain benefits or specific plan design as part of three collective agreements (Community, Facilities and Health Science Professionals) covered by the trusts; the responsibility for plan design lies with the JBTs.

Although HEABC no longer bargains benefits as part of these three collective agreements, benefits are still of interest to the parties. As a result, both plan design and funding can be points of conversation between the parties and the outcomes of this round of bargaining reflect that approach. The parties have requested the JBTs to consider certain plan design elements and in the case of the Joint Community Benefits Trust (JCBT) have renegotiated aspects of the funding formula, which was established through bargaining, to ensure more equitable funding. As new plan design elements are considered,

we anticipate member engagement and communications will ramp up to address any questions, concerns and education. Trustees will give reasonable consideration to requests from the parties to the trusts, working within their fiduciary duties and taking into consideration the full scope of benefit plan design and the sustainability of the JBTs. Trustees actively monitor benefits utilization trends and projections, acting in the best interest of beneficiaries, including annual audits/valuations.

As of the most recent audit/valuation, the funded status of the Joint Facilities Benefits Trust (JFBT) and the Joint Health Sciences Benefits Trust (JHSBT) continue to be healthy, despite a challenging investment environment. The JCBT has experienced some challenges resulting from COVID-19 and long-term disability (LTD) experience but has received additional support following bargaining to stabilize its position. All these factors will be important considerations as the Trustees review benefit plan design and sustainability of the JBTs into the future.



Joint Facilities  
Benefits Trust



[www.jhsbt.ca](http://www.jhsbt.ca)

[www.jfbt.ca](http://www.jfbt.ca)

[www.jcbt.ca](http://www.jcbt.ca)

# LSNLR: PHYSICIAN SERVICES

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

HEABC Physician Services leads a coordinated approach to the negotiation of provincial and local contracts and provides strategic advice and analytic support to health system partners on matters related to medical staff compensation.

Over the past year, Physician Services supported the Ministry of Health (MoH) to successfully conclude negotiations with Doctors of BC for a renewed 2022-2025 Physician Master Agreement (PMA). The Physician Services team also led negotiations for a renewed 2022-2025 collective agreement with Resident Doctors of BC (RDBC). Both the PMA and RDBC agreements were settled within mandate and contain provisions that address issues of Indigenous-specific racism in physician service delivery, improve culturally safe care and increase workplace safety. In addition, Physician Services has led negotiations with Nurse Practitioners for a new provincial template contract for primary care services; while discussions are continuing, it is anticipated that a new contract will be finalized soon.

Since negotiations concluded, the focus of the team has shifted to working with our health system partners to support strategic implementation of the PMA and the RDBC agreements. This work includes providing detailed guidance and advice, developing implementation plans, leading or supporting negotiated committees and monitoring and reporting on implementation risks and progress.

A major focus of Physician Services is to coordinate a strategic approach to local contract negotiations for medical staff including physicians and Nurse Practitioners. This focus includes conducting analysis and leveraging data to ensure value

for money on these types of contracting arrangements. Over the past year, HEABC has supported 246 local contract negotiations, which is a 60 per cent increase from fiscal year 2021/22.

Some of the areas that Physician Services have been involved in include anesthesia services, hospitalist programs, emergency departments, laboratory medicine, primary care, palliative care, surgical assists, oncology and BC transplant services. Physician Services also oversees the Medical Leadership Compensation Framework to ensure consistency in its application across the province.

Physician Services provides representation and advice in provincial disputes initiated under the PMA where those disputes are of strategic significance. Physician Services also provides analysis to support positions taken by the health authorities as well as to prepare written submissions for the consideration of the adjudicator. Over the past year, Physician Services represented health authorities in four disputes filed by physicians pursuant to the PMA. The team also provided support to MoH to facilitate and streamline the administrative processes related to disputes.

In 2022/23, the Physician Services team led several other priorities, including coordinating the implementation of Associate Physicians and USA-Certified physicians in British Columbia. In accordance with MoH's Health Human Resources Strategy, Physician Services has been providing support to MoH, facilitating, and expediting the implementation of Associate Physicians, and increasing awareness of the USA-Certified licensure within health authorities.

# LSNLR: SINGLE SITE UNWINDING

## UNWINDING OF SINGLE SITE TRANSITION FRAMEWORK AN UNMITIGATED SUCCESS AS PARTIES COLLABORATE TO CARRY OUT AND RESCIND PUBLIC HEALTH ORDERS

Working with employers and unions to implement a complicated, province-wide Provincial Health Order that includes various unprecedented labour adjustment terms impacting approximately 40,000 health care workers and 260 employers was a challenge. Unwinding it nearly three years later with barely a hitch was an even greater proposition, but that is exactly what HEABC's Legal Services, Negotiations and Labour Relations team was able to achieve on behalf of members.

The Single Site Transition Framework (SSTF) was implemented in April 2020 to limit employees working in long-term care, standalone extended care, private hospitals, assisted living facilities and provincial mental health facilities to working at one site. The framework agreement followed the Provincial Health Officer's (PHO's) *Facility Staff Assignment Order* and required the negotiation and implementation of temporary adjustments to collective agreement rights related to seniority, scheduling, benefits and job postings. The PHO order was a temporary measure in response to the onset of the COVID-19 pandemic and evidence that staff working at multiple employers and locations were inadvertently transmitting the virus between sites.

The goal of the SSTF was to minimize disruption and resolve widespread labour relations issues and disputes which may otherwise arise from the PHO orders. The framework was successfully implemented in 2020/21 in collaboration with bargaining associations and employers, including many non-unionized worksites and employers who are not HEABC members.

Implementation was complex; the unwinding of the *Order* presented another layer of complexity. The SSTF included some terms and general principles with respect to the eventual "unwinding" of the single site restrictions, but

there were many issues that could not be foreseen or resolved at the time of implementation. Considering the number of multi-site employees restricted to working at single worksites (approximately 7,300), the parties expected a significant number of impacted employees would return to their original, multiple worksites when the *Order* was rescinded.

Among many SSTF terms that needed to be accounted for in the cessation process, the parties were required to negotiate:

- how employees would return to their relative seniority placement at previous worksites;
- how employers would determine entitlement to benefits upon an employee's return to their previous worksites;
- how employers would determine positions and schedules the employees would return to; and,
- how the parties would address situations where employees no longer had a position to return to.

Planning and preparation for the rescinding of the Public Health Order and the related unwinding of the SSTF began in the spring of 2022 and was successfully completed by the end of the year to coincide with the expiration of the order on December 31, 2022. In leading this work, HEABC met with representatives from the CBA, FBA, HSPBA, NBA and the Ministry of Health on a weekly basis beginning in May 2022 and met with representatives from each health authority and a component of Affiliate members on a weekly basis beginning July 2022 to seek input on the cessation process and to keep the group apprised of the discussions with the unions and Ministry of Health.

# LSNLR: SINGLE SITE UNWINDING



One of the most significant challenges in the cessation process was determining where returning employees would be placed on seniority lists. It was also anticipated that the regional placement process, established for employees who were displaced as a result of the SSTF cessation, could require significant time and resources for employers, and in particular the health authorities, to manage. As thousands of employees were impacted by the *Order* and restricted to working at a single site beginning in 2020, it was expected that at least some of those employees would face displacement as a result of the SSTF cessation.

Despite these anticipated challenges, the SSTF cessation process proceeded in a seamless fashion and has, to date, been a resounding success in terms of partnership and collaboration by all parties to conclude a very complex labour adjustment process. While numerous questions have arisen regarding the determination of relative seniority and matters related to the interpretation and application of the Single Site Cessation Framework, zero matters have been referred to the Single Site Cessation Framework dispute resolution process by any HEABC member.

# LSNLR: INDIGENOUS-SPECIFIC ANTI-RACISM

## INDIGENOUS-SPECIFIC ANTI-RACISM EMBEDDED IN NEW COLLECTIVE AGREEMENTS AND PMA

A key priority during the most recent round of bargaining to renew health sector collective agreements and the Physician Master Agreement (PMA) was to introduce changes in support of eliminating Indigenous-specific anti-racism in the health care system. Negotiation plans were developed through an extensive consultation process under the direction of Indigenous leaders from the health authorities and the Ministry of Health. As part of this process, Indigenous cultural safety and Indigenous specific anti-racism training was provided to HEABC staff and employer representatives participating in negotiations.

The approach to negotiations across all tables was to work collaboratively with Indigenous health leaders to establish a common understanding of the issues and the imperative of meaningful and sustained change across the system. Extensive engagement with bargaining associations and the Doctors of BC were conducted to confirm commitment to the overarching objectives before language was agreed upon.

As a result of this work, new language supporting a comprehensive, system-wide approach to confronting Indigenous-specific racism, promoting cultural safety, identifying and removing collective agreement barriers, and increasing representation of Indigenous employees was integrated into the six health sector collective agreements with some common provisions included in the PMA.

Transforming the culture of health care to support the delivery of culturally safe care and eradicate Indigenous-specific racism will require a long-term strategy and effort that extends across multiple rounds of negotiations. The gains achieved in negotiations will only be realized with successful implementation of the provisions which will depend on coordination and alignment

in the approach by stakeholders and consistent interpretation of collective agreement provisions across bargaining associations, health authorities, other health sector employers, and government stakeholders. To that end, HEABC has been working with stakeholders to develop detailed implementation plans to support this work.

### In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care



In December 2020, the findings of a review into racism, stereotyping and discrimination against Indigenous peoples in the BC health care system were presented to the BC government. Based on consultations with nearly 9,000 people, including 2,780 Indigenous people and 5,440 health care workers, the *In Plain Sight* report describes findings of widespread systemic racism against Indigenous peoples. The report includes 11 findings and makes 24 recommendations to improve equity in health care and calls on the BC government and the health care system, in collaboration with Indigenous peoples, to remedy the lasting consequences of colonialism and improve accountability for Indigenous-specific racism. The report also calls attention to the need for improved cultural safety in health care and increased Indigenous leadership within health services, regulators and education.



# NURSE STAFFING SECRETARIAT

## SUPPORTING COLLABORATIVE SOLUTIONS TO NURSING ISSUES

Originally established as part of the 2014-2019 Nurses' Bargaining Association (NBA) Provincial Collective Agreement, the Nurse Staffing Secretariat (NSS) works in collaboration with health sector employers, the NBA and the Ministry of Health to ensure that the nursing workforce is supported to meet the current and future health needs of British Columbians. The team's knowledge and understanding of the context of health care provision enables them to support and implement the obligations of the collective agreement as it relates to workload and safe patient care staffing as well as other important areas, including the management of scheduling systems and processes, and nurses' professional responsibility.

In addition to working with external stakeholders, the NSS team is a resource for other HEABC teams in providing information and advice with regards to nurses' scheduling and practice concerns. As part of the strategic response to improving nurse recruitment and retention, the NSS helps with creative scheduling solutions to improve flexible positions and ensure contract compliance.

During this past year, the NSS focused on supporting preparations for collective bargaining, worked with employers and the BC Nurses Union to help strengthen collaboration and communication, and guided opportunities for shared learning by leading and convening strategic provincial committees and discussion forums. The role of the NSS in convening these conversations is critical to the exchange of ideas and the success of provincial strategic planning.

Significant areas of work this year included overseeing two joint evaluation initiatives by HEABC and the NBA: the new Professional Responsibility Process and Clinical Mentor positions. In order to ensure a coordinated and structured approach to this work, the NSS, in collaboration with the NBA, established a

Joint Evaluation Steering Committee to oversee development of an overarching evaluation framework to guide each initiative. Further to this, the team convened and supported the Professional Responsibility Working Work and Clinical Mentor Evaluation Sub-Working Group, which contributed to the development of provincial evaluation planning and baseline metrics.

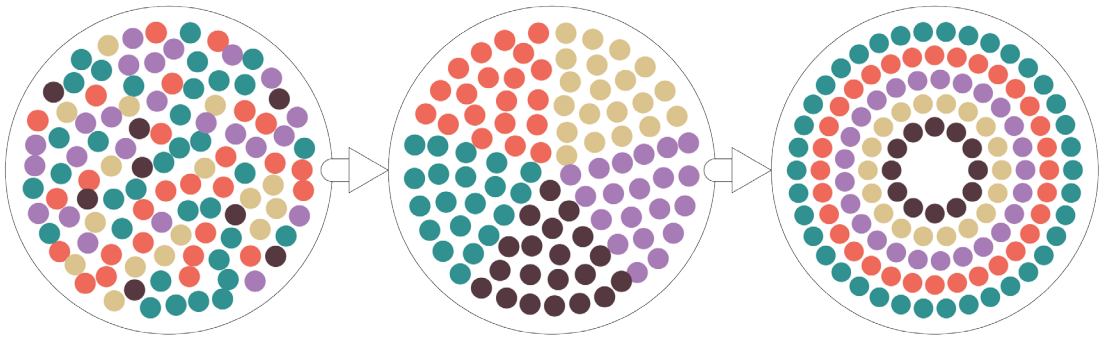
In addition to this important evaluation work, the final report of the Patient Care Needs Assessment Review was presented to the Final Patient Care Assessment Process Steering Group in late July 2022. The NSS was central to all aspects of this work, including guiding and supporting the consultant hired to conduct the review and developing a project work plan and schedule.

Given the recent renegotiation of the NBA Collective Agreement and current nurse staffing challenges in BC, the NSS has a continued commitment to promote and support long-term strategic nurse workforce planning and short-term staffing actions and requirements. In the coming months, the team will continue to track and evaluate implementation activities, reporting requirements and data monitoring in order to help identify and address the complex challenges facing employers and nurses.



# AICS: RESEARCH & ANALYTICS AND IMIT

## ENSURING THAT HEABC STAFF AND MEMBERS HAVE THE DATA, INFORMATION AND SUPPORT SERVICES NECESSARY TO BE LEADERS IN LABOUR RELATIONS AND HEALTH HUMAN RESOURCES



Providing data, analytics and information to HEABC staff and members to support evidence-based decisions, policies and plans is about much more than simply crunching numbers. Numbers may need to be crunched, but they also need to be analyzed, interpreted, placed in context and presented in a way that HEABC staff, members and stakeholders can use with confidence. That's where HEABC's Research and Analytics and Information Management & Information Technology (IMIT) teams come in. They may not always demand the spotlight, but the work of these teams reaches into almost everything HEABC does.

Over the past year, Research and Analytics (R&A) and IMIT, which is part of HEABC's larger Analytics, Information and Corporate Services (AICS) department, provided data-related analysis and advice for bargaining, negotiations and member services in the following ways:

- Continuous and ongoing support, including costing and calculator development for bargaining mandate and bargaining plan development, responsive support for live bargaining and contract implementation working groups.
  - Analytic support for development and implementation of the new Health Science Professionals classification system.
  - Support for the Facilities bargaining association Wage Comparability Initiative and other similar contract implementation processes.
  - On-site tools and technical support for bargaining and essential services planning.
  - Data support for member/partner "roadshows" for all ratified collective agreements.
- HEABC's R&A and IMIT teams also provide critical support for the ongoing implementation of the provincial Health Human Resources Strategy, providing research, analytics and information technology support for the Internationally Educated Nurses (IEN) initiative (see page 42), including:
- Development of infrastructure and tools for processing IEN expressions of interest and intake.
  - Support for government's development of a provincial IEN portal, including IEN milestone reporting system. This work included adjusting our internal systems to be able to report data into the portal.
  - Development of infrastructure and tools to support the processing of IEN bursaries.

# AICS: RESEARCH & ANALYTICS AND IMIT

- Development of infrastructure and tools to process Return of Service agreements for NCAS fee waiver.
- Technical and methodological improvements for the Compensation Base Survey.

To ensure that the team can deliver on these commitments, the AICS department underwent organizational changes over the past year, including a new name, a new structure and the development of an upgraded Senior Director position to provide leadership for new priorities. The goal of these changes is to facilitate a shift towards the strategic use of data and analytics. With the new team and structure in place, AICS undertook an outreach strategy to develop a broad community of practice with government and employer partners with an aim to continuously seek ways to add to the value HEABC provides to the broader BC health system.

# AICS: HYBRID OFFICE

## GOING HYBRID

HEABC knows that we must provide an attractive and supportive workplace to compete for talent in a very competitive labour market. We also know that as a publicly funded agency accountable to members and government stakeholders, we need to be as lean and efficient as possible. In support of these goals, HEABC has completed its transition to a hybrid organization that supports both remote and in-office work.

Many workplaces switched to providing remote work options during the COVID-19 pandemic to stop or slow the spread of the virus and protect workers from illness. The flexibility and efficiency of working from home proved to be very popular with workers and is now a key driver of recruitment and retention as employees look to maintain a healthy work/life balance.

As an organization whose major capital is our skilled and educated workforce, HEABC has only a few areas in which we can reduce and control operating costs in an environment where every dollar possible needs to go to frontline health care delivery. These two objectives lined up perfectly during and following the COVID-19 pandemic as HEABC was able to re-think its use of office space to create more options for workers, and reduce our office footprint to ensure we are operating as cost-effectively as possible.

This work was led and largely completed by HEABC's IMIT and Corporate Services teams, which are part of the larger Analytics, Information and Corporate Services department. Changes included creating 50 "hot-desks" to support drop-in workers, reconfiguring common spaces in support of collaborative work, deploying M365 Teams and establishing related governance,



training and support structures, installing VPN for all staff so access to HEABC files and systems is seamless, installing improved audiovisual equipment in meeting rooms to facilitate more immersive meetings, digitalizing key resources/records to improve retrieval efficiency collaboration, and providing appropriate equipment so remote workers have full office functionality from wherever they are.

# AICS: PRIVACY PROGRAM

## SAFEGUARDING CONFIDENTIAL AND PERSONAL INFORMATION

### HEABC bolsters its Privacy Program to meet evolving requirements and demands

HEABC handles information that is both confidential and legal in nature, and it is our duty to ensure information is safeguarded and disclosed only to the parties involved. To address this obligation, HEABC has developed a renewed Privacy Program to meet evolving privacy-related requirements and demands and streamline our structures and processes.

Launched in the spring of 2022 following standards set by the Office of the Information & Privacy Commissioner for BC, the program team is comprised of staff members from HEABC's Legal Services and Analytics, Information and Corporate Services departments.

The main areas of work for the team include:

#### *A centralized hub for inquiries*



Streamlining privacy related requests, working with members on freedom of information (FOI) requests and providing advice on emergent matters.

#### *Best practices across the organization*



Advising staff on privacy obligations and best practices such as proper contract language usage, joint industry initiatives and technology assessments.

#### *Ongoing evaluation of the Privacy Program*



Reviewing and revising the program to accommodate for legislation and data requirement changes, identifying areas for remediation and establishing program controls for review and audit protocols for privacy related functions and services operated under HEABC.

# AICS: MEMBER EDUCATION SERVICES

## 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. This past fiscal year, member education programs were put on hold while the staff who deliver our member education programs were focused on collective bargaining. We used the time to update some of our existing programs as part of a continuous improvement process to make them ready for the relaunch of member education programs post-bargaining.

Additionally, the Education Services team supports and collaborates with various stakeholders on a variety of other education-related projects. In the past year, such projects included:

### *Post-Ratification Collective Agreement Changes Roadshows*

- Educations Services worked with bargaining implementation teams to develop, coordinate and host virtual presentations for employers as each new collective agreement was ratified.

- We also developed and launched e-learning versions of the roadshow presentations for each collective agreement so that members who could not attend the live sessions or wish to revisit specific information could do so.

### Looking ahead: 2023/24

With the conclusion of bargaining, the primary focus for Education Services in 2023-24 is to complete the remaining collective agreement education sessions and e-learning versions, then resume our regularly scheduled member education programs. We expect that most sessions will be held virtually; however, we look forward to being able to offer some in-person sessions again as well. Education Services will also continue to work with various stakeholders on a variety of other education-related topics.



27

Roadshow Webinars  
(as of March 31, 2023)



1306

Attendees



5

Collective  
Agreements

# AFFILIATE MEMBER SPOTLIGHT

## BC CENTRE FOR ABILITY



BC Centre for Ability (BCCFA) provides community-based services to enhance the quality of life for children, youth and adults with disabilities across BC. Serving clients since 1969, BCCFA's 139 employees focus on clients' abilities rather than their disabilities by providing rehabilitation and therapy services, counselling, respite, child development and employment services from offices across the Lower Mainland.

Over the past three years, BCCFA has launched a new secure online client portal. This technology transformation that began prior to the pandemic has proven critical in providing continuity of services to clients during the COVID-19 pandemic. BCCFA recently moved into a new satellite office space in Richmond at the new Early Childhood Development Hub where they are co-located with other organizations providing services for children and youth in the community. In 2022, BCCFA partnered with BC Children's Hospital and Sunny Hill Rehab Centre to pilot a program to offer autism assessments in the community.

The BC Centre for Ability is an innovative organization that provides high quality and evidence-based services in a welcoming, safe and supportive work environment. The organization is CARF (Commission on Accreditation of Rehabilitation Facilities) accredited and has been recognized as one of BC's Top Employers for the past three years.

<https://bc-cfa.org/>



## BC CARE AIDE AND COMMUNITY HEALTH WORKER REGISTRY: THE EXPEDITED PATHWAY SUCCESS STORY

An accelerated pathway was introduced in February 2020 to make it easier and faster for qualified Health Care Assistants (HCAs) trained in Canada to work in British Columbia. Since the *Expedited Pathway for Out of Province HCA Applicants* was introduced, the number of registrants with training from other parts of Canada has more than doubled from 204 in 2020-21 to 424 in 2022-23. Each registrant has had a unique experience from the start of the application, to registration, to securing employment in BC.

Most expedited pathway registrants understand the high cost of living in larger cities like Vancouver, Surrey, Victoria and Kelowna, and as a result many are opting to relocate with their families from other provinces (primarily Alberta, Manitoba, and Ontario) to smaller cities and communities such as Abbotsford, Chilliwack, Saanichton, Sooke and Burns Lake.

Many are using staffing agencies to obtain work experience as a Travel HCA, as way to a kick

start their plans to eventually relocate to BC on a permanent basis. Many have confirmed that they are completing or completed temporary work contracts in small and remote communities to gain work experience and determine the liveability of different locations.

This BC Care Aide Registry process supports qualified candidates educated in other parts of Canada in their unique journey to a health care career in BC. The Choose2Care team works collaboratively with the Registry to compensate expedited registrants for the time required to complete the online orientation modules by providing a \$250 stipend to applicants once they are registered and employed as an HCA in BC. In 2022-23, there were 118 candidates and 66 financial rewards distributed to Expedited Pathway stipend applicants.

*Faster pathway helps increase trained health care assistants in British Columbia:* <https://news.gov.bc.ca/releases/2019HLTH0150-002178>





# HRSS: BC CARE AIDE & COMMUNITY HEALTH WORKER REGISTRY

“

*Thank you. I will be relocating the end of June and right now I'm applying in Smithers, Houston and Burns Lake.*

Expedited Pathway Candidate  
Registered May 2023

”

“

*Hi, Team of BC Care, I am writing to update you and inform you that I was confirmed for positions at Fraser Health - Part Time and St. Elizabeth - Casual.*

Expedited Pathway Candidate  
Registered February 2023

”

“

*I have got a work assignment at Smither's BC from May 6th to May 26th, 2023 through Elite Intellicare Staffing.*

Expedited Pathway Candidate  
Registered November 2022

”

“

*I'm planning to relocate to BC from Brampton by mid of this month. And looking forward to a full time permanent position in Abbotsford.*

Expedited Pathway Candidate  
Registered May 2023

”

# HRSS: CHASING THE DREAM, ACROSS THE POND



## CHASING THE DREAM, ACROSS THE POND

Like many UK nurses, Kristen Hughes envisioned a life for herself and her family outside of the UK. The original hope was to move to Ontario, but in January 2023, Kristen heard about BC's new Internationally Educated Nurses initiative. In 2022, to meet the increasing demand for nurses in British Columbia, the BC government announced it is making it easier for eligible Internationally Educated Nurses (IENs) to enter the province's health system so they can support British Columbians' health-care needs sooner. Together with the British Columbia College of Nurses and Midwives (BCCNM), the Nursing Community Assessment Service (NCAS) and Health Match BC (HMBC), the Province is supporting IENs who want to work in BC by:

- consolidating the provincially based assessment processes for IEN candidates;
- offering approximately \$9 million in bursaries to help with assessment fees, which is expected to benefit 1,500 IENs in the first year; and
- creating new nurse navigator positions to help IENs navigate the assessment and licensing process.

Kristen did some research, and BC seemed like a favourable fit, given her family's passion for the outdoors and soccer, and she began looking forward to exploring BC and cheering for the local Major League Soccer (MLS) team. As a highly qualified nurse with 15 years of experience in various nursing areas, Kristen's primary concern was whether opportunities would be available in BC, and whether her skills would transfer positively within a Canadian labour market and regulatory process. Just as anxiety was settling in as the process was taking so long, she came across an advertisement for the HMBC UK roadshow.

At the UK roadshow session in Manchester, Kristen learned about the range of opportunities available for nurses in BC, engaged with clinical experts from various communities across the province, and accessed information on licensing as well as the supports and services provided through HMBC. Having initiated the licensing process a few weeks earlier, and now energized by the in-person session, Kristen committed to submitting the last of her required documents. As a nurse educated in the UK, she expected a prompt process in obtaining her BC licensure given the new expedited BCCNM registration pathway for nurses educated in the UK, US, New Zealand, or Australia.

Within 24 hours of attending the UK roadshow, Kristen had been provided with information and access to financial, immigration, and employment supports through HMBC.



*Going to the roadshow changed everything for me. I was able to actually talk to members of the Health Match BC team and registered participants, which made me realize how far I had actually come in the registration process.*



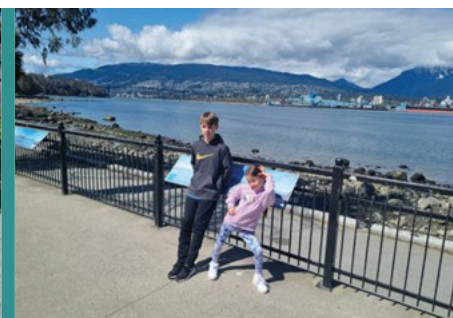
# HRSS: CHASING THE DREAM, ACROSS THE POND

A month later, Kristen was on a plane, her family seizing a unique opportunity to visit BC for the first time. With the support of HMBC and BC's health authorities, Kristen scheduled several site visits at local hospitals in her family's communities of interest. It was an extraordinary visit. In Kristen's words, "My family fell in love [with BC] and could hardly get back on the plane home!"

Upon her return home, she received a positive decision recommendation from BCCNM and commenced a 100-hour online orientation course, the last requirement for eligibility for licensure in BC. During this time, HMBC continued to support her conversations with employers, and Kristen was soon offered an RN position at one of the hospitals she had visited.

As Kristen and her family settle matters in the UK and prepare for their big move, Kristen says she is grateful for the supports she was able to access through HMBC and the Provincial IEN initiative, and looks forward to continuing her nursing career in British Columbia.

“ *Both children have found schools they want to attend and we have found the area we would like to live. I can honestly say I have fallen well and truly in love with British Columbia!* ”



# HRSS: HEABC'S PHYSICIAN PROGRAMS

## HEABC'S PHYSICIAN PROGRAMS OFFER AN ARRAY OF SUPPORTS THAT ENHANCE PHYSICIAN RECRUITMENT AND ASSIST IN RETAINING PHYSICIANS ALREADY PRACTICING IN BC

### Locums for Rural BC (LRBC)

Physicians in rural practice sometimes struggle to find the locum coverage they require to step away from their busy practices and participate in continuing medical education or take much-needed vacation time. The Locums for Rural BC (LRBC) program coordinates the matching of rural locum needs with physicians who can provide locum support. Through the program's concierge-style service, locum physicians are assisted in a variety of ways, including working with health authorities to help locum physicians obtain hospital privileges, connecting physicians who need locum coverage in rural communities with locum providers, and making travel arrangements such as flights, car rentals, and accommodations for locum physicians. Last year, LRBC managed 2,095 assignment requests and was able to provide locum coverage for 75 per cent of requests – the equivalent of 8,353 days of coverage.



**2,095** Assignments

**75%** Locum Coverage

LRBC also provides access to a critical recruitment mechanism – the ability to trial living and working in rural BC communities. Over the past year, after completing locum placements in rural BC, nine LRBC members took on permanent positions in the

communities of Daajing Giids, Port Hardy, Comox, Cranbrook, Nelson, Princeton, Galiano, Nelson, Dease Lake and Williams Lake.

### Health Match BC (HMBC)

As a lead collaborator of the province's physician recruitment strategy, Health Match BC (HMBC) provides expert assistance to physicians seeking to relocate to BC to practice medicine, offering support to both Canadian and internationally trained physicians. Working with potential candidates, HMBC physician recruiters assist candidates in finding and navigating opportunities in BC that match their credentials, as well as their clinical and personal interests.

HMBC also provides leadership in profiling new opportunities for internationally trained physicians to practice in BC such as two new classes of licensure - the Associate Physician and the USA Certified Class. Over the past year, through targeted recruitment strategies regionally, nationally and internationally, HMBC has added more than 4,230 new physician registrants to our database, leading to 1,250 physician referrals to BC health employers.



**4,230** Physician Registrants

**1250** Physician Referrals



Locums for Rural BC



# HRSS: HEABC'S PHYSICIAN PROGRAMS

## Practice Ready Assessment BC (PRA-BC)

Over the course of the past fiscal year, PRA-BC supported 29 internationally trained family physicians to access this alternate path to licensure. To-date, PRA-BC has placed 204 family physicians in 59 communities across BC. In support of the province's Health Human Resources Strategy, the program is welcoming its largest number of candidates ever (41) in the upcoming fiscal year and has begun intensive planning work to triple program operations by the spring of 2024.

### Fiscal Year 2022-23



29

Internationally Trained Physicians

### Since Program Launch



204

Placements

59

BC Communities

Following successful completion of the program, PRA-BC graduates complete a full-time three-year return of service in a BC community. Through this service, graduates of the program make a substantial contribution to expanding access to primary care across BC. Beyond the incredible impact of increased primary care capacity, PRA-BC's graduates also make lasting impacts on BC's health care system and communities, taking on medical leadership roles, providing leadership in their communities and supporting the next generation of health care providers in BC.

Dr. Mohamed Elbira is one such example. After completing the PRA-BC program in 2019, Dr. Elbira arrived in the community of Quesnel to complete his three-year return of service commitment. Now, four years later, he sits on the executive of the Medical Staff Association working alongside his medical peers to improve the delivery of patient care in his community. He volunteers as a youth soccer coach, and this spring was honored by the BC College of Family Physicians with their "Exceptional Teacher Honor" for his dedication to teaching and mentorship. His nominators noted his extraordinary passion and skill for teaching, and the countless hours he has provided in support of UBC medical students.

## Summary

The need for additional physicians throughout British Columbia remains high and the collaboration between various government bodies, communities, and employer partners remains steadfast. HEABC's physician programs help to source new physicians for the province and to connect them with career pathways and employment opportunities. These recruitment efforts, partnered with supportive programming such as Locums for Rural BC, are instrumental in attracting and retaining highly skilled physicians in BC and helping increase access to care for British Columbians.



Dr. Elbira's story is just one of the many success stories among the 204 program graduates, highlighting the impact of the PRA-BC program.

# HRSS: HEABC & THE PHHRCC

## HEABC AND THE PROVINCIAL HEALTH HUMAN RESOURCES COORDINATION CENTRE

### Supporting and leading actions in the provincial Health Human Resources Strategy

The Provincial Health Human Resources Coordination Centre (PHHRCC) addresses health human resource challenges by providing advice and decisions, enabling implementation of health human resource initiatives, and establishing linkages across partners and stakeholders working to address these challenges.

HEABC is represented on PHHRCC by our Vice-President, Human Resources Services and Strategies (HRSS), and other HEABC representatives serve on integrated project teams arising from PHHRCC. The Vice-President, HRSS, along with members of the HEABC senior leadership team, ensures HEABC's work to support the provincial Health Human Resources Strategy is connected and integrated across all areas of HEABC.

BC's Health Human Resources Strategy outlines 70 specific actions to support a healthy and productive workforce by focusing on four key areas: Retain, Redesign, Recruit and Train. The PHHRCC has been tasked with governance and implementation oversight for the Strategy, which is well aligned with HEABC's mission and work and will have significant impact on HEABC's work. Based on current information, HEABC has identified 40 of the Strategy's 70 actions in which HEABC has either a defined or anticipated role.

In addition to providing support across the Strategy, HEABC will have a leading or major supporting role in a number of the Strategy's actions:

Action #23

### Associate Physician Deployment Expansion

Health Match BC (HMBC) provides support for this program through the recruitment of Associate Physicians (AP). Over the past year, additional health authority programs gained an accredited status for AP employment, enabling HMBC to begin active recruitment for these new roles in the health sector. The first APs were placed with health authorities, and it is anticipated that activity will continue to increase as more health authority programs obtain accreditation with the College of Physicians and Surgeons of BC (CPSBC).

Action #6

### Targeted Provincial Retention Incentives

### Recruitment Incentives

Action #47

Retention and recruitment incentives are changes to terms and conditions of employment that fall within the unions' bargaining agency and, as such, HEABC has an integral role in advising on issues, engaging with bargaining associations and managing any disputes that arise. HEABC serves on the Incentives Integrated Project Team, along with members from the Ministry of Health and health authorities, to establish a consistent framework to support health authorities in implementing recruitment and/or retention incentives.

# HRSS: HEABC & THE PHHRCC

In early 2023, HEABC successfully concluded negotiations to renew the health sector collective agreements, and a range of collective agreement specific provisions were negotiated to incentivize regular work, support clinical mentorship and preceptorship opportunities, increase education allowances, and provide monetary and vacation increases for long service employees.

Specific recruitment and retention provisions were successfully negotiated across all collective agreements that recognize the need to address the under-representation of Indigenous people in the health sector workforce and are of critical importance to ensure cultural safety within the healthcare system for workers, patients/residents/client, and service users. HEABC and the health sector bargaining associations agreed to actively support the hiring of Indigenous employees in general, and specifically to the selection of Indigenous candidates in preference to senior, non-Indigenous candidates in certain circumstances.

HEABC will continue to support the development of labour relations strategies and principles for PHHRCC retention and recruitment initiatives as required, including negotiating terms and conditions for “earn and learn” programs as directed by government.

Action  
#36

## IEN Assessment and Nurse Re-entry Support

This program includes grants that offset training, application, and assessment fees for Internationally Educated Nurses (IENs) and nurse re-entrants. HMBC has been tasked with administering the grants with support from the HEABC finance team. This program launched in the third quarter of 2022-23, and a total of 338 financial rewards totaling \$713,358 were distributed this year.

Related to this action is the broader package of new supports for IENs and tuition support for Licensed Practical Nurses (LPN):

- At the time of this report, HMBC is working with 26,830 individuals who completed an expression of interest.
- British Columbia College of Nurses and Midwives (BCCNM) and the Nursing Community Assessment Service (NCAS) launched a new IEN pathway that started on January 31, 2023 to accelerate licensing pathway for IENs that includes: more options for completing a credential evaluation, waiving BCCNM and NCAS fees, an updated approach to assessing English-language proficiency and streamlining the assessment process through NCAS.
- HMBC supported the launch of the Ministry’s new IEN database, which will allow HEABC, the Ministry of Health and health authorities to track IENs progress identifying and addressing bottlenecks in the system.
- To support LPN recruitment, Choose2Care (HEABC) is administering the Access to Practical Nursing (APN) Education Incentive Bursary for students and recent grads enrolled in the APN program at a recognized BC-based public institution. This fiscal year, 86 financial rewards were distributed totaling \$591,667.
- A Return to Practice bursary that provides financial support to a nurse who does not have the required practice hours to obtain registration with BCCNM will be launched in June 2023.

**Action  
#37**

## **IEAHB Assessment and Support Program**

HMBC continues to work collaboratively with the Ministry of Health on the administration of the Internationally Educated Allied Health Bursary program for physical therapists, occupational therapists and medical laboratory technologists, which is expected to launch in 2023-24.

**Action  
#41**

## **PRA-BC Expansion**

The Ministry of Health has announced its intention to triple the number of Practice Ready Assessment BC (PRA-BC) supported physicians from 32 to 96 annually. Expansion will start in fiscal year 2023-24 with an increase to 41 assessments. HEABC administers the PRA-BC program and is leading this work with guidance and support from other program partner organizations, program funders and the PRA-BC steering committee.

**Action  
#43**

## **New to Practice Incentive Program**

HMBC has established processes to support the administration of New to Practice (NTP) incentives for family physicians who completed their family medicine residency program in 2021 or 2022 and are pursuing careers in full-service, longitudinal primary care in BC. These incentives consist of a signing bonus and a medical education debt relief grant.

At the end of the fiscal year, 33 NTP physicians had been approved for a signing bonus, 27 of whom have received their signing bonus payment. Debt relief payments will be disbursed to eligible physicians annually upon the fulfillment of their NTP obligations.

**Action  
#52**

## **Health Career Access Program (HCAP)**

HEABC's Recruitment Solutions team continues to support the HCAP program. In the third quarter of fiscal year 2022-23, the HCAP pre-requisite stipend was extended to include funding for a WorkSafe BC violence prevention course, immunizations and second criminal records checks which include vulnerable children. In fiscal year 2022-23, 1066 financial rewards totaling \$432,425 were distributed.



# HRSS: COMPENSATION & 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

### *HSPBA Classification System Redesign – Completion and Implementation*

Over the past year, HEABC and the Health Science Professionals Bargaining Association (HSPBA) made considerable progress in the design of a new profile-based classification system for health science professionals with the parties agreeing to complete the development of, and fully implement, the new system by February 28, 2025. The redesigned classification plan is the most comprehensive classification plan developed by the parties in over 30 years, and close to 90 per cent of the plan was achieved through mutual agreement.

During the term of the 2022-2025 Health Science Professionals collective agreement, the Classification Level P1 Working Professional Salary Structure of the new system will be phased-in, providing compensation increases for working level professionals through a series of salary structure increases each April. Full implementation of the Classification Level P1 Working Professional Salary Structure will be effective April 1, 2024.

The new classification system is applicable to all health science professionals and designed to provide consistency and eliminate inequities of the existing disparate classification systems. The new compensation structure will also facilitate BC's Health Human Resources Strategy and related objectives by improving recruitment, retention, career progression and clinical/practice leadership.

## MANAGEMENT COMPENSATION

### *Managing compensation in an increasingly competitive job market*

HEABC values and recognizes the diversity of our membership, and the 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.

Our members continue to operate within an increasingly competitive job market faced with inflationary pressures. Working within the Health Sector Compensation Reference Plan (CRP), and through the application of public sector compensation guidelines, HEABC continues to partner with members in managing health sector compensation plans, identifying emerging issues and developing strategies to address a variety of challenges presented within the context of a transformative post-pandemic working environment.

Over the past year, HEABC worked closely with members to embed greater flexibility and efficiency in the annual performance-based salary increase process and continues to support members in addressing internal equity, compression with bargaining unit staff, and increasing transparency in managing competitive compensation within the health sector.

# BARGAINING ASSOCIATIONS

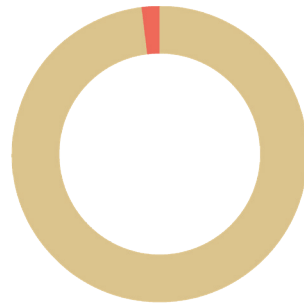
## FULL-TIME EQUIVALENTS BY ASSOCIATIONS & CONSTITUENT UNIONS

### HEALTH SCIENCE PROFESSIONALS



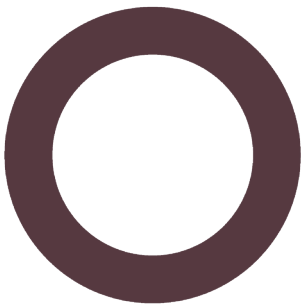
Union	FTEs	%
HSA	12,031	78.7
BCGEU	2,353	15.4
CUPE	705	4.6
PEA	172	1.1
HEU	22	0.1
<b>Total</b>	<b>15,282</b>	<b>100%</b>

### NURSES



Union	FTEs	%
BCNU	33,465	98.2
HSA	587	1.7
BCGEU	2	0.0
HEU	9	0.0
CLAC	1	0.0
<b>Total</b>	<b>34,076</b>	<b>100%</b>

### AMBULANCE PARAMEDICS & AMBULANCE DISPATCHERS



Union	FTEs	%
CUPE	3,019	100
<b>Total</b>	<b>3,019</b>	<b>100%</b>

### RESIDENT DOCTORS OF BC



Union	FTEs	%
RDBC	1,345	100
<b>Total</b>	<b>1,345</b>	<b>100%</b>

# BARGAINING ASSOCIATIONS

## FULL-TIME EQUIVALENTS BY ASSOCIATIONS & CONSTITUENT UNIONS

### COMMUNITY



Union	FTEs	%
BCGEU	7,439	60.1
UFCW	2,123	17.1
HEU	1,567	12.7
CUPE	758	6.1
HSA	429	3.5
BCNU	29	0.2
USWA	33	0.3
CLAC	5	0.0
<b>Total</b>	<b>12,384</b>	<b>100%</b>

### FACILITIES



Union	FTEs	%
HEU	31,504	94.0
BCGEU	1,561	4.7
IUOE	239	0.7
PPWC	108	0.3
BCNU	81	0.2
IBEW	5	0.0
UAPP	4	0.0
UBCJA	4	0.0
IUPAT	1	0.0
CUPE	0	0.0
USWA	0	0.0
<b>Total</b>	<b>33,507</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 2022-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)
- FTEs with no valid union were excluded from the report. In 2022, 94 FTEs were excluded

# STATEMENT OF OPERATIONS & ACCUMULATED SURPLUS

## HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

Statement of Operations and Accumulated Surplus

Year ended March 31, 2023, with comparative information for 2022

	2023 Budget (note 2(i))	2023	2022
<b>Revenue:</b>			
Provincial government funding	\$ 13,243,215	\$ 12,026,003	\$ 11,723,731
Fees for service	120,000	69,459	162,544
Interest	150,000	2,317,847	425,659
	<u>13,513,215</u>	<u>14,413,309</u>	<u>12,311,934</u>
Restricted funding from deferred operating contributions (note 5)	20,763,697	21,022,082	27,871,930
Amortization of deferred capital contributions (note 6)	192,280	192,280	192,280
	<u>34,469,192</u>	<u>35,627,671</u>	<u>40,376,144</u>
<b>Expenses (note 15):</b>			
Ongoing operations:			
Legal services, negotiations and labour relations	6,478,640	6,964,279	5,982,638
Recruitment solutions	5,649,514	7,019,110	5,375,615
Physician services	3,546,720	3,416,049	2,805,450
Knowledge management	3,229,170	2,617,295	2,869,803
Executive services and board governance	1,925,279	1,533,179	1,603,738
Collective bargaining and related expenses	2,571,580	1,203,042	1,148,846
Finance and administration	591,320	1,034,291	716,205
Compensation services	887,860	842,200	877,063
General	477,600	787,827	457,198
Occupational health and safety	331,230	140,821	278,050
Expenses from ongoing operations	<u>25,688,913</u>	<u>25,558,093</u>	<u>22,114,606</u>
Other managed programs:			
Recruitment Solutions - Managed bursary programs	2,134,800	4,154,955	12,374,998
Locums for rural BC	2,749,300	2,469,290	2,528,989
Practice ready assessment BC	2,549,416	2,423,685	2,355,792
BC care aide and community health worker registry	978,615	772,140	691,167
Health cross jurisdictional labour relations database	416,802	249,508	310,592
Expenses from other managed programs	<u>8,828,933</u>	<u>10,069,578</u>	<u>18,261,538</u>
Total expenses from operations	<u>34,517,846</u>	<u>35,627,671</u>	<u>40,376,144</u>
Annual surplus (deficit)	(48,654)	-	-
Accumulated surplus, beginning of year	3,627,800	3,627,800	3,627,800
Accumulated surplus, end of year	<u>\$ 3,579,146</u>	<u>\$ 3,627,800</u>	<u>\$ 3,627,800</u>

See accompanying notes to financial statements

# STATEMENT OF FINANCIAL POSITION

## HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

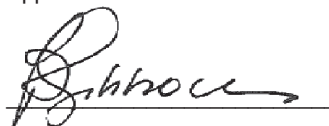
Statement of Financial Position

March 31, 2023, with comparative information for 2022

	2023	2022
<b>Financial assets:</b>		
Cash	\$ 11,246,694	\$ 10,222,307
Restricted cash (note 4)	47,592,265	16,135,883
Accounts receivable (note 5(a))	437,360	35,332,976
	<u>59,276,319</u>	<u>61,691,166</u>
<b>Liabilities:</b>		
Accounts payable and accrued liabilities (note 13)	3,540,732	2,994,229
Deferred operating contributions (note 5)	47,752,265	51,125,883
Deferred capital contributions (note 6)	5,522,831	5,715,111
Deferred lease liability (note 7)	1,844,161	2,010,243
Retirement benefit liability	233,661	165,379
	<u>58,893,650</u>	<u>62,010,845</u>
<b>Net financial assets (debt)</b>	382,669	(319,679)
<b>Non-financial assets:</b>		
Tangible capital assets (note 8)	2,927,262	3,542,491
Prepaid expenses	317,869	404,988
	<u>3,245,131</u>	<u>3,947,479</u>
Contractual obligations and contingencies (note 12)		
Contractual rights (note 13)		
<b>Accumulated surplus (note 9)</b>	<u>\$ 3,627,800</u>	<u>\$ 3,627,800</u>

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.

# BC HEALTH CARE AWARDS

## BC HEALTH CARE AWARDS UPDATE

**After a two-year pause due to the COVID-19 pandemic, HEABC will refresh, rebrand the relaunch the awards program in 2023/24**

HEABC will re-launch the BC Health Care Awards program in 2023/24 with a new name and streamlined award categories focusing on leading health sector human resource and labour relations-related practices to align more closely with HEABC's core mandate. Nominations for the rebranded awards program are expected to open in fall 2023. Members are encouraged to check HEABC's social media channels and the awards website for further details as the renewal process progresses.

Affiliate employers have been underrepresented throughout the history of the awards. To rectify this fact, and to recognize differences in size, scope and resources among member employers, each award category will include an affiliate and health authority class. Providence Health Care, which is technically an affiliate member, will compete in the health authority class due to its size and scope being more consistent with health authorities than with other affiliate members.



## Award Categories (actual names may change)

### *Leading Workplace Health & Safety Practices*

One health authority and one affiliate member will be recognized for a project, initiative or practice that supports or improves workplace health and safety.

### *Leading Human Resource and/or Labour Relations Practices*

One health authority and one affiliate member will be recognized for a project, initiative or practice that supports effective, innovative and collaborative human resource and/or labour relations practices.

### *Leading Practices: Diversity, Equity & Inclusion (DEI)*

One health authority and one affiliate member will be recognized for a project, initiative or practice that demonstrates leading DEI practices, including leading practices in the area of Indigenous specific anti-racism and de-colonialization.

### *Health Care Hero*

The Health Care Hero award will be presented in two classes (health authority and affiliate) to individuals who go above and beyond to make a difference in health care.

## Timelines

Summer  
2023

Rebranding & preparation of nomination materials

Fall  
2023

Nominations

Winter  
2023/24

Awards presentation

# 2022/23 BOARD OF DIRECTORS

## BOARD CHAIR

### **Betsy Gibbons**

Independently appointed Board Chair

## AFFILIATED CARE

### PROVIDER REPRESENTATIVE

### **Joseph McQuaid**

Executive Director

Alberni-Clayoquot 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**

Associate Deputy Minister

Health Sector Workforce & 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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