

ANNUAL 2023/24 REPORT

NEW!



HEABC AWARDS



HEABC's office is located within the traditional, ancestral and unceded territory of the Coast Salish nations: x̣m̄θkwəȳəm (Musqueam), Sk̄wx̄wú7mesh (Squamish), and Səlilwətał (Tsleil-Waututh) nations.

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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 more than 179,000 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 health sector partners on marketing and recruitment campaigns for health professionals and expedited pathways to residency for foreign-trained professionals.

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

VISION
A diverse, healthy, safe, and engaged health workforce supported to meet the current and future health needs of all people in BC.

MISSION
Within the parameters of our mandate and service contracts, we collaborate with our members and government to create the human resource and labour relations environment necessary to deliver high-quality health care.

PRINCIPLES
The following principles describe and guide how we will do our work. We will:

- Have a positive orientation towards action and remove unnecessary complexity to deliver the best possible service and outcomes for our staff, members and government partners.
- Proactively establish clarity about our role in major projects and initiatives.
- Ensure we have the operational capacity to establish and sustain new services as they are requested.
- Build and sustain long-term collaborative relationships with our health system partners.
- Seek to understand the perspectives of our co-workers, members and all people we encounter.
- Recognize the operational diversity of our membership when developing system-wide approaches.
- Demonstrate effective leadership qualities regardless of the positions we hold.
- Recognize and value teamwork while acknowledging the individual contributions of our co-workers.
- Foster a culturally safe, inclusive, and accessible environment free of racism, discrimination and biases.
- Embed and uphold Indigenous rights and Indigenous-specific anti-racism in our work and workplace.

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	73
Fraser Health	67
Island Health	30
Interior Health	24
Northern Health	09

AFFILIATE MEMBERS PER CENT BY SERVICE TYPE

Mental Health & Substance Use	44
Residential Care <i>Extended care; long-term care</i>	26
Home/Day Support <i>Home support agencies; assisted living; adult day care</i>	12
Child Development <i>Child development centres</i>	06
Community Service <i>Community service agencies; community housing, health and outreach</i>	07
Other <i>Other; diagnostic & treatment; acute care</i>	05

BOARD CHAIR AND PRESIDENT & CEO MESSAGE

ADAPTING AND RESPONDING TO EMERGING HEALTH SYSTEM PRIORITIES

At HEABC, much of our work follows a cyclical pattern. Health sector collective agreements tend to run in three to four year cycles and our work follows suit. With the current health sector collective agreements running from 2022-2025, the past year had a significant focus on supporting members to implement collective agreement changes and obligations. In the second half of the year, we also started our preparations for negotiations in 2025, including an evaluation of the outcomes for the last round. More information can be found on page 17 of this report.

This past year, we also focused resources on provincial issues and priorities that required labour relations support and coordination such as the province's Health Human Resource Strategy, occupational health and safety work, and the provincial direction to take concrete action to end systemic Indigenous-specific racism. In addition to providing support for system priorities, HEABC supports members in more focused work that requires labour relations expertise.

HEABC also has its own planning cycle, which helps organize our work on behalf of members and other health sector partners. HEABC's five-year Strategic Framework expired on March 31, 2024. Working with the Board of Directors, members, health system partners, and our staff, HEABC completed a process to renew our Strategic Framework and related Areas of Focus.

Our renewed Strategic Framework continues to focus on clear, high-level, strategic directions rather than specific, time-limited goals or objectives. We have taken this approach to ensure that HEABC is responsive and able to adapt our workplans to align with the health sector's current priorities and needs. The framework contains HEABC's Vision, Mission, Principles and Strategic Directions and is used by our leadership team and Board to shape a work plan that outlines priorities and specific objectives for a two-year period. You can read more about the process and renewed framework on page 10 of this report.



BOARD CHAIR AND PRESIDENT & CEO MESSAGE

In 2007, HEABC launched the BC Health Care Awards to recognize and celebrate projects and health care professionals making a difference in the lives of others through contributions to BC's health care system. After 12 years, we paused the awards in 2020 due to the COVID-19 pandemic. The pause also allowed us to rethink the awards and we made the decision to move forward with a refreshed program this spring with a focus on labour relations and human resources consistent with HEABC's core mandate. The renamed Healthcare Employee Relations Awards of BC (HEABC Awards or HEABCs) recognize human resources and labour relations professionals who work with employers and health care professionals to create high-quality workplaces. You can read more about the new awards program on page 46 of this report.

HEABC's teams that provide labour relations, legal and human resources advice, support and coordination services for our members and government partners have experienced significant growth and change over the

past couple of years as we have built capacity to support emerging provincial priorities. Most significantly, BC's Health Human Resources 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. Important pieces of work to support the implementation of the provincial strategy are well underway. More details on this work can be found on pages 36 to 39 of this report.

As we have in past years, we have included a profile of one of our Affiliate employer members. Day One Society is a non-profit provider in Kamloops and a short profile of the organization is on page 31.

Thank you for reading our Annual Report. As always, we are happy to hear feedback from members and health system partners and hope this report has helped further your understanding of HEABC's role in supporting members to deliver high quality health care for all British Columbians.



2019-2024 STRATEGIC FRAMEWORK AND AREAS OF FOCUS

AREAS OF FOCUS: FISCAL YEARS 2022/23 AND 2023/24

HEABC introduced our 2019-2024 Strategic Framework 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 Areas of Focus and identifies specific pieces of work that are critical to fulfilling our mission and vision. In 2022, working with the Board of Directors, HEABC identified seven Areas of Focus for fiscal years 2022/23 and 2023/24 that would span the final two years of HEABC's 2019-2024 Strategic Framework. These Areas of Focus were first reported on in the 2021/22 Annual Report and updated in 2022/23. Further updates relating to the final year of these priorities are noted below. Please see page 10 for information on the renewal of our Strategic Framework and Areas of Focus.

Operational Priorities

1. Negotiate and Implement the 2022 Collective Agreements and Physician Master Agreement

Working with HEABC member employers, the Ministry of Health and the Public Sector Employers' Council Secretariat (PSEC), HEABC was successful in reaching agreements to renew each of the six-health sector provincial collective agreements and the Physician Master Agreement for three-year terms ending March 31, 2025. The agreements aligned with approved bargaining plans developed in advance of bargaining.

Over the past year, HEABC has led a coordinated approach to implementing each of the agreements, including the development of detailed implementation plans for key provisions in accordance with HEABC's Agreement Implementation and Administration Framework.

2. Coordinate Labour Relations Issues and Risk Management Related to Pandemic Policy Unwinding/Transition

Over the past year, HEABC continued to have a major focus on resolving labour relations issues

connected to public health policies and orders related to the provincial COVID-19 pandemic response. In late 2022, in anticipation of the cessation of the Provincial Health Officer's Facility Staff Assignment Order, which limited health care workers to working at a single long-term care or assisted living facility throughout the pandemic, HEABC negotiated the terms of a Consent Award with the health sector bargaining associations that determined the labour adjustment terms applicable for staff upon the unwinding of the single site restriction. (See GIU # 346 (Update 1.0) issued December 16, 2022 for more information).

HEABC has also continued to represent employers in a large number of grievances concerning employees terminated from their employment in connection with the Provincial Health Officer's orders requiring health care workers to be vaccinated against COVID-19 in order to work (see GIU-339 issued April 12, 2022).

3. Support Implementation of the Provincial Health Human Resource Strategy

The BC Health Human Resources Strategy, launched in September 2022, identified 70 actions to bolster the province's health care workforce. Throughout 2023, HEABC played a significant role in advancing many of these actions. Key contributions included supporting the development and implementation of new financial supports for Internationally Educated Nurses, leading the expansion of Practice Ready Assessment BC, and providing significant labour relations analysis and support for key initiatives. Additionally, HEABC facilitated the introduction of new roles like Physician Assistants and Relational Security Officers, ensuring a robust health care workforce for the future.

2019-2024 STRATEGIC FRAMEWORK AND AREAS OF FOCUS

4. Enhance the Strategic Use of Data, Intelligence and Analytics for BC Health Sector Labour Relations and Human Resources

As the health sector develops strategies to tackle a wide array of staffing and recruitment and retention challenges, rapid access to timely and accurate data and analytics is critical. To support our partners across the health system, HEABC's Research and Analytics team has undertaken a comprehensive knowledge transfer initiative that provides the Ministry of Health not only with health sector compensation data, but also the context, history and practical information needed to use this data effectively within BC's labour relations environment. With both reliable access to up-to-date data and the relevant background on its use, our partners and HEABC will be able to provide more robust intelligence and useful insight to policymakers and employers, strengthening our ability to make evidence-based decisions that ultimately result in better health care outcomes in BC.

People Priorities

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

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

In 2023, HEABC prioritized its people agenda, including refinement of its hybrid work location model established

in 2020-2021. HEABC leadership concentrated on defining principles, emphasizing professional productivity and work-life balance; valuing connection, collaboration, and culture in both in-office and at-home settings; the need for tailored hybrid arrangements based on individual team needs, while ensuring equity and fairness; and, emphasizing intentional communication at all organizational levels.

Another key people focus was creating high-performing teams through streamlined processes, updated tools, and the adoption of new technologies. In 2023, HEABC introduced Microsoft Teams to the organization, providing HEABC staff with new opportunities for communication, collaboration, and document management.

Enterprise Priorities

1. Continue to Establish the Clarity of Our Role in the Health Sector

Over the past few years, 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 works to pro-actively clarify our role in the health sector as we undertake new and emerging work. This approach to clarifying our role and work is ongoing and will carry into 2024/25.

2. Enhance Communication with Health System Partners

As part of its 2022/23 and 2023/24 Areas of Focus, HEABC staff at all levels committed to excel at communicating effectively with our health system partners and other partners. In 2023, HEABC started the development of a communications gap analysis that we will complete in 2024 to identify areas where we can improve our communications products to better meet the needs of our members.

STRATEGIC FRAMEWORK UPDATE

STRATEGIC FRAMEWORK REFRESH



LEAD

provincial programs, policies, initiatives, negotiations, and agreement implementation to advance BC's health human resource and labour relations strategy



ANTICIPATE

future pressures and trends that may impact the operational environments of HEABC and our members



LEVERAGE

health human resource and labour relations data, information and knowledge as a strategic enabler to government and our members



CONVENE

strategic conversations with government, our members and other health sector parties to respond to emerging labour relations and human resource issues



ADAPT

short-term and long-term strategies and tactics to ongoing developments and changes in BC's health sector to ensure effective delivery of our services and supports

HEABC's five-year Strategic Framework expired on March 31, 2024. Working with the Board of Directors, members, health system partners and staff, HEABC undertook a process to renew the Strategic Framework and our 2024-2026 Areas of Focus in the winter/spring of 2024. The Strategic Framework contains HEABC's Vision, Mission, Principles and Strategic Directions and is used by our leadership team and Board to shape a rolling work plan that outlines priorities and specific objectives for a rolling two-year period.

Each Area of Focus includes an intention statement followed by key objectives. Please see page 8 for a separate update on HEABC's 2022-2024 Areas of Focus for progress made on those priorities over the past two years.

To renew the Strategic Framework and Areas of Focus, HEABC hosted consultations with numerous groups including HEABC staff, the Public Sector Employers' Council Secretariat, the Ministry of Health, our Affiliate Advisory Committee, the Health Authority/Providence Health Care Vice Presidents of Human Resources and Health Authority/Providence Health Care Vice Presidents of Indigenous Health. The renewed Strategic Framework and Areas of Focus have been approved by the Board.

The refresh has resulted in the addition of a fifth Strategic Direction—ADAPT. This direction was added in recognition of the fact that we are often called upon to respond to emerging issues and priorities. Another important piece of this work is the evolution of our Principles following several consultation sessions where feedback focused on organizational sustainability and role clarity, as well as strengthening the elements around Indigenous Specific Anti-Racism.

STRATEGIC FRAMEWORK UPDATE

AREAS OF FOCUS (APRIL 1, 2024 TO MARCH 31, 2026)

(For further detail, please see the complete 2024-2026 Strategic Framework and Areas of Focus, which has been posted to HEABC's website.)

1 Indigenous-Specific Anti-Racism

Intention: To hardwire our commitment to embed and uphold Indigenous rights and Indigenous-specific anti-racism throughout HEABC's beliefs, behaviours, work and system-wide support.

2 Agreement Negotiation and Implementation

Intention: Continue to lead the implementation of the 2022-2025 collective agreements and Physician Master Agreement (PMA) and lead the 2025 round of negotiations.

3 Labour Litigation Management and Coordination

Intention: Coordinate and lead health sector labour litigation to ensure legal strategies are aligned with strategic priorities while optimizing the use of HEABC's legal resources.

4 Provincial Health Human Resources Strategy

Intention: Continue to support the implementation of actions contained within the Ministry of Health's Provincial Health Human Resources (HHR) Strategy.

5 Management/Excluded Compensation and Benefits

Intention: Work with Health Authorities, Providence Health Care, Affiliate Employers and PSEC Secretariat to make improvements to management/excluded compensation and benefits that support recruitment and retention for those groups.

6 Research and Analytics

Intention: Further develop the Research and Analytics team into a centre of expertise concerning labour relations and HHR related workplace data and analytics for BC's health care system.

7 People and Systems

Intention: Create a dynamic workplace environment capable of responding to the demands of our members and partners while also ensuring the long-term health of our organization and the wellbeing of staff. Implement policies, programs, technology and initiatives that make HEABC a preferred organization to work for, and a trusted partner to work with. Emphasize a culture of experimentation and continuous improvement to foster innovation at all levels of the organization.

8 Governance and Management Excellence

Intention: Review HEABC's current Board governance and operational management processes and structures to ensure they support the organization's ongoing growth and long-term sustainability.

HEABC ISAR AND DEI UPDATE

EMBEDDING DIVERSITY, EQUITY AND INCLUSION AND INDIGENOUS SPECIFIC ANTI-RACISM INTO HEABC'S DAILY OPERATIONS

Diversity, equity, and inclusion (DEI) is a priority for organizations across the province and HEABC is no exception. Through collective bargaining, HEABC works with members and our union counterparts to implement labour relations practices that support diversity, equity and inclusion in BC's health sector. HEABC is also committed to embedding these same principles within our own workforce and workplace. This work is led by a DEI Committee made up of volunteers from across the organization that was founded in 2021 to build organizational awareness and capacity and provide activities and events to support HEABC on this journey.

In 2023, the committee provided training sessions to all staff covering a wide range of DEI topics to help deepen our understanding of the challenges associated with building a diverse, equitable and inclusive workforce, and effective practices to support this priority. This year, the committee continued with this work, creating proposals outlining best practices for recruiting, retaining and

promoting staff, developing, delivering and promoting diversity initiatives, and reviewing workplace policies and making recommendations for change.

Overall, staff have shown a high interest in participating in DEI training sessions and the committee is looking forward to leading HEABC on its journey to creating a culturally, physically and psychologically safe and inclusive workplace. In 2023, HEABC recruited a new Director of Indigenous-Specific Anti Racism and DEI Initiatives to help lead this work.

HEABC is also committed to help break the cycle of systemic anti-Indigenous racism in health care as documented in the *In Plain Sight Report*, a priority set out in provincial legislation through the *Declaration on the Rights of Indigenous Peoples Act (DRIPA)*. Over the next year, we will develop programs and services in support of this commitment.



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, HEABC representatives approach labour relations issues with the goal of 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.

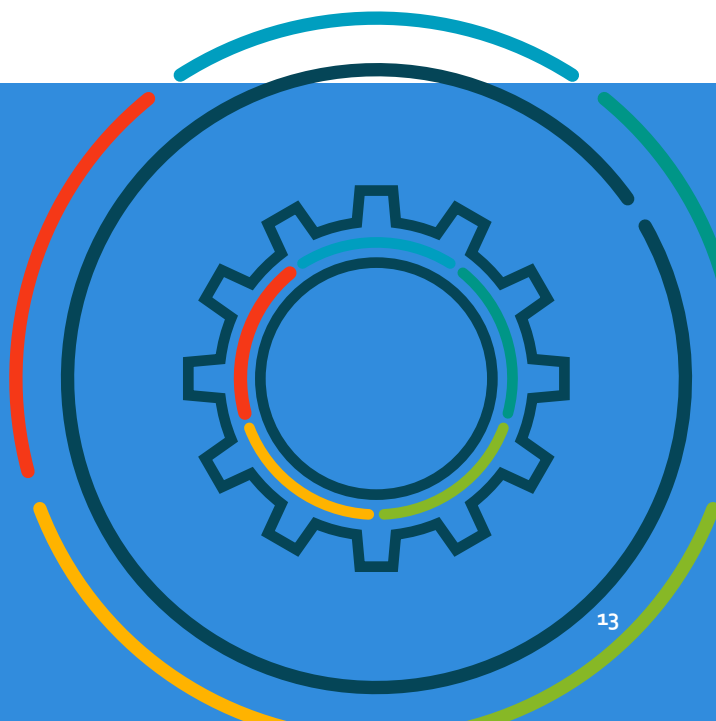
HEABC represents members in mediations, arbitrations, and Labour Relations Board hearings related to labour relations issues such as grievances related to pay, work jurisdiction, and job selection disputes. Over the past year, HEABC represented members in numerous disputes regarding a wide range of issue including retroactive pay, contracting out, and many more.

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, HEABC has also provided members with many workshops. In addition to the popular LR 101 course, HEABC staff have taught workshops on managing the grievance process, discipline, and many others. These workshops help human resource and labour relations professionals and managers improve their labour relations skills and knowledge.

In addition to representing members and offering one-to-one advice, HEABC keep its members up to date on important issues through Contract Interpretation Updates (CIUs), General Information Updates (GIUs) and Member Bulletins (MBs). This included the new *Pay Transparency Act*, significant human rights cases, 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.



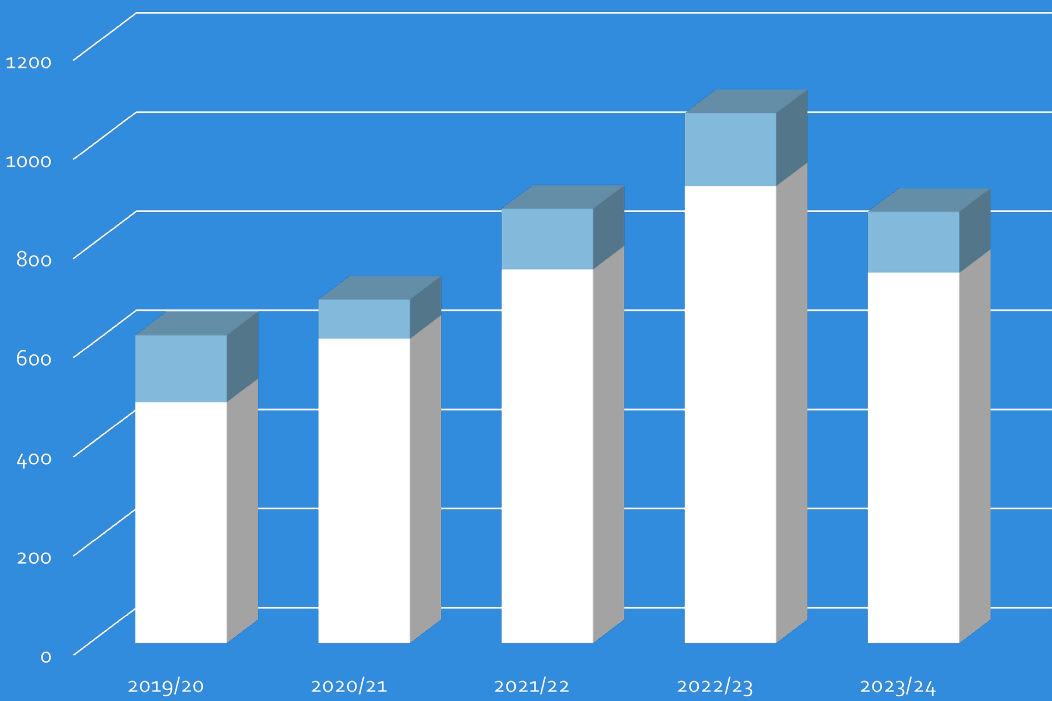
LABOUR RELATIONS BY THE NUMBERS

870 ADJUDICATION FILES OPENED
(April 1, 2023 to March 31, 2024)

747 ■ HEALTH AUTHORITY
Including Providence Health Care

123 ■ AFFILIATES
Excluding Providence Health Care

CASELOAD GROWTH: ADJUDICATION FILES



FORUM

- 313 Full Arbitrations
- 346 Expedited Arbitrations
- 71 British Columbia Healthcare Office of Arbitration
- 66 Industry Troubleshooters
- 45 Classification*
- 29 Labour Relations Board

BARGAINING ASSOCIATION

- 263 HSPBA
- 241 CBA
- 203 NBA
- 130 FBA
- 30 Labour Relations Board
- 03 APADBA

TOP 6 TOPICS

- 183 Discipline & Discharge
- 82 Scheduling/Hours of Work
- 75 Overtime
- 52 Leaves
- 45 Classification*
- 36 Selection

*Does not include HSPBA Job Matching Dispute – see Cases of Note for more information.

NEGOTIATIONS AND IMPLEMENTATION UPDATE

NEGOTIATIONS UPDATE

Over the past year, HEABC's labour relations and negotiations teams have supported employers to implement numerous contract changes negotiated as part of the 2022-2025 health sector collective agreements. Support has ranged from responding to individual employer questions about specific provisions, to providing advice and guidance on large scale interpretive issues with broad sectoral impacts.

While many aspects of implementation occurred under each HEABC collective agreement, the following provides updates on some key aspects of contract implementation work.

KEY IMPLEMENTATION HIGHLIGHTS

Indigenous-Specific Anti-Racism Provisions

HEABC continues to work with member employers, government, unions/associations, and other partners to eliminate Indigenous-specific racism in the health care system by confronting Indigenous-specific racism, promoting cultural safety, identifying and removing collective agreement barriers, and increasing representation of Indigenous employees.

HEABC has provided members interpretive support for key cross agreement initiatives, including cultural, spiritual, and ceremonial leaves, and other provisions relating to recruitment and retention.

HEABC participated in a provincial forum led by the Indigenous Health Branch of the Ministry of Health to advance this important work. The forum included representatives from HEABC, Health Authority vice Presidents of Indigenous Health and other leaders, representatives of other HEABC members, and health sector bargaining associations.

In addition to providing implementation support for employers, in February 2024, HEABC was invited to share its learnings and experiences in negotiating Indigenous-Specific Anti-Racism provisions into collective agreements with key federal government labour relations leaders, creating better pathways for employers to address systemic racism.

Health Science Professionals - Modernized Classification System

After almost two decades of work to address issues in the complex Health Science Professionals Bargaining Association (HSPBA) classification system, the parties agreed to implement a modernized job classification system in the 2022-2025 round of bargaining. The redesigned plan is the most comprehensive classification plan developed by the parties in more than 30 years of attempting to redesign the current system. Ninety per cent of the draft plan was achieved through mutual agreement, and HEABC and HSPBA have been working to finalize the system over the past year.

A phased implementation of the new system will be completed no later than February 28, 2025. As implementation continues over the final year of the current collective agreement, HEABC will ensure members have the information and resources to use the system to its full potential.

Facilities Subsector - Wage Comparability

A key focus for HEABC over the past year has been working with the Facilities Bargaining Association (FBA) to develop a report to government with recommendations and funding requirements for addressing wage comparability in future bargaining. This undertaking has been completed with HEABC and FBA submitting individual reports to government in April 2024.

NEGOTIATIONS AND IMPLEMENTATION UPDATE

Community Subsector - Health Authority Consolidated Seniority

Over the past year, HEABC met regularly with employers to assist with questions in the lead up to consolidating seniority lists, with the goal of improving recruitment and retention of Community Bargaining Association (CBA) employees. Under the previous collective agreements, employees would essentially be new employees any time they changed work locations and there were concerns that valued employees may decide that they will work under other collective agreements or find employment outside of the health sector.

In April, changes were completed so that employees moving to different “collective agreement employers” within a Health Authority will not lose their seniority. This change means employees can now apply to jobs within the Health Authority and have their seniority considered during the selection process and move their seniority with them as successful applicants, providing greater assurance and access to opportunities without the restrictions on seniority previously in place that may dissuade an employee from movement within a Health Authority. Employers now have the benefit of experienced employees able to move across their organization with greater ease.

Nurses - Recognition Pay

The parties introduced recognition pay for long-serving nurses in the last round of bargaining. This initiative aims to recognize the contributions of long-serving nurses and incentivizes the retention of nurses to the BC health care system.

With go-forward language in place, HEABC supported employers undertaking a one-time application process to recognize additional eligibility for certain nurses identified by the parties. To ensure provincial coordination, HEABC met regularly with employers and provided guidance where needed. The application process began in October 2023, and closed at the end of February 2024. Employers now have until June 30, 2024 to complete their assessment of these applications.

Ambulance Paramedics and Dispatchers - Support of BCEHS Initiatives

HEABC has been supporting BC Emergency Health Services (BCEHS) in furthering several initiatives that came out of the last bargaining round. This support included providing interpretive guidance to BCEHS in successfully implementing the Primary Care Paramedic Training Program, which supports the upskilling of underqualified paramedics, supporting BCEHS in upholding its Staff Support Program, undertaking efforts to improve employee wellbeing and attendance, and assisting BCEHS in the unwinding of the Scheduled-On-Call care model, bringing more sustainable staffing models to small communities throughout BC.

Resident Doctors - Workload and Scheduling

HEABC has collaborated with employers, the union, and the University of British Columbia deans and program directors to address multi-faceted issues of workload and scheduling of Resident Doctors. The parties have developed a forum through which systemic scheduling practices can be examined and addressed in a nimble, efficient, and purposeful manner by Health Authority leads with the ability to compel specific residency program behaviours, policies and practices. The committee has engaged with Resident Doctors of BC to provide payment for shifts scheduled in excess of the collective agreement, collect data and identify programs/sites overscheduling. The intention is for Health Authority leads to build relationships with the program directors to support compliance while recognizing the educational goals of the program and the operational needs of the employers. Over 95 per cent of residency programs are providing their call schedules in advance to the union and the employers (an increase of over 50 per cent). Concurrently, HEABC is leading an advisory committee to develop a more robust scheduling system as an enabler for employers to meet their legal obligations to Resident Doctors, fulfill Resident Doctors' entitlements via the collective agreement, and track where and when Resident Doctors are on their premises.

NEGOTIATIONS AND IMPLEMENTATION UPDATE

STRATEGIC INSIGHTS: HEALTH SECTOR AGREEMENT IMPLEMENTATION AND ADMINISTRATION FRAMEWORK REVIEW

This spring, HEABC undertook a review of its Health Sector Agreement Implementation and Administration Framework, which recognizes the importance of consistent implementation and administration processes of the provincial bargaining cycle. The objectives of the framework are to:

- Facilitate a more coordinated and strategic approach to contract implementation.
- Achieve greater clarity around roles and responsibilities.
- Ensure that the health system realizes maximum gains from negotiated agreements.
- Facilitate the effective management of implementation risks, recognizing the complexity of the roles, responsibilities, and interests of various health sector partners.

Given the importance of this work, the HEABC Board of Directors committed to evaluating the implementation of the framework and to monitor and improve the process to ensure it is meeting the intended objectives. The framework was first used during this round of implementation, and it is important for HEABC to review and reflect on how the structures and processes worked, with input from key contacts to see where future improvements can be made.

To do so, HEABC surveyed and consulted key contacts in early spring of 2024. Questions around structures, processes, and timelines were included to gain an accurate understanding of how the framework was applied in practice. HEABC is now working on an action plan to address opportunities to further refine the framework. Improvements to the framework will be made in advance of the next round of bargaining based on the input received from users.

Preparation for 2025 Round of Bargaining

Health sector collective agreements expire March 31, 2025. Planning and preparation for the next round of bargaining has been underway for some time. Member engagement will take place in 2024 to identify key issues to inform bargaining objectives and strategies. HEABC will also be canvassing employers for representatives at the bargaining table.

CASES OF NOTE

ARBITRATION DECISIONS

Contracting of Health Science Professionals Found to be Improper Contracting-In

In last year's update, HEABC summarized the Labour Relations Board (LRB) decision declining to find that Yaletown House's Health Science Professionals Bargaining Association (HSPBA) certification should be removed from the consolidated certification. HEABC had argued that Yaletown was only on the certification due to the brief inclusion of Registered Psychiatric Nurses (RPNs) in the paramedical professional bargaining unit (now called HSPBA), before RPNs were transitioned by legislation to the Nurses' Bargaining Association (NBA).

In follow-up to that decision, the Health Sciences Association of BC (HSA) advanced an arbitration arguing that the use of various contracted health science professionals at Yaletown amounted to "contracting in" that was impermissible under the HPSBA Provincial Agreement. The contracted services at issue included physiotherapy, occupational therapy, rehabilitation assistance, music therapy, art therapy and dietetics. HEABC, on behalf of Yaletown, argued that it had begun contracting for health science professionals prior to any certification, that these services had never been delivered by members of the bargaining unit, and that the contractual arrangements at issue represented a genuine contracting out, which was permitted under the collective agreement.

Arbitrator Koml Kandola agreed with HSA that the contracting arrangements, when considered collectively, went to the heart of HSA's exclusive bargaining agency, and constituted improper contracting in. The arbitrator emphasized that this case was unique when compared to other decisions relied on by the parties because it involved the alleged contracting in or out of what would traditionally be the work of the entire bargaining unit and gave considerable weight to the impact of the contracting on the bargaining unit. The arbitrator declared a breach of the collective agreement and retained jurisdiction with respect to remedial issues.

Following the LRB's decision, HSPBA certifications remained in place for Affiliate employers who were included in the certification due to their prior employment

of RPNs when that position fell within the paramedical professional bargaining unit. The LRB 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. To the extent other similarly situated Affiliates are also considered to have active certifications in place and have a widespread practice of contracting for various health science professional services, Kandola's decision creates risk of similar grievances alleging impermissible contracting in; however, Kandola's decision may have less relevance in the context of limited and discrete use of contractors in relationships that are considered legitimate contracting out.

HEABC and HSPBA Classification System Re-Design Recommendations

Arbitrator Julie Nichols was appointed under *Appendix 21.2* of the 2022-2025 HSPBA Provincial Agreement to provide binding recommendations on outstanding elements of the new Classification Manual and Maintenance Agreement. Outstanding issues that were referred to Nichols included placement of the Clinical/Technical Specialist (P2B(S)) profile, the previous requirement for Health Science Professionals departments to have a "lead" (formerly called chief) paramedical, and salary structures for advanced working level professionals and supervisors.

HEABC was successful in eliminating the requirement for leads in every department, and confirmed a salary structure for advanced working level and supervisory profiles that will apply to all professions. While professions will retain different base salaries, progression throughout the profiles will be at the same percentage-based increases from base salaries regardless of the profession. This will bring a fair and consistent approach to career progression for employees under the HSPBA Provincial Agreement.

Matching Disputes

With strong support from members' compensation and classification departments, HEABC and HSPBA resolved

INDUSTRY SETTLEMENTS

approximately 3,700 disputes based on employers' classification matches to the new system. Of these 3,700, more than 650 required a decision by the four referees or Case Manager Jacquie de Aguayo.

Although these decisions are non-precedential, themes of note from the decisions include findings that pharmacy and psychology residents are students, meaning they can be supervised by a P1 level professional, confirmation that educators can have a direct role in individual staff skills assessment and providing formal feedback on skills without being classified as supervisors, and that where a position overlaps between an advanced working level profile and a supervisory profile, the "best fit" principle is still applied, meaning the supervisory profile is not the default.

Arbitrator Confirms Supplementary Vacation Entitlements are Pro-rated

In a decision issued in June 2023, Arbitrator Koml Kandola confirmed HEABC's position that supplementary vacation under Article 23.08 of the HSPBA Provincial Agreement should be pro-rated based on an employee's budgeted full-time equivalent (FTE). A critical component of the dispute involved the impact of a settlement agreement reached between the parties in 2007, which confirmed that supplementary vacation was pro-rated. That agreement specified that the list of pro-rated benefits in Article 3.02 would be amended to include Article 23.08. Article 3.02, which outlines which benefits are pro-rated, was amended in the 2006-2012 collective agreement to reflect the parties' agreement, but for various reasons the amendment was not included in subsequent agreements.

HSA took the position that since *Article 3.02* is no longer listed, *Article 23.08*, the agreement to pro-rate, was no longer in force. With this award, the arbitrator confirmed that the 2007 agreement remains valid and ordered the collective agreement be rectified to reflect this.

For further information, members may consult CIU HSP-174.

INDUSTRY SETTLEMENTS

LPN Settlement Service and Service-Related Benefit

Recently, HEABC and the BC Nurses' Union (BCNU) reached an agreement on several grievances, including resolutions to long-standing issues concerning the recognition of Licensed Practical Nurse (LPN) service and severance allowance following the integration of LPNs into the NBA Provincial Collective Agreement in May of 2016.

LPNs employed by HEABC member employers were historically within the Facilities and Community subsectors until they were transferred to the Nurses' sector on April 15, 2013 as a result of the legislative change to the definition of nurse in the *Health Authorities Act*. As of May 20, 2016, LPNs were formally transitioned into the NBA. During the 2014 collective bargaining round, the parties negotiated *Appendix EE* to resolve issues relating to the integration of LPNs. Since that time, numerous disputes have been filed with respect to LPN service entitlements.

The overarching premise of the agreement is that individuals who worked as LPNs for an HEABC member employer before and after the May 20, 2016 LPN integration will be credited with continuous regular service accrued prior to the integration under any of the NBA, FBA, and/or CBA collective agreements, for the purposes of vacation, severance calculation, etc. Any required adjustments are go-forward only; employers are not required to revisit severance calculations of past employees unless there is an active grievance.

A key provision of the agreement is that employees who were employed as LPNs, and hired into the health sector prior to January 1, 2013 under the CBA agreement, are entitled to receive credit for sick leave accrued under the CBA agreement for the purpose of *Article 42.11: Cash-In of Sick Leave Credits* (40 per cent payout of sick leave credits). Past employees who may have been eligible for a sick leave payout under the terms of the agreement may apply for the sick leave payout or payout increase.

LABOUR RELATIONS BOARD DECISIONS

Such applications must be made to the employee's former employer by 5:00 pm on December 1, 2024 and are subject to the employer continuing to have the information required to process the request. To offset the cost of this agreement, the parties have set aside a fund to reimburse employers.

For further information, members may consult CIU NP-281.

Application of Shift Premiums for Overtime Shifts

The Hospital Employees' Union (HEU) filed a grievance regarding the payment of *Article 22: Shift, Weekend and Trades Qualification Premiums* for overtime hours of work. In particular, the grievance sought to determine how premiums are applied when an employee accepts an overtime shift called out in accordance with *Article 21.12* of the FBA collective agreement.

The issue was settled on a "with prejudice" basis and differentiated shift extensions and overtime shifts that are called out by seniority. Going forward, overtime work called out by seniority pursuant to *Article 21.12* should be treated as a distinct shift for the purposes of *Article 22* premiums and without consideration to any other shifts an employee has worked. Where overtime cannot reasonably be called out by seniority and an employee must remain at work (at overtime rates of pay) to complete the task, the overtime should be considered a shift extension and the premium applicable (if any) to the regularly scheduled shift should be applied to the overtime hours.

For further information, members may consult CIU Fac-237.

LABOUR RELATIONS BOARD (LRB) DECISIONS

LRB Confirms the Board Lacks the Ability to Add to HEABC Membership

Due to an application brought by the Hospital Employees' Union (HEU) seeking a successorship, the LRB had to determine its role with respect to determining HEABC membership.

The dispute arose following a corporate reorganizing involving Lakeshore Care Centre and Madison Care Centre. The former operator of Lakeshore was a deemed HEABC member (as defined in our Bylaws) who had contracted out facilities work at the site for many years. The owner/operator eventually changed to Dunblane Estate Partnership (DEP), which also later established and operated Madison Care Centre. At some point, DEP entered into discussions with HEU about directly employing staff at both Lakeshore and Madison and honouring the existing collective agreements, which were outside of the health sector. After the employment contracts had been offered and accepted, HEU took the position that a successorship had occurred and, since one of the sites had initially been owned and operated by an HEABC member, the Facilities Subsector Collective Agreement applied to that site. They further argued that the Facilities Collective Agreement applied to the other sites operated by DEP because it had become an actual or "nominal" health sector employer.

DEP was represented by external counsel, but HEABC became involved to argue a few narrow points on whether the LRB had the jurisdiction to declare actual or "nominal" HEABC membership and whether health sector rights can extend to sites where they never existed.

While the LRB did find a successorship occurred at Lakeshore, the LRB agreed with HEABC's positions that it lacks the ability to add employers to the Health Care Employers Regulation or the health sector. Further, the Vice Chair confirmed that the employer at Madison is not an HEABC member and cannot be treated as a "nominal health sector employer" because this would extend union bargaining rights to a new facility without a certification process.

LEGISLATIVE UPDATES

LEGISLATIVE UPDATE

Amendments to the Definition of Strike in the Labour Relations Code

On April 8, 2024, *Bill 9*, the *Miscellaneous Statutes Amendment Act, 2024* passed Third Reading of the Legislative Assembly, introducing a set of small but significant changes to the BC Labour Relations Code. Specifically, it amended the definition of “strike” and “person” under the Code such that where employees under federal jurisdiction, or that of another province, are on strike or locked out, and establish a picket line in BC, it will be considered legal strike action.

The amendment means that provincially regulated unionized employees can now legally refuse to cross federal and other non-BC provincial pickets (i.e., picket lines related to a work stoppage in a federally regulated sector or another province). It expands the risk that, in the context of a federal (or non-BC) work stoppage, secondary picketing may affect neutral third parties.

For provincial pickets, a provincially regulated employer can seek relief from the LRB based on the picketing restrictions in the Code (e.g., common site picketing application). However, federal pickets are not restrained by the Code. A provincially regulated employer may seek injunctive relief from the courts where there is illegal conduct associated with the picket (e.g., trespassing, property damage, etc.) As well, there may be other ways to mitigate the impact of the work stoppage, including working with the relevant union.

Members impacted by strike involving a federally regulated employer are encouraged to reach out to HEABC for assistance.

For further information, members may consult the BC Government's [Information Bulletin](#).

Introduction of the Pay Transparency Act

On May 11, 2023, *Bill 13*, the *Pay Transparency Act*, received Royal Assent. This legislation introduced three new pay transparency requirements:

1. Job Posting

All employers must include the expected pay or expected pay range for a specific job opportunity that they advertise publicly. Internal job postings should continue to follow the requirements set out in the applicable collective agreements. Employers are not required to include bonus pay, commissions, overtime pay, tips or benefits on these job postings.

2. Pay History and Pay Secrecy

Employers can no longer ask job applicants about what they have been paid at positions with other employers; however, employers may use pay history information they already have about that employee to determine the pay for a new position or rely on publicly accessible information on the pay for similar positions. Additionally, employers in BC cannot dismiss, suspend, demote, discipline, or harass an employee who: 1) asks their employer about their pay, 2) reveals their pay to another employee or someone applying to work with their employers, 3) asks the employer about its pay transparency report, or 4) gives information to the Pay Transparency Office about their employer.

3. Pay Transparency Reports

The Act has a timed rollout requiring certain employers (based on their number of employees) to create and publicize these reports which provide statistical insight into the pay breakdown of various demographics within the organization.

- As of November 1, 2023—certain Crown Corporations.
- As of November 1, 2024—all employers with 1,000 employees or more as of January 1, 2024.

LEGISLATIVE UPDATES

- As of November 1, 2025—all employers with 300 employees or more as of January 1, 2025.
- As of November 1, 2026—all employers with 50 employees or more as of January 1, 2025.

HEABC organized an information session on Pay Transparency Reporting with the Director of Operations, Pay Transparency Unit, Gender Equity Office, Ministry of Finance. Further, we have been advised that the Pay Transparency Online Reporting Tool has been launched. Pay Transparency questions or concerns can be directed to PayTransparency@gov.bc.ca.

For further information, members may consult GIU-356.

[Guidance for Preparing Pay Transparency Reports using the Online Reporting Tool.](#)

Health Professions and Occupational Act to Bring Complaints Reform to BC

Bill 36, the Health Professions and Occupations Act (HPOA), will replace the Health Professions Act (HPA). The HPA, established 30 years ago, provides the governing legislation for regulated health professionals and health profession regulatory colleges in BC. This new legislation is intended to create a streamlined path to reduce the number of health professional regulatory colleges through amalgamation, enhance the complaints process that increases accountability and transparency, and create an oversight body, the Office of the Superintendent of Health Profession and Occupation Oversight (Superintendent Office), for health regulatory colleges. The Office of the Superintendent includes the Director of Discipline and discipline panel members who will exercise the new authority of the discipline tribunal process under HPOA.

HPOA will provide for an enhanced complaints system, including identity protection measures for people who have experienced discrimination, sexual abuse, or sexual misconduct by a health professional throughout the complaints process. Individuals who anonymously come forward and were hurt or wronged by health professionals will be provided with access to support services such as counselling and support workers.

The Act also creates a legal duty for professionals to report other professionals when they see acts of discrimination. If there is a specific concern or complaint about a health professional, the relevant college website will provide information as to the proper complaint process.

All disciplinary actions taken against health professionals will be published on a public, online record. Information about the specific details of an investigation will only be published once the investigation is complete and only when the college has taken specific action against the professional for misconduct. This transparency will ensure members of the public can make informed decisions when selecting health care providers.

HPOA received Royal Assent on November 24, 2022, but the date the legislation will be brought into force is not yet known. On October 18, 2023, specific sections of the Act were brought into force to set up the Superintendent Office. No sections of HPOA that would authorize the Superintendent to begin overseeing regulatory colleges have been brought into force at this time. HPA continues to operate and regulate the province's health professions.

For further information, members may consult the government's amendment [FAQ](#).

LEGAL SERVICES SPOTLIGHT

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

Part of HEABC's constitutional and legislated mandate is to coordinate and represent our member employers when it comes to grievances and other employment-related disputes. 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 provincial impact.

Legal Services is comprised of five Senior Legal Counsel, a Legal Researcher, and two Articled Students who report to the Senior Director and General Counsel. Senior Legal Counsel act as lead counsel for HEABC and employers in third-party dispute processes with provincial 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 and initiatives and provide legal advice to other members of the LSNLR team who may be representing members at various local hearings and arbitrations. Representing members

in provincial matters ensures a consistent and strategic approach to arbitrations and hearings that may set industry precedents. Over the past year, Senior Legal Counsel have continued to represent members in the defense of grievances related to Provincial Health Officer vaccination orders and in the dispute resolution process involved in implementing the new HSPBA classification system, as well as many other arbitrations and Labour Relations Board proceedings. The team has also successfully negotiated numerous transfer agreements between Health Authorities and various bargaining associations.

The Legal Services team also provides internal legal advice to other departments within HEABC on such areas as employment, privacy, HEABC membership, and/or regulatory questions related to HEABC's Constitution and Bylaws. The Legal Services team provides specialized legal services in a cost-efficient manner, adding another layer of value to the broader health sector.

JOINT BENEFITS TRUSTS

WORKING TO ENSURE SUSTAINABILITY THROUGH ASSET MANAGEMENT

Over the past year, the Joint Benefits Trusts (JBTs) continued their practice of completing annual audits and maintaining an annual cycle of reviewing actuarial assumptions and valuation. As of the most recent audits/valuations, the JBTs are all sufficiently funded and trustees, with independent fiduciary duties to the JBTs, are working with their trusted legal, benefits and actuarial experts to sustainably manage employee health care benefits for our members now and into the future.

The Joint Community Benefits Trust (JCBT) had faced a funding deficit resulting from the pandemic; however, it has now been restored to a fully funded status with additional measures in place to maintain that status. In addition, a pilot project providing access to ALAViDA, an online substance use management tool available to all JCBT members, is currently underway.

The Joint Facilities Benefits Trust (JFBT) continues to be healthy, and the parties continue to monitor its plan design. After receiving requests from the parties to

consider certain plan design elements in the last round of bargaining, the JFBT has undertaken a comprehensive review of its extended health and dental plan design and has entered into structured engagement with beneficiaries, including conducting focus groups and undertaking a survey. The engagement is providing the JFBT with important insight into opportunities for change and improvement to the plans. The JFBT anticipates that outcomes will be announced later this year.

The Joint Health Sciences Benefits Trust (JHSBT) is continuing to weigh the sustainability of its plan design and any feasible changes considering the ever-changing nature of financial markets and their impact on the ongoing funded status of the Trust.

Given the volatility of world markets, Trustees are taking additional care during consultations with investment advisors to ensure the appropriate mix of significant assets is in place for benefit plan design and sustainability of the JBTs into the future.



PHYSICIAN SERVICES

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

HEABC Physician Services oversees the negotiation of provincial and local medical staff contracts, providing strategic advice and analytical support to promote a coordinated approach; this results in provincial consistency and alignment with health system objectives and related directives.

An important focus of Physician Services in the past year was implementing the 2022-2025 Physician Master Agreement (PMA) and the 2022-2025 collective agreement with the Resident Doctors of BC (RDBC). The Physician Services team prepared comprehensive Strategic Implementation Instructions and Implementation Plans for the Ministry of Health (MoH), Health Authorities and other key health system partners. PMA and RDBC related committees were supported by Physician Services with regular updates on implementation progress, risks, and mitigation strategies, thereby strengthening the system-wide strategic discipline and coordination brought to implementation and administration of the negotiated agreements.

Historically, Physicians were generally paid by fee-for-services (FFS); however, in the past five years, we have seen a rapid transition away from FFS to Alternative Payment Program (APP) contracts which provide hours-based funding for all-inclusive programs. This past year, the team was involved in 264 local contracts, including Service Contracts, Salary Agreements, Income Guarantees, Amendments, and Letters of Understanding. A total of 114 of these contracts and services such as drafting support, obtaining approval of contract models, and/or providing advice and coordination were provided by our team. Physician Services was at the table with physicians negotiating 76 of these contracts in the areas of hospitalists, emergency medicine, anaesthesia, oncology, transplant, and where the contract rate exceeds the Alternative Payments Subsidiary Agreement (APSA) range. This represents a 35 per cent increase in Physician Services involvement in supporting health system partners to negotiate at the table, compared to last fiscal year.

In many sites throughout the province, non-specialist inpatient care is delivered through hospitalist medicine programs. Physician Services finalized negotiations in Fraser Health Authority (FHA) for a new hospitalist services template contract, which implements physician hours reporting negotiated in the 2022 PMA and re-sets the compensation structure for this area. Nine out of ten hospitalist sites in FHA have signed-on to the new hospitalist template, each with 100 per cent ratification by their local hospitalist group. MoH subsequently approved the extension of the financial package in the FHA hospitalist template contract to other hospitalist groups throughout the province. Physician Services is currently engaged in negotiations with 12 other interested Health Authority sites.

In the past year, the Physician Services team also developed template contracts based on MoH policy for Nurse Practitioners, Midwives, Emergency Medicine, and BC Cancer Agency physicians (predominantly medical and radiation oncology). This has helped address service provision challenges and increased the volume of services provided.

Sites in the province continue to transition to the Provincial Anesthesia contract template, with seven sites implementing a new contract this year. This contract model is now used in every Health Authority, at more than two dozen sites, and has helped stabilize anesthesia services in most regions, thereby supporting the MoH's surgical strategies.

In addition to the *Introduction to Physician Services Contracting* course that Physician Services hosts twice annually, a new advanced self-directed education course called *Creating an APSA-Compliant Contract* was launched this year. Both courses enhance health system partners' negotiation skills and support regulatory compliance in physician contracting, ultimately benefiting the provision of high-quality health care in BC.

INDIGENOUS-SPECIFIC ANTI-RACISM

ACTIONS IN SUPPORT OF INDIGENOUS-SPECIFIC ANTI RACISM AND RACIAL EQUITY

The Declaration on the Rights of Indigenous Peoples Act (2021) (DRIPA) and the *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care (2020)* report provide guidance to hardwire Indigenous rights and combat Indigenous-specific racism, leading to legislative changes to the *Health Professions and Occupations Act (2023)*, *Anti-Racism Data Act (2022)*, and *Bill 23, the Anti-Racism Act (2024)*.

The *Anti-Racism Act* builds on earlier legislation and reports and provides evidence of Indigenous-specific racism that negatively affects Indigenous clients' access to health care and health outcomes. Further, it supports the identification and elimination of systemic racism and systemic racism specific to Indigenous peoples, and the advancement of racial equity in BC through:

- The development of a provincial anti-racism action plan.
- Consultation and cooperation with Indigenous peoples and engagement with racialized communities.
- The establishment of a Provincial Committee on Anti-Racism.
- Requirements for public bodies to identify and eliminate systemic racism and systemic racism specific to Indigenous peoples and advance racial equity.

HEABC and our members, union partners and the Doctors of BC are also committed to ending systemic, Indigenous-specific racism in the health care system. We acknowledge that Canada's legacy of colonialism continues to impact Indigenous Peoples' access to health care through stereotyping, racism, profiling, and discrimination. HEABC is committed to supporting members in delivering high-quality care for every person in BC, and we condemn racism in all its forms.

In the last round of collective bargaining and negotiations, one of the overarching objectives across tables was to introduce changes in support of Indigenous Specific Anti-Racism in the health care system. In 2023, HEABC hired a new Director on the HEABC Provincial Initiatives team to support parties in stewarding these shared commitments and broader diversity, equity and inclusion initiatives.

In 2023/24, the Indigenous-Specific Anti-Racism Forum (ISAR Forum) and the Physician-Specific Committee on ISAR and Cultural Safety (Physician-Specific Committee) were established. These tables are comprised of Ministry of Health (MoH), HEABC, Health Authority/Providence Health Care, and bargaining association leads, and engage in collaborative discussions that will inform the work moving forward. HEABC also provides secretariat support to the MoH for both tables.

Invitations were extended to members of the Physician Specific Committee to attend the first three ISAR Forums. The focus of these meetings was on education and forming connections by:

- *A relational reset:* Allowing us to come together in new ways with our system partners, including an in-person forum on the traditional territory of the Musqueam Peoples witnessed by Elder Roberta Price.
- *Honouring those who have walked before us:* Provide learning and a level-set on the agreements (e.g., *Transformative Change Accord; Declaration on Cultural Safety and Humility*), reports (e.g., *Truth and Reconciliation Commission's Call to Action; Missing and Murdered Indigenous Women and Girls Report, IPS*), and legislation (e.g., *DRIPA*) that paved the way for us to gather at the ISAR Forum and Physician-Specific Committee.

INDIGENOUS-SPECIFIC ANTI-RACISM

- *Celebrating our successes and learnings:* Reflections on 2022-2025 collective bargaining/negotiations and the implementation of ISAR-related provisions.
- *Understanding our role and its importance within the system:* Linking the work of the ISAR Forum to other priorities and initiatives, such as the *Health Human Resource Strategy and Declaration Action Plan*.
- *Embarking on an individual and collective journey:* Acknowledging the continued work necessary to arrive at the next round of negotiations with a new (anti-racist) mindset. This journey begins with our own understanding and relationship to settler colonialism and white supremacy. Continued unlearning is framed by the work of Dr. Camara Phyllis Jones and the Honorable Jody Wilson-Raybould to:
 - ★ **LEARN:** Name racism
 - ★ **UNDERSTAND:** Ask "*How is racism operating here?*"
 - ★ **ACT:** Strategize and organize for action

Moving forward, the ISAR Forum and the Physician-Specific Committee will separate into their respective tables and focus on learning, understanding, and providing recommendations for action (where necessary) regarding key initiatives to recognize the impacts of colonialism in the workplace, hardwire Indigenous-specific anti-racism, strengthen the provision of culturally safe care and uphold Indigenous rights. These include the Health Standards Organization's *Cultural Safety and Humility Standard*, complaints processes, education and training, recruitment and retention of Indigenous workers, and additional related Ministry-led priorities. The Physician-Specific Committee will also provide advice and recommendations to the Physician Services Committee to inform the Joint Collaborative Committee's work planning.

Moving forward, the collaborative discussions at the ISAR Forum and Physician Specific Committee are intended to inform this important work and put all parties in the best position for future rounds of collective bargaining and Physician Master Agreement negotiations, with the overarching goal of eliminating Indigenous-specific racism and hardwiring cultural safety and humility into the workplace.



DECONSOLIDATION OF MEDICAL IMAGING

SUPPORTING MEMBERS IN DEVELOPING LABOUR ADJUSTMENT PLANS THAT MAINTAIN HIGH-QUALITY CARE

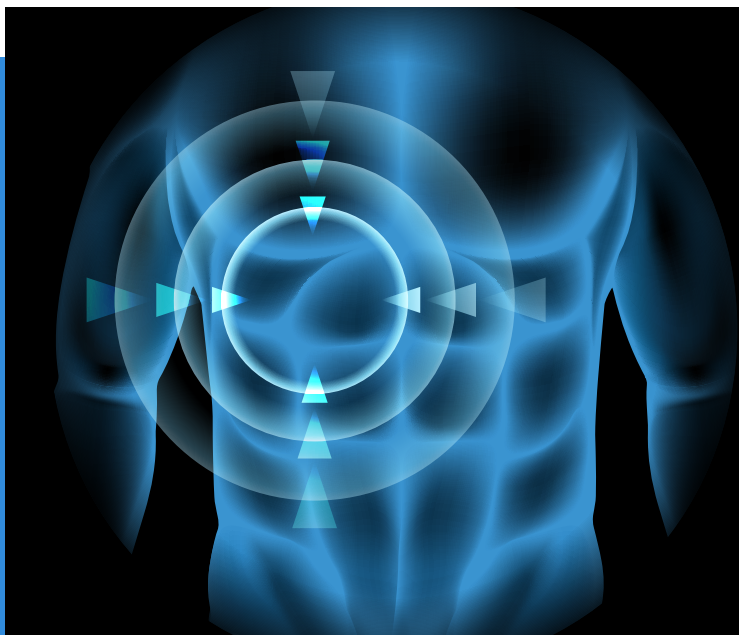
In 2011, under direction of the Ministry of Health, Health Authorities reorganized medical imaging in the Lower Mainland into a single consolidated service under Vancouver Coastal Health (VCH). As a result, medical imaging staff from Providence Health Care, Fraser Health, and Provincial Health Services Authority became VCH employees, while continuing to work at sites within their “home” health organizations. In 2023, HEABC supported Health Authorities in deconsolidating this service to better align medical imaging with local organizational objectives and improve staff engagement.

In making a case for deconsolidation, Health Authorities recognized that daily operations and staffing levels are best addressed locally within the organization’s accountability structures, enabling responsive and supportive decision making for frontline staff. The transfer of staff to their home organizations was also intended to improve staff engagement. Staff would have the same employer as colleagues at their

worksite, allowing them to celebrate with their teams in meaningful ways such as long service awards and other recognition opportunities. They would also be included in organization-wide events such as all-staff forums, leadership training, and education.

In addition, the transfer of service would make it less confusing for patients because they would know that they were receiving care from staff members who were employees of the location they were visiting.

Leading up to the deconsolidation date, HEABC, Health Authorities, and the affected unions met to develop labour adjustment plans that would meet the goals of limiting disruption to health service delivery, maintaining high-quality patient care and offering a seamless transition for staff. This deconsolidation project resulted in the transfer of approximately 2,000 employees from VCH back to their “home” health organizations on January 19, 2024.



NEW RELATIONAL SECURITY MODEL

SUPPORTING MEMBERS TO INTRODUCE NEW SERVICE MODELS AND REPATRIATE CONTRACTED SERVICES

In October 2022, the Ministry of Health (MoH) announced the introduction of a new relational security model at 26 health care sites across all Health Authorities and Providence Health Care, including the hiring of approximately 320 in-house Relational Security Officers (RSOs) and 14 Violence Prevention Leads (VPLs). The new model integrates RSOs into the clinical setting and ensures security personnel have an acute awareness of patients and their surroundings and how to anticipate, de-escalate and prevent aggression to create a safer environment for staff and patients.

Prior to the implementation of the new model, most of the 26 sites had contracted security as part of the Provincial Security Services Contract administered by Integrated Protection Services (PHSA). The role of the RSO is broader than the previous contracted security role. Most notably, RSOs participate in patient care planning and patient treatment plans, and are the Code White Team.

At most sites, security contracts were set to expire September 30, 2023. Recognizing the timelines necessary to complete the integration of the new model prior to the contract expiration, MoH secured a one-year extension

to September 30, 2024, with an optional additional six-months. The contract extension facilitated a phased repatriation of some of the contracted protection service personnel under the *Memorandum of Agreement re: Bill 47 Working Group*, which is part of the Facilities Bargaining Association (FBA) collective agreement.

Over the past 20 months, HEABC worked with employers, FBA and MoH to ensure a smooth introduction of the new model and integration of the new RSOs and VPLs into local work teams and structures. This work has included the negotiation of labour adjustment transfer agreements and other memoranda regarding the terms of transfer of the contracted employees, and the negotiation of new benchmarks for the new RSO and Relations Security Supervisor roles.

HEABC continues to work employers and MoH to provide information and advice on the labour relations implications of the repatriation of any additional protection services and the implementation of the new model, including the completion of new benchmarks and wage rates for these new roles.

NURSE STAFFING SECRETARIAT

SUPPORTING COLLABORATIVE SOLUTIONS TO NURSING ISSUES

Originally established as part of the 2014-19 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 in the context of health care delivery enables us 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 our external partners, the NSS is a resource for other HEABC teams in providing information and advice with regards to scheduling and practice concerns. As part of the strategic response to improve nurse recruitment and retention, we help with creative scheduling solutions to improve flexible positions and ensure contract compliance.

During this past year, the NSS focused on implementation of the 2022-2025 NBA Provincial Collective Agreement, 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, working groups 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 convening working groups with HEABC, employers and the NBA to:

- Jointly review recommendations for improvement as presented in the 2022 evaluation of the Professional Responsibility Process and develop a mutually agreed upon process and improvement plan.
- Develop a standardized Provincial Clinical Mentor orientation, education materials and training.
- Develop a positive learning program for managers and employees, including tools to support effective performance feedback.

The NSS was central to all aspects of this work, including guiding and supporting the working groups and developing project work plans and schedules.

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, we will continue to track and evaluate implementation activities, reporting requirements and data monitoring to help identify and address the complex challenges facing employers and nurses.



AFFILIATE MEMBER SPOTLIGHT



Day One Society is a non-profit organization in Kamloops that provides substance use services and advocacy for individuals, families, and communities. Established in 1973, Day One offers hope, help, and healing to community members through connection, an access point to detox services at their Phoenix Centre facility, youth alcohol and drug counselling and support to families, and supportive transitional living in recovery for adults.

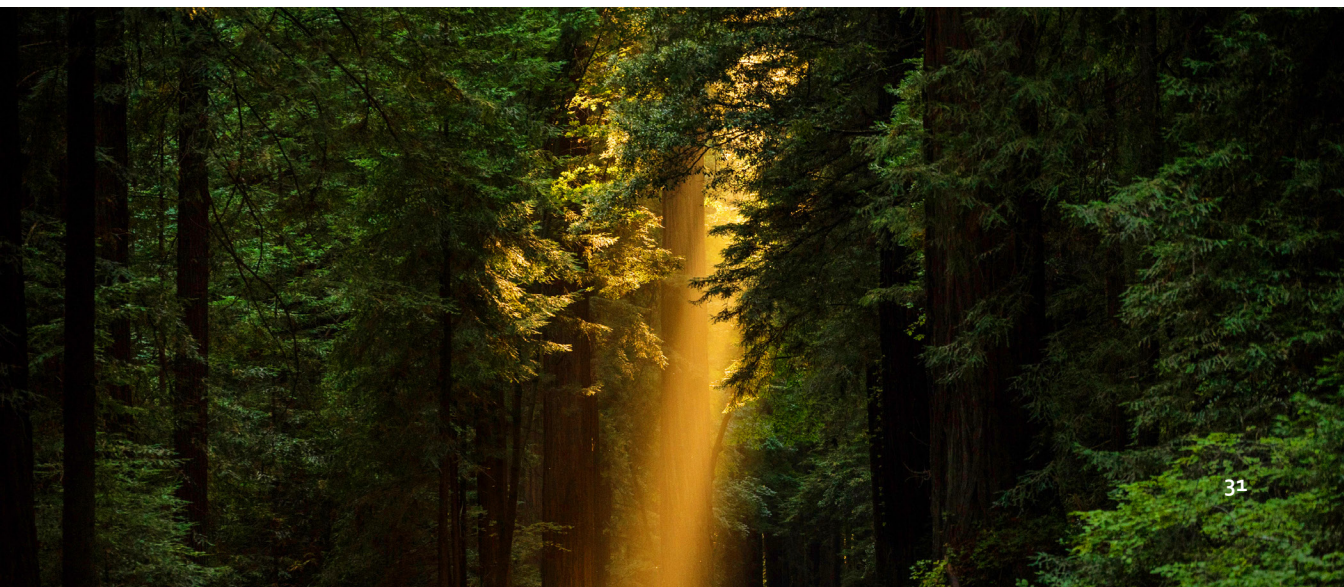
Over the past 50 years, Day One Society has become the regional expert in withdrawal management and substance use services. They have a dedicated team of 65 health care, medical, and administrative professionals that serve hundreds of youths, adults, and families throughout the Interior of British Columbia.

This year, Day One Society opened up space for five new youth detox beds for people aged 24 and under. These additional beds have proven critical in providing the support young people need as they go through the first steps of their recovery process.

As substance use and addiction continue to impact our community, Day One Society is a critical pillar in helping countless individuals experiencing addiction, turn the thought of "one day I'll get help" into "day one" of their journey to recovery and wellness.

Scan the QR code to watch Day One Society's film *50 Years. One Day at a Time.*

dayonesociety.ca



RESEARCH AND ANALYTICS

EMPOWERING OUR STAFF AND PARTNERS WITH ENRICHED DATA

HEABC's Research and Analytics team empowers our partners and HEABC staff with our expertise in data science, analytics and reporting. Research and Analytics generates key research intelligence and analytics pertaining to the province's health workforce trends to enable evidence-based decision-making. The team collects, manages and transforms various datasets, and prepares a wide variety of valuable analyses, such as costing for bargaining, reports for collective agreement compliance, monitoring and evaluation, analytics around workforce and compensation trends, cross-jurisdictional comparisons on a wide variety of indicators, and a host of other analyses crucial for our partners. Over the past year, the team has worked with various departments at HEABC, Ministry of Health (MoH) teams, employers and unions in a number of capacities, providing consultation and advice for:

- **Long-Term Care Funding Methodology:** Led by MoH, this project reviewed and recalibrated the funding model for long term-care facilities within the province. Our Research and Analytics team provided key workforce and compensation trends and forecasts.
- **Minimum Nurse-to-Patient Ratios:** Led by MoH, this initiative seeks to address nurse staffing challenges by implementing empirically-based minimum staffing requirements and establishing patient-care metrics. Our team provided guidance based on our extensive work with the Nurse Staffing Secretariat.
- **Health Science Professionals Classification Redesign:** A long-time project meant to streamline and restructure the classification of occupations and their associated compensation, our team has supported with various costings, advice related to compensation standards, reassigned classification codes and wage schedules critical for all parties involved.
- **Analytics Corner:** A self-directed initiative designed to allow for easy access to Research and Analytics' data and reports by creating a centralized platform where HEABC staff can access a wide range of data produced by our team, with plans to expand access beyond HEABC and provide our colleagues and partners with essential data at their fingertips.

EDUCATION SERVICES

EQUIPPING MEMBERS TO EFFECTIVELY MANAGE LABOUR RELATIONS ISSUES

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, the primary focus for Education Services was to complete the collective agreement implementation education sessions, launch e-learning versions of those sessions, and resume our regularly scheduled member education program.

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

Collective Agreement Implementation Education

- We supported the implementation of the new collective agreements coordinating and hosting nine virtual roadshow presentations for 1176 registrants. We also published the remaining e-learning versions of the presentations.

HSPBA Classification Redesign

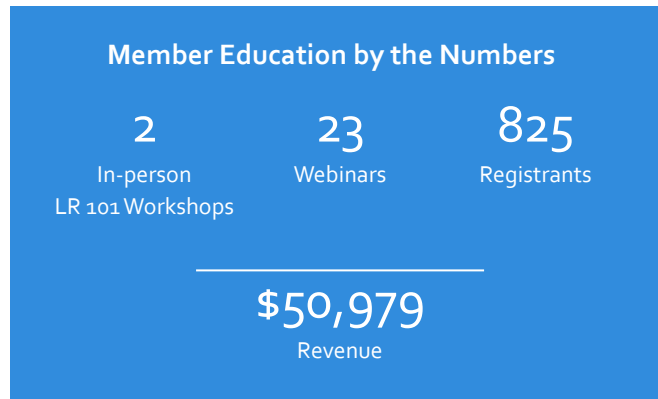
- We developed and published two e-learning courses to support the new HSPBA classification system implementation.

Creating an APSA Compliant Contract e-Learning Course

- In collaboration with the Physician Services team, we developed and launched a two-hour e-learning course that provides information to learners on how to draft an Alternative Payments Subsidiary Agreement compliant contract for physician services.

2023/24 Member Education

Once we resumed webinars after bargaining concluded, our scheduled courses filled up quickly. We also resumed offering our popular two day Labour Relations 101 in-person workshop.



Looking Ahead: 2024/25

Based on the interest shown in our programs, we expect that 2024/25 will see continued growth in the number of registrants in our sessions. We are also continuing to work on self-directed e-learning versions of some of our content to provide a just-in-time learning alternative for members. Finally, as usual, we will continue to work on collaborative education projects with various internal and external groups.

CYBERSECURITY

STRENGTHENING SECURITY ACROSS OUR ONLINE SYSTEMS

Last summer, HEABC was targeted by a cyber security attack on one of our servers. Such attacks are not uncommon; in recent years, corporations and organizations of all sizes, including banks, governments and health care providers have been the victims of online attacks. HEABC works hard to protect the privacy of our members, health sector partners and the individual health care professionals and others who access and utilize our services, and we are committed to ensuring that we continuously improve and enhance cybersecurity measures to do as much as we can to prevent incidents like this in the future.

Upon discovering the attack, HEABC worked closely with the Office of the Information and Privacy Commissioner, the BC Government's Chief Information Officer and the Canadian Centre for Cyber Security to ensure that HEABC's response was appropriate and effective.

Following the incident we have continued to work to ensure our cybersecurity systems, processes and resources offer adequate protections for our digital assets, and the information our staff, members and other partners may input into these systems. In late 2023, to bolster our capacity in this regard, HEABC hired its first Chief Information Officer, and our IMIT team continues to build and refine our information security practices and processes and otherwise ensure the effective delivery of key services and programs.

PRIVACY PROGRAM

SAFEGUARDING CONFIDENTIAL AND PERSONAL INFORMATION

HEABC handles information that is both confidential and legal in nature, and it is our duty to ensure that such information is safeguarded. To address this obligation, HEABC established a Privacy Program in the spring of 2022 to meet evolving privacy-related requirements and demands and streamline our structures and processes.

HEABC's Privacy Program works with business areas and leadership across the organization and is comprised of staff members from HEABC's Legal Services and Analytics, Information and Corporate Services departments.

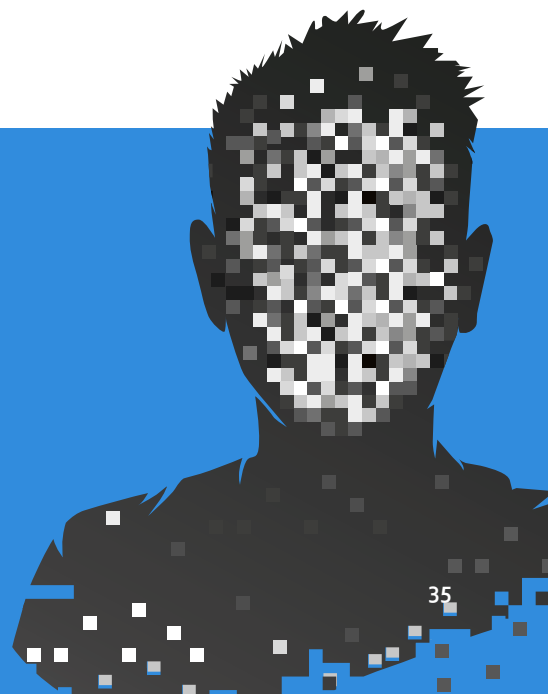
Over the past year, the program team saw 129 new privacy related requests, a 40 per cent increase from the previous year. Each request may require the team to perform a set of activities such as consultations with external parties of interest, document reviews, risk assessments, legal research, memorandum drafting, and liaising with various business areas. The requests arise from all business areas across HEABC as well as from external parties. Additionally, the team performs standard program operations, such as policy development and business program continuity.

The program provides central coordination, review, and advice on:

- Freedom of Information (FOI) request consultations: When HEABC's public sector partners receive Freedom of Information (FOI) requests

under FOIPPA, HEABC is consulted if the responsive records include HEABC advice or information. The Privacy Program reviews the information and advises whether its disclosure is required, or whether it falls under an exception to the legislation.

- Contracts, information sharing agreements, privacy impact assessments, and other privacy matters related to joint industry initiatives with HEABC members and partners.
- The implementation of various programs and the adoption of new technology at HEABC.
- Internal privacy questions, best practices, and obligations, including responses to requests under the *Personal Information Protection Act*.
- Incident responses, including appropriate actions and notifications to relevant parties in the event of information being accessed or disclosed to unauthorized persons.
- Training and education concerning obligations pursuant to applicable privacy legislation.



HUMAN RESOURCES STRATEGIES AND SERVICES

SUPPORTING INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS TO WORK IN BC – REMOVING BARRIERS AND ADVANCING OPPORTUNITIES

HEABC's Human Resources, Strategies and Services (HRSS) Department has been pivotal in advancing many areas of BC's Health Human Resources (HHR) Strategy, but perhaps none more so than the area of reducing barriers for internationally educated health care professionals (IEHPs).

Health Match BC (HMBC) and Practice Ready Assessment British Columbia (PRA-BC) are two HRSS program areas whose work has paved the way for more IEHPs to bring their dream of working in BC's health care system closer to a reality.

PRA-BC is an assessment program for internationally trained family physicians who have completed residencies in Family Medicine outside of Canada. The program provides qualified family physicians with an alternative pathway to licensure in BC. Since 2015, PRA-BC has assessed 243 family physicians who have gone on to provide primary care services in 68 communities throughout BC.

HMBC is a free health professional recruitment service funded by the Government of BC that supports many health professions including nurses, physicians, nurse practitioners, midwives, and allied health professionals. Our navigational services can include helping applicants with their journey to licensure, connecting applicants with financial resources, finding employment within BC's Health Authorities and guiding applicants through the immigration process when necessary. Many of the actions outlined in BC's HHR Strategy have enabled HMBC to increase our navigational services and supports to IEHPs

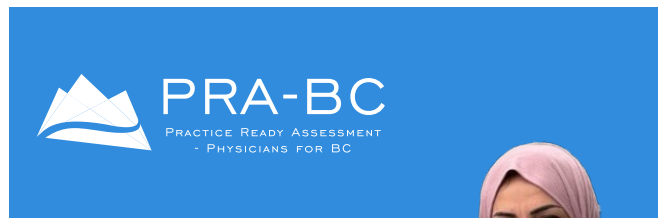
Increasing Recruitment of Internationally Educated Health Professionals

Physicians

The 2022 BC HHR Strategy included a named action to triple the PRA-BC program from 32 seats annually, to 96 seats in 2023-24. PRA-BC and our operational partners undertook significant work to prepare for the program's

expansion. As a result, qualified Internationally Educated Family Physician (IEFP) applicants to the program increased by 71 per cent in 2023 and 82 IEFPs were offered seats in the program. Graduates from this program will complete three years' Return of Service (ROS) providing much needed primary care services in many BC communities.

In 2023, HMBC commenced recruitment for a new profession in BC – the Associate Physician (AP). The AP class of licensure established by the College of Physicians and Surgeons of BC (CPSBC) created another route for International Medical Graduates (IMGs) to practice medicine in BC's health care system, and interest has been substantial. Throughout this fiscal year, HMBC assisted more than 300 applicants by assessing their potential eligibility for this profession.



Of these, 48 IMGs have already been supported to start licensure processes with the CPSBC, and 39 have actually been hired into this new profession.

Allied Health

As a part of BC's HHR Strategy, an Allied Health Strategic Plan was announced in December 2023, enabling HMBC to start providing tailored navigational services to select Internationally Educated Allied Health (IEAH) professions including physiotherapists, occupational therapists, and medical lab technologists. In response,



One of BC's first Associate Physicians Dr. Rand Al Ramahi

HUMAN RESOURCES STRATEGIES AND SERVICES

HMBC developed the dedicated website, alliedhealthjobsbc.ca, curated to include important information for internationally trained allied health professionals. The website provides details on financial incentives and bursaries, and encourages individuals to connect with HMBC's dedicated navigation team.



alliedhealthjobsbc.ca



Using consultation video calls, our recruitment specialists have helped allied health candidates to navigate the credentialing process, their professional registration, and have provided information on bursary programs. Since the launch of these concierge services, HMBC has supported 338 foreign trained Physical Therapists (PTs), Occupational Therapists (OTs) and Medical Lab Therapists (MLTs) with navigational calls.

Nursing

In 2023, Health Match BC spearheaded a new way of sourcing and recruiting Internationally Educated Nurses (IENs) in BC, and launched their inaugural UK and Ireland Roadshow, featuring HMBC recruitment specialists, as well as clinical specialists from each of BC's Health Authorities. The tour comprised of nine seminar sessions in four cities (London, Manchester, Birmingham and Dublin). The events were followed by virtual sessions and targeted correspondence to attendees. As a result, 226 attendees created HMBC profiles to access navigational

supports and services and signed 180 ROS agreements with the Province of British Columbia. HMBC has continued to work with this cohort of nurses across the fiscal year, and the results are impressive.

Results to Date (May 2024)

- ★ 58 nurses from events referred to the Health Authorities.
- ★ 48 nurses from events hired into Health Authority jobs.
- ★ 101 nurses have started the licensing process with BC College of Nurses and Midwives (BCCNM) and Nursing Community Assessment Service (NCAS).

These results were supported by the introduction of an expedited licensing pathway for nurses educated and trained in the UK, US, Australia, and New Zealand by the BCCNM.

HUMAN RESOURCES STRATEGIES AND SERVICES

For Internationally Educated Nurses (IENs) trained outside of the expedited-pathway countries, BCCNM and Inspire Global Assessments (formerly NCAS) partnered to launch a triple-track assessment pathway. IENs going through the BC registration process can now be assessed as a Registered Nurse (RN), Licensed Practical Nurse (LPN), and Health Care Assistant (HCA) all at the same time. With these multiple paths to licensure, HMBC has worked with IENs to navigate the registration requirements, supporting them to enter the BC health care system through one of these professions while they complete the requirements of another, effectively increasing the number of and speed with which health care professionals enter BC's health care labour force.

The various improvements to the internationally educated nursing pathway, and the supports offered by HMBC have generated a notable impact on BC's nursing workforce. Since May 2022:

- ★ 238 Expedited Pathway IENs hired.
- ★ 333 Non-expedited Pathway IENs hired.

In response to significant changes in the inter-provincial nursing regulatory landscape in 2023, HMBC also supported an increase in Canadian-licensed, internationally educated nurses looking to transfer their registration from other provinces to BC, despite not yet having Canadian practice experience. This category of nurses, often referred to as "labour-mobility nurses" experience a unique licensure journey. HMBC identified this need and responded by providing enhanced supports to these nurses, and to BC's publicly funded employers, to assist with navigating the regulatory system through to the hiring process.

In 2023/24, 445 IENs licensed in other provinces, without Canadian practice experience, have been provided navigational support by HMBC. Of this group, 106 have now begun the license transfer process with BCCNM and 52 have been referred to BC's Health Authorities for employment opportunities.

Removing Financial Barriers for IEHPs

HMBC is in its second year of administering the IEN Bursary Program, on behalf of the Ministry of Health. This program provides bursaries for IENs who are pursuing BCCNM registration, offering fee waivers that eliminate some upfront costs for eligible IENs. To receive these fee waivers, IENs must make an upfront commitment by signing an ROS agreement with the province, and in fiscal year 2023/24, HMBC facilitated the signing of over 4,000 ROS agreements.

This fiscal year, the team also undertook a significant quality improvement initiative: the development and implementation of an online IEN bursary application form. The project was done in collaboration with HEABC Information Management/Information Technology and Finance teams, significantly streamlining the application process for candidates, and resulting in an increase in applications. Across the fiscal year, 1,580 financial awards were distributed, totaling more than \$2.6 million dollars.

In 2023/24 HMBC also supported the launch of two new bursary programs aimed at IEAH professionals. Representing a collaborative effort between the provincial government, Health Authorities and HMBC, a bursary for internationally educated physiotherapists was launched in June 2023, followed by medical laboratory technologists and occupational therapists in January 2024. The bursary programs, administered by HMBC, assist these allied health professionals with the costs incurred in becoming licensed in British Columbia, which can be substantial, and discourage IEHPs from pursuing careers in BC. By easing economic barriers, it is more feasible for these professionals to meet Canadian standards and complete the necessary assessments and educational coursework. These financial incentives are distributed to eligible candidates in exchange for their commitment to work in BC's public health sector through a ROS agreement.

HUMAN RESOURCES STRATEGIES AND SERVICES

Since June 2023, the allied health team has distributed 116 financial rewards totaling \$92,447 to PTs, OTs and MLTs. Other results include 163 IEPTs signed an ROS agreement, 13 IEOTs signed an ROS agreement and 72 IEMLTs signed an ROS agreement.

Helping Guide the Way – Supporting IEHPs in their Journey

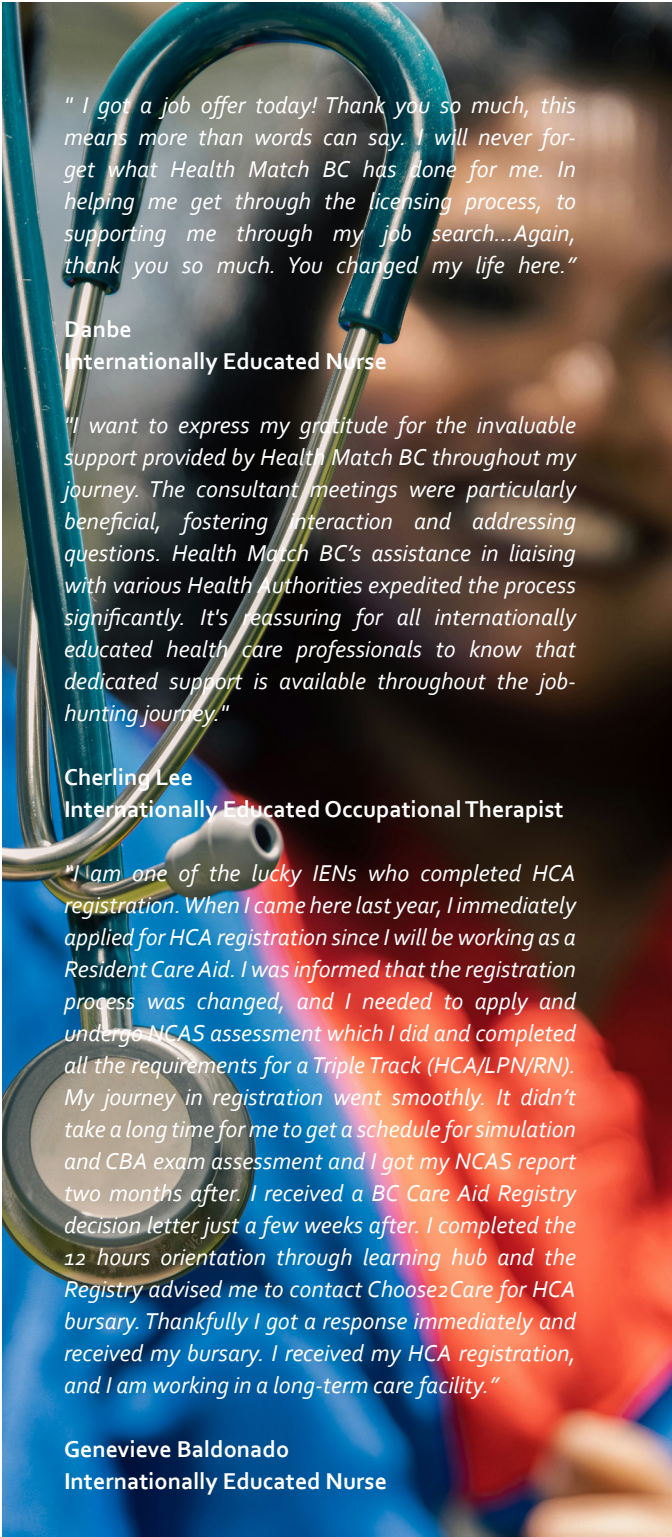
HMBC's successful efforts to recruit IEHPs to new and existing professions in BC, as well as the tripling of PRA-BC's program, have resulted in a significant growth in demand for HMBC's immigration navigational services. HMBC provides candidates with step-by-step guidance on immigration via the BC Provincial Nominee Program (BC PNP), supporting candidates both individually and through group-based informational webinars.

In 2023/24, HMBC supported **249** IEHPs with immigration through the BC-PNP which represents a 73 per cent increase from the previous year.

Summary

In 2023/24 both PRA-BC and HMBC expanded existing services or introduced new services to support IEHPs in becoming part of BC's health care labour-force. With increased services in pivotal areas such as licensing navigation, financial bursaries or incentives, employment, and immigration support, IEHPs have access to more supports to begin practicing in BC than ever before.

Through the efforts of HMBC and PRA-BC's dedicated staff, individual IEHPs wanting to pursue a future in BC now experience fewer barriers, and receive more comprehensive support to help them access opportunities. As a result of these efforts, more qualified health professionals have arrived in BC's communities to provide necessary health services to our public.



"I got a job offer today! Thank you so much, this means more than words can say. I will never forget what Health Match BC has done for me. In helping me get through the licensing process, to supporting me through my job search...Again, thank you so much. You changed my life here."

Danbe
Internationally Educated Nurse

"I want to express my gratitude for the invaluable support provided by Health Match BC throughout my journey. The consultant meetings were particularly beneficial, fostering interaction and addressing questions. Health Match BC's assistance in liaising with various Health Authorities expedited the process significantly. It's reassuring for all internationally educated health care professionals to know that dedicated support is available throughout the job-hunting journey."

Cherling Lee
Internationally Educated Occupational Therapist

"I am one of the lucky IENs who completed HCA registration. When I came here last year, I immediately applied for HCA registration since I will be working as a Resident Care Aid. I was informed that the registration process was changed, and I needed to apply and undergo NCAS assessment which I did and completed all the requirements for a Triple Track (HCA/LPN/RN). My journey in registration went smoothly. It didn't take a long time for me to get a schedule for simulation and CBA exam assessment and I got my NCAS report two months after. I received a BC Care Aid Registry decision letter just a few weeks after. I completed the 12 hours orientation through learning hub and the Registry advised me to contact Choose2Care for HCA bursary. Thankfully I got a response immediately and received my bursary. I received my HCA registration, and I am working in a long-term care facility."

Genevieve Baldonado
Internationally Educated Nurse

COMPENSATION & CLASSIFICATION SERVICES

SUPPORTING MEMBERS IN MANAGING CLASSIFICATION SYSTEMS AND ISSUES

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.

MANAGEMENT COMPENSATION

Compensation Reference Plan Review

The Compensation Reference Plan (CRP) promotes the accountability of health care employers to the public and enhances the credibility of management in the health sector by providing a framework within which appropriate compensation practices are consistently managed.

Originally developed in 1994, the CRP was reviewed in 2016 following a BC Public Sector Compensation Review and adoption of common compensation philosophies, principles, processes, and guidelines.

In response to increasingly competitive labour market conditions, the drive for transparency and continuous improvement to administrative policies, processes and practices, a review of the framework commenced in 2023. Considerable progress has been made to define the scope of the review and the project will be supported by global organizational firm, Korn Ferry. The goal is to modernize the CRP and its associated processes in support of fair, defensible and competitive compensation practices.

With governance models in place, HEABC is encouraged by the interest and active engagement of members including health care leaders, compensation teams, Health Authority and Affiliate member working groups in this review.

UNION CLASSIFICATION

HSPBA Classification System Redesign – Completion and Implementation

Over the past year, HEABC and the Health Science Professionals Bargaining Association (HSPBA) marked the first milestones in the implementation of the new profile-based classification system for health science professionals. In 2006, the bargaining parties set out a goal of having a new classification system which would include the full scope working professional. April 1, 2024 marked the date of implementation of the P1 classification profile and salary structure, which established the long sought after full scope working professional Classification Level P1 Working Professional Salary Structure and the completion of several years of phased-in compensation increases for working level professionals.

The final development of the classification system was completed in summer 2023, and the parties agreed to a classification matching and dispute resolution process which took place over several months, requiring active management of over 4,000 filed objections resulting in approximately 900 live disputes resolved through ongoing case management, mediation, and expedited arbitrations. On May 10, 2024, a Concluding Order was issued that outlined the completion of the Dispute Resolution Process, paving the way for employers to focus on system implementation, in preparation for full implementation of the classification system, to take place no later than 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. The new classification system is applicable to all health science professionals and designed to provide consistency and eliminate inequities in 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.



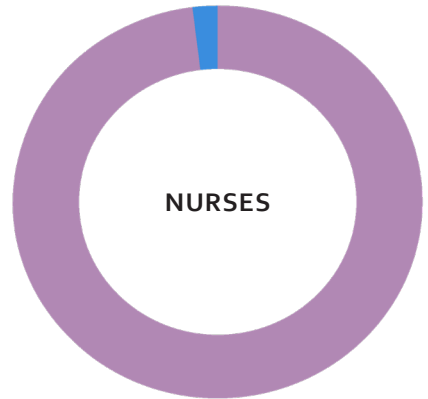
Photo credit: Alejandro Luengo, Unsplash.com

BARGAINING ASSOCIATIONS

FULL-TIME EQUIVALENTS BY ASSOCIATIONS & CONSTITUENT UNIONS



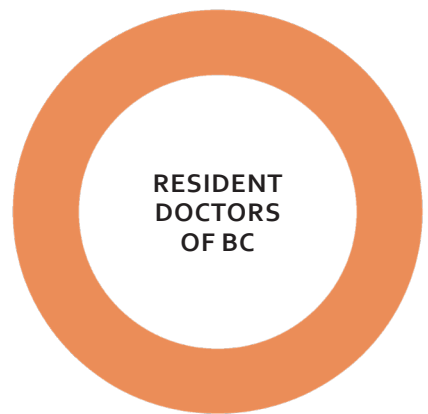
Union	FTEs	%
HSA	12,040	78.7
BCGEU	2,363	15.4
CUPE	705	4.6
PEA	174	1.1
HEU	22	0.1
PAR	01	0.0
Total	15,395	100



Union	FTEs	%
BCNU	33,468	98.2
HSA	587	1.7
CUPE	13	0.0
HEU	09	0.0
BCGEU	02	0.0
CLAC	01	0.0
Total	34,080	100



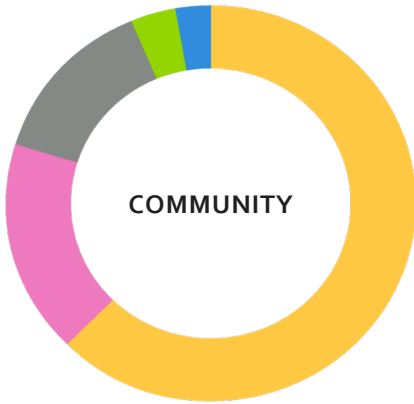
Union	FTEs	%
CUPE	3,019	100
Total	3,019	100



Union	FTEs	%
RDBC	1,345	100
Total	1,345	100

BARGAINING ASSOCIATIONS

FULL-TIME EQUIVALENTS BY ASSOCIATIONS & CONSTITUENT UNIONS



Union	FTEs	%
BCGEU	7,527	60.3
UFCW	2,123	17.0
HEU	1,571	12.6
CUPE	762	6.1
HSA	429	3.4
BCNU	29	0.2
USWA	33	0.3
CLAC	05	0.0
Total	12,479	100



Union	FTEs	%
HEU	31,508	94.0
BCGEU	1,561	4.7
IUOE	239	0.7
PPWC	108	0.3
BCNU	81	0.2
IBEW	05	0.0
UAPP	04	0.0
UFCA	04	0.0
IUPAT	01	0.0
Total	33,511	100

BCGEU	BC General Employees Union	PEA	Professional Employees Association
BCNU	British Columbia Nurses' Union	PPWC	Public and Private Workers of Canada
CLAC	Christian Labour Association of Canada	RDBC	Resident Doctors of British Columbia
CUPE	Canadian Union of Public Employees	UAPP	United Association of Plumbers & Pipefitters
HEU	Hospital Employees' Union	UBCJA	United Brotherhood of Carpenters and Joiners of America
HSA	Health Sciences Association of BC	UFCW	United Food and Commercial Workers Union
IBEW	International Brotherhood of Electrical Workers	UPN	Union of Psychiatric Nurses
IUOE	International Union of Operating Engineers	USWA	United Steelworkers of America
IUPAT	International Union of Painters & Allied Trades District Council		

Notes:

- Data is annualized to a 365-day reporting period.
- FTEs reflect data as reported in HSCIS 2023-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 2023, 92 FTEs were excluded.

STATEMENT OF OPERATIONS & ACCUMULATED SURPLUS

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

Statement of Operations and Accumulated Surplus

Year ended March 31, 2024, with comparative information for 2023

	2024 Budget	2024	2023
	(notes 2(i) and 19)		(amended – note 20)
Revenue:			
Provincial government funding	\$ 19,664,000	\$ 11,578,942	\$ 10,926,736
Service fees	50,000	348,535	298,281
Interest	1,656,000	8,467,149	3,417,114
	<u>21,370,000</u>	<u>20,394,626</u>	<u>14,642,131</u>
Restricted funding from deferred operating contributions (note 5)	51,085,779	29,822,060	21,022,082
Amortization of deferred capital contributions (note 6)	192,280	192,280	192,280
	<u>72,648,059</u>	<u>50,408,966</u>	<u>35,856,493</u>
Expenses (note 15):			
Operations:			
Legal services, negotiations and labour relations	9,505,414	7,693,791	7,088,805
Collective bargaining and related expenses	3,813,445	4,279,792	685,698
Executive services and board governance	1,824,608	3,340,590	1,564,881
Research and analytics	3,505,044	3,053,594	2,684,085
Compensation services	1,543,853	1,183,698	846,580
Finance and administration	615,344	887,249	1,035,994
General	483,720	499,924	552,869
Occupational health and safety	192,960	488,161	375,499
Expenses from ongoing operations	<u>21,484,388</u>	<u>21,426,799</u>	<u>14,834,411</u>
Managed programs:			
Recruitment Solutions - Managed bursary programs	27,174,800	8,913,512	4,154,955
Recruitment solutions other	10,040,771	8,534,653	7,019,110
Physician services	3,735,520	3,752,467	3,416,049
Practice ready assessment BC	4,686,924	3,725,639	2,423,685
Locums for rural BC	2,883,167	2,377,027	2,469,290
BC care aide and community health worker registry	1,115,873	930,960	772,140
Collective bargaining and related expenses	1,023,900	411,415	517,345
Health cross jurisdictional labour relations database	424,824	336,494	249,508
Expenses from other managed programs	<u>51,085,779</u>	<u>28,982,167</u>	<u>21,022,082</u>
Total expenses from operations	<u>72,570,167</u>	<u>50,408,966</u>	<u>35,856,493</u>
Annual surplus	77,892	-	-
Accumulated surplus, beginning of year	3,627,800	3,627,800	3,627,800
Accumulated surplus, end of year	<u>\$ 3,705,692</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, 2024, with comparative information for 2023

	2024	2023 (amended – note 20)
Financial assets:		
Cash	\$ 4,736,422	\$ 9,560,412
Restricted cash (note 4)	56,297,372	49,278,547
Accounts receivable	6,498,317	2,123,642
	<u>67,532,111</u>	<u>60,962,601</u>
Liabilities:		
Accounts payable and accrued liabilities (note 13)	4,022,501	3,540,732
Deferred operating contributions (note 5)	56,297,372	49,438,547
Deferred capital contributions (note 6)	5,330,551	5,522,831
Deferred lease liability (note 7)	1,694,323	1,844,161
Retirement benefit liability	292,905	233,661
	<u>67,637,652</u>	<u>60,579,932</u>
Net financial assets (debt)	(105,541)	382,669
Non-financial assets:		
Tangible capital assets (note 8)	2,947,498	2,927,262
Prepaid expenses	785,843	317,869
	<u>3,733,341</u>	<u>3,245,131</u>
Contractual obligations and contingencies (note 12)		
Contractual rights (note 13)		
Accumulated surplus (note 9)	<u>\$ 3,627,800</u>	<u>\$ 3,627,800</u>

See accompanying notes to financial statements.

Approved on behalf of the Board:

R. Lynn Stevenson Director

Kathy MacNeil 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.

HEALTHCARE EMPLOYEE RELATIONS AWARDS OF BC

INTRODUCING THE INAUGURAL HEALTHCARE EMPLOYEE RELATIONS AWARDS OF BRITISH COLUMBIA



Following a two-year pause, HEABC has refreshed and re-launched its awards program with a focus on labour relations and human resource practices that is more consistent with our core mandate. Nominations for the inaugural Healthcare Employee Relations Awards of British Columbia (the HEABC Awards or HEABCs) opened in May and the awards will be presented this fall, date and location to be announced. The HEABCs recognize human resource and labour relations professionals who work with employers and health care professionals to create workplaces that support the delivery of high-quality health care.

The awards were created in 2007 to celebrate excellence and innovation in BC's health care community by recognizing deserving teams that are improving health care delivery in BC and individuals whose achievements and actions inspire those around them. In 2021, due to the COVID-19 pandemic, HEABC presented the 14th annual BC Health Care Awards as a pre-recorded, online video presentation rather than an in-person gala luncheon as done previously. In 2022, we paused the awards to take the opportunity to re-think the program and develop new awards categories.

A total of 12 projects or individuals may be recognized in three categories with an Gold Award and an Award of Merit presented to an Affiliate employer and a Health Authority. The new award categories are as follows.

1 Leading Workplace Health and Safety Practices

One Health Authority and one Affiliate member will be recognized for a project, initiative or practice that supports or improves the health and safety of health care workers and aligns with the Canadian Standards Association (CSA) for occupational health and safety and psychological health and safety in the workplace. One Award of Merit may also be presented in each class (Affiliates and Health Authorities) at the discretion of judges.

2 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. One Award of Merit may be presented in each class (Affiliates and Health Authorities) at the discretion of the judging panel.

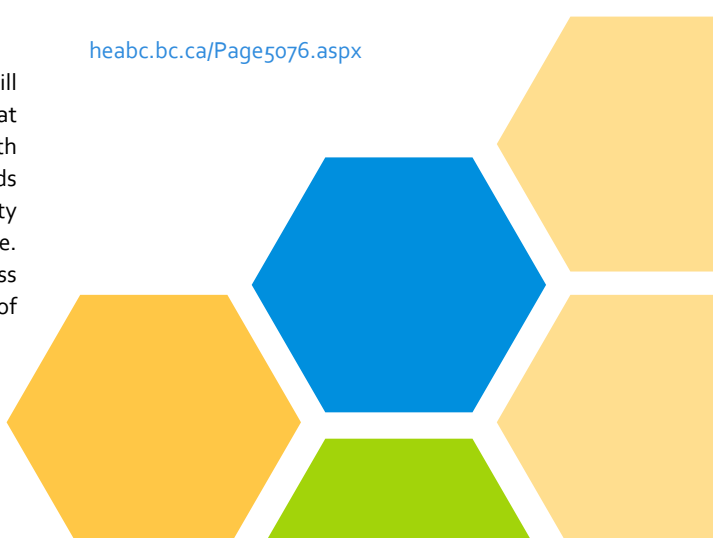
3 Leading Practices: Diversity, Equity and Inclusion (DEI)

One Health Authority and one Affiliate member will be recognized for a project, initiative or practice that has addressed and/or improved diversity, equity and inclusion (DEI) in the workplace, not only for health care staff, but also to better serve patients, clients and residents. Example areas of DEI include Indigenous specific anti-racism, de-colonialization, ageism, LGBTQIA2S+, antisemitism and homophobia etc. One Award of Merit may be presented in each class (Affiliates and Health Authorities) at the discretion of the judging panel.

2024 Timelines

- ★ Spring: Nominations open
- ★ Summer: Nominations close; judging panel decides winners
- ★ Fall: Awards presentation

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2023/24 BOARD OF DIRECTORS

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