

ANNUAL REPORT

2024/25

HEABC
HEALTH EMPLOYERS
ASSOCIATION OF BC

CORPORATE

About HEABC	04
Our Members	05
Message from Board Chair and President & CEO	06
Strategic Framework and 2024/25-2025/26 Areas of Focus	08
DEI and ISAR Update	11
Cultural Safety & Humility Standard Assessment Project	12

LEGAL SERVICES, NEGOTIATIONS & LABOUR RELATIONS

Labour Relations by the Numbers	14
Negotiations and Implementation Update	15
Cases of Note	18
Industry Settlements	20
Labour Relations Board Decisions	21
Legislative Updates	22
Medical Staff Services Update	24
Legal Services Spotlight	26
Member Services Spotlight	27
Joint Benefits Trusts	28
Affiliate Advisory Committee	29

AFFILIATE MEMBER SPOTLIGHTS

S.U.C.C.E.S.S. Multi-Level Care Society	30
Glacier View Lodge	31

NURSE STAFFING SECRETARIAT

Supporting Collaborative Solutions to Nursing Issues	32
------------------------------------------------------	----

HUMAN RESOURCES SERVICES & STRATEGIES

Health Match BC	34
Locums for Rural BC	35
Practice Ready Assessment BC	35
BC Care Aide and Community Health Worker Registry	36
Compensation and Classification	37

RESEARCH, ANALYTICS AND INFORMATION MANAGEMENT / TECHNOLOGY

Research and Analytics Spotlight	38
Project Management Office Spotlight	39
Information Management and Information Technology Update	40
Privacy Program	41

BARGAINING ASSOCIATIONS	42
FINANCIALS	44
HEABC AWARDS	46
BOARD OF DIRECTORS	47

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 185,000 unionized health care employees. In addition, HEABC's Medical Staff 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:

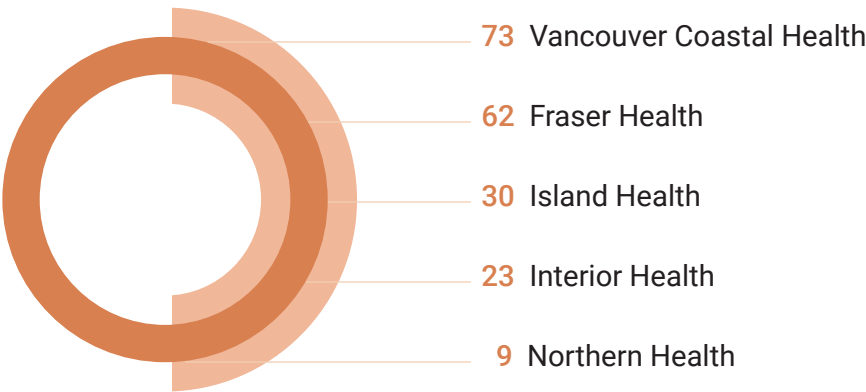
- Have a positive orientation towards action and remove unnecessary complexity to deliver the best possible service and outcomes for our staff, members and government partners.
- Proactively establish clarity about our role in major projects and initiatives.
- Ensure we have the operational capacity 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

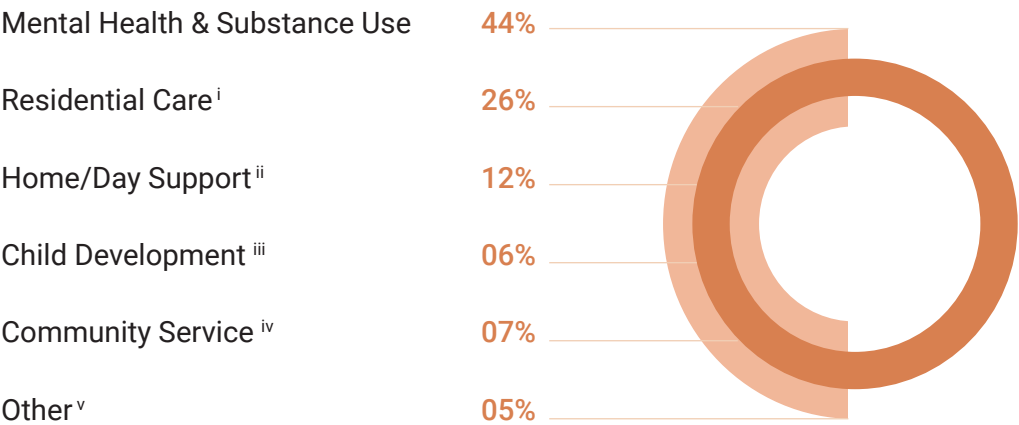
HEABC members provide a wide range of health care services. Health Authorities provide comprehensive services that span the continuum of care. Affiliate members generally focus on one service type. Providence Health Care, our largest Affiliate member, offers a range of services, comparable to the Health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

203 MEMBERS | 6 HEALTH AUTHORITIES | 197 AFFILIATES

NUMBER OF AFFILIATE MEMBERS



AFFILIATE MEMBERS BY SERVICE TYPE



ⁱ Extended care; long-term care
ⁱⁱ Home support agencies; assisted living; adult day care
ⁱⁱⁱ Child development centres
^{iv} Community service agencies; community housing, health and outreach; community health care
^v Other; diagnostic and treatment; acute care

Adapting and responding to emerging health system challenges

Some years are characterized as stay-the-course while others are more about change. The past year can be described as one of transition for HEABC and the BC health sector, as well as the broader provincial, Canadian and global economic and political climates. To ensure that our services continue to provide members and government partners with the support they need to deliver on their priorities, HEABC has been responsive and has adapted to emerging challenges and priorities.

Over the past two years, HEABC adjusted work processes and plans to meet evolving priorities within the BC health care system. Working with our Board of Directors, we refreshed and updated our Strategic Framework and Areas of Focus, including the addition of a fifth Strategic Direction – ADAPT – which was added to recognize that HEABC is often called upon to respond to emerging challenges. You can read more about these updates on page 8 of this report.

This past year saw both a provincial and federal election with incumbent parties re-elected, but with new ministers and deputy ministers of health and finance, as well as refreshed and in some cases new mandates, commitments and priorities. The election in the United States and resulting changes to how Canada's largest trading partner manages its economic relationship with Canada has also impacted the operating environment of every industry in BC.

Governments at all levels are faced with an increasingly challenging fiscal environment and HEABC is not immune to these pressures. As an organization committed to sustainability and the responsible use of public resources, HEABC will continue to manage in a fiscally responsible manner.

This was the final year of the 2022-2025 health sector collective agreements. HEABC's labour relations and negotiations teams supported employers to complete implementation of the agreements, negotiated under the Shared Recovery Mandate. At the same time, we worked with employers and government partners to prepare for the 2025 round of negotiations, which is now underway. Preparations included consulting with Health Authorities and Affiliate Employers to ensure that bargaining objectives aligned with their strategic and operational objectives for service. It also included working with government partners on the bargaining objectives and strategy. You can read more about progress related to negotiations and contract implementation on page 15 of this report.



BOARD CHAIR AND PRESIDENT & CEO MESSAGE

HEABC is committed to proactively addressing emerging challenges and opportunities. An important expression of this commitment can be seen in HEABC's ongoing support for the implementation of BC's Health Human Resource Strategy (HHRS.) Over the past year, HEABC worked to improve supports for internationally educated health care professionals (IEHP), including expanding the use of customized tools such as videos and webinars to help IEHPs navigate the system. We also updated our profession-specific recruitment websites and have adapted our services to align with regulatory and other changes in support of the HHRS. Over the past year the Practice Ready Assessment BC program tripled its capacity enabling up to 96 internationally trained family physicians per year to pursue licensure in BC. This work is showing results, and you can read more about some successes on page 35.

The need for increased support for emerging provincial priorities has required improvements to our internal functions in the areas of Corporate Services, Human Resources, and Information Management and Information Technology (IMIT). This work is focused on the creation of 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. We continued to enhance key IMIT applications that support recruitment, labour relations, compensation, and strategic decision-making, and have laid the foundation for further modernization. These efforts position HEABC to continue evolving our digital infrastructure in alignment with sector needs. You can read more about these developments throughout this report.

This year HEABC relaunched the Healthcare Employee Relations Awards (the HEABCs) to recognize human resource and labour relations professionals who work to create workplaces that support the delivery of high-quality health care. Originally launched in 2007 as a broad health care quality awards program, the program was re-launched in 2024 with a focus on labour relations and human resources more consistent with HEABC's core mandate. You can read more about the awards on page 46 of this report.

Thank you for reading our Annual Report. We hope that this report has helped further the understanding of HEABC's role in support of employers to deliver health quality health care for all British Columbians and, as always, we are happy to receive comments or questions from members and health system partners.



STRATEGIC FRAMEWORK AND 2024/25 -2025/26 AREAS OF FOCUS



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

Strategic Framework

HEABC has updated its Strategic Framework and Areas of Focus. Like its predecessor, our renewed Strategic Framework focuses on clear, high-level, strategic directions rather than specific, time-limited goals or objectives. We have taken this approach to ensure that we are able to adapt our workplans to align with the health sector's evolving priorities and needs.

The Strategic Framework contains our Vision, Mission, Principles and Strategic Directions and is used to shape a high-level, rolling work plan that outlines priorities and specific objectives for a two-year period. The overarching principles that describe and guide how we will do our work were also updated in response to feedback focusing on the need for organizational sustainability and role clarity, as well as a desire to strengthen our commitment to Indigenous-Specific Anti-Racism. HEABC's Mission, Vision and Principles can be viewed in detail on page 4 of this report.

Areas of Focus

Using the Strategic Framework as a touchstone, HEABC undertakes an annual refresh of our Areas of Focus to identify pieces of work that are critical to fulfilling our mission and vision. Working with the Board of Directors, HEABC has identified eight Areas of Focus for the period 2024/25-2025/26.

The following is a brief update on progress made on these strategic priorities.

1. Indigenous-Specific Anti-Racism

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

Efforts have focused on identifying and establishing structures that ensure integration, coordination and sustainability of this objective across HEABC's operations. Over the past year, HEABC made progress on an Indigenous-Specific Anti-Racism (ISAR) workplan to capture the work underway, and identify future work required to support this priority. HEABC leaders continue to identify and align their portfolios to uphold and embed Indigenous rights and ISAR.

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.

HEABC's labour relations and negotiations teams supported employers to conclude the implementation of contractual changes negotiated as part of the 2022-2025 health sector collective agreements. In preparing for the renewal of collective agreements and the PMA, staff consulted with Health Authorities and Affiliate Employers, as well as government, to identify bargaining strategies and priorities.

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.

HEABC implemented a Litigation Management Framework, developed in consultation with employers, which outlines the respective responsibilities of HEABC and its members in relation to grievance arbitrations and other labour litigation. The framework provides a solid foundation for strategic coordination of the 800-plus labour litigation referrals received every year in the health sector, 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 Strategy (PHHRS).

Over the past year, HEABC worked with government and Health Authorities to implement many of the strategies contained in the PHHRS, including Action 44 - Integrated Provincial Recruitment Supports. In 2024/25, Practice Ready Assessment BC operated its first full year of expanded program intakes (Action 41), offering 96 program seats across two intakes. As a result, 75 physicians were able to successfully start practice in return-of-service communities. While work will continue to refine and optimize the program in its expanded form, this objective is considered complete. HEABC also provided labour relations advice and support for efforts to implement the various actions under the PHHRS.

5. Management/Excluded Compensation and Benefits

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

HEABC continued to manage the Compensation Reference Plan to ensure the plan reflects the diversity of HEABC membership, follows contemporary job evaluation best practices, and ensures that the sector's policies and practices are aligned with broader public sector trends. HEABC completed a review of the Terms and Conditions of Employment for excluded staff.

6. Research and Analytics

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

This year, HEABC's Research and Analytics team focused on improving communication, collaboration and information sharing with our Ministry of Health (MoH) and Public Sector Employers' Council Secretariat (PSEC) partners to support the development of streamlined processes surrounding the Health Sector Compensation Information System, PSEC compensation models, MoH initiatives, and bargaining communications and documentation.

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.

HEABC took action to develop and implement a plan to support a culturally, physically, and psychologically safe and inclusive workplace. This work includes enhanced supports for HEABC's diversity, equity, inclusion, and accessibility programs and initiatives. Work was also undertaken to ensure HEABC's hybrid workplace environment remains safe, connected, enabled, transparent and attractive to existing and potential staff

through supportive policies, programs and systems. This has included developing and implementing processes that enable efficient collaboration between teams and departments, and proactively identifying opportunities for collaboration in areas where interdepartmental synergy may not be immediately apparent. HEABC also took steps to improve the efficiency and security of our information systems by implementing a renewed Information Management/Information Technology structure, evolving our cybersecurity strategy and developing a multi-year infrastructure renewal strategy.

8. Government 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.

During fall 2024, HEABC completed a review of its operational structures and processes to ensure they support effective operational management. HEABC's Board continues to regularly review structures and processes to ensure they support effective organizational governance and good governance practices.



Embedding Diversity, Equity and Inclusion and Indigenous-Specific Anti-Racism into HEABC's daily operations

Diversity, Equity and Inclusion

Diversity, Equity and Inclusion (DEI) is a priority for organizations across the province and HEABC is no exception. Recognizing that creating an inclusive environment is a shared responsibility, requiring a commitment from every staff member, over the past year, HEABC has undertaken a series of activities and updated our Strategic Framework to support our commitment to providing a culturally safe and inclusive workplace.

As part of its Strategic Framework, HEABC revised its guiding principles to reflect a stronger focus on cultural safety, accessibility, anti-racism, combatting discrimination and recognizing and responding to biases. To educate and build awareness of our diversity among staff, HEABC has hosted various events, holidays, and celebrations that reflect our diverse workforce.

Overall, staff continue to show a high interest in participating in DEI training sessions.

Indigenous-Specific Anti-Racism

Since October 2024, 75 per cent of staff have completed or are currently enrolled in the San'yas Indigenous Cultural Safety Training Program offered by Provincial Health Services Authority (PHSA). In addition, Indigenous-Specific Anti-Racism (ISAR) was the focus of this year's all staff event, which HEABC hosted in partnership with PHSA's ISAR and San'yas education teams.

DEI Committee members are also participating in and lending their expertise to a change champions table in support of HEABC's commitment to complete Accreditation Canada's Cultural Safety & Humility Standard Self-Assessment and develop and implement work plans to address areas where we are currently falling short in our commitment to providing a diverse, equitable and inclusive workplace. HEABC is also evaluating its operations against the International Standards Organization's DEI Standard. Insights from both assessments will guide future planning and initiatives in support of this commitment.



San'yas: Indigenous Cultural Safety Anti-Racism Learning Programs

PHSA BC

CULTURAL SAFETY & HUMILITY STANDARD ASSESSMENT PROJECT

Cultural Safety & Humility Standard Assessment project

As part of its ongoing commitment to Indigenous-specific anti-racism, truth and reconciliation, and decolonization, HEABC has embarked upon a journey to complete Accreditation Canada's Cultural Safety & Humility (CSH) Standard Self-Assessment and develop and implement work plans to address areas where we are currently falling short in our commitment to providing a diverse, equitable and inclusive workplace.

The Health Standards Organization CSH Standard was released in 2022 and comes out of Recommendation 8 from the In Plain Sight Report, which calls on all policymakers, patient-care review boards, health related authorities, bodies, organizations, facilities and education programs to adopt a cultural safety and humility standard.

The CSH Standard, which is the first of its kind in Canada, was developed by a First Nations-led Technical Committee in BC, with additional input from Métis Nation BC. It aims to create a culturally safe environment in the health system, by providing organizational guidance in hardwiring Indigenous-specific anti-racism.

The CSH Standard will benefit all organizations in BC. As such, the BC Health Human Resources Strategy calls on all health employers to adopt and implement the standard. Given this, HEABC has updated its Strategic Framework to include the objective of completing the self-assessment against the CSH Standard.



CULTURAL SAFETY & HUMILITY STANDARD ASSESSMENT PROJECT

HEABC's self-assessment has been organized using the following cycle and phases.

1. **Gathering the Circle:** Setting the table for the work by ensuring we have the right voices at the table while remaining curious around the voices that may not be present.
2. **Connection before Content:** This part of the work emphasizes the importance of our relationality. To do this work, we require a foundation of trust and safety as partners in its success. To do that, there are foundational concepts and terminology needed to ensure we are coming to the work from a common place of understanding.
3. **Preparing our Heads, Hands & Hearts:** This phase ensures that our project team and partners have the learning, understanding and tools to begin the work.
4. **Listening, Assessing, and Finding Solutions:** Completing our organizational self-assessment.
5. **Keeping the Circle Strong:** Although this project will conclude in 2026, the work does not. Keeping the Circle Strong ensures that we have the strategy and supports to implement and monitor our recommendations.

2024/25

The project work to-date has focused on Phases 1 through 3:

Gathering the Circle

- Established HEABC's project team and governance structure.
- Welcomed key project partners, such as a consultant and Knowledge Keeper, Duane Jackson.
- Recruited and onboarded an HEABC Advisor, DEI & ISAR to steward this work.

- Developed core project documents.
- Established and launched a cross-organizational Change Champions Table. The role of this table is foundational to the success of project, ensuring that change is transformative.

Connection before Content

- Worked to establish a broad understanding of the work and its importance through various communications, including a project launch Lunch & Learn event, which saw over 180 HEABC staff attend.

Preparing our Heads, Hands & Hearts (ongoing)

- Ensure the project team, partners and Change Champions have the learning they need given their roles, scope, and function.
- Review of the assessment standards to scope their applicability against HEABC operations.

The year to come (2025/26)

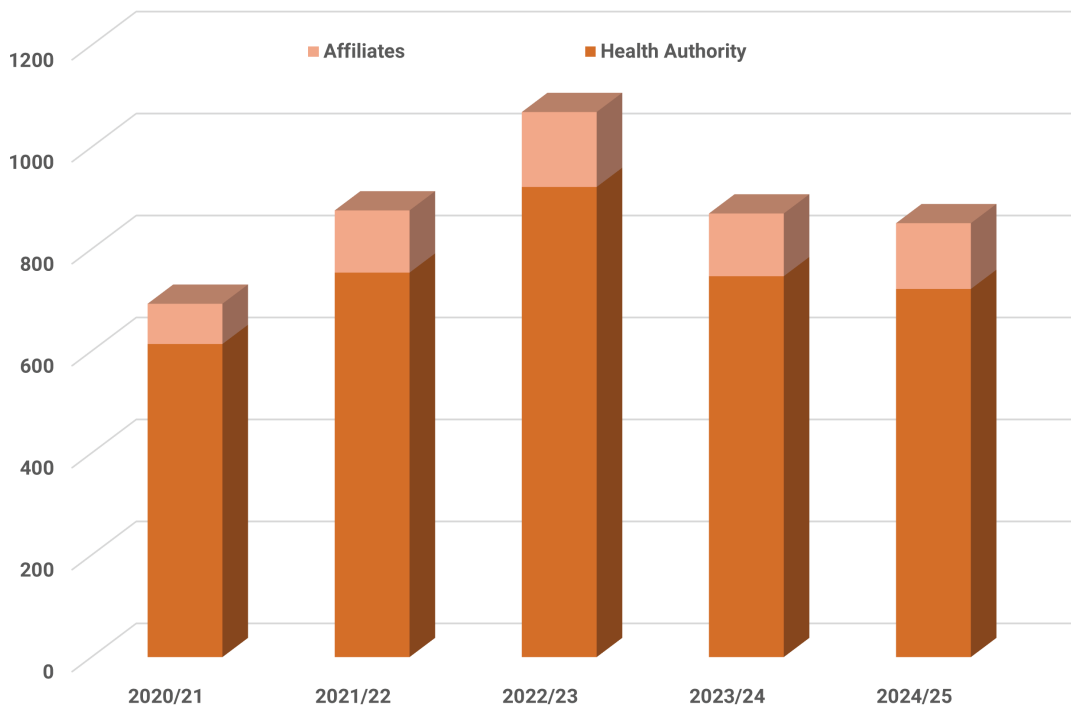
- Finalize our assessment methodology.
- Develop self-assessment tools and instruments.
- Evaluate and draft findings report, which will include an implementation strategy to support integration of recommendations.

Although the project is scheduled to wrap-up in March 2026, ongoing efforts will be necessary to ensure that work moves from implementation to integration and fully embedded practices.

Success of this work is bigger than completion of project milestones; it requires individual and organizational learning that inspires greater transformation and accountability. This ensures that HEABC's organizational culture reflects our desired state, where an Indigenous-specific anti-racist skillset, and mindset, are the norm.

851
ADJUDICATION FILES OPENED
(April 1, 2024 to March 31, 2025)
722 HEALTH AUTHORITY
129 AFFILIATES

CASELOAD GROWTH: ADJUDICATION FILES



BARGAINING ASSOCIATION

HSPBA	253
CBA	240
NBA	209
FBA	108
APADBA	3

FORUM

Arbitration	360
Expedited Arbitration	316
British Columbia Healthcare	
Office of Arbitration	75
Industry Troubleshooter	52
Labour Relations Board	35
Classification	13

TOP 6 TOPICS

Discipline and Discharge	144
Leaves	64
Classification	62
Overtime	57
Scheduling/Hours of Work	51
Selection	34

NEGOTIATIONS AND IMPLEMENTATION UPDATE

Over the past year, HEABC's labour relations and negotiations teams have supported employers to conclude the implementation of contractual changes negotiated as part of the 2022-2025 health sector collective agreements negotiated under the Shared Recovery Mandate.

Cross table highlights

Indigenous-Specific Anti-Racism (ISAR)

In the 2022 round of bargaining, all health sector bargaining associations agreed to introduce ground-breaking collective agreement changes and initiatives to support Indigenous-Specific Anti-Racism (ISAR) in BC's health care system. Working with the Ministry of Health, the parties have continued advancing this vital work through the Provincial ISAR Forum. The forum includes representatives from HEABC, Health Authority vice presidents of Indigenous health and other leaders, representatives of other HEABC members, and health sector bargaining associations.

Members of the forum arrived highly engaged and prioritized establishing collaborative relationships, recognizing that systems-wide transformation will require a strong relational foundation. Several speakers presented to members, and core foundational content was delivered to provide participants with shared language and understanding, ensuring the parties had strong foundational learning before moving into understanding and action. Members of the forum endorsed a Relational Agreement, a decolonized Terms of Reference and co-developed Shared Principles and Guidelines that can be used to support system-wide changes as the group looks ahead to the next round of negotiations.

Diversity, Equity and Inclusion

Employers have a shared interest in creating equitable and inclusive workplaces and remain committed to advancing Diversity, Equity, and Inclusion (DEI). In the last round of bargaining, HEABC negotiated language to create a joint working group to advance DEI in health care workplaces.

Through the collaboration of the key partners over the term of the collective agreement, a recommended framework has been developed and approved by the Provincial Health Human Resources Coordination Centre.

Table-specific highlights

Ambulance Paramedics and Dispatchers

During the last round of bargaining, the parties agreed to remove the Scheduled On-Call model in favor of creating new Community Paramedic (CP) positions, primarily to provide a more robust, regular workforce in rural and remote communities. While work remains toward providing 24-hour paramedicine coverage in rural and remote communities across the province, BC Emergency Health Services continues to grow the CP program in collaboration with the union. In 2024, the parties negotiated a Letter of Agreement establishing CP Combined Area Positions. These CP positions span multiple post response areas in rural and remote regions of the province, and are another step toward sustainable, long-term coverage.

The parties also advanced the work of the ACP Working Group. Their mandate was to explore opportunities to improve the Advanced Care Paramedic (ACP) systems of care for the benefit of employee providers and patients. For example, the working group reviewed the efficacy of various deployment models (i.e., different pairings of paramedics), and examined systems to support ACP practitioner job satisfaction, mental health and well-being. The parties worked closely with Dr. Renee MacPhee to develop a targeted survey that was circulated to ACPs and other paramedics to collect data that the working group will use to make implementable recommendations to the Provincial Joint Labour Management Committee. The collaboration has been meaningful and productive, and the parties are committed to continuing and completing their good work once bargaining for the next collective agreement concludes.

NEGOTIATIONS AND IMPLEMENTATION UPDATE

Community Subsector

HEABC and the Community Bargaining Association (CBA) made positive steps in the 2022-2025 collective agreement to address key recruitment and retention challenges faced by the Community Subsector, and HEABC has supported employers in their implementation.

Employers implemented seniority consolidation at Health Authorities to support retention within the CBA bargaining unit by allowing mobility across worksites and transferring of all benefits and entitlements within a Health Authority.

Employers also implemented updated wage schedules and other changes which support workers under the CBA. The lowest step on the pay scale (Step 1) was eliminated to ensure that CBA jobs remain attractive to potential applicants. Employees paid at the previous Step 1 rate received adjustments to Step 2.

In addition, employers implemented new and increased shift premiums to incentivize work within the CBA bargaining unit. Employers have implemented changes for Community Health Workers, compensating employees for all weekly posted hours.

Facilities Subsector

Changes to the Facilities Bargaining Association (FBA) collective agreement support the reduction of significant churn associated with filling temporary absences. Employers can now fill vacancies of less than 15 calendar days with casual employees or through float pool positions, rather than first with regular employees. This change allows employers to fill short-notice shifts more effectively to ensure patient needs are met.

The parties also completed work to review wage comparability issues between the FBA and other relevant BC public sector comparators, and implemented April 1, 2023 and April 1, 2024 wage comparability wage adjustments. HEABC and the FBA submitted information and recommendations to government on wage comparability issues and to address identified issues during negotiations of the renewal of the 2022-2025 Facilities Subsector collective agreement.

Health Science Professionals

During the 2022-2025 round of bargaining, the parties negotiated significant changes to implement a modernized Health Science Professionals Bargaining Association (HSPBA) job classification system. Employers successfully completed the full implementation of the new profile-based classification system in December 2024, in advance of the negotiated deadline of February 28, 2025. The Memorandum of Understanding was the culmination of two decades of work to develop a universally applicable classification system for all health science professionals. Upon ratification, the parties met and finalized the outstanding issues, which included:

- Completing the Classification Manual and Maintenance Agreement
- Finishing up-to-date professional groupings
- Finalizing salary structures for advanced practice and supervisory positions

The parties also completed an expedited dispute resolution process that successfully dealt with over 3,700 disputes, more than 650 of which required decisions. To complete the implementation, the parties negotiated a framework agreement that established an interim profile hierarchy, new wage schedules, and transitional interpretations of current collective agreement language. The combined efforts of the parties and the employers have led to the successful completion and implementation of the modernized profile-based classification system.

Note: For more information on the implementation of the classification system, please see page 45 of the report.

HEABC is also pleased to confirm the launch of the HSPBA Dispute Resolution Pilot Project, which is a new grievance and arbitration system intended to assist the parties in resolving existing grievances and moving new grievances along in a more efficient manner, as well as encouraging the resolution of disputes under the Health Science Professionals Office of Arbitration, Lisa Southern has been mutually appointed as the Registrar.

NEGOTIATIONS AND IMPLEMENTATION UPDATE

Nurses Sector

Over the past year, HEABC supported employers in concluding implementation of the final elements of the 2022 - 2025 Nurses' Bargaining Association (NBA) collective agreement.

A one-time application and resolution process allowed certain nurses to apply to have their Add Pay Eligibility Date/Hours determined and expeditiously resolve outstanding disputes. The parties worked collaboratively to successfully resolve all outstanding Add Pay implementation matters.

HEABC also worked together with the NBA on several interpretive issues related to premium calculations for Full-Time Stewards, Stewards at Large, and Enhanced Disability Management Program (EDMP) representatives. With consultation from Health Authorities and Providence Health Care, the parties agreed to certain calculation methods to resolve these issues, and outstanding grievances were resolved consistent with those terms.

In accordance with Article 54 - Isolation Allowance, the parties worked together to identify possible principles that could be applied when determining eligibility on the isolated communities list in anticipation of collective bargaining.

Resident Doctors

Implementation of the agreement is largely complete, with key improvements delivered in alignment with mandate objectives. Notable accomplishments include addressing wage disparities across the province, introducing sustainable solutions to workload and scheduling concerns, enhancing support for resident mental health and resiliency, phasing out pager use, and recognizing training requirements expected of residents outside of regular work hours.

NEGOTIATIONS UPDATE

Member bargaining priorities were informed by an extensive pre-bargaining consultation process starting in summer 2024, through which HEABC consulted with Health Authority and Affiliate members, government, and other interested parties to understand their strategic and operational objectives for service delivery and determine how the collective bargaining process can best support these priorities. HEABC recently commenced bargaining for renewed collective agreements at the following tables:

- Facilities Subsector - February 21, 2025
- Community Subsector - March 4, 2025
- Health Science Professionals - March 6, 2025

Negotiations thus far have been respectful and collaborative as the parties work towards identifying areas of mutual interest.

Starting dates for the Nurses and Ambulance Paramedics and Dispatchers tables are yet to be determined but are expected to commence later this year.

Disability management support for members

The Enhanced Disability Management Program was negotiated and developed in partnership with employers and unions and is intended to provide consistent, proactive and customized disability management services to ill/injured unionized health care employees across the province. HEABC's Disability Management and Implementation Team (DM Team) continues to work closely with members and service providers to support the understanding of EDMP collective agreement language and agreed-upon processes for a safe and timely return to work for employees.

The DM Team offers workshops to provide Affiliate members with a high-level understanding of EDMP policies and processes, as well as support and resources available. In 2024, the one-hour workshop was revised to include updated materials specific to service delivery areas and WorkSafeBC's newly introduced Bill 41 legislation.

The workshops have been well-received with consistent attendance from all service areas within the health care industry, resulting in an improved understanding of EDMP.

The EDMP resource found on HEABC's members' website was jointly developed with HEABC's DM and Labour Relations Teams to support Affiliate members in navigating EDMP processes. The resource covers several topics ranging from EDMP and HEABC's third-party service provider, Lifemark Health, to management principles and practices applicable to all Affiliate Employers.

Over the past year, HEABC conducted a Request for Proposals process for a new contract to provide EDMP services for Affiliate members. The DM team remains focused on working with Lifemark to ensure delivery of effective and timely EDMP services, while continuing to build relationships among all EDMP partners. Over the past year, Lifemark has received more than 2,600 referrals and has expanded its services to assist more than 135 employers. Services include clinical assessments that provide functional ability information for return-to-work programs, and an online portal that provides up-to-date information on EDMP referrals, reducing the communication required for EDMP cases.

Over the past year, HEABC also collaborated with employers and union representatives to improve efficiency by realigning and clarifying the roles and responsibilities of EDMP governance structures. HEABC remains focused on continuing to improve the EDMP experience for all users of the program by advancing practical solutions through adherence to action plans within the realigned governance structures.

CASES OF NOTE

Arbitration Decisions

Arbitrator confirms Health Authorities/ Providence Health Care not bound by the Charter

The Consent Award (discussed below) reached between HEABC and the BC Nurses' Union (BCNU) to address the BCNU's COVID-19 individual and industry-wide grievances concerning unpaid leaves of absence and termination of unvaccinated employees provides a Process Order for addressing BCNU's outstanding legal arguments.

The first adjudication issue under the Process Order relates to the union's claims of alleged breaches of the Canadian Charter of Rights and Freedoms. This argument raised a threshold issue of law as to whether the Charter applies to health sector employers.

The parties made several rounds of submissions on this issue between June and September 2024. On December 6, 2024, Arbitrator de Aguayo released her decision, confirming that the health employers at issue in the submissions (the BCNU focused only on employees of the Health Authorities and Providence Health Care (PHC)) were not subject to the Charter in their implementation of the Provincial Health Officer's (PHO) health care worker vaccination orders. This is a significant, successful result for health employers and disposes of all aspects of grievances that allege health employers breached the Charter.

By way of summary, the Charter applies to the legislature and government. Entities other than provincial and local governments may also have Charter obligations if they meet one of two tests:

1. The Charter will apply if the entity itself can be considered to be 'government' due to its nature, or due to the level of government control over its activity.
2. The Charter may apply if a particular disputed activity is 'governmental' in nature.

The BCNU argued that the decisions taken regarding unvaccinated employees by Health Authorities and PHC were subject to the Charter on both grounds above.

On the first issue, the arbitrator reviewed the statutory framework under the Health Authorities Act (HAA) and agreed with HEABC that the type of control exercised by government under the HAA framework did not constitute routine control over day-to-day operations. The arbitrator also accepted HEABC's submission that the provision of health care services to the public does not in itself mean that Health Authorities are subject to the Charter, following a previous decision of the Supreme Court of Canada in *Stoffman v. Vancouver General Hospital*, [1990] 3 S.C.R. 483.

On the second issue, the arbitrator again agreed with HEABC that the decisions concerning implementation of the PHO Orders regarding COVID-19 vaccination requirements were not governmental in nature. Specifically, that the PHO Orders were a legal requirement on eligibility for work, and that compliance with a legal requirement is not the same as implementation of a government program or policy.

HEABC and Nurses' Bargaining Association - "Add Pay" dispute resolution process completed

In February 2025, BC Health Care Office of Arbitration Registrar Lisa Southern issued her final decisions in the Additional Pay (Add Pay) dispute resolution process, which took place through the fall and winter of 2024. Add Pay is recognition pay for nurses with 15, 20, 25, and 30 years' experience, negotiated during the 2022-2025 Nurses' Bargaining Association round of bargaining. HEABC represented employers during dispute resolution, following employer Add Pay assessments completed in 2023 and 2024.

In total, 428 Add Pay appeals were filed with the registrar. Only 27 per cent of the appeals were successful, speaking to the high-quality of work performed by employer compensation teams in administering the Add Pay process and providing information during the dispute resolution process.

Add Pay issues going forward, such as new-hire eligibility or whether an employee's Add Pay eligibility has been appropriately applied will be subject to the typical grievance process.

Arbitrator determines that marriage leave for part-time employees is not limited to a seven-day period

In December 2024, Arbitrator Nichols found marriage leave for part-time employees under the Health Science Professionals collective agreement was not restricted to a seven-day calendar period, regardless of the typical working days of the employee.

The grievor worked part-time and requested marriage leave for five shifts that took place over nine days. The employer's position was that the marriage leave needed to be used in a manner consistent with full-time employees, meaning over a calendar week. Arbitrator Nichols rejected that position, noting that some full-time employees on extended work week schedules would not work five days in a week, and previous decisions on similar language under other collective agreements supported an ability to "break up" marriage leave if both segments were for the facilitation or celebration of marriage, neither of which were consistent with restricting leave to a calendar week. There was no dispute that the grievor's requests for marriage leave were for the purpose of celebrating or facilitating marriage.

As a result, Arbitrator Nichols granted the grievance. This decision was specific to a memorandum of agreement signed by the employer and union respecting marriage leave, but employers should review their marriage leave practices in light of this interpretation. Employers are permitted to request information regarding the use of the leave and may refuse to grant leave if it is not for the purposes of celebrating or facilitating marriage.

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

INDUSTRY SETTLEMENTS

Nurses' Bargaining Association and HEABC resolve industry wide application dispute regarding rescheduling of paid holiday

In May 2024, HEABC and the BC Nurses' Union (BCNU) reached an agreement on a longstanding issue regarding the rescheduling of paid holidays pursuant to Article 39.04(D) of the Nurses' Bargaining Association (NBA) collective agreement. The issue was whether a nurse who voluntarily accepts a shift on a paid holiday with fewer than 14 days' notice is entitled to another paid day off as a rescheduled paid holiday.

After extensive discussion, the parties agreed that Article 39.04(D) applied where a nurse voluntarily picked up an additional shift on their paid holiday or where the employer unilaterally changed the schedule without 14 days' notice. In such circumstances, the nurse will be entitled to have the paid holiday rescheduled up to a maximum of 26 instances each year.

There is no obligation to reschedule paid holidays where 14 or more days' notice is provided.

For further information, members may consult CIU NP-284.

HEABC negotiates agreements providing eligibility of rehire of unvaccinated health care workers

HEABC and BCNU agreed on a Consent Award to address the BCNU's individual grievances and industry wide application dispute (IWAD) concerning unpaid leaves of absence and termination of employees due to their being unvaccinated and not holding a valid medical exemption, as had been required in order to work under the COVID-19-related Provincial Health Officer's (PHO) Orders.

The Consent Award provides for eligibility for re-hire and recognition of service and seniority entitlements for terminated employees who became eligible to work as a result of the rescinding of the PHO Orders on July 26, 2024. The Consent Award required that terminated

employees must apply within six months of becoming eligible for work in order to be eligible for the re-employment terms in the Consent Award, which resulted in a deadline of January 27, 2025 for such applications.

Following the PHO's announcement on July 26, HEABC proposed to each of the other health sector bargaining associations/unions an agreement with re-hiring terms that are parallel to the re-hiring terms in the Consent Award with BCNU.

Accordingly, terminated Facilities Bargaining Association (FBA), Community Bargaining Association (CBA), Health Science Professionals Bargaining Association (HSPBA), and Ambulance Paramedics and Dispatchers Bargaining Association (APADBA) employees, as well as terminated Health Sciences Association of BC (HSA) members covered by the Nurses' Collective Agreement, who became eligible for work, and who applied for employment within the timelines, are entitled to parallel re-hire entitlements as set out in the Letters of Understanding.

For further information, members may consult CIU NP-283 and GIU-365.

Parties agree to pay union dues to HSA when agency staff utilized

In recent years, health employers have increased their reliance on private agency staff to address increased wait times and service backlogs for many paramedical services. In response to this use of agency staff, HSA filed numerous individual and policy grievances at many health employers, including all but one of the Health Authorities.

The grievances all alleged impermissible contracting-in, which involves situations where an employer purports to engage a contractor to do bargaining unit work at the same site as the bargaining unit employees.

Historically, employers defended contracting-in grievances by relying on employer-favourable legislative definitions in the Health and Social Services Delivery Improvement Act (Bill 29). With the repeal of that

legislation, the legal framework regarding utilization of agency staff to perform bargaining unit work has changed.

Thus, to preserve employers' ability to utilize agency staff, HEABC entered into negotiations with HSA and agreed, going forward, that where an employer engages agency staff to perform paramedical services routinely provided by members of the Health Science Professionals Bargaining Association (HSPBA), union dues will be payable to HSA.

This agreement applies only to HSA and not all constituent unions of the HSPBA. Further, the requirement to pay union dues does not apply where employers have contracting out work as permitted by collective agreement article 14.04.

For further information, members may consult HSP-182.

LABOUR RELATIONS BOARD DECISIONS

HEABC successfully appeals decision regarding "remote work" under the PHO Order

The Labour Relations Board (LRB) issued its decision under Section 99 of the Labour Relations Code (LRC), reviewing two arbitral awards issued by Arbitrator Elaine Doyle on January 6, 2023 regarding two termination grievances.

The underlying awards considered termination grievances of two unvaccinated employees who alleged their terminations arising from their failure to become vaccinated to work under the Order of the Provincial Health Officer constituted discrimination on the basis of religious belief. The arbitrator accepted an interpretation of the order put forward by the union that the order does not apply to Health Authority staff who are not working in a direct care location, and so did not preclude the grievors from performing remote work.

The arbitrator found a breach of the Human Rights Code (HRC) and collective agreement and ordered that the grievors be reinstated. Premised on the arbitrator's interpretation of the order, the arbitrator also ordered that the parties engage in an accommodation process to determine whether there was remote work that the grievors could have been offered as part of an accommodation, and to calculate wage loss, if any.

HEABC considered the arbitrator's interpretation of the order to be in error and filed an application for review of the awards under Section 99 of the HRC.

In the review decision, the LRB agreed with HEABC that the arbitrator's interpretation of the PHO Order was in error. The LRB found that the PHO Order prohibits unvaccinated employees of Health Authorities from performing any work (including remote work). The arbitrator's interpretation was premised on a definition in the order which applied only to employers. As the prohibition on employees working if unvaccinated is broad, and is independent of the section that applies to employers, the grievors were not permitted to engage in any work, including remote work.

HSA certifies pharmacy residents

HSA filed applications to the LRB on December 19, and 20, 2023 to vary an existing certification to include pharmacy residents into HSA's existing certifications within Fraser Health, Island Health, and Northern Health.

HEABC initially advanced several objections, including the central objection that the applications asked the LRB to include all pharmacy residents working at the listed locations into a single certification that does not exist. HEABC submitted that HSA holds individual, site-based certifications in the paramedical professional bargaining unit and can only vary these separate certifications individually.

After many months of deliberation, the LRB requested additional information and evidence from the parties concerning whether pharmacy residents were managed through a program, or on an individual site-by-site basis. The information gathered by the parties confirmed that pharmacy residents are managed through a residency program and not at the individual site/certification level. Given this, HEABC withdrew its objection to HSA's application.

On October 24, 2024, the LRB granted HSA's application to include pharmacy residents employed by Fraser Health, Island Health and Northern Health working at facilities where HSA holds existing paramedical professional certifications. More recently, the LRB has granted parallel applications by HSA to vary its certifications to include pharmacy residents working at BC Cancer Agency and Interior Health.

The parties are now completing negotiations concerning the implementation of the HSPBA Collective Agreement to pharmacy residents.

LEGISLATIVE UPDATES

2024 Labour Relations Code review

In 2024, the Labour Relations Code Review Panel was appointed to review the Labour Relations Code (LRC). The panel reached out to interest groups throughout the province and invited them to make submissions and/or reply to the initial submissions made.

HEABC submitted a reply to a submission filed by the Hospital Employees' Union (HEU), requesting amendments to Section 35 of the LRC, which the HEU had submitted were intended to expand the successorship provisions of the LRC to apply to scenarios in which health sector employers initially contract out work, or recapture work that was previously contracted out.

The HEU's intent was to effectively reverse by legislative amendment a recent decision before the LRB in which HEABC had been successful in arguing that food service and housekeeping staff repatriated by Provincial Health Services Authority (PHSA) to work at Red Fish Healing Centre should be represented by BC General Employees Union (BCGEU) along with other Community Subsector staff, and did not create a successorship that would have resulted in the certification of a contractor, Sodexo, applying to PHSA. The decision is indexed as: Health Employers Association of British Columbia on Behalf of Provincial Health Services Authority v Sodexo Canada Ltd., 2023 BCLRB 20 ("Red Fish").

In reply, HEABC encouraged the panel to carefully consider the LRB's reasoning in Red Fish, which confirmed there was no reason to depart from the LRB's well-established law and policy that returning contracted out work in-house does not trigger a successorship under Section 35(1) of the LRC. The LRB further confirmed that its law and policy in this area should not be altered by the introduction of Section 35(2.2) of the LRC, which was drafted to address the different scenario of contract flipping.

The panel provided its report to government on August 31, 2024. Government has not yet publicly released the report, which may result in amendments to the LRC in 2025.

WorkSafeBC introduces new legal duty to cooperate

On January 1, 2024, the final amendment to the Workers Compensation Act (WCA) set out in Bill 41 (2022) took effect. This amendment establishes a new legal duty requiring employers and injured workers to cooperate with one another and with WorkSafeBC to facilitate the worker's return to their pre-injury work, if possible, or to other suitable work, if not. The amendment also places a duty on employers (with certain exceptions) to maintain an injured worker's employment for a period of two years from the date of injury.

The new provisions of the WCA are found within Part 4, at "Division 3.1 - Return to Work and Other Duties in Relation to Injured Workers." The amendments create some new statutory obligations with respect to workers compensation claims including duties to contact the worker as soon as practicable, maintain communication, and identify suitable work. One notable feature is that the duty to maintain employment incorporates an obligation on employers to make any change to the work or the workplace that is necessary to accommodate the worker to the point of undue hardship. This obligation is distinct from obligations that arise in the context of any collective agreement and/or human rights law.

It is important to note that the new statutory obligations take precedence over the collective agreement provisions, including the Enhanced Disability Management Program (EDMP). That said, while these create another layer of statutory obligations, there is no inherent conflict with HEABC collective agreements or with the EDMP, which is a feature of four collective agreements (CBA, FBA, HSPBA, and NBA).

Employers are encouraged to review current practices and procedures to ensure they are consistent with new statutory obligations.

For further information, members may consult GIU-361.

MEDICAL STAFF SERVICES UPDATE

The HEABC Medical Staff Services (MSS) team, formerly Physician Services, provides negotiation support and strategic advice to the Ministry of Health (MoH) and Health Authorities on provincial and local medical staff agreements.

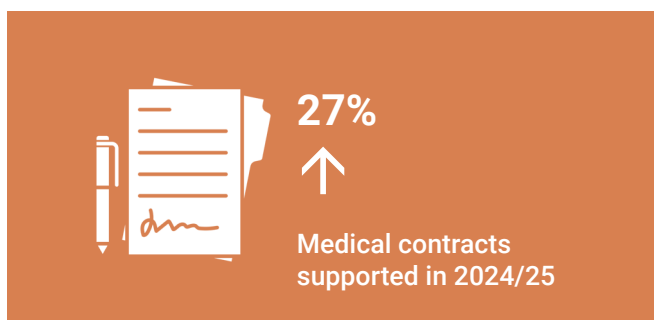
Securing service contracts with medical staff is one way to support the delivery of patient-centred clinical programs. In recent years, MSS has navigated increased complexity and volume of contract negotiations, advisory requests and service areas, including for nurse practitioners and midwives. The team will be supporting MoH to renegotiate provincial agreements for other medical service providers like dentists, osteopaths, and optometrists. To better reflect its expanded role, MSS underwent restructuring in the summer with the objective of enhancing our capacity to lead and coordinate medical staff negotiations, provide legal advice and expand education and training offerings.

Medical Staff Services' expertise, advice, and strong relationships with health system partners supports strategic coordination and consistency in medical staff services in British Columbia. MSS continues to lead priority contract negotiations, in areas such as anesthesia, emergency, hospitalist, and transplant services. In 2024/25, there was a 27 per cent increase in the number of contracts that MSS supported compared to 2023/24.

The breakdown is as follows:

- ★ MSS provided contract drafting, new model development, legal/economic advice on 134 contracts, and directly participated at the table in negotiation of 73 contracts.

In addition, MSS supported MoH to negotiate a Triparty Agreement between MoH, First Nations Health Authority (FNHA) and HEABC to enable MSS to directly support FNHA in medical staff contracting, compensation, and negotiations. This agreement is designed to meet FNHA's unique needs and promote equitable, culturally safe, high-quality care for First Nations and Indigenous



communities. MSS looks forward to further engagement with FNHA to support medical staff providing primary and community care in Indigenous health contexts.

This year, MSS worked with MoH to renew and update the Nurse Practitioner (NP) Engagement Framework which supports the relationship between the Ministry and the NP Council of Nurses and NPs of BC.

Associate Physicians (AP) were first introduced in BC as physician extenders in 2020. APs are regulated by the College of Physicians and Surgeons of BC (CPSBC) and support the delivery of medical services in CPSBC accredited AP programs. MSS supported the Ministry and Health Authorities to implement AP as physician extenders in our health system. There are currently 106 APs working in BC.

Physician Master Agreement negotiations

An important focus for MSS over the past fiscal year has been leading consultations and planning for the next round of negotiations with the Doctors of BC (DBC) for a renewed Physician Master Agreement (PMA). MoH again appointed HEABC to represent the government in PMA negotiations. MoH and DBC agreed via a protocol agreement to conduct interest-based negotiations. From July to December 2024, consultations were conducted through the Physician Medical Services Executive Council (PMSEC) and numerous departments and divisions across MoH, as well as with other government ministries impacted by the PMA. Input from this work has helped shape the strategy for renewal for the PMA.



Photo: Golden Ears Provincial Park by Lukas Mann, Unsplash.com

Providing legal representation and advice to members on matters with provincial impact

HEABC's legislated mandate includes the coordination of collective bargaining objectives and human resource practices. HEABC's Legal Services team, which is part of the larger Legal Services, Negotiations and Labour Relations department, supports this work as we act as in-house legal counsel for member employers on matters that have the potential to have provincial impact. This could be representing HEABC and/or our members at third-party disputes or assisting with large-scale projects involving various internal and external stakeholders, all of which contributes to our members' ability to save on costly legal fees, something of key importance in the current fiscal climate.

The Legal Services team also provides internal legal advice to other departments within HEABC on a variety of topics including employment, privacy, membership, and/or regulatory questions related to our constitution/ bylaws. This also significantly reduces external legal fees.

Legal Services is comprised of four Senior Legal Counsel, a Senior Legal Counsel/Privacy Officer, a Paralegal, a Business Analyst and a Legal Assistant who report to the Senior Legal Director and General Counsel.

Over the past year, the Legal Services team has:

- Continued to coordinate litigation related to Public Health Officer (PHO) vaccination orders, including successfully defending a claim from the BC Nurses' Union that Health Authorities are subject to the Charter of Rights and Freedoms and negotiating rehire Letters of Understanding with every health sector bargaining association to resolve the terms of rehire for staff across the province following rescinding of the PHO Orders;
- Coordinated submissions on behalf of employers as part of the dispute resolution of hundreds of grievances flowing from the implementation of Add Pay for the Nurses' Bargaining Association;
- Managed employer responses to common-site picketing applications at the Labour Relations Board (LRB), limiting impacts on patient and employee access to vital health care services;
- Finalized the creation of the Health Science Professionals Office of Arbitration, which is expected to reduce the use of arbitrations, saving employers time and money on arbitration fees, while also reaching resolutions in a timelier manner;
- Led the overhaul of the Essential Services Database to streamline the creation and submission of over 13,000 intricate staffing forms to the LRB for use during unionized job action; and
- Consulted on hundreds of Freedom of Information requests to ensure privileged and confidential information was not improperly disclosed to third parties.

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.

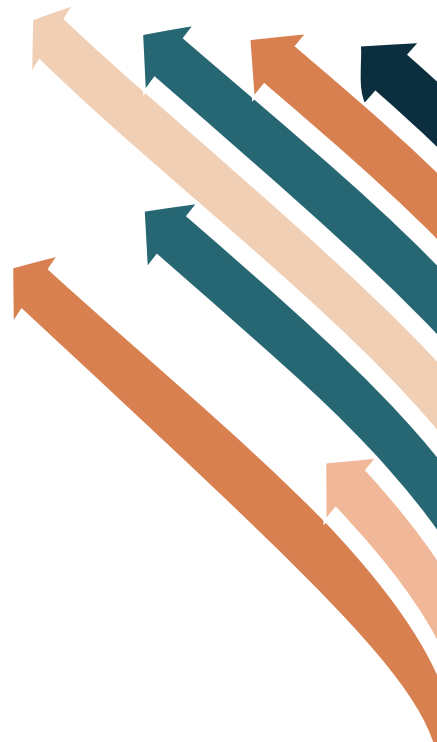
The team of Labour Relations Consultants and Legal Counsel strives to offer practical advice that allows employers to focus on providing health care services to British Columbians and the communities they serve. To achieve this, HEABC representatives approach labour relations issues with the goal of 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 selection grievances and sick leave pay. The team has also been assisting employers with essential service negotiations.

Offering education opportunities for human resources and labour relations professionals is an important part of this work. In addition to the popular LR 101 course, over the past year HEABC provided members with workshops on managing the grievance process, discipline, and many others.

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). Over the past year, update topics have included changes to WorkSafeBC legislation, instructions on providing employees with time off for elections, and guidance for managing labour relations issues arising from the end of public health orders related to COVID-19.

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.



Working to ensure sustainability through asset management

Over the past number of years, many workplaces have made employee mental health support a priority. The BC health sector workforce is no exception, and the provincial government has entrusted funds to the health care bargaining associations in support of the mental health of their members.

Joint Facilities Benefits Trust

The Joint Facilities Benefits Trust worked with the Facilities Bargaining Association (FBA) to establish the funding of a pilot project to provide a psychology benefit to beneficiaries. The benefit ensures FBA members have access to registered counselling services both in-person and online. This benefit took effect October 1, 2024.



The Joint Health Sciences Benefits Trust worked with the Health Sciences Association and Healthcare Benefit Trust to facilitate a similar pilot project to top up the existing psychology benefit for beneficiaries, which came into effect in June 2025.



**Joint Community
Benefits Trust**

The Joint Community Benefits Trust has received funding from the Community Bargaining Association and is currently working through the process of determining how it can best put funds to work to support the mental health of beneficiaries.

The Joint Benefits Trusts (JBTs) are eager to work on projects like the above that allow them to take action to support health sector workers; however, an important part of the job of trustees is to continue to prudently monitor and manage the assets of the JBTs to ensure the sustainability of the plans for the benefit of our members into the future. This has never been more important than in the past several months with market volatility resulting from international and national issues.

To manage this volatility, the JBTs continue to rely on the knowledge and expertise of the British Columbia Investment Management Corporation to carefully invest the assets of the trusts to support the day-to-day payment of extended health and dental claims through Pacific Blue Cross well into the future while also ensuring the reserves are in place to pay long-term disability claims through Canada Life. As of the most recent audits/valuations, the JBTs are all sufficiently funded to carry out this important task.

Upcoming changes to committee

HEABC's Affiliate Advisory Committee (AAC) will see significant changes in the coming year as changes to the committee's terms of reference – the first update since 2011 – are implemented and the committee welcomes new members. The changes, approved by the HEABC Board of Directors, update the AAC's terms of reference to better reflect the committee's role as a consultative body for HEABC Affiliates and ensure that a wide range of Affiliates are included on the committee, including representation from different geographic regions, service types, and size of workforce.

The AAC meets five times per year to discuss labour relations and human resource issues. The committee provides a forum for HEABC to provide information to Affiliates on important issues and developments and obtain their input as HEABC works to ensure that it considers the Affiliate perspectives on issues that are relevant to their operations. This year, the committee discussed a wide range of topics including essential services, ending the Ambassador Program and excluded compensation. HEABC benefits greatly from the time and energy given by committee's members, and the AAC will continue to play a vital role ensuring that the Affiliate voice is heard by HEABC.

AFFILIATE MEMBER SPOTLIGHT

S.U.C.C.E.S.S. Multi-Level Care Society

S.U.C.C.E.S.S. Multi-Level Care Society (S.U.C.C.E.S.S. MLCS) is a non-profit organization dedicated to delivering culturally appropriate, person-centred care for seniors in Vancouver and Richmond. Established in 1995, S.U.C.C.E.S.S. has become one of the largest social service agencies in the province, with a dedicated team of over 200 staff providing services in adult day programs, assisted living residences and long-term care.

During the COVID-19 pandemic, S.U.C.C.E.S.S. remained steadfast in its commitment to safeguarding the health and well-being of residents and staff. Enhanced infection prevention and control measures were implemented, including virtual family visits and recreational programming adapted to ensure continued engagement in a safe environment. S.U.C.C.E.S.S. also prioritized staff wellness through additional supports and training to help navigate the challenges of the pandemic.

In the post-pandemic era, S.U.C.C.E.S.S. continues to focus on enhancing the quality of life for seniors through holistic and inclusive care. The agency's current priorities include expanding dementia-friendly practices, strengthening resident empowerment, investing in staff development and training, and fostering strong partnerships with families and the broader community to support culturally responsive care.

<https://successbc.ca/>



AFFILIATE MEMBER SPOTLIGHT

Glacier View Lodge

Glacier View Lodge (GVL) is a non-profit complex care organization in the Comox Valley that provides long-term care and community programs and services for an aging population, as well as their caregivers and families. Established in the 1940s, GVL's vision is to create a warm and inviting environment that feels like home where residents live to thrive. Situated on 47 acres off the Back Road in the Vancouver Island community of Courtenay, residents get to enjoy views of the breathtaking natural beauty of the Comox Glacier and the Comox Harbour.

GVL provides four main areas of programming for more than 250 seniors who call GVL home.

1. **Long-term care:** 101 long term care residents
2. **Respite stays:** One respite stay resident
3. **Adult day programs:** 80+ adult day program clients
4. **Community bathing:** Four community bath clients

Dedicated teams of long-term care staff, medical and health care staff, administrative professionals and volunteers all work together to provide services for residents. GVL is also a learning space, providing education opportunities for students, research groups and community partners.

Visit GVL on facebook.com/GlacierViewLodgeSociety to learn more and meet their dedicated team of staff.



Supporting collaborative solutions to nursing issues

Established as part of the 2014-2019 Nurses' Bargaining Association (NBA) Provincial Collective Agreement, the Nurse Staffing Secretariat (NSS) works in collaboration with health sector employers, the NBA and the Ministry of Health to ensure that the nursing workforce is supported to meet the current and future health needs of British Columbians. The team's knowledge and understanding 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.

Over the past year, the NSS focused on implementation of the 2022-2025 NBA Provincial Collective Agreement, working with employers and the BC Nurses' Union (BCNU) to help strengthen collaboration and communication, and guiding 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.

Work completed includes:

- A joint review of the Professional Responsibility Process recommendations for improvement as presented in the 2022 evaluation report;
- The development of a Clinical Mentors Provincial Orientation Program Guide, which includes the identification of provincial competencies and core orientation requirements, a course repository, recommendations for a provincial Community of Practice and evaluation strategies; and,
- A joint review of positive learning programs for managers and employees and the drafting of recommendations to support effective performance feedback resources and tools.

The NSS was central to all aspects of this work, including guiding and supporting the working groups and developing project work plans and schedules. The NSS is committed to promoting and supporting long-term strategic nurse workforce planning and short-term staffing actions and requirements. As we head into the next round of bargaining, 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.



Remembering Kerri Berryman

It is with great sadness that HEABC shared news this past year regarding long-time NSS Executive Director Kerri Berryman, who passed away in late November 2024. Kerri joined HEABC in 2019 following a lengthy career with Vancouver Coastal Health as both a nurse and a health care administrator. Kerri led the work of the NSS at HEABC for five years and will be greatly missed for her professional expertise and contributions, as well as for her kindness, bright smile, sense of humour and warm, personal presence.

Adapting our services to meet the needs of the system

One of HEABC's Strategic Directions is to **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.

The services within HEABC's HR Services and Strategies (HRSS) Department recognize that BC's health sector operates within a complex and evolving system. As such, we remain committed to **adapting our services proactively** to address emerging challenges and opportunities.

The following summary highlights how the principle of adaptability is reflected across the HRSS portfolio, including:

- Health Match BC
- Locums for Rural BC
- Practice Ready Assessment BC
- BC Care Aide and Community Health Worker Registry
- HEABC's Compensation and Classification Team

Together, these services illustrate the HRSS team's ongoing commitment to responsive, high-impact service delivery.

Adapting and innovating recruitment services to meet growing demand



Demand for Health Match BC (HMBC) recruitment services continued to grow in 2024/25. Aligned with BC's Health Human Resources Strategy, HMBC supports initiatives to reduce barriers for internationally educated health care professionals (IEHPs) working in BC, promote

health careers in BC, and make connections between candidates and employers.

Key activities over the past year included:

- **Expanded use of customized navigational tools:** The expanded use of webinars, informational videos, and newsletters enabled HMBC's programs to maintain concierge services for all professions, while focusing on new and emerging candidate pipelines.
- **Updated profession-specific websites:** All HMBC profession-specific websites (nursingjobsbc.ca, physicianjobsbc.ca, alliedhealthjobsbc.ca, and choose2care.ca) were updated with improved navigation and updated, accessible content.
- **Refined international outreach:** HMBC's international marketing and outreach strategies were refined to focus on select countries with high-potential candidates likely to complete provincial credentialing requirements.
- **Aligned services with system changes:** HMBC adapted its services to align with regulatory changes made by the College of Physicians and Surgeons of BC (CPSBC) and BC College of Nurses and Midwives.

Fiscal year 2024/25 key results

- **Increased registrations:** HMBC received over 12,000 new candidate registrations, including 4,655 physicians, 5,147 nurses, and 2,293 allied health professionals.
- **Immigration support:** HMBC supported immigration for 397 candidates, including 278 nurses, 99 physicians, and 20 allied health professionals.
- **Referrals to employers and colleges:** HMBC supported 191 physicians to apply to the CPSBC for a preliminary assessment, the highest over

the past six years. The nursing team introduced 614 individual nurses to Health Authorities, the highest since the start of the Internationally Educated Nurses (IEN) program in 2022. The allied team also referred 76 professionals to Health Authorities.

- Addressing financial barriers: Over \$4.5 million was distributed to IENs, an increase of 73 per cent from 2023/24. In total, \$1.7 million was distributed to Health Care Assistants, and \$600,000 was distributed to internationally educated allied health professionals.
- Digital engagement: Across its websites, HMBC welcomed 878,450 total website visitors and hosted over 30 informational webinars.

Supporting rural surgical maternity care



Launched on July 1, 2023 and administered through Locums for Rural BC (LRBC), the Rural Family Practice Enhanced Surgical Skills OB Locum Program (RESSO) pilot supports family physicians who provide obstetrical surgical services in Rural Practice Subsidiary Agreement communities. During fiscal year 2024/25, the RESSO program continued its targeted response to support rural surgical maternity care.

LRBC supported RESSO through direct contact with potential participants, targeted email campaigns, a dedicated webpage with digital resources, and the launch of a new “How to Guide” video series. Social media outreach helped generate interest in the program with 178 new website visitors over the year.

In fiscal year 2024/25, there were 41 RESSO assignment requests made to LRBC from 11 hosts. This translated into 29 filled assignments and 165 days of coverage. The program has shown steady growth and momentum since its launch, signaling early success in addressing a highly specialized and critical rural service gap.

Innovating and adapting an expanded program



In fiscal year 2024/25, Practice Ready Assessment BC (PRA-BC) tripled its capacity, enabling up to 96 internationally trained family physicians per year to pursue licensure in BC. Rapid growth required adaptive strategies to manage operations and improve applicant engagement.

Adapting to growth

- Quarterly informational webinars were launched to connect with prospective applicants. Webinars drew over 400 attendees and were promoted through targeted social media outreach. The webinars help applicants feel well supported with the application process and have improved the quality of the application packages received, which in turn streamlines the application review process for program staff.
- Centralized Emergency Department (ED) assessments: Expansion of the program increased the need for ED sites to conduct a two-week ED assessment of each program candidate. PRA-BC partnered with Fraser Health to trial a new centralized ED assessment site, where 6-8 candidates rotated through the Fraser Canyon Hospital ED. Early reports from the pilot indicate that this innovative model created excellent experiences for candidates and assessors as well as for PRA-BC and Health Authority staff.

HUMAN RESOURCES STRATEGIES AND SERVICES

Enhancing education for Health Care Assistants



BC Care Aide & Community Health Worker Registry

In fiscal year 2024/25, the BC Care Aide and Community Health Worker Registry collaborated with HEABC's Education Services team and the Ministry of Health to update the Health Care Assistant (HCA) Practice in BC course. This free, five-hour, self-paced online course supports HCAs educated outside BC, those returning to practice, and individuals with nursing education entering HCA roles. Existing HCA employees may also benefit from this course as part of their continuing education.

The course was updated to align with the 2023 HCA Provincial Curriculum and now includes learning activities such as the BC Health Care Assistant Care Activities Chart and HCA Decision Making Tool.

Since its launch in October 2020, more than 12,000 learners have taken the course. This work highlights the registry's mandate to improve standards of care and promote professional development for health care assistants. From the course survey, course participants indicated a 97.8 per cent course satisfaction rate.



Compensation and Classification Services

HEABC's Compensation and Classification Services team supports HEABC members with managing included classification systems and overseeing compensation plans for excluded and non-unionized staff.

Modernizing the Compensation Reference Plan

In fiscal year 2024/25, the team made significant strides towards a comprehensive review of the Compensation Reference Plan (CRP), which governs compensation for all public health sector excluded, non-union, and management staff. The review includes a look at longstanding challenges in job evaluation and salary policies. Recommended updates to the plan will focus on the Organizational Information Plan, Role Assessment Plan, Salary Ranges, and CRP administrative policies and processes, and will follow change principles that reflect the diversity of HEABC membership. Recommendations will also capture contemporary job evaluation best practices and ensure that salary policies and practices are aligned with market best practice and broader public sector trends.

The work will continue in fiscal year 2025/26.

Implementation of new HSPBA classification system

In 2024, HEABC led the implementation of a new profile-based classification system for health science professionals, the first new provincial health care classification system to be implemented in more than 20 years. The profile-based classification system was designed to address inequities within the previous system through standardized criteria that enable the classification of work and career progression, enhance recruitment and retention, reflect the delivery of services provided by health sciences professionals, and support the implementation of ministry objectives and health care operating models.

RESEARCH AND ANALYTICS SPOTLIGHT

HEABC's Research and Analytics team empowers our members, partners and HEABC staff by providing expertise in data science, analytics and reporting. Research and Analytics does this by generating key research intelligence and analytics pertaining to the province's health workforce trends in support of evidence-based decision-making. The team collects, cleans and transforms various critical datasets, and prepares a wide variety of valuable analysis, such as cost estimates for bargaining, reports for collective agreement compliance, monitoring and evaluation, analytics around workforce and compensation trends, cross-jurisdiction comparisons on a wide variety of indicators, and a host of other analyses crucial to the work of our members and partners.

Over the past year, the team worked with various departments and teams at HEABC, the Ministry of Health (MoH), employers and unions in a range of capacities, providing consultation and advice for:

- **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. HEABC's Research and Analytics team provided guidance for this work based on our extensive work with the Nurse Staffing Secretariat.
- **Health Science Professionals Classification Redesign:** Research and Analytics supported this long-time project to streamline and restructure the classification of occupations and their associated compensation for the Health Science Professionals Bargaining Association. The team has supported with various costings, advice related to compensation standards, and reassigned classification codes and wage schedules critical for all parties involved.
- **Public Sector Employers' Council Secretariat Compensation Forecast:** Research and Analytics supports the development of this forecast, which underpins government's capacity to accurately plan budgets and develop bargaining mandates.

Laying the groundwork for a stronger future

Over the past year, HEABC created a Project Management Office (PMO) to strengthen how we select, plan, and deliver initiatives — ensuring we do the right projects and do the projects right. The creation of the PMO marks an important milestone in building a more coordinated, strategic approach to how projects are managed across HEABC.

In its first steps, the PMO focused on creating a consistent foundation. With the team's support, existing templates scattered across departments were reviewed, improved, and centralized into the newly launched online PMO HUB — a one-stop destination for all PMO resources. This hub is helping standardize practices and increase transparency across the project lifecycle.

The progress made so far reflects the commitment of the PMO team and the strong support of leadership in building a culture of collaboration, alignment, and strategic focus. Work is underway to drive adoption of these practices across all teams, promoting shared standards while allowing for flexibility where needed.

As the PMO continues to evolve, it will enable more efficient delivery of projects and initiatives that ultimately strengthen our ability to support members. By improving how we prioritize and manage work internally, we are better positioned to deliver coordinated, timely, and value-driven services externally.

Recently, the PMO achieved a significant milestone with the launch of the organization's first Project Prioritization Committee. With representation from every portfolio across the organization, this committee will help ensure that project investments align with strategic priorities and deliver the greatest value.

The PMO journey is just beginning, but the foundation is strong, and the path forward is driven by a clear commitment to strategic delivery, organizational alignment, and meaningful results.

“A goal without a plan is just a wish.”

- Antoine de Saint-Exupéry

HEABC Information Management and Information Technology (IMIT) is committed to delivering practical, responsive tools that help our members navigate a complex and evolving health care environment. Over the past year, we have continued to enhance key applications and initiatives that support recruitment, labour relations, compensation, and strategic decision-making.

Informational resources

IMIT provides a range of information tools for members, including the members' website, Third-Party Referrals Database, and a suite of newsletters and publications. These resources offer valuable insights into HR and industry trends, allowing organizations of all sizes to access HEABC's analyses, interpretation guidelines and support materials.

Recruitment tools and marketing initiatives

IMIT is proud to support national and international recruitment by hosting websites and related databases such as [NursingJobsBC](#), [PhysicianJobsBC](#) and [AlliedHealthJobsBC](#). These programs help connect health care professionals from across the globe with opportunities in BC.

Physician supports

IMIT also supports two key HEABC programs that help address physician recruitment and retention challenges across the province. The Practice Ready Assessment BC program enables internationally trained physicians to obtain licensure and begin practice in British Columbia. In parallel, the Locums for Rural BC program facilitates the placement and travel of locum physicians to rural and remote communities, helping to ensure continuity

of care in underserved areas. IMIT hosts the websites and databases that support these important programs.

Labour relations applications

As part of HEABC's central role in health care labour relations, recent upgrades to various applications have focused on tools that support collective bargaining. The Essential Services Planning application now includes digital signature support and automated workflows, significantly reducing member workload. Portals and interfaces supporting negotiations have also been redesigned to enhance coordination and better track proposals and costing.

Data, compensation and workforce planning

HEABC continues to invest in modernizing vital databases such as the Physician Contracts Database, Compensation Reference Plan System and Job Descriptions Database. These tools support province-wide standardization and operational consistency. The Difficult-to-Fill Vacancies Survey also plays a key role in identifying workforce challenges and shaping collaborative responses across the health care sector.

Looking ahead

Over the past year, IMIT laid the foundation for further modernization, including preparations for cloud migration. These efforts position HEABC to continue evolving its digital infrastructure in alignment with sector needs. These improvements reflect HEABC's ongoing focus on collaboration, modernization, and member support. We look forward to continuing this progress in partnership with the health care sector.

Safeguarding confidential and personal information

HEABC's privacy program provides advice and guidance to all of HEABC's business areas on obligations and best practices when handling personal information. The program advises on a diverse range of privacy-related inquiries, including: questions around collection of personal information and consent; disclosure, sharing and access to personal information; privacy-related guidance documents and policies; adoption of new technologies; and contract language related to information handling or information sharing. The program also advises on privacy matters arising under the health sector collective agreements and collective bargaining and assists members with privacy-related matters arising in arbitration proceedings, policies, or systems.

Comprised of staff members from HEABC's Legal Services, Negotiations & Member Services, and Information Management departments, the program team addressed 155 new privacy-related requests in 2024/25, a 20 per cent increase from the previous year. Requests came from all business areas across HEABC, as well as from external partners. These requests are often complex and require a series of activities, such as consultations with external parties, document reviews, risk assessments, legal research, contract drafting and information gathering with various business areas. Additionally, the team facilitates organization-wide privacy practices, such as policy development and education.

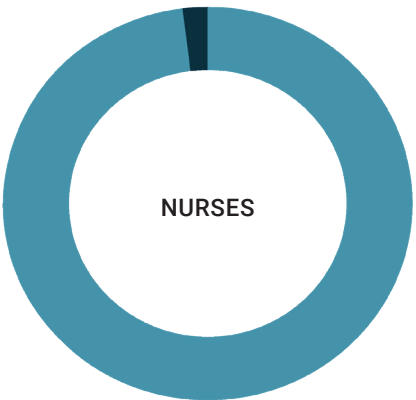
One area the privacy team is regularly involved in is Freedom of Information (FOI) request consultations. When HEABC's public sector partners such as the government or Health Authorities receive FOI requests under the Freedom of Information and Protection of Privacy Act, HEABC consults on responsive records where the records include HEABC's advice, information, or communications. Inappropriate disclosure of confidential strategic and legal advice from HEABC can result in harm to both HEABC and the health sector. As such, the team reviews responsive records and advises on whether their disclosure is required, or whether it falls under an exception to the applicable legislation. In 2024/25, the privacy team saw a 50 per cent increase in FOI consultations over the previous fiscal year.



Full-time equivalents by associations and constituent unions



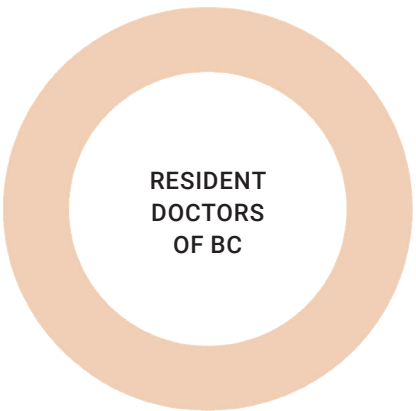
UNION	FTES	%
HSA	13,911	78.4
BCGEU	2,819	15.9
CUPE	772	4.4
PEA	210	1.2
HEU	30	0.2
TOTAL	17,742	100



UNION	FTES	%
BCNU	38,171	98.2
HSA	680	1.8
CUPE	15	0.0
HEU	11	0.0
BCGEU	02	0.0
TOTAL	38,878	100

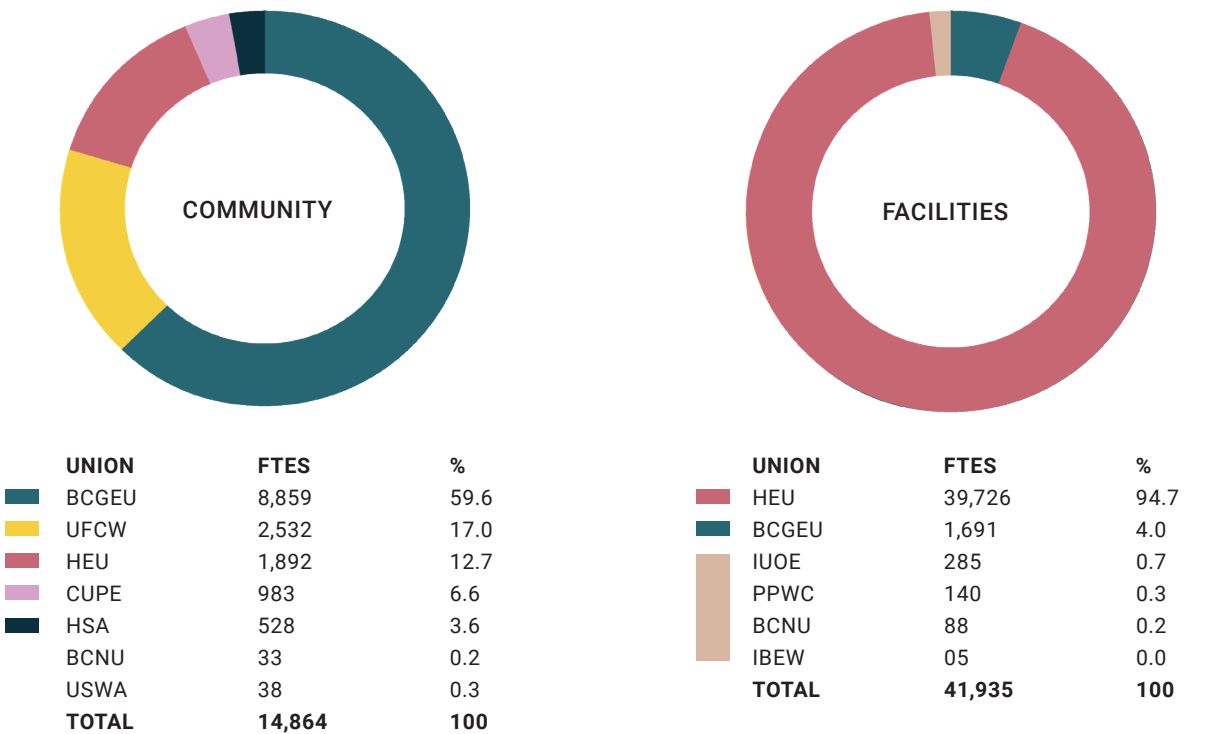


UNION	FTES	%
CUPE	3,886	100
TOTAL	3,886	100



UNION	FTES	%
RDBC	1,465	100
TOTAL	1,465	100

Full-time equivalents by associations and constituent unions



BCGEU	BC General Employees Union	IUOE	International Union of Operating Engineers
BCNU	British Columbia Nurses' Union	PEA	Professional Employees Association
CUPE	Canadian Union of Public Employees	PPWC	Public and Private Workers of Canada
HEU	Hospital Employees' Union	RDBC	Resident Doctors of British Columbia
HSA	Health Sciences Association of BC	UFCW	United Food and Commercial Workers Union
IBEW	International Brotherhood of Electrical Workers	USWA	United Steelworkers of America

Notes:

FTE and employee count estimates are based on the proportional breakdown by union reported in HSCIS 2023-Q4 using the 2024 CBS submission FTE and headcount figures.

Active Employee Counts include only employees with FTE > 0 and records without termination codes. Employee counts are estimated based on the FTE/Employee count ratio by union as reported in 2023-Q4.

The predominant union was assumed in cases where the union code was misreported as "non-union".

STATEMENT OF OPERATIONS & ACCUMULATED SURPLUS

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

Statement of Operations and Accumulated Surplus

Year ended March 31, 2025, with comparative information for 2024

	2025 Budget (notes 2(i) and 18)	2025	2024
Revenue:			
Provincial government funding	\$ 20,029,908	\$ 19,605,745	\$ 11,578,942
Other service fees	93,000	634,364	348,535
Interest	2,510,593	6,263,776	8,467,149
	22,633,501	26,503,885	20,394,626
Restricted funding from deferred operating contributions (note 4)	47,053,279	40,823,272	29,822,060
Amortization of deferred capital contributions (note 5)	325,620	231,087	192,280
	70,012,400	67,558,244	50,408,966
Expenses (note 14):			
Operations:			
Legal services, negotiations and labour relations	10,219,128	9,388,285	7,693,791
Collective bargaining and related expenses	2,435,686	6,571,269	4,279,792
Information management and technology	2,314,075	2,678,615	1,635,391
Executive services and board governance	1,967,950	1,679,692	3,340,590
Research and analytics	1,832,034	1,618,224	1,418,203
Compensation services	1,732,374	1,951,640	1,183,698
Finance and administration	1,092,250	1,218,954	887,249
General	675,300	576,831	499,924
Occupational health and safety	219,731	456,408	488,161
Expenses from ongoing operations	22,488,528	26,139,918	21,426,799
Managed programs:			
Recruitment Solutions - Managed bursary programs	15,833,000	13,609,469	8,913,512
Recruitment solutions other	12,305,041	11,139,388	8,534,653
Practice ready assessment BC	8,360,692	6,771,194	3,725,639
Medical staff services	5,045,016	4,525,265	3,752,467
Locums for rural BC	3,097,216	2,772,147	2,377,027
BC care aide and community health worker registry	1,192,088	1,172,397	930,960
Collective bargaining and related expenses	1,153,600	923,866	411,415
Health cross jurisdictional labour relations database	537,219	504,600	336,494
Expenses from other managed programs	47,523,872	41,418,326	28,982,167
Total expenses from operations	70,012,400	67,558,244	50,408,966
Annual surplus (deficit)	-	-	-
Accumulated surplus, beginning of year	3,627,800	3,627,800	3,627,800
Accumulated surplus, end of year	\$ 3,627,800	\$ 3,627,800	\$ 3,627,800

See accompanying notes to financial statements

STATEMENT OF FINANCIAL POSITION

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

Statement of Financial Position

March 31, 2025, with comparative information for 2024

	2025	2024
Financial assets:		
Cash	\$ 6,830,905	\$ 1,330,415
Restricted cash (note 3)	49,875,940	59,703,379
Accounts receivable	691,236	6,498,317
	57,398,081	67,532,111
Liabilities:		
Accounts payable and accrued liabilities (note 12)	3,770,932	4,022,501
Deferred operating contributions (note 4)	46,469,933	56,297,372
Deferred capital contributions (note 5)	5,099,464	5,330,551
Deferred lease liability (note 6)	1,544,479	1,694,323
Retirement benefit liability	309,829	292,905
	57,194,637	67,637,652
Net financial assets (debt)	203,444	(105,541)
Non-financial assets:		
Tangible capital assets (note 7)	2,525,976	2,947,498
Prepaid expenses	898,380	785,843
	3,424,356	3,733,341
Contractual obligations and contingencies (note 11)		
Contractual rights (note 12)		
Accumulated surplus (note 8)	\$ 3,627,800	\$ 3,627,800

See accompanying notes to financial statements.

Approved on behalf of the Board:

R. Lynn Stevenson Director

Kanuy 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

Recipients of the inaugural Healthcare Employee Relations Awards of British Columbia (the HEABCs) were announced at a gala presentation on October 29, 2024, at the Italian Cultural Centre. A total of nine awards were handed out to Health Authority and Affiliate award recipients, including five HEABC Awards and four Awards of Merit.

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.

2024 Award recipients

Leading Workplace Health and Safety Practices

HEABC AWARD:

- ★ **GoHealth BC, Northern Health.** Northern Health's GoHealth BC Team was recognized with an HEABC Awards in this category for setting a new standard of occupational health and safety for nurses working in remote and rural areas.
- ★ **Occupational Health and Safety Team, Coast Mental Health.** Coast Mental Health was presented with an HEABC Award for taking a comprehensive approach to improving worker safety, addressing both physical and psychological hazards, and fostering a culture of safety through engagement, training, and continuous improvement.

AWARD OF MERIT:

- ★ **Occupational Health and Safety Team, Lookout Housing and Health Society**

Leading Practices: Diversity, Equity and Inclusion (DEI)

HEABC AWARD:

- ★ **Sanya'kula Team, Provincial Health Services Authority.** For beginning the challenging work of deconstructing old processes and establishing new systems that recognize the need for culturally safe

care and workplace experiences for Indigenous people, PHSA's Sanya'kula Team was presented with an HEABC Award for Leading Practices: Diversity, Equity and Inclusion.

- ★ **Justice, Equity, Diversity and Inclusion (JEDI) Committee Lookout Housing and Health Society.** For taking a proactive approach in creating a culturally inclusive organization, Lookout Housing and Health Society's JEDI Committee is presented with an HEABC Award.

AWARD OF MERIT:

- ★ **Indigenous Employee Engagement: Open Spaces with Executives Island Health**

Leading Human Resource and/or Labour Relations Practices

HEABC AWARD:

- ★ **Scheduled On Call Phase Out Implementation Team, BC Emergency Health Services, Provincial Health Services Authority.** For creating an innovative and sustainable staffing model to meet the demands of emergency services, the Leading Human Resource and/or Labour Relations Practices award was presented to PHSA's BCEHS Scheduled On-Call Phase-Out Team.

AWARDS OF MERIT:

- ★ **Shift Premium Automation, Island Health**
- ★ **Loren Tisdelle, Louis Brier Home and Hospital**

Watch the 2024 HEABC Awards recap video and award recipient videos: youtube.com/@heabcawards



2024/25 BOARD OF DIRECTORS

Board Chair

Lynn Stevenson

Independently appointed Board Chair

Affiliated Care Provider Representative

Aly Devji

CEO

Langley Care Society

Denominational Care Provider Representative

Erroll Hastings

Executive Director

Zion Park Manor

Fraser Health Representative

Dr. Victoria Lee

President & CEO

Fraser Health Authority

Government Representative

John Davison

President & CEO

Public Sector Employers' Council

Secretariat, Ministry of Finance

Government Representative

Mark Armitage

Associate Deputy Minister

Health Sector Workforce &

Beneficiary Services Division

Ministry of Health

Interior Health Representative

Susan Brown

President & CEO

Interior Health Authority

Northern Health Representative

Ciro Panessa

President & CEO

Northern Health Authority

Proprietary Care Provider Representative

Kathy Nduwayo

Executive Director

Cerwydden Care Centre

Provincial Health Services Authority Representative

Dr. David W. Byres

President & CEO

Provincial Health Services Authority

Vancouver Coastal Health Representative

Vivian Eliopoulos

President & CEO

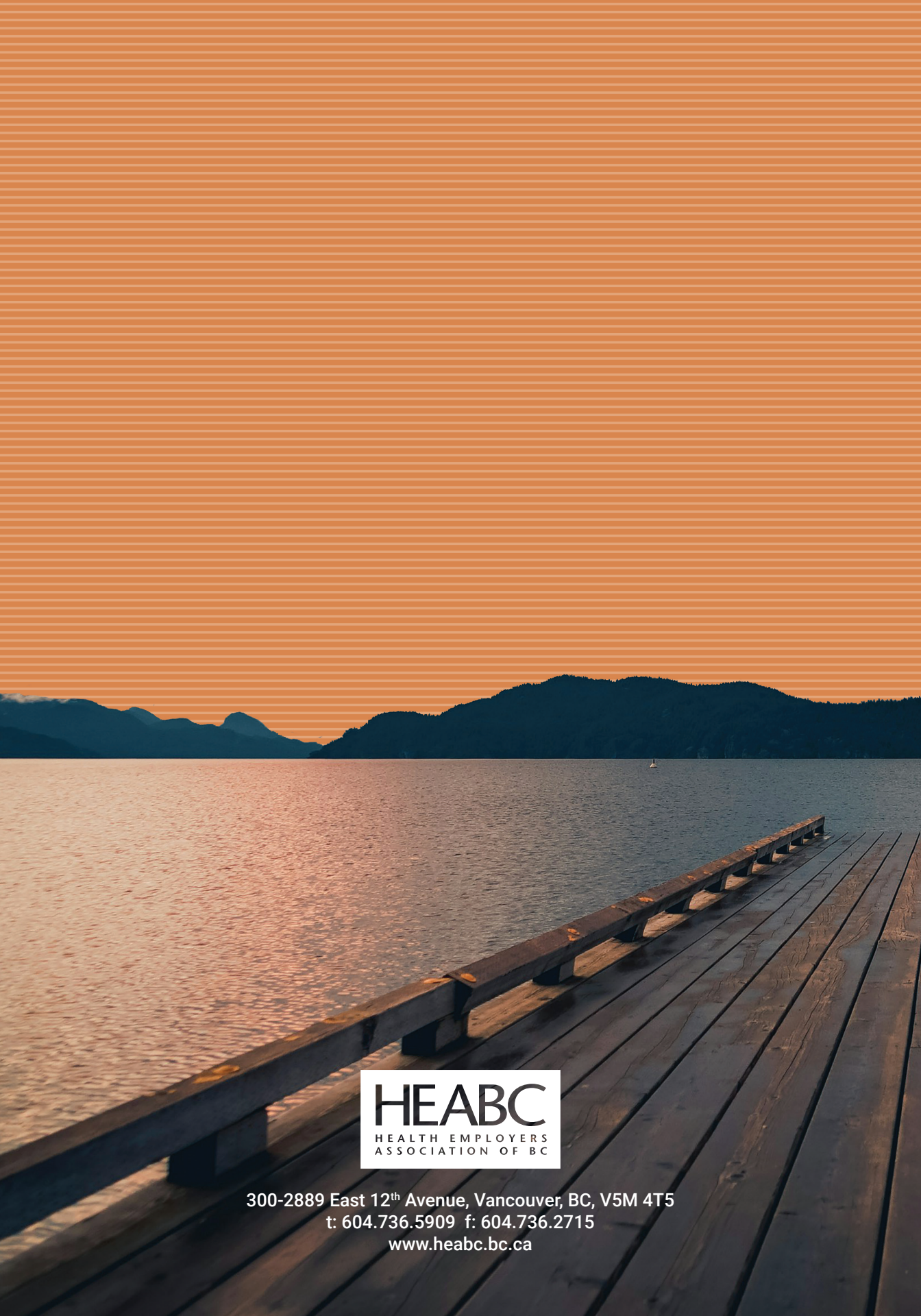
Vancouver Coastal Health Authority

Island Health Representative

Kathy MacNeil

President & CEO

Island Health Authority



HEABC
HEALTH EMPLOYERS
ASSOCIATION OF BC

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