Response to the
Resolutions of the
Union of British Columbia Municipalities

ADDENDUM I

JUNE 2023

SR1 Health Care Crisis **UBCM Executive**

Whereas all British Columbians, notably families, seniors, children and people with chronic and acute health care needs are facing an immediate health care crisis due to the closure of hospitals and emergency rooms in their communities;

And whereas there is a critical need for additional family physicians, emergency room doctors, specialists, paramedics, and nurses across the province:

Therefore be it resolved that UBCM ask the provincial government take urgent steps to ensure hospitals, emergency rooms, and ambulance services are open and available 24 hours a day;

And be it further resolved that the provincial government increase funding and training opportunities for health care professionals so that all residents of British Columbia can access an appropriate and necessary level of care.

RESPONSE: Ministry of Health

Government is committed to ensuring British Columbians receive safe hospital care. The COVID-19 pandemic has created unprecedented challenges for hospital systems around the world; however, Government and health authorities have been working hard to adapt to changing demands and health human resource challenges, while striving to deliver quality and timely care. At times, due to staffing, a hospital may resort to a temporary diversion when there is a gap in service that can be addressed using BC's extensive network of hospitals and health care services. Work is currently underway to help decrease the pressures on emergency departments and hospitals. An Emergency Department and Hospital Capacity Task Group was created on September 22, 2022, to support the development of a provincially coordinated approach to address capacity challenges facing emergency departments and hospitals in preparation for increased demand due to COVID-19 and respiratory illness in Fall 2022/Winter 2023 and beyond.

Health authorities are continuously working to recruit across all their vacancies, particularly in rural and remote communities, where a very small number of vacancies can significantly disrupt the delivery of services. There are a number of targeted strategies that health authorities use to recruit and retain staff in rural and remote communities, including a variety of incentives and programs such as relocation assistance, rural retention grant and BC loan forgiveness. Since 2021, BC Emergency Health Services (BCEHS), in partnership with the government of BC, has made significant changes and investments to improve and stabilize staffing throughout the province, including in rural and remote communities.

To bolster ambulance services in the province, in 2021, BCEHS added 22 ambulances, 9 of which are already in service. BCEHS also converted 24 ambulance stations from on-call paramedic staffing to 24/7 stations in 2021, followed by 3 more stations in 2022. Also in 2021, BCEHS added more than 500 new full-time and part-time permanent paramedic positions in rural and remote areas, in addition to 125 new full-time paramedic positions in urban areas. To further stabilize paramedic staffing in rural and remote communities, on September 13, 2022, BCEHS posted 254 new permanent positions around the province, to transition additional temporary positions introduced during the COVID-19 pandemic, to permanent positions. Since June 2022, BCEHS has taken steps through temporary pay incentives to bridge staffing challenges, bolster paramedic coverage, and improve service levels throughout. The

current temporary pay incentive that was put in place on October 22, 2022, will remain in place until BCEHS and CUPE 873 have a new collective agreement in place. Negotiations for a new collective agreement began on October 3, 2022, with no specific conclusion date set.

The Ministry of Health (the Ministry) has mandate commitments to expand healthcare training, improve credential recognition, and implement a comprehensive health human resources (HHR) strategy, which was recently publicly announced on September 29, 2022. That Strategy outlines 70 actions under 4 cornerstones to, over the next 5 years, support the recruitment, retention and redesign of the health system, including expanding training in priority areas.

In addition, while the Ministry was developing that strategy, the government has also been focused on taking immediate actions to support the system and health care workers.

To support these ends, government has invested $96 million over 3 years through Budget 2021 to expand health education seats and residency positions across BC increasing total seats from 8,000 to over 11,400 publicly funded seats. These investments have led to the addition of 602 new nursing seats, 270 new allied health and medical seats in post-secondary institutions across BC.

Since 2017, the government has increased the number of annual post-graduate residency positions including family medicine and other high-priority specialty training areas.

To address urgent primary health care needs, the Ministry is working in close partnership with the Ministry of Advanced Education and Skills Training (AEST) and the University of British Columbia (UBC) to add 40 new seats across UBCs distributed undergraduate medical education (UGME) program starting in 2023/24 for a total intake of 328 students annually by 2024/25, (14% increase from the current 288 students).

In addition to the UGME expansion, the province is working to address the critical need for family physicians, by adding 40 additional entry-level family medicine residency seats beginning in the 2023/24 fiscal year and expanding from 174 up to 214 by 2024/25.

An additional increase in both family medicine and specialty residency seats, which mirrors with the UGME expansion, will also add a further 48 post-graduate medical education positions funded at $163 million in 2021/22 (up from approximately $135 million in 2017/18).

Funding has supported **58** post-grad medical education spaces per year for the International Medical Graduate BC Program for residents who received their medical training outside of Canada.

In April 2022, the Ministry also announced $12 million to support bringing internationally educated nurses (IENs) into the BC system. This includes new supports and bursaries to make it easier for eligible IENs to enter the province's health system and creating new nurse navigator positions to help IENs navigate the assessment and licensing process. Triple Track, a revised assessment option for IENs, will streamline the assessment pathway so IENs can be assessed for multiple professions (HCA, LPN, RN) simultaneously, reducing red tape, cost and time.

The province is also creating more opportunities to support people entering the health care system workforce, through the development of innovative training programs such as the Health Career Access Program (HCAP). HCAP is an innovative strategy to integrate staff without prior healthcare education

into the workplace while providing funding and support to complete the Health Care Assistant education and training program.

Since 2020, almost $64 million that includes $30.2 million in budget 2021 was allocated to train 2,400 health care assistants (HCAs) as part of HCAP. The Ministry of Advanced Education and Skills Training was also allocated funding for 600 training seats in 2020/21.

A drastic overhaul to our primary care system resulted in the introduction of Primary Care Networks and Urgent and Primary Care Centres. Through the Primary Care Strategy, as of Period 12 of 2021/22, **961 FTEs** have been hired by 235 clinics and regional hubs across 74 initiatives. Given the complexity of current health care issues, the impact of initiatives advanced to date will not be immediately felt across the system. Moreover, continued investment into recruitment, retention, training of health care professionals, and ongoing redesign of BC's health system are essential.

EB1 First Responder Program Funding **Chase**

Whereas many small local governments provide First Responder Program services to assist the BC Emergency Health Services Ambulance services;

And whereas the provision of assistance to the BC Ambulance Services is very valuable;

And whereas some costs associated with providing the service on behalf of BC Emergency Health Services are paid for by BC Emergency Health Services while hourly pay for First Responders and all vehicle costs are paid by the taxpayers of the local governments that assist the BC Ambulance Services:

Therefore be it resolved that UBCM request the BC Emergency Health Services to increase the funding to local governments who provide First Responder Program to assist the BC Ambulance Service.

RESPONSE: Ministry of Health

The support provided by First Responders (FRs) during medical emergencies is an essential part of the delivery of pre-hospital emergency health services to the people of British Columbia. BC Emergency Health Services (BCEHS) and the Province value the role that FRs play in pre-hospital emergency care.

The Ministry of Health appreciates the Village of Chase's ongoing concern for fiscal accountability, as you continue to determine how to best allocate your funding and resources for responding to urgent and routine calls.

When a 911 call is triaged, BCEHS uses the Medical Priority Dispatch System to determine the care the patient requires and the most appropriate response. Based on this information, the Clinical Response Model (CRM) indicates the resource and response type for an event and it also indicates the relative priority of the call. The CRM uses a colour-coding system of Purple, Red, Orange, Yellow, Green or Blue. Purple is the high-acuity and urgent, and Blue is the lowest-acuity priority.

BCEHS notifies first responder agencies who have agreements with BCEHS of time-critical calls (purple and red). Establishing an agreement with BCEHS is voluntary and each municipality, including the Village of Chase, can determine the level of call response they respond to. This approach provides municipalities with the ability to directly manage all costs associated with their participation in pre-hospital care.

Since 2017, the BC government has taken significant steps to improve emergency health services in our province by hiring more paramedics and dispatch staff, delivering more ambulances, improving services in rural communities, and significantly increasing the BCEHS budget.

BCEHS is committed to providing timely, high quality and safe pre-hospital care for patients throughout British Columbia, while using public resources in an effective and efficient manner. As part of this commitment, the Ministry of Health, in collaboration with BCEHS, fire departments, municipalities and other stakeholders, are working together to implement a coordinated approach to pre-hospital care that will ensure people throughout the province have access to the pre-hospital are they need.

EB2 BC Emergency Health Services Funding **Spallumcheen**

WHEREAS the high number of call volumes for volunteer fire departments to respond to medical calls far exceeds regular fire related needs;

AND WHEREAS the resources of volunteer fire departments and concerns for volunteer retention and burnout is a concern due to excessive medical calls:

THEREFORE BE IT RESOLVED that UBCM lobby the provincial government to support additional funding and review any feasibility studies to ensure that provincial resources for BC Ambulance and 911 services are adequate to service local populations.

RESPONSE: Ministry of Health

The support provided by First Responders (FRs) during medical emergencies is an important part of the delivery of pre-hospital emergency health services to the people of British Columbia. BC Emergency Health Services (BCEHS) and the Province value the role that FRs play in pre-hospital emergency care.

The Ministry of Health appreciates the Armstrong Spallumcheen Fire Department's ongoing concern for fiscal accountability, as you continue to determine how to best allocate your funding and resources for responding to urgent and routine calls.

When a 911 call is triaged, BCEHS uses the Medical Priority Dispatch System to determine the care the patient requires and the most appropriate response. Based on this information, the Clinical Response Model (CRM) indicates the resource and response type for an event and it also indicates the relative priority of the call. The CRM uses a colour-coding system of Purple, Red, Orange, Yellow, Green or Blue. Purple is the high-acuity and urgent, and Blue is the lowest-acuity priority.

BCEHS notifies first responder agencies who have agreements with BCEHS of time critical calls (purple and red). Establishing an agreement with BCEHS is voluntary and each municipality, including the Armstrong Spallumcheen Fire Department, can determine the level of call response they respond to. This approach provides municipalities with the ability to directly manage all costs associated with their participation in pre-hospital care.

Since 2017, the BC government has taken significant steps to improve emergency health services in our province by hiring more paramedics and dispatch staff, delivering more ambulances, improving services in rural communities, and significantly increasing the BCEHS budget.

With respect to ensuring that provincial resources for BC Ambulance and 911 services are adequate to service local populations, the Ministry of Health and BCEHS routinely assess service levels and resources required to meet the needs of communities.

BCEHS is committed to providing timely, high quality and safe pre-hospital care for patients throughout British Columbia, while using public resources in an effective and efficient manner. As part of this commitment, the Ministry of Health, in collaboration with BCEHS, fire departments, municipalities and other stakeholders, are working together to implement a coordinated approach to pre-hospital care that will ensure people throughout the province have access to the pre-hospital are they need.

EB3 BC Emergency Health Services – Partnership With Local Government Sponsor **Okanagan-Similkameen RD**

Whereas BC Emergency Health Services (BCEHS) ground ambulances are designed and equipped to provide emergency care and patient transport throughout British Columbia;

And whereas BCEHS personnel work closely with local governments in emergencies and disasters:

Therefore be it resolved that UBCM ask the Province of BC to require BCEHS to report regularly to local government prior to the initiation of a policy where that policy may have an impact on local government resources or the safety of our mutual constituents.

RESPONSE: Ministry of Health

BC Emergency Health Services (BCEHS) regularly engages with stakeholders and communities across BC. BCEHS understands the importance of keeping stakeholders and communities aware and involved in discussions related to the policies that surround emergency health services.

For example, from May 2022 to July 2022, BCEHS and the Ministry of Health along with representatives from the Fire Chiefs' Association of BC, the Local Government Management Association, the First Nations' Emergency Services Society and the Emergency Medical Assistants Licensing Board engaged in a consultation process with municipalities and fire agencies throughout BC to implement a coordinated approach to pre-hospital care to ensure that people throughout the province have access to the pre-hospital care they need.

BCEHS understands that local governments take interest in the services that are offered to their community, and as a result, BCEHS' leadership work with communities as and when needed. BCEHS area managers and directors regularly present to mayors and councils on key initiatives and provide letters to local government when a service level change takes place.

BCEHS understands that an essential part of the delivery of emergency health services is working together to ensure a responsive system. BCEHS remains committed to working with stakeholders and local government to find ways to improve services and amend policy.

EB4 British Columbia Changes To Paramedic Service Delivery **Daajing Giids**

Whereas sweeping changes have recently been instituted by the British Columbia Emergency Health Services in the manner of staffing and compensating paramedic service providers;

And whereas the impact of those changes has led to a dramatic drop in coverage for many rural and remote communities:

Therefore be it resolved that UBCM urge the provincial government to intervene and ensure that British Columbia Emergency Health Services institutes an adequate interim framework to restore paramedic service levels in rural and remote communities and encourage 100 percent coverage for British Columbians no matter where their communities are situated in the province.

RESPONSE: Ministry of Health

Since 2021, BC Emergency Health Services (BCEHS), in partnership with the Government of BC, has made significant changes and investments to improve and stabilize staffing throughout the province, including in rural and remote communities. These actions resulted in hundreds of paramedics in rural and remote areas throughout the province being moved from on-call paramedic positions to permanent paramedic positions.

The Rural, Remote, First Nations and Indigenous COVID-19 Response Framework was announced by Premier Horgan in April 2020, to ensure people in rural and remote areas could access critical health care services. As part of this work, BCEHS added 55 new ground ambulances and 5 new air resources to enhance access to prehospital care for people in rural and remote communities in BC. With the addition of these 5 air ambulances, BCEHS currently has 18 air ambulance to serve people throughout BC.

On September 2022, BCEHS posted 254 new permanent positions around the province to transition the additional temporary positions introduced during the COVID-19 pandemic to permanent positions.

In June 2022, a temporary pay incentive was put in place to help bridge staffing challenges, bolster paramedic coverage, and improve service levels in 26 smaller rural and remote communities. This temporary incentive concluded on October 21, 2022, with a positive impact in some of the hardest-to-staff areas of the province, including Daajing Giids.

Before the original incentive program was set to expire, BCEHS and Ambulance Paramedics and Dispatchers Association of BC – CUPE 873 (CUPE 873), with assistance from government, collaborated on a more robust temporary pay incentive program to help ensure people in rural and remote communities provincewide have access to the emergency pre-hospital care they need. This incentive was put in place on October 22, 2022, and will remain in place until BCEHS and CUPE 873 have a new collective agreement in place. Negotiations for a new collective agreement began on October 3, 2022.

BCEHS continues to monitor staffing models closely and are considering other options to help meet the service needs of the diverse rural and remote communities. This includes a continued focus on building paramedic capacity through a national recruitment campaign and local engagement in communities across the province.

EB5 Review Of Rural Bc Ambulance Resourcing Models **Barriere**

Whereas it is generally recognized that ambulance service in BC is heavily urban focused, however increasing the number of other first responder service calls to make up for the BCES staffing shortfall, should not come at the expense of a reasonable level of BC Ambulance service in rural communities;

And whereas there has been little or no increase in provincial funds to independent First Responder Societies, municipal fire/rescue departments and rural RCMP staffing increases over the past several years, compromising these rural emergency response service levels in many rural communities throughout BC:

Therefore be it resolved that UBCM ask the Government of BC to review its rural BC Ambulance resourcing models to ensure that adequate resources are available to properly service rural communities.

RESPONSE: Ministry of Health

Since 2021, BC Emergency Health Services (BCEHS), in partnership with the government of BC, has made significant changes and investments to improve and stabilize staffing throughout the province, including in rural and remote communities. These actions resulted in hundreds of paramedics in rural and remote areas throughout the province being moved from on-call paramedic positions to permanent paramedic positions.

The Rural, Remote, First Nations and Indigenous COVID-19 Response Framework was announced by Premier Horgan in April 2020, to ensure people in rural and remote areas could access critical health care services. As part of this work, BCEHS added 55 new ground ambulances, with temporary paramedic resources, and 5 new air resources to enhance access to prehospital care for people in rural and remote communities in BC. With the addition of these 5 air ambulances, BCEHS currently has 18 air ambulances to serve people throughout BC.

On September 2022, BCEHS posted 254 new permanent positions around the province to transition the additional temporary paramedic positions introduced during the COVID-19 pandemic to permanent positions.

In June 2022, a temporary incentive to help bridge staffing challenges in smaller rural and remote communities was put in place to help bolster paramedic coverage and improve service levels. This temporary incentive concluded on October 21, 2022, with a positive impact in some of the hardest-to-staff areas of the province.

Before the original incentive program was set to expire, BCEHS and Ambulance Paramedics and Dispatchers Association of BC – CUPE 873 (CUPE 873), with assistance from government, collaborated on a more robust temporary pay incentive program to help ensure people in rural and remote communities provincewide, have access to the emergency pre-hospital care they need. This incentive was put in place on October 22, 2022, and will remain in place until BCEHS and CUPE 873 have a new collective agreement in place. Negotiations for a new collective agreement began on October 3, 2022.

BCEHS continues to monitor staffing models closely and are considering other options to help meet the service needs of the diverse rural and remote communities. This includes a continued focus on building paramedic capacity through a national recruitment campaign and local engagement in communities across the province.

EB6 BC Ambulance Service **Kootenay Boundary RD**

Whereas BC Emergency Health Service's (BCEHS) ambulance service is a vital component of life safety and access to healthcare for those who live and work in small rural communities, which are often a significant distance from fully- equipped hospitals;

And whereas, in addition to there often not being an adequate availability of paramedics in the province, the BC Ambulance Service within rural BC is experiencing a critical pandemic shortage, leading to significant shift vacancies and underserviced ambulances for prolonged periods of times - a long standing issue which demonstrates that the current model is unsustainable due to the high degree of training and certification required and lack of meaningful and adequate compensation provided:

Therefore be it resolved that UBCM ask the Province of British Columbia to undertake a review of the BC Ambulance Service, specifically in the rural areas, to find a solution and systematic way of managing recruitment and retention of paramedics and delivery of service in rural communities.

RESPONSE: Ministry of Health

Since 2021, BC Emergency Health Services (BCEHS), in partnership with the government of BC, has made significant changes and investments to improve and stabilize staffing throughout the province, including in rural and remote communities. These actions resulted in hundreds of paramedics in rural and remote areas throughout the province being moved from on-call paramedic positions to permanent paramedic positions.

The Rural, Remote, First Nations and Indigenous COVID-19 Response Framework was announced by Premier Horgan in April 2020, to ensure people in rural and remote areas could access critical health care services. As part of this work, BCEHS added 55 new ground ambulances, with temporary paramedic resources, and 5 new air resources to enhance access to prehospital care for people in rural and remote communities in BC. With the addition of these 5 air ambulances, BCEHS currently has 18 air ambulance to serve people throughout BC.

On September 2022, BCEHS posted 254 new permanent positions around the province to transition the additional temporary positions introduced during the COVID-19 pandemic to permanent positions.

In June 2022, a temporary incentive to help bridge staffing challenges in smaller rural and remote communities was put in place to help bolster paramedic coverage and improve service levels. These temporary positions concluded on October 21, 2022, with a positive impact in some of the hardest-to-staff areas of the province.

Before the original incentive program was set to expire, BCEHS and Ambulance Paramedics and Dispatchers Association of BC – CUPE 873 (CUPE 873), with assistance from government, collaborated on a more robust temporary incentive program to help ensure people in rural and remote communities provincewide, have access to the emergency pre-hospital care they need. This incentive was put in place on October 22, 2022, and will remain in place until BCEHS and CUPE 873 have a new collective agreement in place. Negotiations for a new collective agreement began on October 3, 2022.

BCEHS continues to monitor staffing models closely and are considering other options to help meet the service needs of the diverse rural and remote communities. This includes a continued focused on

building paramedic capacity through a national recruitment campaign and local engagement in communities across the province.

To help support retention of BCEHS employees, BCEHS and CUPE 873 are working closely together, following guidance from the Ministry of Health, to build a collaborative mental health and wellness strategy for BCEHS. BCEHS is adding resources to the network of trauma-informed and occupationally competent counsellors who provide psychological care to paramedics, dispatchers, and other employees. They are also working with CUPE 873, to strengthen BCEHS' Critical Incident Stress (CIS) Program, by adding more full time CIS coordinators and peers. This work will also include the development of educational resources in psychological safety, workplace mental health, and resilience.

In addition, a joint committee with BCEHS and the union has been formed to develop and implement a psychological health and safety strategy. The joint committee will focus future efforts on developing a long-term implementation strategy and oversight, that ensures the mental health and wellness supports are effective, evidence-based and relevant to the challenging work faced by paramedics, dispatchers and other employees.

EB7 Ambulance Services **Chetwynd**

Whereas the ongoing shortage of labour in Ambulance Services throughout rural BC is prevalent in most communities outside of large urban centres;

And whereas BC Emergency Health Services (BCEHS) ambulance service is a vital component of life safety and access to healthcare for those who live and work in small rural communities, which are often a significant distance from fully-equipped hospitals:

Therefore be it resolved that UBCM lobby the Province of BC to provide funding for increased wages and training opportunities to assist with recruiting and retention of workers in the BCEHS.

RESPONSE: Ministry of Health

Wages and benefits for ambulance paramedics and dispatchers are negotiated through the collective bargaining process. The 2019-2022 Ambulance Paramedics and Ambulance Dispatchers Bargaining Association (APADBA) collective agreement expired on March 31, 2022. On October 3, 2022, collective bargaining to negotiate a renewed agreement between APADBA and the Health Employers' Association of BC, the accredited bargaining agent for public sector health employers, got underway.

In June 2022, a temporary pay incentive was put in place to help bridge staffing challenges, bolster paramedic coverage, and improve service levels in 26 smaller rural and remote communities. This temporarily incentive concluded on October 21, 2022, with a positive impact in some of the hardest-to-staff areas of the province.

Before the original incentive program was set to expire, BCEHS and Ambulance Paramedics and Dispatchers Association of BC – CUPE 873 (CUPE 873), with assistance from government, collaborated on a more robust temporary pay incentive program to help ensure people in rural and remote communities provincewide, have access to the emergency pre-hospital care they need. This incentive was put in place on October 22, 2022, and will remain in place until BCEHS and CUPE 873 have a new collective agreement in place. Negotiations for a new collective agreement began on October 3, 2022.

EB12 Support for At-Risk Seniors at Home **Delta**

Whereas many seniors have been disproportionately impacted by the pandemic and the rising cost of living;

And whereas emergency supports are available for homeless or precariously-housed seniors experiencing economic, mental, or physical hardship;

And whereas there is a small but growing number of seniors who live in their own homes and also experience economic, mental, and physical hardship, but for whom emergency supports are much more challenging to find:

Therefore, be it resolved that UBCM request that the provincial government review the resources available to such individuals, identify service gaps, and implement measures to ensure that all seniors have access to some level of social supports, irrespective of housing status.

RESPONSE: Ministry of Health

Government is committed to healthy living supports that enable seniors to remain active, live independently and be socially connected.

Funded by the Ministry of Health and managed by United Way British Columbia (UWBC), Better at Home provides non-medical, day-to-day supports for seniors living at home in community. Program expansion continues to serve more seniors and Elders in new and existing communities.

The Ministry recognizes the impact of the pandemic on seniors and the disruptions to their social support networks. The Province partnered with United Way BC and bc211 to launch the Safe Seniors, Strong Communities (SSSC) program to match community-based seniors with local volunteers who provide non-medical services.

Additionally, health promotion demonstration projects across five streams of programming are currently being delivered and evaluated to support decision-making on future community-based seniors' services (CBSS) investments. The Ministry works with partners on an ongoing basis to identify service gaps and improve access to supports that help seniors to remain healthy and live independently in community.

Since 2011/12, the Ministry and the Provincial Health Services Authority provided $113 million to UWBC to expand and operate the Better at Home program.

In 2017/18, the Ministry provided $720,000 to the UWBC to support coordination and capacity building for the CBSS[1] sector.

In 2018/19, the Ministry provided $10.47 million to the UWBC to administer the Higher Needs grant program and $435,000 to conduct research on community-identified and community-based programs.

[1] CBSS organizations include seniors' centres, neighborhood houses, community centres, community coalitions, ethno-cultural organizations, and multi-service non-profit agencies.

In 2021/22, the Ministry provided $4.3 million to UWBC to continue to provide operational funding for an additional year of Higher Needs Grant programming and $2.431 million to continue SSSC operations. In addition, in 2021/22, the Ministry provided $2.0 million to UWBC to support food security for vulnerable seniors and $1.0 million to support health and safety of isolated/vulnerable seniors during extreme weather events.

EB15 Increased Funding for Additional Resources for Healthcare **Elkford**

Whereas many communities across the province, particularly in rural and remote areas, there exists a shortfall of qualified staff to provide healthcare services;

And whereas the COVID-19 pandemic has created additional demand on healthcare services;

Therefore be it resolved that UBCM ask the Province of British Columbia to increase funding for additional resources to provide necessary primary healthcare services across the province such as increased Primary Care Network funding to support team based care in clinics (physicians, nurse practitioners, physical therapists, etc); funding for new Community Health Centres (CHC); and a review of the payment model for physicians in clinics, providing an alternative to the fee-for service model which is ill-suited to the CHC model for providing health care.

RESPONSE: Ministry of Health

The Ministry of Health (The Ministry) appreciates this request and shares UBCM's interest in primary healthcare services across the province including increased investments in Primary Care Networks and new CHC, and a review of the fee-for-service payment model for physicians in clinics.

The Ministry is working to enhance its investment in Primary Care Networks and CHCs under the primary care strategy and through its commitment to increasing and improving access to primary care throughout the province. The primary care strategy is expanding access to care, increasing attachment to primary care providers, building health-care teams, and implementing new models of care to better serve the needs of the changing population.

In August 2022, the Province, in partnership with the Doctors of BC, announced $118 million in stabilization funding to support family physicians and help ensure that patients have continued access to primary-care services. This is part of a multi-phased approach to help protect and strengthen BC's health-care system, including improving recruitment and retention of health-care providers and adding additional resources to increase training capacity.

This funding is also part of an expansion of BC's primary care strategy, which includes the development of a new compensation model. On October 31, 2022, the Province and Doctors of BC announced the achievement of a new payment model for family doctors to help protect, support and strengthen BC's health-care system and patient care. Under the new payment model, the Province will be better able to attract new family doctors to family practice and retain existing doctors. Key components of the new payment model include the time spent by family physicians providing primary care services, patient encounters, complexity, and attachment.

The Province and Doctors of BC have also reached a tentative physician master agreement (PMA), which includes several commitments that will better support doctors as they care for their patients. The new three-year tentative PMA drives continued collaboration by the Ministry of Health, physicians, Doctors of BC, and regional health authorities to achieve key priorities that improve health care. It also addresses work completed after regular operating hours by advancing improvements to existing alternative physician payment contracts and increases. In addition, initiatives outlined in BC Health Human Resources Strategy to increase FP, NP and RN training seats as well as streamline processes for

internationally educated health professionals are also expected to address the core team capacity requirements.

EB16 Family Physician Funding Lake Country

Whereas British Columbians are continuing to struggle to access primary care and establish relationships with a family doctor despite a Provincial commitment to a new primary care network model in 2018;

And whereas the Province of British Columbia offers limited alternatives with limited funding to the fee for service model for physician compensation:

Therefore be it resolved that UBCM ask the Province of BC to consider, implement and adequately fund alternative physician compensation models to replace the fee for service model to better support continuity of care and encourage doctors to practice family medicine.

RESPONSE: Ministry of Health

The Ministry of Health (Ministry) is focused on increasing access to team-based quality, comprehensive, culturally safe, and person-and-family-centered primary care services for people across BC. The primary care strategy is working to support and build out longitudinal full-service family practice as well as urgent and episodic primary care services as the foundation of the health care system.

The Ministry collaborates with family physicians and the Doctors of BC through several provincial, regional, and local tables, to support a sustainable and comprehensive primary care system in the Interior region and in the rest of the province. The long-standing, complex, and critical issues identified are well known and inform the discussions and work at these tables.

The Province and the Doctors of BC recently announced a new tentative Physician Master Agreement as well as a new payment model for longitudinal family practice. The new payment model, co-developed by Doctors of BC, BC Family Doctors and the Province, will be available to family doctors beginning February 2023.

It provides another option for family doctors that marks a departure from the fee-for-service model under which doctors are paid based primarily on the number of patients they see in a day. The new model takes into account factors including:

- the time a doctor spends with a patient;
- the number of patients a doctor sees in a day;
- the number of patients a doctor supports through their office;
- the complexity of the issues a patient is facing; and
- administrative costs currently paid directly by family doctors.

The new payment model provides a more equitable payment for the work of family doctors and better recognizes their value in providing full-service primary care to patients. Full-service family doctors are those who work in communities to provide ongoing primary-care services to their patients. It will help maintain their business autonomy and give them more flexibility to create the

kind of practice that works best for them and their patients. The payment model will be available starting in February 2023.

In addition to the above, in August 2022 the Ministry launched a suite of incentives to support new and early career family physicians seeking to work in longitudinal family practice. The incentives include a competitive service contract rate with additional overhead, a signing bonus and debt relief payments. Between August and November 84 new physicians have signed into this incentive program.

Additionally, the Ministry and Doctors of BC provided $118 million in short-term stabilization funding to support family physicians and clinics around the province while the new payment model referenced above was under development.

The Ministry will continue working collaboratively with Doctors of BC to address issues of concern to family physicians, and more broadly, will continue moving forward with our provincial team-based primary care strategy. We thank you for taking the time to provide your feedback on this important issue.

EB17 Family Physicians Crisis Saanich, View Royal

Whereas British Columbia's system of family physicians is in crisis and it is estimated that close to one million British Columbians – 20 percent of the population – is without a family doctor and, therefore, without longitudinal care;

And whereas many senior citizens, people with chronic health concerns, and those requiring prescription refills and regular health check-ups are without a reliable means of care as doctors leave their practices through retirement and for other health care opportunities, walk-in clinics close, and hospital emergency rooms are overwhelmed:

Therefore be it resolved that UBCM call on the Province of BC to address this crisis with the urgency of any state of emergency and work with Doctors of BC and Divisions of Family Practice throughout British Columbia for a solution that will rebuild the family practice system so that citizens of BC can be confident of having a doctor to call their own.

RESPONSE: Ministry of Health

The Government is focused on increasing access to team-based quality, comprehensive, culturally safe, and person-and-family-centered primary care services for people across BC. The province's primary care strategy is working to support and build out longitudinal full-service family practice as the foundation of the health care system.

The Government collaborates with family physicians, Divisions of Family Practice and the Doctors of BC through provincial, regional, and local tables, which include General Practice Services Committee (GPSC), Inter-Divisional Committees, Collaborative Services Committees, and more recently, Primary Care Network (PCN) Steering Committees. The long-standing, complex, and critical issues in primary care are well known and inform the discussions and work at these tables.

The Ministry is working with urgency to address these longstanding issues in primary care. You may be aware that earlier in 2022 the Ministry and Doctors of BC provided short term stabilization funding to walk-in clinics in Victoria and South Island PCNs. In August 2022, the Ministry announced an additional $118 million in short term stabilization funding to all family physicians and clinics in the province. More recently, on October 31, 2022, the Ministry and Doctors of BC announced a new tentative Physician Master Agreement (PMA) and payment model for longitudinal family physicians that was co-developed in partnership over a period of several months.

Through the new payment model the Province will be better able to attract new family doctors to longitudinal family practice and to retain existing doctors. It marks a departure from the traditional and outdated fee-for-service model under which doctors are paid based primarily on the number of patients they see in a day. The new model takes into account a number of factors including:

- the time a doctor spends with a patient;
- the number of patients a doctor sees in a day;
- the number of patients a doctor supports through their office;
- the complexity of the issues a patient is facing; and

- administrative costs currently paid directly by family doctors.

The model provides a more equitable payment for the work of family doctors and better recognizes their value in providing full-service primary care to patients. It will help maintain their business autonomy and give them more flexibility to create the kind of practice that works best for them and their patients.

In addition to the above, the tentative PMA includes additional measures to support family physicians, including an effort to identify and address administrative burden and to better support business costs.

The Province will continue to support improvements in access to primary care through its provincial team-based primary care strategy, which will now be enhanced and benefit from the addition of the new payment model, as well as these other benefits in the tentative PMA.

EB18 Physician (Specialist) Recruitment in Rural Areas **Okanagan-Similkameen RD**

Whereas the Ministry of Health and Health Authorities, in partnership with Divisions of Family Practice, have initiated programs to develop Primary Care Networks (PCNs) and Urgent and Primary Care Centers (UPCCs) throughout the province to respond to a shortage of general practitioners and to provide conditions to attract general practitioners to rural areas;

And whereas rural communities are extremely challenged to recruit and retain medical specialists in many fields:

Therefore, be it resolved that UBCM ask the Province of British Columbia to identify the root cause of the chronic shortage of physicians, including specialists, and that they initiate a program to remove obstacles and fill vacancies in this essential service.

RESPONSE: Ministry of Health

Undergraduate Medical Education and Postgraduate Medical Education
In alignment with HLTHs *Provincial Health Human Resources Strategy*, government recently announced a 40-seat expansion of UBCs regionally distributed undergraduate medical program, increasing annual intake from 288 to 328 seats by 2024/25. Expansion includes an 8-seat expansion of the Southern Medical Program (SMP) in Kelowna, increasing its annual intake from 32 seats in 2022/23 to 40 seats by 2024/25 as follows:

- Vancouver-Fraser Medical Program by 16 (from 192 seats to 208);
- Northern Medical Program by 8 (from 32 seats to 40);
- Southern Medical Program by 8 (from 32 seats to 40); and
- Island Medical Program by 8 (from 32 seats to 40).

An increase in postgraduate medical residency seats will mirror the UGME expansion and will add a further 48 positions in both family and specialties by 2028/29.

CCFP-EM - Emergency Medicine Program
Starting in 2023/24, a new Emergency Medicine training site for family physicians will be established at the Royal Inland Hospital in Kamloops to enable the development of advanced and effective skill sets in critical care and emergency medicine practice. With an initial intake of two new residents per year, the new program in Kamloops will bring emergency medicine training 'closer to home' while also helping to increase emergency medicine capacity within regional communities over the short and longer terms.

Anesthesia
Since 2017, the Ministry has provided funding to double the number anesthesiology residents training in British Columbia by increasing UBC's intake of 10 (2017) to 20 in (2022). As a result of this unprecedented investment, the number of anesthesiology residents training across BC will increase, including a significantly increase in anesthesia training rotations in the IHA from 4 rotations in 2017/18 to a planned increase to 36 rotations by 2026/27.

Physician Recruitment

BC has continuously striven to improve the recruitment and retention of physicians with a particular focus on sustaining medical services in rural and remote communities. BC funds a number of programs and services to support and sustain family physician (FP) and specialist services including:

- Health Match BC which recruits FPs, specialists, and other health professionals to work in the province.
- Rural Practice Programs that provide a variety of incentives to encourage physicians to establish and maintain practices in rural communities.
- The Rural Coordination Centre of BC which supports and develops provincial initiatives by engaging and coordinating with rural healthcare providers to facilitate the development of local and/or regional solutions, frameworks, and networks.

Pathways to Practice for International Medical Graduates (IMGs)

IMGs are a vital part of our health care system and the Province provides several pathways to practice for internationally educated FPs and specialists. BC's Return of Service program supports equitable access to physician services for citizens across BC through the development of valuable physician resources. The International Medical Graduate (IMG-BC) Return of Service (ROS) Program funds 58 UBC entry-level residency positions for IMGs; 52 family medicine positions and 6 specialist positions. In exchange, UBC family medicine IMGs complete a 2-year ROS practicing in a designated community of need in BC. IMG specialists complete a 3-year ROS. Health authorities identify communities in the most urgent need of medical services and prioritizes them for ROS placements.

Practice Ready Assessment-BC Program (PRA-BC) is for IMGs who have completed residencies in family medicine outside of Canada. The program provides a pathway for these FPs to become licensed to practice in BC. PRA-BC assesses up to 32 FPs each year. All candidates must pass a rigorous assessment process to ensure they meet the standards of practice in BC before the College of Physicians and Surgeons of BC grants them a license to practice in BC. Upon graduation, FPs complete a 3-year ROS in a designated community of need.

Re-entry Strategy

The re-entry program with return of service (ROS) provides an opportunity for experienced practicing physicians to pursue training in a priority specialty that addresses a critical area of need in the province. As of July 2022, there are two dermatology re-entrants training in the UBC Dermatology program who will each complete their three-year ROS in the IHA by providing MSP-billable services in the public system. Both re-entrants will commence their ROS in the IHA in July 2023 and July 2025 respectively.

In July 2022, the Ministry directed funding to implement a first ever re-entry with ROS position in psychiatry in BC.

- The successful applicant/re-entrant in that position is currently training in the IHA and will tentatively commence their three-year ROS in the IHA in July 2026.

This re-entrant will also support the establishment of a brand new UBC PGME Psychiatry program site in the IHA in 2023/24 that will host two net new R1 psychiatry residency positions.

Rural Benefits

The Rural Continuing Medical Education RCME Program provides support through two separate benefits: RCME Individual Funds and RCME Community Program. The purpose of the RCME Program is to support physicians in participating in medical education to update and/ or enhance medical skills and credentials required for rural practice. These benefits are in addition to the CME entitlement provided for in the Benefits Subsidiary.

Government is committed to supporting communities to recruit and retain physicians in rural communities in British Columbia. The Rural Practice Subsidiary Agreement (RSA) is a subsidiary agreement of the Physician Master Agreement between the BC Government, Doctors of BC (DoBC) and the Medical Services Commission (MSC).

The Joint Standing Committee on Rural Issues (JSC) is responsible for the overall governance and oversight of the Rural Practice Programs of RSA, and the JSC membership comprises both Doctors of BC board appointed rural physicians and Government representatives.

The Rural Practice programs were established to encourage physicians to establish and maintain practices in rural communities. The goal is to enhance the availability and stability of physician's services in rural and remote areas of British Columbia. Physicians recruited into permanent positions in RSA communities may be eligible or a variety of incentives including the Rural Retention program (RRP) Flat Fee and Fee Premium, Rural Continuing Medical Education (RCME), Rural Canadian Medical Protective Association (R-CMPA), Rural Emergency Enhancement Fund (REEF), Recruitment Incentive Fund (RIF), Recruitment Contingency Fund (RCF) and the Rural Locum Programs. The incentives available to each RSA community vary based on their community designation (A, B, C or D) and assessed RRP points.

Keremeos, Princeton, Oliver and Osoyoos are designated as RSA communities (Penticton is not considered a RSA community). These communities currently have no specialists which are permanently practicing in the community but are supported instead by outreach physicians through the Northern and Isolation Travel Assistance Outreach Program (NITAOP). The communities currently have funding approvals through NITAOP to receive support from visiting Internal Medicine, Methadone, Pediatrics, Psychiatry and Urology specialists.

EB19 Rural Medical Locum Funding Williams Lake

Whereas there is a critical lack of medical professionals in smaller rural communities for people who require medical care;

And whereas there is inadequate funding to support small to mid-sized communities to attract medical locums:

Therefore, be it resolved that UBCM lobby the health authorities and the provincial government to further support and evaluate funding or other assistance for placing medical locums in smaller rural communities.

RESPONSE: Ministry of Health

The Government is committed to providing support to physicians in rural communities in British Columbia. The Joint Standing Committee on Rural Issues (JSC) is responsible for the overall governance and oversight of the Rural Programs of the Rural Subsidiary Agreement (RSA). Physicians in RSA communities may be eligible for a variety of incentives including the Rural Retention program (RRP) Flat Fee and Fee Premium, Rural Continuing Medical Education (RCME), Rural CMPA, Rural Emergency Enhancement Fund (REEF), Recruitment Incentive Fund (RIF), Recruitment Contingency Fund (RCF) and the Rural Locum Programs.

Locums for Rural BC (LRBC) administers the Rural Locum Programs on behalf of the JSC, providing subsidized locum coverage for RSA community physicians through three programs: the Rural GP Locum Program (RGPLP), Rural Specialist Locum Program (RSLP), and the Rural GPA Locum Program (RGPALP). Williams Lake specialists are eligible for locum coverage under the RSLP, and have accessed the program for General Surgery, Pediatrics, Radiology and OB/GYN in Fiscal 2022/23.

More details on BC's Rural Locum Programs can be found in the following Rural Guide: rural-guide.pdf (gov.bc.ca)

EB20 Access to Healthcare Services Houston

Whereas the recent pandemic exposed the lack of health care resources in rural British Columbia and resulted in many individuals being forced to leave their community for further evaluation and treatment;

And whereas accessible, reliable, and effective local medical services should be available to all British Columbians especially during significant illness events that impact the majority of residents:

Therefore be it resolved that UBCM lobby the provincial government to further support the development of improved local medical services that meet the needs of all rural British Columbians.

RESPONSE: Ministry of Health

The Government is focused on increasing access to team-based quality, comprehensive, culturally safe, and person-and-family-centered primary care services for people across BC. The primary care strategy is working to support and build out longitudinal full-service family practice as the foundation of the health care system in communities of all sizes across the province, and to that end, the approach Government takes to allocating funding for this strategy accommodates for the challenges of delivering primary care in rural communities.

To provide better access to quality primary care services, the Government is implementing primary care networks province-wide, including in many rural areas, as well as the ongoing hiring of allied health supports. The Government also continues to work with our Indigenous partners, including First Nations Health Authority (FNHA), Métis Nation BC, and the BC Association of Aboriginal Friendship Centres to promote culturally safe and appropriate primary care for Indigenous peoples in the province.

The Government has implemented a range of initiatives to enhance patient care and availability of physician services in rural communities. The Joint Standing Committee on Rural Issues (JSC), with representation from both the Government and Doctors of BC, is responsible for the BC Rural Physician Practice Programs, which support the provision of primary care services in rural communities. This includes the Rural Practice Subsidiary Agreement, which provides incentives for rural physicians based on their community's level of isolation. Other JSC programs include the Rural GP Locum Program, the Rural Retention Program, and the Northern & Isolation Travel Assistance Outreach Program.

Additionally, the Government has implemented the Practice Ready Assessment – BC (PRA-BC) program, which assesses internationally educated family physicians who completed their residencies in family medicine outside of Canada and provides an alternative pathway to licensure in BC. In exchange, participating physicians complete a three-year return of service in rural communities throughout the province. In November 2022, the Government announced the expansion of the PRA-BC program, tripling the number of seats available from 32 to 96 by March 2024. This announcement is part of the commitment by the Government to further remove barriers for those internationally educated family physicians.

To support the recruitment of new family physicians across the province, the Government introduced new incentives to recent family medicine graduates through a new-to-practice family physician contract program in June 2022. Additionally, a new payment model, the Longitudinal Family Physician Payment Model, will launch in February 2023 with the goal of stabilizing and addressing challenges in longitudinal primary care.

Creative solutions like virtual care have also been introduced to meet British Columbians' healthcare needs in rural and remote communities. Through the Rural, Remote and Indigenous Communities Framework, patients in rural areas have improved access to virtual primary care services through new service pathways. This includes the First Nations Virtual Doctor of the Day Program and the First Nations Virtual Substance Use and Psychiatry Service, which provide Indigenous residents and their families with access to primary care physicians, psychiatrists, addictions specialists, and other providers specialized in culturally safe virtual care. In addition, a Northern Health Virtual Primary and Community Care Clinic has been introduced to provide patients in the region with virtual access to primary and community health-care services, and HealthLink BC (8-1-1). Virtual peer support is also available 24/7 for rural primary care providers who need real-time advice from doctors specializing in emergency, maternity, and pediatric care.

British Columbia is also improving access to healthcare in rural and remote communities by enhancing the role of qualified BC Emergency Health Services paramedics to provide community paramedicine. Community paramedicine is intended primarily for rural and remote communities that are sometimes underserved and have aging populations living with chronic and complex diseases. The program objectives are to help stabilize paramedic staffing in these communities, and bridge health service delivery gaps identified in collaboration with local healthcare teams. In 2021, community paramedic positions increased to almost 165 part-time and full-time service 100 communities in BC.

The Ministry understands the need to balance patient and family preference with patient safety. Highly specialized medical services require specialized equipment and staff who need a minimum number of cases to maintain competency. Not every community has the population required to support the safe delivery of such services; therefore, travel is sometimes required.

Travel Assistance Program (TAP BC) offers discounted fares to BC residents traveling in province for specialist medical care. TAP BC is a partnership between the Ministry of Health and private transportation carriers. Eligible services include non-emergency medical specialist services (closest location outside community), diagnostic and laboratory procedures etc.

Northern Health Authority, Northern Health Connections, uses a contractor to provide cost friendly transportation for patients traveling out of town for non-emergency medical appointments in Vancouver and northern BC. In the fall of 2019, BC Bus North was introduced after Greyhound stopped operating northern routes and provides schedule service to approximately thirty-nine northern communities.

The Government is committed to working toward achieving a sustainable health care system that best supports the needs of all British Columbians, including those living in all regions of the province. The Government is focused on building a strong primary and community care system, which is one that helps patients maintain health over their lifetime and improves overall quality of life in rural communities in BC.

EB21 Hospice Services **Gibsons**

Whereas hospice societies across BC offer services and innovative programs which enhance the quality of life of palliative patients and their caregivers in the community where they live, as well as supportive bereavement programs for those who are left behind;

And, whereas reliable government funding necessary for the sustainability of the essential social service provided by hospice societies is inconsistent and irregular;

Therefore, be it resolved that UBCM call upon the Government of British Columbia to recognize the established place of hospice societies in the continuum of palliative care and bereavement support and develop a funding model which provides annual operational funding to community-based hospice societies for the provision of programs and services.

RESPONSE: Ministry of Health

Government acknowledges the important role of hospice societies in the continuum of care supporting individuals living with life-limiting illness, and their families. Hospice societies provide compassionate, holistic care that addresses not only physical symptoms, but also the emotional, mental, social, and spiritual needs of individuals, and their families.

Health authorities are responsible for planning and managing community-based publicly funded health care services in their jurisdictions, which includes funding for end-of-life care. In accordance with the *Provincial Framework for End-of-Life Care*, health authorities collaborate closely with hospice societies and value their contribution to supporting individuals dealing with end-of-life. Each health authority is responsible for assessing current end-of-life care in their area and planning and implementing changes to improve those services.

Regional health authorities work with community hospice organizations when developing service delivery strategies and plans to meet the needs of their populations and communities served. Health authorities may provide grants or enter into agreements in support of service to clients in a residential hospice; or, for non-residential services as part of their overall service delivery strategy.

EB23 Extended Hour Child Care for Shift Workers **Fort St. John**

Whereas provisions in the *Community Care and Assisted Living Act* - Child Care Licensing Regulation state that a licensee must not provide care for more than 13 hours each day to each child;

And whereas there is a need for extended shift workers to access child care beyond the current 13 hours per day per child:

Therefore, be it resolved that UBCM lobby the provincial government to amend the Child Care Licensing Regulation to accommodate extended hour child care to support shift workers and their families.

RESPONSE: Ministry of Health

Section 16 of the *Community Care and Assisted Living Act* allows for exemptions to some sections of the Child Care Licensing Regulation (CCLR) if there is no increased risk to the health and safety of the children in care.

The 13-hour time limit under section 40 (1) of the Child Care Licensing Regulation (CCLR) is one that the Medical Health Officer is permitted to provide an exemption to.

An operator who wishes to provide care for a child/child whose parent is a shift worker can make a request in writing to the Medical Health Officer. The local licensing officer can be of assistance with this process.

In addition, should the family require overnight care, the operator of the child care program may apply through their local health authority community care licensing program to provide this care under section 41 of the CCLR. This type of care has been designed for the purpose of supporting shift workers.

Applications for an exemption or overnight care can be made to the Northern Health Authority community care facility licensing program by contacting:
1-844-845-4200 or licensingconnect@northernhealth.ca

NR1 Pre-Hospital Care In British Columbia **Cranbrook**

Whereas the pre-hospital care system in British Columbia lies within the jurisdictional responsibility of the Ministry of Health, however it relies critically on the delivery of service by municipal, regional and First Nations organizations;

And whereas the Ministry is critically reliant on this partnership in delivery of pre-hospital care in the Province of British Columbia:

Therefore be it resolved that UBCM lobby the Province of British Columbia to work with the Local Government Management Association, Fire Chiefs Association of BC and First Nations Emergency Services Society to develop a fee-for-service framework to bill the Province on call outs that appropriately fund community-based organizations that provide first responder services in support of the Ministry's health care responsibility to the citizens of British Columbia.

RESPONSE: Ministry of Health

The support provided by First Responders (FRs) during medical emergencies is an important part of the delivery of pre-hospital emergency health services to the people of British Columbia. BC Emergency Health Services (BCEHS) and the Province value the role that FRs play in pre-hospital emergency care.

The Ministry of Health appreciates the City of Cranbrook's ongoing concern for fiscal accountability, as you continue to determine how to best allocate your funding and resources for responding to urgent and routine calls.

When a 911 call is triaged, BCEHS uses the Medical Priority Dispatch System to determine the care the patient requires and the most appropriate response. Based on this information, the Clinical Response Model (CRM) indicates the resource and response type for an event and it also indicates the relative priority of the call. The CRM uses a colour-coding system of Purple, Red, Orange, Yellow, Green or Blue. Purple is the high-acuity and urgent, and Blue is the lowest-acuity priority.

BCEHS notifies first responder agencies who have agreements with BCEHS of time- critical calls (purple and red). Establishing an agreement with BCEHS is voluntary and each municipality, including Cranbrook Fire & Emergency Services, can determine the level of call response they respond to. This approach provides municipalities with the ability to directly manage all costs associated with their participation in pre-hospital care.

Since 2017, the BC government has taken significant steps to improve emergency health services in our province by hiring more paramedics and dispatch staff, delivering more ambulances, improving services in rural communities, and significantly increasing the BCEHS budget.

BCEHS is committed to providing timely, high quality and safe pre-hospital care for patients throughout British Columbia, while using public resources in an effective and efficient manner. As part of this commitment, the Ministry of Health, in collaboration with BCEHS, the Local Government Management Association of BC, the Fire Chiefs Association of BC, the First Nations' Emergency Services Society and other stakeholders, are working together to implement a coordinated approach to pre-hospital care that will ensure people throughout the province have access to the pre-hospital are they need.

NR3 Fire Department Medical First Responder Program **Fraser-Fort George Rd**

Whereas volunteer fire departments throughout the province opt to provide Emergency Medical Assistance to enhance public safety in their communities which is valuable where there are long travel and wait times for BC Ambulance, or in circumstances when the BC Ambulance Service is experiencing high call volume;

And whereas the Province has undertaken a review of the Emergency Medical Assists Regulation Schedule 1 "Services – License Category" that recommends increasing the minimum "scope of skill" services;

And whereas increased training requirements on volunteer fire departments will have a potential negative impact on the provision of emergency medical pre-hospital care services provided by the volunteer fire departments which could force volunteer fire departments to make the difficult decision to terminate their provision of the medical First Responder Program service due to the increase in scope of skills creating an overly onerous training requirement:

Therefore be it resolved that UBCM requests the Province to maintain the current minimum "scope of skills" services level to ensure that volunteer fire departments who opt in to providing the valuable service of Emergency Medical Assistance may continue to do so.

RESPONSE: Ministry of Health

On September 23, 2022, the Emergency Medical Assistance Regulations were amended to expand and update the scope of practice for paramedics and first responders. With the appropriate training and licensing in place, paramedics and first responders will be able to better assist and treat patients on scene. The updated scope of practice aligns with other jurisdictions and are modernized to allow for the incorporation of future innovations in emergency technology.

The work to amend the regulations was led by the Province in collaboration with the Emergency Medical Assistance Licensing Board and consultation with training institutions, BC Emergency Health Services (BCEHS), Ambulance Paramedics of BC (CUPE 873), the BC Association of Professional Fire Fighters, the Fire Chiefs Association of BC, and first responder agencies. As work continues to implement the new regulations, these organizations will be key to ensuring that consistent and appropriate training, assessment, oversight, and continuing competency measures are in place. This will ensure that paramedics and first responders can provide the new services safely and competently.

Some services within the expanded scope of practice are optional additions to first responder base license levels that local governments or first responder organizations may choose to have their first responders licensed to perform. In addition, first responders and paramedics have two years from the date the regulations were finalized (September 23, 2022) to complete the appropriate upskill training.

BCEHS is committed to providing timely, high quality and safe pre-hospital care for patients throughout British Columbia, while using public resources in an effective and efficient manner. As part of this commitment, the Ministry of Health, in collaboration with BCEHS, fire departments, municipalities and other stakeholders, are working together to implement a coordinated approach to pre-hospital care that will ensure people throughout the province have access to the pre-hospital care they need.

NR4 Emergency Response Capacity of Front-Line Housing Workers Addressing Overdose Mission
Whereas the growing opioid crisis is taking a toll on the police, fire and ambulance services of BC communities, with adverse effects on morale, recruitment, retention and budgets, that are making it difficult to sustain these services;

And whereas the use of uniformed first responders in addressing overdose is often highly traumatizing and ineffective for patients;

And whereas therapeutic staff working on the frontline in housing facilities, drop-in centres, and overdose prevention sites are prepared and willing to deliver emergency medical response, but are required to call 9-1-1 for every suspected overdose:

Therefore be it resolved that UBCM calls upon the provincial government to work with community partners and regulatory bodies to revise scopes of practice and professional indemnification, such that front line housing staff can be trained in emergency medical response and authorized to use professional discretion as to when to call 9-1-1.

RESPONSE: Ministry of Health

Most front line housing providers are not regulated by a professional body providing consistent practice standards and they have diverse training backgrounds and resources available to them. There is a potential for harm in providing generalized recommendations for unregulated care providers and therefore, the decision to call 911 needs to be determined on a case-by-case basis.

Employers of staff at non-profit and community-based organizations, such as housing sites, drop-in centres, and non-profit Overdose Prevention Sites (OPS) are recommended to contact the BC Facility Overdose Response Box (FORB) which provides naloxone and supplies, as well as support for the preparation of staff to respond to an overdose in the workplace and support following the response to an overdose. Employers are prompted by FORB to implement overdose response protocols and staff training.

- Eligibility/application: https://towardtheheart.com/forb
- Existing site resources (including training/protocol templates): www.towardtheheart.com/forb-sites
- Infographic: https://towardtheheart.com/forb-infograph
- Article: The implementation and role of a staff naloxone program for non-profit community-based sites in British Columbia: a descriptive study

There has been a Province-wide practice update for emergency 911 call takers from BC Emergency Health Services (BCEHS) for hands only chest compressions for peer workers.

- If a caller **identifies themselves as a trained peer worker and confirms the person has a pulse**, the call taker will give instructions to maintain airway and give breaths when needed, but will not advise compressions
- Infographic: https://towardtheheart.com/resource/calling-911-bcehs-script/open

NR5 Registration of Internationally Educated Nurses **Kitimat**

Whereas registered nurses are in demand throughout British Columbia especially in the northern and rural regions of the province;

And whereas the Provincial Health Services Authority (PHSA) provides for internationally educated nurses to obtain registration with the British Columbia College of Nurses and Midwives (BCCNM) and the regional health authorities are using student nurses programs:

Therefore be it resolved that the UBCM lobby the Province of British Columbia to provide greater support to streamline the registration process for internationally educated nurses to the British Columbia College of Nurses and Midwives, set up a financial support process, and bring together all stakeholders (National Nursing Assessment Association, BC College of Nurses and Midwives, BC Nurses Union, Ministry of Health, and Ministry of Advanced Education and Skills Training) to determine how to integrate internationally education nurses and employed student nurses to the workforce to address the nursing staffing crisis across the province.

RESPONSE: Ministry of Health

The Province of British Columbia is providing nine million dollars in financial support to Internationally Educated Nurses (IENs) who wish to work in British Columbia, through the provision of bursaries to offset costs associated with completing the application and assessment process and educational upgrading required to practice as a nurse in B.C.

The British Columbia College of Nurses and Midwives has also redesigned their IEN application process to enable a single joint application for multiple nursing designations. This simplified process will allow IEN assessment for competencies in three healthcare professions at once. This will increase the chance of an IEN being able to join the workforce more quickly in the role to which they are best suited, while knowing how to upskill if required to work at a higher level.

BCCNM and the Province are committed to continue working on further streamlining of the registration process for internationally educated nurses and to establish processes and supports to facilitate the integration of IENs and employed student nurses into the workforce to address workforce needs, in collaboration with the BC Health Authorities.

NR6 Provincial Follow Through on Population-Based Funding **Mission**

Whereas there is a widespread shortage of physicians across BC;

And whereas many cities within British Columbia are experiencing significant population growth resulting in corresponding pressure on healthcare services;

And whereas a networked approach to healthcare is both more efficient and effective for our communities, especially in the form of Patient Care Networks;

And whereas, despite many years of work and investment by local communities and Divisions of Family Practice, the Province's commitment to Population-Based Funding has slowed or stalled, without an alternative funding model to replace it;

Therefore, be it resolved that UBCM calls upon the provincial government to maintain its commitment to the Population-Based Funding model and to enhance its investment in Patient Care Networks or provide alternative approaches with opportunities for input by local governments in British Columbia.

RESPONSE: Ministry of Health

The Ministry also shares UBCM's commitment to a networked and team-based approach to primary care delivery, while ensuring that adequate resources are in place to deal with population growth, evolving health needs and corresponding pressure on healthcare services.

In 2018/19 our government launched a provincial team-based primary care strategy to improve access to comprehensive, culturally safe, relationship-based primary care. We are adding new service capacity in the short term through a variety of different clinical models, while laying the groundwork to fundamentally transform the way services are organized and delivered over the long term through Primary Care Networks (PCNs).

As of July 2022, 1,220 full-time equivalents (FTEs) have been recruited and deployed across all provincial primary care initiatives; 56 PCNs have been implemented with a number of additional PCNs currently in planning. We intend to continue developing and implementing PCNs over the next several years until they fully cover the geography of our province.

Additionally, the Ministry has been working with Doctors of BC to develop a new compensation model for family physicians, which was announced on October 31, 2022. We are pleased to advise that, in addition to compensating for time (direct care, indirect care, clinical teaching, clinical administration) and encounters, a portion of the earnings for family physicians under this model will be for the size and complexity of their patient panels.

We look forward to continuing to work collaboratively with our health system partners, including municipalities, on these and other solutions going forward.