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July 17, 2023

Chair Mark Pendergraft
Regional District of Okanagan-Similkameen
101 Martin Street
Penticton, BC V2A 5J9

Dear Chair Pendergraft:

Re: 2022 NCLGA Resolution(s)

UBCM is in receipt of the attached resolution(s) endorsed by your Board. Your resolution(s) received endorsement at the 2022 NCLGA Spring Convention.

As such, the resolution(s) will be included in UBCM Resolutions Book for the 2022 UBCM Convention in September.

Please contact Jamee Justason, Resolutions and Policy Analyst, if you have any questions about this process, email: jjustason@ubcm.ca.

Sincerely,

A handwritten signature in black ink that reads "LA Roodenburg". The signature is written in a cursive, flowing style.

Councillor Laurey-Anne Roodenburg
UBCM President

RECEIVED
Regional District

JUL 21 2023

101 Martin Street
Penticton BC V2A 5J9

Enclosure

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;

And whereas the lack of consultation with local government in the development of BCEHS policy that impacts life and safety may be harmful to our mutual constituents:

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.

Convention Decision: Endorsed

Provincial 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.

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 Centres (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 establish a long-term program 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.

Convention Decision: Endorsed as Amended

Provincial 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 prioritize 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 for 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.