

**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff # 1221994

PREPARED FOR: Honorable Adrian Dix, Minister – **FOR INFORMATION**

TITLE: Update on Primary Care Initiatives - Comox Valley

PURPOSE: To respond to a request from Minister's Office for an update on primary care initiatives in the Comox Valley PCN

BACKGROUND:

- The Comox Valley PCN was announced September 15, 2020 and is in Year 3 of Implementation.
- This PCN is a partnership between the Ministry of Health (Ministry), Island Health, the Comox Division of Family Practice, First Nations Health Authority, K'ómoks First Nation, Patient Voices Network and Métis Nation British Columbia.
- In 2017/18, at the time of PCN Service Planning, the Ministry estimated the attachment gap in the Comox Valley PCN to be approximately 9,300.
- However, the Comox Valley PCN disagreed with the Ministry's estimated attachment gap based on local understanding of service capacity and put forward a plan that would attach ~1,000 patients with a focus on enhancing team-based care (Appendix A).
- Three years into implementation, the PCN has successfully recruited >75% of their FY 2021-22 recruitment target (Appendix A).
- However, this approach has not ameliorated demand for primary care services, and the Comox Valley PCN is now requesting net-new primary care attachment resources.
- The attachment gap in the region is estimated to be ~9,000 patients based on Health Connect Registry data (~4,500 patients December 2021), local physician retirements, and clinic closures.
- The Comox Valley PCN has expressed an interest in a number of opportunities with the Ministry, including a new team-based care clinic in Cumberland, sustaining an existing After Hours Urgent Care Clinic (currently funded contingently through COVID-19 funding), a new Urgent and Primary Care Centre (UPCC) and/or a new Community Health Centre (CHC).

DISCUSSION

Access Opportunities:

Comox Valley After Hours Urgent Care Clinic (AHUCC) and possible UPCC

- As a temporary COVID-19 response measure, the Ministry funded the AHUCC; a community-driven, patient-centred clinic offering same-day access to urgent care.
- The clinic has been operational since March 10, 2021, and is funded in partnership with Island Health through Ministry COVID-19 Interim Primary Care Funding. The funding and contracts are in place until June 30, 2022.
- The Comox Valley AHUCC provides access to evening (5:00pm – 9:00pm) and weekend (9:00am – 2:00pm) urgent medical care, and operates out of Washington Park Medical Clinic (757 Ryan Road, Courtenay; above the Superstore)

- To date (as of Feb 3, 2022) the AHUCC has received ~\$265K in funding¹. This funding supports both clinical and non-clinical resources (Family Physician (FP), Licensed Practical Nurse (LPN), Medical Office Assistants).
- The PCN has brought forward a proposal to extend the current funding for the AHUCC and increase the resource allocation. The increase in funding would be allocated towards 34.5 hours a week of FP coverage, plus 35 hours per week of LPN coverage and an additional Clinic Manager.
- The current COVID-19 funding has been extended to June 2022, the total request is an additional ~\$185K / year for the AHUCC.
- Currently there is no UPCC in Comox Valley; and the Comox Valley PCN has expressed a keen interest in being one of the future UPCCs sites.

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- The Ministry recognizes that both opportunities (UPCC and AHUCC) would serve the same access needs of the Comox Valley population (i.e., same-day urgent care for attached and unattached people) and considers transitioning the AHUCC to a UPCC as a potential next step.

Attachment Opportunities

Cumberland Clinic, Denman and Hornby Island - Community Health Centre

Expression of Interest (EOI)

- The Cumberland Clinic is currently vacant due to an FP retirement in 2021, and the PCN has brought forward a request to fill this space, which includes six exam rooms, a procedure room and large multi-purpose room and offices. The building also contains a physiotherapy/wellness clinic and a Pharmasave Pharmacy.
- The PCN Steering Committee has support from both the owner of the building who is willing to waive some initial lease costs and the Mayor of Cumberland, Leslie Baird.
- The PCN has requested net new additional resources of 2.0 FTE Nurse Practitioners (total attachment of 1,600 patients) and 3.0 FTE New to Practice (NTP) FPs (total attachment of 3,750 patients).
- Understanding there is a need to be nimble within the Primary Care setting, PCD is supportive of funding this request and to further work in collaboration with the PCN to determine Comox Valley's primary care needs through a detailed, evidence-based strategy.
- The Denman and Hornby Islands are expecting a shortage of primary care providers due to FP retirements in late 2022/early 2023. The PCN has requested and been approved for 2.0 FTE NTP FP contracts to replace retiring fee for service (FFS) FPs.
- The NTP FPs will assume a general patient panel and attach new patients. In total, between preventing unattachment and increasing new attachments, the 2.0 FTE NTP FPs will provide attachment to 2,500 patients (with the Primary Care Strategy budget being offset by FFS medical services plan budget transfer).
- Of note, the Denman and Hornby Island are part of a Gulf-Island led Community Health Centre (CHC) Expression of Interest (EOI) submitted to the Ministry. This EOI is currently under Ministry review. However, given the population size it is unlikely to proceed to proposal stage.

¹ Source: Island Health COVID-19 Interim Primary Care funding report as at Feb 3, 2021 (P11 2021-22)

ADVICE

- The Primary Care Division (PCD) is supportive of flexible responses to primary care issues within the Comox Valley PCN.
- However, these responses need to be embedded within the overall context of the Primary Care Strategy in the Comox Valley region and include all Primary Care partners in discussion through the PCN Steering Committee (SC).
- The Comox Valley PCN has expressed a need to re-assess the attachment gap in the community and respond with appropriate resourcing.
- The Comox Valley PCN SC will engage mid April 2022 with other partners (such as the Mayor of Cumberland etc.) to strategically bring forth a cohesive plan for the area instead of submitting numerous individual requests for the fiscal year 2022-23.
- The PCD is supportive of the PCN taking advantage of the Cumberland Clinic vacant space s.13

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Date: March 23, 2022

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**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff #1222882

PREPARED FOR: Honourable Adrian Dix, Minister of Health - **FOR INFORMATION**

TITLE: Funding Request and Fraser Salish Health Caucus Invitation

PURPOSE: To provide the Minister with information and background on Recommendation 6: First Nations Health Governance Evaluation and on the Fraser Salish Health Caucus's request to negotiate a section 7 agreement under the *Declaration on the Rights of Indigenous Peoples Act*.

BACKGROUND:

Following resolutions passed in Spring 2021, the First Nations Leadership Council (FNLC) commenced an open process in July 2021 to identify a committee of Chiefs and leaders to develop and oversee an engagement and decision-making process to review the BC First Nations health governance structure. The intention of this process would be to support Chiefs to make decisions regarding necessary structural changes and potential legislation in light of the *Declaration on the Rights of Indigenous Peoples Act (Declaration Act)* and the findings and recommendation #6 of the *In Plain Sight (IPS)* report. This committee is mandated to operate as an arms-length group from the First Nations Health Authority (FNHA) and includes a sub-set of representatives of the First Nations Health Council (FNHC), the FNLC organizations, and other Chiefs and leaders identified through an open process.

On October 4, 2021, the Ministry of Health (the Ministry) responded to the FNLC resolutions acknowledging the concerns raised regarding the need for a review and renewal of the First Nations Health Governance structure in British Columbia. The Ministry acknowledged the completion of the evaluation of the *BC Tripartite Framework Agreement on First Nations Health Governance* (Tripartite Framework Agreement) noted its understanding that there was a commitment from both FNHA and FNHC to work with the FNLC on this concern. Further, the Ministry extended its support and collaboration in this process and with future conversations as we all commit to uphold the seven directives and the *Declaration Act*.

On November 8, 2021, the Ministry received a request from FNLC for funding in the amount of \$159,000 to support carrying out this arms-length review, citing the Minister's commitment to implement recommendation #6 of the IPS report as well as government's obligation under the *Declaration Act*. Shortly thereafter, on November 23, 2021, the Ministry received a letter from the FNHA emphasizing that under the Tripartite Framework Agreement, the FNHC provides political leadership for implementation of Tripartite commitments, including evaluation of First Nations Health Governance. The FNHC has since struck an Independent Chiefs Advisory Group for the purposes of overseeing and contracting an independent consultant to conduct an independent evaluation of the First Nations Health Governance Structure. FNHA has stated that given an independent evaluation is already underway through the FNHC Independent Chiefs Advisory Group, it would be contrary to the intention of the Tripartite Framework Agreement for the Ministry to support an additional evaluation conducted by the FNLC. The FNHC Chair was not signatory to the letter but was cc'd on the correspondence.

On February 11, 2022, the Ministry received a letter from the Fraser Salish Health Caucus conveying two specific interests:

- Concern with the Ministry's consideration of the FNLC funding request to undertake an independent review of BC First Nations Health Governance, noting a decision to do so would breach the 2011 Tripartite Framework Agreement and undermine the UN Declaration and the *Declaration Act*.
- Resolution passed by the Fraser Salish Health Caucus to transform the Health Caucus to an Indigenous Decision-Making Body on health and social determinants of health, as per the *Declaration Act*, and an invitation to the Minister to convene a Ministerial meeting to develop a section 7 agreement with the leadership of the 32 Fraser Salish communities.

On February 28, 2022, the Ministry received a letter from the FNLC providing assurances and accurate information with respect to February 11th correspondence from the Fraser Salish Region Health Council. In particular:

- Confirming that First Nations leadership in BC fully endorsed IPS through resolutions passed at their respective political organizations, also calling on the Ministry to implement the recommendations and report regularly on progress to BC First Nations.
- Disagreement with the characterization in the Fraser Salish letter that funding the FNLC will “undermine” or “breach” the Tripartite Framework Agreement, clarifying that the FNLC remain committed to a positive and consensus-building process as marked in the early days of the effort to create the First Nations health governance structure.
- Seeking a confirmation of funding to carry out the independent review.
- Disputing the Fraser Salish Health Caucus's argument that the BC Tripartite Framework Agreement is an “agreement” or “constructive arrangement” in accordance with Article 37 of the UN Declaration. It must be stressed that the Framework Agreement is in no way comparable to treaties or other arrangements directly on a Nation-to-Nation basis. Chiefs' support for the Framework Agreement was entirely predicated upon the understanding that this Agreement was without prejudice to First Nations Rights, Title, and interests as per Directive 6 and the legal opinion secured in 2011 from Maria Morellato.

DISCUSSION:

It is also important to note that the Tripartite Framework Agreement is now 10 years old and was not developed under the context of the *Declaration Act* which now provides overarching legal conditions directing the provincial government's relationship with Indigenous peoples in BC.

Regarding the funding request, the Ministry or any other government agency must be cautious when intervening or being seen to intervene in disagreements amongst First Nations Leadership structures. The core of the *Declaration Act* is that government organize its work in matters impacting Indigenous populations and its evolving relationships to representative bodies.

Regarding the Fraser Salish request, the creation of a new Declaration Act Secretariat will support government's approach to ensuring the alignment of laws under the Declaration Act but not necessarily Section 7. At this time there continues to be a significant need for coordination on how Ministries will respond.

ADVICE:

1) Response to First Nations Leadership Request for Funding

- Provide a letter to both the First Nations Leadership Council and First Nations Health Council that the Ministry is unable to support the funding of a third-party evaluation until a coordinated approach is provided from the respective First Nations leadership structures.

2) Response to Fraser Salish

- MoH and MIRR working on a shared response to Fraser Salish Health Caucus offering to meet to discuss their S7 request.

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Date: March 15, 2022

**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

Cliff # 1224036

PREPARED FOR: Honourable Adrian Dix, Minister of Health - **FOR DECISION**

TITLE: Medical Services Plan Enrolment for Individuals in British Columbia Arriving under the Canada-Ukraine Authorization for Emergency Travel

PURPOSE: To outline options for Medical Services Plan (MSP) enrolment for individuals fleeing Ukraine who arrive in BC under the Canada-Ukraine Authorization for Emergency Travel.

BACKGROUND:

Due to the on-going conflict between Russia and the Ukraine, BC may see the arrival of individuals from Ukraine as new immigrants, as well as new or returning Canadian Citizens and those with Permanent Resident status.

The Government of Canada introduced the new [Canada-Ukraine Authorization for Emergency Travel](#) (the CUAET), an accelerated temporary residence pathway, that will allow Ukrainians to work, study, and stay in Canada until it is safe for them to return home. There will be no limit to the number of Ukrainians who can apply for the new federal Canada-Ukraine Authorization for Emergency Travel program. The Ministry of Municipal Affairs advises that up to 60,000 could arrive in BC over the long term.

At this time, the federal government expects that provinces/territories can address health coverage for Ukrainians arriving through temporary pathways.

Under BC's *Medicare Protection Act* (the Act), an individual must meet the definition of "resident" to be eligible for MSP coverage. A resident is defined as a person who is a citizen of Canada or is lawfully admitted to Canada for permanent residence, makes his or her home in BC, and is physically present in BC for at least six months in a calendar year, or a shorter prescribed period. This includes a person who is deemed under the Medical and Health Care Services Regulation (the Regulation) to be a resident but does not include a tourist or visitor to BC.

Persons meeting the eligibility criteria for enrolment in the MSP normally would complete a wait period consisting of the balance of the month of arrival plus two months before MSP coverage is effective.

However, the Medical Services Commission approved a waiver of the wait period for returning Canadians, permanent residents and deemed residents who meet MSP eligibility and enrolment requirements on March 7, 2022.

A decision is required for individuals in BC arriving under the Canada-Ukraine Authorization for Emergency Travel with only a Temporary Resident Visa or Permit, which does not meet the eligibility criteria for MSP coverage.

DISCUSSION:

Under the CUAET, Ukrainians and their family members can apply for a temporary visitor visa for three years, an open work permit, and study permit. For those who are issued an open work permit or study permit, they may be MSP eligible if their permit is six months or longer and will receive date of arrival coverage based on the recently approved waiver of the wait period for those arriving in BC from Ukraine. Spouses and children eligible for work and study permits may also be deemed eligible for MSP under the Regulation if they hold a valid visitor permit.

If an individual is issued only a Temporary Resident Visa or Permit and intends to remain in BC temporarily, MSP enrolment is currently not available under the deemed resident provision of the Regulation. At this time, it is believed that Government of Canada Interim Federal Health program (IFPH)¹ coverage will not be extended to those arriving in BC under the CUAET who are not eligible for enrolment under a provincial or territorial healthcare plan.

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The federal government will also facilitate a new family sponsorship pathway for permanent residence that is still under development but is expected to include a broader definition for family members than the normal family sponsorship pathway. MSP coverage for individuals arriving in BC through this path will require further review once the federal process is determined.

A Deputy Minister level working group was established to discuss and coordinate the BC government's response to the conflict in Ukraine. The first meeting is March 22.

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¹ [Interim Federal Health Program Policy - Canada.ca](https://www.canada.ca/en/interim-federal-health-program/policy)

Option 2: Amend the Regulation to include Temporary Resident Visa or Permit holders arriving under the Authorization for Emergency Travel as deemed residents.

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FINANCIAL IMPLICATIONS:

The federal government anticipates the support/aid measures taken by the European Union (EU) will see many Ukrainians staying within the EU. The federal government has agreed to share more information on the number of visa applications in real time so that provinces/territories can better understand potential impacts and plan accordingly.

The financial implications will depend on the actual number of Ukrainians arriving in BC and could still be significant. A full review of potential financial implications is required for options 2, 3 and 4.

RECOMMENDATION: Option 2: Amend the Regulation to include Temporary Resident Visa or Permit holders arriving under the Authorization for Emergency Travel as deemed residents.



March 21, 2022

Approved/Not Approved
Adrian Dix
Minister of Health

Date Signed

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Date: March 18, 2022

**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

Cliff # 1222344

PREPARED FOR: Honourable Adrian Dix, Minister of Health - **FOR DECISION**

TITLE: Amendment to Emergency Medical Assistants Licensing Board Rules

PURPOSE: The Emergency Medical Assistants Licensing Board requires the prior approval of the Minister to make procedural rules.

BACKGROUND:

The Emergency Medical Assistants (EMA) Licensing Board (the Board) is mandated by the *Emergency Health Services Act* (the Act) to conduct hearings and take disciplinary action respecting EMAs licensed by the Board.

Section 6(7) of the Act states that, “The licensing board may, with the prior approval of the minister, make rules governing its own procedure”.

Board rules have been in place since approximately 1998. They were amended in 2020 to provide clarity on all aspects of the Board’s investigation, alternative dispute resolution and hearing process.

DISCUSSION:

Under existing regulations, the Board may impose conditions, suspend or revoke licenses in situations where EMA license holders do not fulfil their statutory continuing education obligations (“Continuing Competency Requirements”). While the existing Board rules (Appendix A) improved the clarity of the Board’s investigation and disciplinary process compared to the previous version, they unintentionally imposed an obligation for the Board to hold hearings in all instances where EMA license holders failed to meet their Continuing Competency Requirements. Given that approximately 700 – 1000 individuals each year do not meet their Continuing Competency Requirements (with most of these cases involving individuals who have ceased to practice and are not communicating with the Board), the existing Board rules would create unmanageable administrative processes if the Board was required to hold hearings in each situation.

The revised rules for which the Board seeks the approval of the Minister (Appendix B – Redline Version) set out a different hearing process to be used in cases of failing to meet Continuing Competency Requirements. This process enables an expedited process while maintaining a degree of procedural fairness which satisfies the legal requirements of administrative decision-making. The revised rules clearly set out the procedural steps and Board obligations applicable in cases where EMA licence holders do not meet the Continuing Competency Requirements.

OPTIONS:

FINANCIAL IMPLICATIONS:

N/A

RECOMMENDATION:

Option 2

Approved/Not Approved
Honourable Adrian Dix
Minister of Health

Date Signed

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Appendix A – Current Board Rules



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Appendix B – Proposed Amended Board Rules



Amended EMALB
Rules Redline.pdf

***Emergency Medical Assistants Licensing Board's
Rules for Complaints, Investigations and Discipline Hearings
pursuant to s. 6(7) of the
Emergency Health Services Act, RSBC 1996, c. 182***

These Rules are made under the authority of section 6 (7) of the *Emergency Health Services Act*.

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1. DEFINITIONS

1.1 In these Rules:

“Act” means the *Emergency Health Services Act*;

“address” includes

- (a) an email address,
- (b) a street address,
- (c) a postal address, and
- (d) a facsimile address;

“agent” includes a lay person representative, union advocate, and human resources personnel.

“Board” means the Emergency Medical Assistants Licensing Board as continued under section 6 (1) of the Act;

“complaint” means a complaint filed with the Board regarding an emergency medical assistant or former emergency medical assistant;

“complainant” means a person who files a complaint with the Board;

“director” means the person designated as the director under section 15 of the *Emergency Medical Assistants Regulation*;

“discipline counsel” means counsel appointed to prosecute a notice of discipline hearing;

“investigation” means an investigation by the Board under section 6 (5) of the Act;

“person under investigation” means an emergency medical assistant or former emergency medical assistant who is the subject of an investigation by the Board;

“register” means the register of emergency medical assistants established pursuant to section 6 of the Act and maintained by the Emergency Medical Assistants Licensing Board;

“respondent” means a person under investigation against whom the Board has issued a citation under Rule 10.1.

2. GENERAL PROVISIONS

(a) Address for Service

- 2.1 The Board may use any address listed for a person under investigation in the register to communicate with the person under investigation.
- 2.2 The Board may use any address shown on a complaint to send documents to the complainant.
- 2.3 A person may request in writing that the Board use a different address to communicate with that person. If the Board receives such a request then it must use the person’s preferred address to communicate with that person.
- 2.4 A person under investigation or a complainant must promptly notify, in writing, the Board of any change in the person’s address. Until such notice is provided, any notices, correspondence or other documents sent in accordance with the above rules is deemed to be validly sent.

(b) Address for the Board

- 2.5 Any person who wishes to or is required to file or submit a notice, complaint, report, or other documents to the Board must send it to the attention of the Board Officer whose contact information can be found on the Board’s website at:

<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/colleges-boards-and-commissions/emergency-medical-assistants-licensing-board/contact-us>

(c) Date of Receipt

- 2.6 The Board is deemed to have received any document submitted to it:
 - (a) if delivered in person, by courier, or by regular or registered mail, on the actual date of receipt by the Board office;

- (b) if sent by facsimile or email during regular business hours, on the actual date of receipt by the Board office;
- (c) if sent by facsimile or e-mail outside of regular business hours, on the day the Board office is next open for regular business hours.

2.7 Any documents sent by the Board to a person, including a person under investigation:

- (a) if delivered in person, by registered mail, or by a courier who obtains written confirmation of delivery, is deemed to have been received on the date of delivery;
- (b) if sent by regular mail, is deemed to have been received on the earlier of the date it is delivered or the fifth business day after the date it was sent;
- (c) if sent by facsimile or email during regular business hours, is deemed to have been received on the date it was sent; or
- (d) if sent by facsimile or e-mail outside of regular business hours, is deemed to have been received at 9:00a.m. Pacific Time on the next business day.

(d) Documents

2.8 Any documents submitted to the Board should, where possible, be in a form that may be photocopied, electronically scanned, or otherwise reproduced in a reasonably simple manner.

(e) Protection of Privacy

2.9 To protect the privacy interests of the complainant or any third party, the Board may make an order respecting the use or disclosure of information by the person to whom the information is disclosed, including:

- (a) limiting or restricting the copying, scanning, transmission or any other duplication of that information; and
- (b) limiting the use of the information to preparing for and responding to a complaint, investigation or hearing.

(f) Representation

- 2.10 A person under investigation or respondent may be represented by legal counsel, an agent, or may be self-represented.
- 2.11 If a person under investigation or a respondent is represented by legal counsel or an agent, he or she must give the Board written notice of the name, firm name, address, telephone number and email address, if any, of his or her legal counsel or agent. On receipt of that notice, any notices or documents that the Board must send to the person under investigation will be sent to that legal counsel or agent and will have the same effect as if sent to the person under investigation or respondent.
- 2.12 If the legal counsel or agent referred to in Rule 2.11 ceases to represent a person under investigation or respondent, the person under investigation or respondent must immediately provide written notice to the Board.

(g) Deadlines

- 2.13 A person must comply if these Rules or the Board requires the person to provide documents or take an action within a set period of time.
- 2.14 At any time prior to the commencement of a hearing, a person may request that the Board extend a deadline, or vary an order or any requirement set by these Rules.
- 2.15 A request under Rule 2.14 must:
- (a) be in writing;
 - (b) set out the reasons for the request; and
 - (c) be made before the expiration of the deadline.
- 2.16 If a person makes a request under rule 2.14, the Board may invite any other person to make submissions with respect to the request.
- 2.17 On receiving a request and any submissions, the Board may grant a request for an extension or variation before or after the deadline expires.

(h) Board Powers

- 2.18 The Board, on its own initiative, may waive or vary any requirement set out by these Rules, and may shorten or extend any time limits in these Rules as it considers appropriate in the circumstances.

3. COMPLAINTS

- 3.1 A person must submit a complaint to the Board in writing in either paper or electronic form and the complaint must contain:
- (a) the name of the complainant(s);
 - (b) the address, email address and telephone number of the complainant(s);
 - (c) the name of the emergency medical assistant who is the subject of the complaint, or adequate particulars to allow the Board to identify the emergency medical assistant; and
 - (d) adequate particulars to allow the Board to identify the subject matter of the conduct or competence and the related incident which is the subject of the complaint.
- 3.2 The director must send a written acknowledgement of receipt of the complaint to the complainant(s) as soon as practicable.
- 3.3 The Board may require the complainant to provide further information within a specified period of time.
- 3.4 If the complainant fails to provide further information or adhere to the complaint procedure within the specified period of time, the Board may take no further action on the complaint.

4. SUMMARY DISMISSAL OF COMPLAINTS

- 4.1 The Board may dismiss a complaint without initiating an investigation, or at any stage of an investigation, if it determines that the complaint:
- (a) is trivial, frivolous, vexatious or made in bad faith;

- (b) does not contain allegations that could lead to a determination that falls within the Board's jurisdiction pursuant to section 7 (1) of the Act; or
- (c) does not contain allegations that, if admitted or proven, are in the Board's opinion of a sufficiently serious nature to warrant further investigation.

5. EXTRAORDINARY ACTION

- 5.1 Unless the Board determines that urgent circumstances exist that place the public at immediate risk, the Board must provide prior written notice to a person under investigation of any intention to take extraordinary action under section 8 (1) of the Act.
- 5.2 The Board must, unless there are urgent circumstances that place the public at immediate risk, provide the person under investigation with an opportunity to make submissions in person or in writing, before determining whether to take extraordinary action under section 8 (1) of the Act.
- 5.3 When considering taking action under section 8(1) of the Act, the Board may only make a provisional assessment of the facts in order to determine whether there is a strong *prima facie* risk of harm to the public that requires extraordinary action. The Board must not decide disputed issues of fact in relation to the substantive allegations.
- 5.4 At any time, a person under investigation who is subject to extraordinary action under section 8 (1) of the Act may request that the Board vary or rescind the limits, conditions or suspension. Such a request must:
 - (a) be in writing;
 - (b) be addressed to the Board; and
 - (c) include reasons for varying or rescinding the limits, conditions, or suspension.
- 5.5 The Board must consider the request to vary or rescind the extraordinary action as soon as reasonably practicable and issue a written decision to the person under investigation.
- 5.6 The Board must post a summary of the order for extraordinary action on the Board website.

6. INVESTIGATION

(a) Notice of Investigation

- 6.1 On receipt of a complaint under Rule 3.1, or if the Board on its own motion initiates the complaint process, the director must provide a notice of investigation and a copy of the complaint to the person under investigation.
- 6.2 If the Board decides that the identity of the complainant or any other person referred to in a complaint should not be disclosed, the Board may order the director to redact information identifying the person prior to sending the complaint to the person under investigation.
- 6.3 The person under investigation must provide, within 21 days of a request by the director, any information regarding the matter that the person under investigation believes the Board should consider in response to the notice of investigation.
- 6.4 Despite Rule 6.1, if the Board considers it necessary for the effective investigation of a complaint or matter, it may delay notification to the person under investigation.
- 6.5 A person under investigation must co-operate fully in an investigation by all available means, including by responding fully and substantively in the form specified by the Board.

(b) Investigation Process

- 6.6 The Board may delegate to a person or persons, including the director, the authority to investigate a complaint or matter.
- 6.7 If the Board delegates authority to conduct the investigation, the delegate must provide a written report of the results of the investigation to the Board.
- 6.8 The Board may set specific parameters for the scope of the investigation.
- 6.8 The Board must provide the investigation report referred to in Rule 6.7 to the person under investigation and the complainant, if any, who may then provide a written response to the report. The Board may make redactions to the investigation report to protect privacy interests.

6.9 During the course of the investigation, the Board or its delegate may:

- (a) request production of records and other documents for examination and copying;
- (b) request a person under investigation to attend an interview, answer questions and provide information relating to matters under investigation;
- (c) request an employer or fellow employee of the person under investigation to answer questions and provide information relating to the investigation;
- (d) request an expert report or other written report or any other information from any person that the Board or delegate considers may be of assistance in reviewing the matter under investigation;
- (e) meet with the complainant, the person under investigation and any other person that the Board or delegate may consider necessary, either in person or through other means, to discuss the matter under investigation; and
- (f) attempt to resolve a complaint through alternative dispute resolution.

(c) Confidentiality of Investigation

6.10 The investigation process is confidential. A person must not disclose any information or records that form part of the investigation of a complaint or an own motion investigation except for the purposes of complying with the objectives of the Act or these rules.

6.11 Despite Rule 6.10, the director may:

- (a) disclose information regarding the complaint with the consent of the person under investigation or as required by law; and
- (b) disclose information necessary to correct any inaccurate information, regarding the complaint, that has been made public.

7. ACTION AFTER INVESTIGATION

7.1 After the completion of an investigation, the Board must do one or more of the following:

- (a) take no further action if it concludes that:
 - (i) the complaint is not valid or its validity cannot be proven;

- (ii) the complaint is trivial, frivolous, vexatious or made in bad faith;
 - (iii) the conduct or competence to which the matter relates is satisfactory; or
 - (iv) the complaint does not contain allegations that could lead to a determination that falls within the Board's jurisdiction pursuant to section 7 (1) of the Act.
 - (b) in the case of an investigation respecting a complaint, seek to resolve the matter through mediation;
 - (c) resolve the matter with the agreement of the person under investigation by way of an alternative dispute resolution;
 - (d) direct the director to issue a citation.
- 7.2 When making a disposition decision under Rule 7.1, the Board must consider any previous disciplinary history of the person under investigation.
- 7.3 When the Board has made a decision under Rule 7.1, the director must notify in writing the complainant, if any, and the person under investigation of the disposition.

8. MEDIATION

- 8.1 The Board may direct the director to attempt to resolve a complaint through mediation where it determines that:
- (a) the complainant and person under investigation agree to mediation; and
 - (b) other regulatory action is not necessary in the public interest.
- 8.2 If the Board directs the director to attempt to resolve a complaint through mediation, the Board must direct the director to appoint a mediator who is acceptable both to the complainant and to the person under investigation.
- 8.3 The mediator must conduct the mediation process in accordance with the terms of a written mediation agreement executed by the complainant and the person under investigation.
- 8.4 All communications during the mediation will remain confidential and cannot be used in any other proceeding.

- 8.5 The Board must approve the terms of any agreement between a complainant and a person under investigation in respect of a complaint that is reached through mediation or otherwise.
- 8.6 Where an agreement referred to in Rule 8.5 requires the person under investigation to undertake or consent to an action, the Board may require the person under investigation to provide a consent agreement.
- 8.7 Where the Board approves an agreement under Rule 8.5, the director will retain a copy of the agreement and consent agreement, if any, on file.
- 8.8 Where the person under investigation and the complainant fail to reach an agreement through mediation, the mediator must refer the matter back to the Board, which may take any other action set out in Rule 7.1.

9. ALTERNATIVE DISPUTE RESOLUTION

- 9.1 The Board may request the director to negotiate a consent agreement which requires the person under investigation to do one or more of the following:
- (a) undertake not to repeat the conduct to which the matter relates;
 - (b) undertake to take educational courses or other remedial action as specified by the Board on the conditions that it directs;
 - (c) consent to a reprimand;
 - (d) undertake or consent to any other action specified by the Board.
- 9.2 The Board must approve the terms of the consent agreement.
- 9.3 If the person under investigation refuses to provide a consent agreement on acceptable terms, the Board may take any other action set out in Rule 7.1.
- 9.4 The director must post a summary of the consent agreement on the Board website if the consent agreement contains any of the following:
- (a) a reprimand;

- (b) the addition of conditions to the licence of the person under investigation;
- (c) a suspension of the licence of the person under investigation;
- (d) a revocation of the licence of the person under investigation.

10. CITATION

10.1 If directed by the Board under Rule 7.1(d), the director must issue to the person under investigation a citation in Form A that:

- (a) names the person under investigation as the respondent;
- (b) describes the matter that is to be the subject of the discipline hearing;
- (c) specifies the date, time and place of the discipline hearing; and
- (d) advises the respondent that the Board is entitled to proceed with the discipline hearing in his or her absence.

10.2 The director must appoint discipline counsel to prosecute the citation.

10.3 The director is responsible for providing instructions to discipline counsel. Discipline counsel must not provide legal advice to the Board in relation to the discipline hearing or any matter leading up to it.

10.4 The director will deliver the citation to the respondent by personal service or by registered mail to the last address for the respondent recorded in the register not fewer than 30 days before the date of the discipline hearing.

10.5 The director will serve the citation on the complainant (if any) and the respondent's employer at least 21 days before the date of the discipline hearing.

10.6 The director will post the citation on the Board website at least 14 days before the discipline hearing with any necessary redactions.

10.7 If the Board considers it appropriate in the circumstances, the Board may join one or more complaints or other matters which will be the subject of a discipline hearing into one citation.

- 10.8 If the Board considers it appropriate in the circumstances, the Board may sever one or more complaints or other matters which are to be subject of a discipline hearing.
- 10.9 The director may amend a citation at any time.
- 10.10 If the director amends a citation, the director must deliver the amended citation to the respondent at least 21 days before the commencement of the discipline hearing or at least 21 days prior to the continuation of the discipline hearing.
- 10.11 The Board may direct the director to cancel a citation if the Board determines that a discipline hearing is no longer required. The director must notify the respondent, the complainant (if any) and the respondent's employer of the cancellation.
- 10.12 If the Board directs the director to cancel a citation, the director must update the Board website as soon as practicable to reflect the cancellation of the citation.

11. PRE-HEARING DISCLOSURE OF EVIDENCE

- 11.1 Evidence is not admissible at a discipline hearing unless, at least 14 days before the hearing, the person intending to introduce the evidence provides the opposing party with:
- (a) copies of any documentary evidence or an opportunity to inspect and copy the documents;
 - (b) in the case of expert testimony,
 - (i) a copy of the expert's report or a written summary of the evidence the expert will present at the hearing if the expert has not prepared a written report;
 - (ii) a statement of the facts and assumptions upon which the expert's opinion is based;
 - (iii) a statement of the expert's qualifications; and
 - (c) in the case of testimony of a witness who is not an expert, the name of that witness and a written summary of his or her anticipated evidence.
- 11.2 Discipline counsel or a respondent may respond to an expert report, or a written summary of the evidence the expert will present at the hearing, if they deliver the following to the opposing party at least 5 days before the hearing:

- (a) a copy of the responding expert's report or a written summary of the evidence the responding expert will present at the hearing if the responding expert has not prepared a written report;
 - (b) a statement of the facts and assumptions upon which the responding expert's opinion is based; and
 - (c) a statement of the responding expert's qualifications.
- 11.3 Discipline counsel and a respondent have a continuing obligation to make disclosure, consistent with the obligations set out above, up to and during the discipline hearing.
- 11.4 The Board may allow the introduction of evidence that is not admissible under Rules 11.1 and 11.2 if it is in the interests of justice to do so.

12. PRE-HEARING CONFERENCE

- 12.1 At any time after issuing a citation, and before the discipline hearing begins, either discipline counsel or the respondent may request in writing that the Board set a pre-hearing conference, or the Board may, on its own initiative, set a pre-hearing conference.
- 12.2 The Board will give written notice to the parties to attend a pre-hearing conference, in person or by telephone, at a date, time and location set by the Board.
- 12.3 Notice of a pre-hearing conference must be given at least 7 days before the date set for it, unless otherwise ordered by the Board.
- 12.4 The Board has discretion to determine the process at a pre-hearing conference.
- 12.5 If the respondent or their legal counsel, if any, does not attend the pre-hearing conference as scheduled, the Board may make any order that could have been made had they attended it, without further notice to the respondent.
- 12.6 At a pre-hearing conference, the Board may make any order it considers appropriate to facilitate a discipline hearing and the just and timely resolution of one or more matters relating to the citation, including any of the following orders:

- (a) an order respecting amendments to the citation;
- (b) an order consolidating all or part of a citation with another citation;
- (c) an order separating hearings for different allegations made in a citation;
- (d) an order requiring that a portion of a hearing be conducted by telephone, other electronic means, written submissions, or any combination of those;
- (e) an order setting, adjourning and/or rescheduling dates, times and location for a hearing;
- (f) an order imposing time limitations and terms and conditions on the exchange of documents, expert reports, admissions, agreed statement of facts, witness lists, outlines of anticipated evidence, and written submissions;
- (g) an order directing that the evidence of any witness be given by affidavit or other means;
- (h) an order directing that the public be excluded during all or part of the evidence of a witness or witnesses;
- (i) an order restricting public access to the records or documents to be filed in evidence.

- 12.7 Prior to the discipline hearing, the Board must list, in writing, all orders made at any pre-hearing conference or otherwise and send a copy of the list to the respondent and the discipline counsel.

13. ORDER TO ATTEND OR PRODUCE

- 13.1 For the purposes of section 34(3) of the *Administrative Tribunals Act*, the Board must issue the order in Form B.
- 13.2 If a person fails to comply with an order made pursuant to section 34(3) of the *Administrative Tribunals Act*, the Board may apply to the Court for an order directing compliance pursuant to section 34(4) of the *Administrative Tribunals Act*.

14. APPLICATIONS

- 14.1 To apply for an order from the Board, the respondent or discipline counsel must submit an application to the Board in writing, in either paper or electronic form, and the application must contain:
- (a) the name of the applicant;
 - (b) the name of the complaint the application is about;

- (c) the purpose of the application, including the order sought from the Board;
 - (d) the reasons why the Board should grant the application;
 - (e) the documents, if any, that the applicant intends to rely on to support the application; and
 - (f) the position taken by the opposing party on the application, if known.
- 14.2 On receipt of an application under Rule 14.1, the director must deliver a copy of the application and all supporting documentation to the other party.
- 14.3 When an application is filed, the Board may:
- (a) set a schedule for filing a response to the application and a reply; or
 - (b) schedule a case conference to hear oral submissions on the application.
- 14.4. The Board will not consider submissions other than those permitted in a schedule for submissions pursuant to Rule 14.3.

15. DISCIPLINE HEARING

- 15.1 The Board must hear and determine a matter set for hearing by a citation.
- 15.2 The Board will conduct a hearing first on liability under s. 7(1) of the Act. If the Board makes a finding of liability under s. 7(1)(a), (b) or (c) of the Act, it will then conduct a hearing on penalty.
- 15.3 The Board may appoint independent legal counsel who has had no involvement in the investigation of the complaint leading up to the citation being issued to assist the Board with a hearing if necessary.
- 15.4 The respondent may appear with legal counsel or agent at a discipline hearing.
- 15.5 A complainant may be represented by legal counsel, at the complainant's cost, when the complainant is giving evidence at a discipline hearing.
- 15.6 A discipline hearing must be in public unless:
- (a) either

- i. the complainant, the respondent or a witness requests that the Board hold all or any part of the discipline hearing in private, or
 - ii. the Board directs all or any part of the discipline hearing be held in private; and
 - (b) the Board is satisfied that holding all or any part of the discipline hearing in private would be appropriate in the circumstances.
- 15.7 The Board may, where it considers appropriate, allow a witness to be identified by a pseudonym or initials as long as the witness's proper name is given to the respondent and complainant, if any.
- 15.8 At a discipline hearing:
- (a) the testimony of witnesses must be taken on oath or affirmation, which may be administered by any member of the Board; and
 - (b) discipline counsel and the respondent have the right to submit evidence, cross-examine witnesses, and call evidence in reply.
- 15.9 The Board may make an order directing the exclusion of any witness from part of the discipline hearing.
- 15.10 If the respondent does not attend the discipline hearing, the Board may
- (a) proceed with the discipline hearing in the respondent's absence on proof that the respondent received the notice of discipline hearing; and
 - (b) without further notice to the respondent, take any action that the Board is authorized to take under section 7 (3) of the Act.
- 15.11 A court reporter must record the discipline hearing.
- 15.12 The chair of the Board must administer the oath or affirmation to the court reporter.

15.13 Any person may obtain, at his or her expense, a transcript of any part of the hearing which he or she was entitled to attend.

15.14 The Board may grant an adjournment of the hearing.

15.15 The discipline hearing may be held at any place in British Columbia at the Board's discretion.

16. DECISION ON LIABILITY

16.1 If the Board determines that the respondent:

- (a) has incompetently carried out the duties of an emergency medical assistant,
- (b) has breached a term or condition of his or her licence, or
- (c) suffers from a physical ailment, emotional disturbance or an addiction to alcohol or drugs that materially impairs his or her ability to act as an emergency medical assistant,

the Board's decision on liability under section 7(1) of the Act must:

- (a) be in writing;
- (b) include reasons for the decision;
- (c) be delivered to the respondent, the respondent's employer and the complainant, if any, within 60 days after the date the decision is made; and
- (d) advise of the right to appeal the decision to the Supreme Court.

16.2 The Board must make the decision referred to in Rule 16.1 available to the public upon request after making any necessary redactions to protect privacy interests.

16.3 The director must post a summary of the decision referred to in Rule 16.1 on the Board website.

17. DECISION ON PENALTY

17.1 If the Board determines that the respondent:

- (a) has incompetently carried out the duties of an emergency medical assistant,
- (b) has breached a term or condition of his or her licence, or
- (c) suffers from a physical ailment, emotional disturbance or an addiction to alcohol or drugs that materially impairs his or her ability to act as an emergency medical assistant,

the Board must give notice to the parties that it will proceed with the penalty portion of the discipline hearing, in writing or in person.

- 17.2 On completion of the penalty portion of the discipline hearing, the Board may make an order under section 7 (3) of the Act which must:

- (a) be in writing;
- (b) include reasons for the order;
- (c) be delivered to the respondent, the respondent's employer and the complainant, if any, within 30 days after the date the order is made; and
- (d) advise of the right to appeal the order to the Supreme Court.

- 17.3 The Board must make the order referred to in Rule 17.2 available to the public upon request after making any necessary redactions to protect privacy interests.

- 17.4 The director must post a summary of the order referred to in Rule 17.2 on the Board website.

***Emergency Medical Assistants Licensing Board's
Rules for Complaints, Investigations and Discipline Hearings
pursuant to s. 6(7) of the
Emergency Health Services Act, RSBC 1996, c. 182***

These Rules are made under the authority of section 6 (7) of the *Emergency Health Services Act*.

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1. DEFINITIONS

1.1 In these Rules:

“Act” means the *Emergency Health Services Act*;

“address” includes

- (a) an email address,
- (b) a street address,
- (c) a postal address, and
- (d) a facsimile address;

“agent” includes a lay person representative, union advocate, and human resources personnel.

“Board” means the Emergency Medical Assistants Licensing Board as continued under section 6 (1) of the Act;

“complaint” means a complaint filed with the Board regarding an emergency medical assistant or former emergency medical assistant;

“complainant” means a person who files a complaint with the Board;

“director” means the person designated as the director under section 15 of the *Emergency Medical Assistants Regulation*;

“discipline counsel” means counsel appointed to prosecute a notice of discipline hearing;

“investigation” means an investigation by the Board under section 6 (5) of the Act;

“person under investigation” means an emergency medical assistant or former emergency medical assistant who is the subject of an investigation by the Board;

“register” means the register of emergency medical assistants established pursuant to section 6 of the Act and maintained by the Emergency Medical Assistants Licensing Board;

“Regulation” means the *Emergency Medical Assistants Regulation*;

“respondent” means a person under investigation against whom the Board has issued a citation under Rule 10.1.

2. GENERAL PROVISIONS

(a) Address for Service

- 2.1 The Board may use any address listed for a person under investigation in the register to communicate with the person under investigation.
- 2.2 The Board may use any address shown on a complaint to send documents to the complainant.
- 2.3 A person may request in writing that the Board use a different address to communicate with that person. If the Board receives such a request then it must use the person’s preferred address to communicate with that person.
- 2.4 A person under investigation or a complainant must promptly notify, in writing, the Board of any change in the person’s address. Until such notice is provided, any notices, correspondence or other documents sent in accordance with the above rules is deemed to be validly sent.

(b) Address for the Board

- 2.5 Any person who wishes to or is required to file or submit a notice, complaint, report, or other documents to the Board must send it to the attention of the Board Officer whose contact information can be found on the Board's website at:

<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/colleges-boards-and-commissions/emergency-medical-assistants-licensing-board/contact-us>

(c) Date of Receipt

- 2.6 The Board is deemed to have received any document submitted to it:
- (a) if delivered in person, by courier, or by regular or registered mail, on the actual date of receipt by the Board office;
 - (b) if sent by facsimile or email during regular business hours, on the actual date of receipt by the Board office;
 - (c) if sent by facsimile or e-mail outside of regular business hours, on the day the Board office is next open for regular business hours.
- 2.7 Any documents sent by the Board to a person, including a person under investigation:
- (a) if delivered in person, by registered mail, or by a courier who obtains written confirmation of delivery, is deemed to have been received on the date of delivery;
 - (b) if sent by regular mail, is deemed to have been received on the earlier of the date it is delivered or the fifth business day after the date it was sent;
 - (c) if sent by facsimile or email during regular business hours, is deemed to have been received on the date it was sent; or
 - (d) if sent by facsimile or e-mail outside of regular business hours, is deemed to have been received at 9:00a.m. Pacific Time on the next business day.

(d) Documents

- 2.8 Any documents submitted to the Board should, where possible, be in a form that may be photocopied, electronically scanned, or otherwise reproduced in a reasonably simple manner.

(e) Protection of Privacy

- 2.9 To protect the privacy interests of the complainant or any third party, the Board may make an order respecting the use or disclosure of information by the person to whom the information is disclosed, including:
- (a) limiting or restricting the copying, scanning, transmission or any other duplication of that information; and
 - (b) limiting the use of the information to preparing for and responding to a complaint, investigation or hearing.

(f) Representation

- 2.10 A person under investigation or respondent may be represented by legal counsel, an agent, or may be self-represented.
- 2.11 If a person under investigation or a respondent is represented by legal counsel or an agent, he or she must give the Board written notice of the name, firm name, address, telephone number and email address, if any, of his or her legal counsel or agent. On receipt of that notice, any notices or documents that the Board must send to the person under investigation will be sent to that legal counsel or agent and will have the same effect as if sent to the person under investigation or respondent.
- 2.12 If the legal counsel or agent referred to in Rule 2.11 ceases to represent a person under investigation or respondent, the person under investigation or respondent must immediately provide written notice to the Board.

(g) Deadlines

- 2.13 A person must comply if these Rules or the Board requires the person to provide documents or take an action within a set period of time.
- 2.14 At any time prior to the commencement of a hearing, a person may request that the Board extend a deadline, or vary an order or any requirement set by these Rules.
- 2.15 A request under Rule 2.14 must:

- (a) be in writing;
- (b) set out the reasons for the request; and
- (c) be made before the expiration of the deadline.

- 2.16 If a person makes a request under rule 2.14, the Board may invite any other person to make submissions with respect to the request.
- 2.17 On receiving a request and any submissions, the Board may grant a request for an extension or variation before or after the deadline expires.

(h) Board Powers

- 2.18 The Board, on its own initiative, may waive or vary any requirement set out by these Rules, and may shorten or extend any time limits in these Rules as it considers appropriate in the circumstances.

3. COMPLAINTS

- 3.1 A person must submit a complaint to the Board in writing in either paper or electronic form and the complaint must contain:
- (a) the name of the complainant(s);
 - (b) the address, email address and telephone number of the complainant(s);
 - (c) the name of the emergency medical assistant who is the subject of the complaint, or adequate particulars to allow the Board to identify the emergency medical assistant; and
 - (d) adequate particulars to allow the Board to identify the subject matter of the conduct or competence and the related incident which is the subject of the complaint.
- 3.2 The director must send a written acknowledgement of receipt of the complaint to the complainant(s) as soon as practicable.
- 3.3 The Board may require the complainant to provide further information within a specified period of time.

- 3.4 If the complainant fails to provide further information or adhere to the complaint procedure within the specified period of time, the Board may take no further action on the complaint.

4. SUMMARY DISMISSAL OF COMPLAINTS

- 4.1 The Board may dismiss a complaint without initiating an investigation, or at any stage of an investigation, if it determines that the complaint:
- (a) is trivial, frivolous, vexatious or made in bad faith;
 - (b) does not contain allegations that could lead to a determination that falls within the Board's jurisdiction pursuant to section 7 (1) of the Act; or
 - (c) does not contain allegations that, if admitted or proven, are in the Board's opinion of a sufficiently serious nature to warrant further investigation.

5. EXTRAORDINARY ACTION

- 5.1 Unless the Board determines that urgent circumstances exist that place the public at immediate risk, the Board must provide prior written notice to a person under investigation of any intention to take extraordinary action under section 8 (1) of the Act.
- 5.2 The Board must, unless there are urgent circumstances that place the public at immediate risk, provide the person under investigation with an opportunity to make submissions in person or in writing, before determining whether to take extraordinary action under section 8 (1) of the Act.
- 5.3 When considering taking action under section 8(1) of the Act, the Board may only make a provisional assessment of the facts in order to determine whether there is a strong *prima facie* risk of harm to the public that requires extraordinary action. The Board must not decide disputed issues of fact in relation to the substantive allegations.
- 5.4 At any time, a person under investigation who is subject to extraordinary action under section 8 (1) of the Act may request that the Board vary or rescind the limits, conditions or suspension. Such a request must:
- (a) be in writing;

- (b) be addressed to the Board; and
 - (c) include reasons for varying or rescinding the limits, conditions, or suspension.
- 5.5 The Board must consider the request to vary or rescind the extraordinary action as soon as reasonably practicable and issue a written decision to the person under investigation.
- 5.6 The Board must post a summary of the order for extraordinary action on the Board website.

6. INVESTIGATION

(a) Notice of Investigation

- 6.1 On receipt of a complaint under Rule 3.1, or if the Board on its own motion initiates the complaint process, the director must provide a notice of investigation and a copy of the complaint to the person under investigation.
- 6.2 If the Board decides that the identity of the complainant or any other person referred to in a complaint should not be disclosed, the Board may order the director to redact information identifying the person prior to sending the complaint to the person under investigation.
- 6.3 The person under investigation must provide, within 21 days of a request by the director, any information regarding the matter that the person under investigation believes the Board should consider in response to the notice of investigation.
- 6.4 Despite Rule 6.1, if the Board considers it necessary for the effective investigation of a complaint or matter, it may delay notification to the person under investigation.
- 6.5 A person under investigation must co-operate fully in an investigation by all available means, including by responding fully and substantively in the form specified by the Board.

(b) Investigation Process

- 6.6 The Board may delegate to a person or persons, including the director, the authority to investigate a complaint or matter.
- 6.7 If the Board delegates authority to conduct the investigation, the delegate must provide a written report of the results of the investigation to the Board.
- 6.8 The Board may set specific parameters for the scope of the investigation.
- 6.8 The Board must provide the investigation report referred to in Rule 6.7 to the person under investigation and the complainant, if any, who may then provide a written response to the report. The Board may make redactions to the investigation report to protect privacy interests.

6.9 During the course of the investigation, the Board or its delegate may:

- (a) request production of records and other documents for examination and copying;
- (b) request a person under investigation to attend an interview, answer questions and provide information relating to matters under investigation;
- (c) request an employer or fellow employee of the person under investigation to answer questions and provide information relating to the investigation;
- (d) request an expert report or other written report or any other information from any person that the Board or delegate considers may be of assistance in reviewing the matter under investigation;
- (e) meet with the complainant, the person under investigation and any other person that the Board or delegate may consider necessary, either in person or through other means, to discuss the matter under investigation; and
- (f) attempt to resolve a complaint through alternative dispute resolution.

(c) Confidentiality of Investigation

6.10 The investigation process is confidential. A person must not disclose any information or records that form part of the investigation of a complaint or an own motion investigation except for the purposes of complying with the objectives of the Act or these rules.

6.11 Despite Rule 6.10, the director may:

- (a) disclose information regarding the complaint with the consent of the person under investigation or as required by law; and
- (b) disclose information necessary to correct any inaccurate information, regarding the complaint, that has been made public.

7. ACTION AFTER INVESTIGATION

7.1 After the completion of an investigation, the Board must do one or more of the following:

- (a) take no further action if it concludes that:
 - (i) the complaint is not valid or its validity cannot be proven;

- (ii) the complaint is trivial, frivolous, vexatious or made in bad faith;
 - (iii) the conduct or competence to which the matter relates is satisfactory; or
 - (iv) the complaint does not contain allegations that could lead to a determination that falls within the Board's jurisdiction pursuant to section 7 (1) of the Act.
 - (b) in the case of an investigation respecting a complaint, seek to resolve the matter through mediation;
 - (c) resolve the matter with the agreement of the person under investigation by way of an alternative dispute resolution;
 - (d) direct the director to issue a citation.
- 7.2 When making a disposition decision under Rule 7.1, the Board must consider any previous disciplinary history of the person under investigation.
- 7.3 When the Board has made a decision under Rule 7.1, the director must notify in writing the complainant, if any, and the person under investigation of the disposition.

8. MEDIATION

- 8.1 The Board may direct the director to attempt to resolve a complaint through mediation where it determines that:
- (a) the complainant and person under investigation agree to mediation; and
 - (b) other regulatory action is not necessary in the public interest.
- 8.2 If the Board directs the director to attempt to resolve a complaint through mediation, the Board must direct the director to appoint a mediator who is acceptable both to the complainant and to the person under investigation.
- 8.3 The mediator must conduct the mediation process in accordance with the terms of a written mediation agreement executed by the complainant and the person under investigation.
- 8.4 All communications during the mediation will remain confidential and cannot be used in any other proceeding.

- 8.5 The Board must approve the terms of any agreement between a complainant and a person under investigation in respect of a complaint that is reached through mediation or otherwise.
- 8.6 Where an agreement referred to in Rule 8.5 requires the person under investigation to undertake or consent to an action, the Board may require the person under investigation to provide a consent agreement.
- 8.7 Where the Board approves an agreement under Rule 8.5, the director will retain a copy of the agreement and consent agreement, if any, on file.
- 8.8 Where the person under investigation and the complainant fail to reach an agreement through mediation, the mediator must refer the matter back to the Board, which may take any other action set out in Rule 7.1.

9. ALTERNATIVE DISPUTE RESOLUTION

- 9.1 The Board may request the director to negotiate a consent agreement which requires the person under investigation to do one or more of the following:
- (a) undertake not to repeat the conduct to which the matter relates;
 - (b) undertake to take educational courses or other remedial action as specified by the Board on the conditions that it directs;
 - (c) consent to a reprimand;
 - (d) undertake or consent to any other action specified by the Board.
- 9.2 The Board must approve the terms of the consent agreement.
- 9.3 If the person under investigation refuses to provide a consent agreement on acceptable terms, the Board may take any other action set out in Rule 7.1.
- 9.4 The director must post a summary of the consent agreement on the Board website if the consent agreement contains any of the following:
- (a) a reprimand;

- (b) the addition of conditions to the licence of the person under investigation;
- (c) a suspension of the licence of the person under investigation;
- (d) a revocation of the licence of the person under investigation.

10. CITATION

10.1 If directed by the Board under Rule 7.1(d), the director must issue to the person under investigation a citation in Form A that:

- (a) names the person under investigation as the respondent;
- (b) describes the matter that is to be the subject of the discipline hearing;
- (c) specifies the date, time and place of the discipline hearing; and
- (d) advises the respondent that the Board is entitled to proceed with the discipline hearing in his or her absence.

10.2 The director must appoint discipline counsel to prosecute the citation.

10.3 The director is responsible for providing instructions to discipline counsel. Discipline counsel must not provide legal advice to the Board in relation to the discipline hearing or any matter leading up to it.

10.4 The director will deliver the citation to the respondent by personal service or by registered mail to the last address for the respondent recorded in the register not fewer than 30 days before the date of the discipline hearing.

10.5 The director will serve the citation on the complainant (if any) and the respondent's employer at least 21 days before the date of the discipline hearing.

10.6 The director will post the citation on the Board website at least 14 days before the discipline hearing with any necessary redactions.

10.7 If the Board considers it appropriate in the circumstances, the Board may join one or more complaints or other matters which will be the subject of a discipline hearing into one citation.

- 10.8 If the Board considers it appropriate in the circumstances, the Board may sever one or more complaints or other matters which are to be subject of a discipline hearing.
- 10.9 The director may amend a citation at any time.
- 10.10 If the director amends a citation, the director must deliver the amended citation to the respondent at least 21 days before the commencement of the discipline hearing or at least 21 days prior to the continuation of the discipline hearing.
- 10.11 The Board may direct the director to cancel a citation if the Board determines that a discipline hearing is no longer required. The director must notify the respondent, the complainant (if any) and the respondent's employer of the cancellation.
- 10.12 If the Board directs the director to cancel a citation, the director must update the Board website as soon as practicable to reflect the cancellation of the citation.

11. PRE-HEARING DISCLOSURE OF EVIDENCE

- 11.1 Evidence is not admissible at a discipline hearing unless, at least 14 days before the hearing, the person intending to introduce the evidence provides the opposing party with:
 - (a) copies of any documentary evidence or an opportunity to inspect and copy the documents;
 - (b) in the case of expert testimony,
 - (i) a copy of the expert's report or a written summary of the evidence the expert will present at the hearing if the expert has not prepared a written report;
 - (ii) a statement of the facts and assumptions upon which the expert's opinion is based;
 - (iii) a statement of the expert's qualifications; and
 - (c) in the case of testimony of a witness who is not an expert, the name of that witness and a written summary of his or her anticipated evidence.
- 11.2 Discipline counsel or a respondent may respond to an expert report, or a written summary of the evidence the expert will present at the hearing, if they deliver the following to the opposing party at least 5 days before the hearing:

- (a) a copy of the responding expert's report or a written summary of the evidence the responding expert will present at the hearing if the responding expert has not prepared a written report;
 - (b) a statement of the facts and assumptions upon which the responding expert's opinion is based; and
 - (c) a statement of the responding expert's qualifications.
- 11.3 Discipline counsel and a respondent have a continuing obligation to make disclosure, consistent with the obligations set out above, up to and during the discipline hearing.
- 11.4 The Board may allow the introduction of evidence that is not admissible under Rules 11.1 and 11.2 if it is in the interests of justice to do so.

12. PRE-HEARING CONFERENCE

- 12.1 At any time after issuing a citation, and before the discipline hearing begins, either discipline counsel or the respondent may request in writing that the Board set a pre-hearing conference, or the Board may, on its own initiative, set a pre-hearing conference.
- 12.2 The Board will give written notice to the parties to attend a pre-hearing conference, in person or by telephone, at a date, time and location set by the Board.
- 12.3 Notice of a pre-hearing conference must be given at least 7 days before the date set for it, unless otherwise ordered by the Board.
- 12.4 The Board has discretion to determine the process at a pre-hearing conference.
- 12.5 If the respondent or their legal counsel, if any, does not attend the pre-hearing conference as scheduled, the Board may make any order that could have been made had they attended it, without further notice to the respondent.
- 12.6 At a pre-hearing conference, the Board may make any order it considers appropriate to facilitate a discipline hearing and the just and timely resolution of one or more matters relating to the citation, including any of the following orders:

- (a) an order respecting amendments to the citation;
- (b) an order consolidating all or part of a citation with another citation;
- (c) an order separating hearings for different allegations made in a citation;
- (d) an order requiring that a portion of a hearing be conducted by telephone, other electronic means, written submissions, or any combination of those;
- (e) an order setting, adjourning and/or rescheduling dates, times and location for a hearing;
- (f) an order imposing time limitations and terms and conditions on the exchange of documents, expert reports, admissions, agreed statement of facts, witness lists, outlines of anticipated evidence, and written submissions;
- (g) an order directing that the evidence of any witness be given by affidavit or other means;
- (h) an order directing that the public be excluded during all or part of the evidence of a witness or witnesses;
- (i) an order restricting public access to the records or documents to be filed in evidence.

- 12.7 Prior to the discipline hearing, the Board must list, in writing, all orders made at any pre-hearing conference or otherwise and send a copy of the list to the respondent and the discipline counsel.

13. ORDER TO ATTEND OR PRODUCE

- 13.1 For the purposes of section 34(3) of the *Administrative Tribunals Act*, the Board must issue the order in Form B.
- 13.2 If a person fails to comply with an order made pursuant to section 34(3) of the *Administrative Tribunals Act*, the Board may apply to the Court for an order directing compliance pursuant to section 34(4) of the *Administrative Tribunals Act*.

14. APPLICATIONS

- 14.1 To apply for an order from the Board, the respondent or discipline counsel must submit an application to the Board in writing, in either paper or electronic form, and the application must contain:
- (a) the name of the applicant;
 - (b) the name of the complaint the application is about;

- (c) the purpose of the application, including the order sought from the Board;
 - (d) the reasons why the Board should grant the application;
 - (e) the documents, if any, that the applicant intends to rely on to support the application; and
 - (f) the position taken by the opposing party on the application, if known.
- 14.2 On receipt of an application under Rule 14.1, the director must deliver a copy of the application and all supporting documentation to the other party.
- 14.3 When an application is filed, the Board may:
- (a) set a schedule for filing a response to the application and a reply; or
 - (b) schedule a case conference to hear oral submissions on the application.
- 14.4. The Board will not consider submissions other than those permitted in a schedule for submissions pursuant to Rule 14.3.

15. DISCIPLINE HEARING

- 15.1 The Board must hear and determine a matter set for hearing by a citation.
- 15.2 The Board will conduct a hearing first on liability under s. 7(1) of the Act. If the Board makes a finding of liability under s. 7(1)(a), (b) or (c) of the Act, it will then conduct a hearing on penalty.
- 15.3 The Board may appoint independent legal counsel who has had no involvement in the investigation of the complaint leading up to the citation being issued to assist the Board with a hearing if necessary.
- 15.4 The respondent may appear with legal counsel or agent at a discipline hearing.
- 15.5 A complainant may be represented by legal counsel, at the complainant's cost, when the complainant is giving evidence at a discipline hearing.
- 15.6 A discipline hearing must be in public unless:
- (a) either

- i. the complainant, the respondent or a witness requests that the Board hold all or any part of the discipline hearing in private, or
 - ii. the Board directs all or any part of the discipline hearing be held in private; and
 - (b) the Board is satisfied that holding all or any part of the discipline hearing in private would be appropriate in the circumstances.
- 15.7 The Board may, where it considers appropriate, allow a witness to be identified by a pseudonym or initials as long as the witness's proper name is given to the respondent and complainant, if any.
- 15.8 At a discipline hearing:
- (a) the testimony of witnesses must be taken on oath or affirmation, which may be administered by any member of the Board; and
 - (b) discipline counsel and the respondent have the right to submit evidence, cross-examine witnesses, and call evidence in reply.
- 15.9 The Board may make an order directing the exclusion of any witness from part of the discipline hearing.
- 15.10 If the respondent does not attend the discipline hearing, the Board may
- (a) proceed with the discipline hearing in the respondent's absence on proof that the respondent received the notice of discipline hearing; and
 - (b) without further notice to the respondent, take any action that the Board is authorized to take under section 7 (3) of the Act.
- 15.11 A court reporter must record the discipline hearing.
- 15.12 The chair of the Board must administer the oath or affirmation to the court reporter.

15.13 Any person may obtain, at his or her expense, a transcript of any part of the hearing which he or she was entitled to attend.

15.14 The Board may grant an adjournment of the hearing.

15.15 The discipline hearing may be held at any place in British Columbia at the Board's discretion.

16. DECISION ON LIABILITY

16.1 If the Board determines that the respondent:

- (a) has incompetently carried out the duties of an emergency medical assistant,
- (b) has breached a term or condition of his or her licence, or
- (c) suffers from a physical ailment, emotional disturbance or an addiction to alcohol or drugs that materially impairs his or her ability to act as an emergency medical assistant,

the Board's decision on liability under section 7(1) of the Act must:

- (a) be in writing;
- (b) include reasons for the decision;
- (c) be delivered to the respondent, the respondent's employer and the complainant, if any, within 60 days after the date the decision is made; and
- (d) advise of the right to appeal the decision to the Supreme Court.

16.2 The Board must make the decision referred to in Rule 16.1 available to the public upon request after making any necessary redactions to protect privacy interests.

16.3 The director must post a summary of the decision referred to in Rule 16.1 on the Board website.

17. DECISION ON PENALTY

17.1 If the Board determines that the respondent:

- (a) has incompetently carried out the duties of an emergency medical assistant,
- (b) has breached a term or condition of his or her licence, or
- (c) suffers from a physical ailment, emotional disturbance or an addiction to alcohol or drugs that materially impairs his or her ability to act as an emergency medical assistant,

the Board must give notice to the parties that it will proceed with the penalty portion of the discipline hearing, in writing or in person.

17.2 On completion of the penalty portion of the discipline hearing, the Board may make an order under section 7 (3) of the Act which must:

- (a) be in writing;
- (b) include reasons for the order;
- (c) be delivered to the respondent, the respondent's employer and the complainant, if any, within 30 days after the date the order is made; and
- (d) advise of the right to appeal the order to the Supreme Court.

17.3 The Board must make the order referred to in Rule 17.2 available to the public upon request after making any necessary redactions to protect privacy interests.

17.4 The director must post a summary of the order referred to in Rule 17.2 on the Board website.

ALLEGED BREACH OF REPORTING REQUIREMENTS

18. REFERRAL TO THE BOARD

18.1 If an emergency medical assistant:

(a) fails to comply with a request made by the director pursuant to section 23 of the Regulation, to the satisfaction of the director; or

(b) is delivered a notice under section 24 of the Regulation but does not request adjudication pursuant to section 25 of the Regulation

the director may refer the matter to the Board to determine whether to take disciplinary action against the emergency medical assistant, pursuant to section 7 of the Act.

18.2 If the director refers a matter to the Board under Rule 18.1, the director must provide the Board with Form C which:

(a) names the emergency medical assistant whose matter has been referred to the Board; and

(b) describes the matter that has been referred to the Board under the Regulation.

18.3 If the director refers a matter to the Board under Rule 18.1, the director must provide the Board with all relevant documents in the director's possession regarding the matter that has been referred.

19. NOTICE

19.1 If the director refers a matter to the Board under Rule 18.1, the director must provide the emergency medical assistant with notice of the referral.

19.2 The notice referred to in Rule 19.1 must be in Form D and must:

(a) name the emergency medical assistant whose matter has been referred to the Board;

(b) include the same description as provided to the Board pursuant to Rule 18.2(b);

(c) enclose copies of all documents provided to the Board pursuant to Rule 18.3, subject to the director making any necessary redactions to protect third party privacy interests;

(d) advise the emergency medical assistant that the hearing will proceed by way of written submissions, unless the Board orders otherwise; and

(e) advise the emergency medical assistant that the Board is entitled to proceed under section 7 of the Act with or without the participation of the emergency medical assistant.

19.3 The director will deliver the notice, and all enclosed documents, to the emergency medical assistant by mail or electronic mail to the last address for the emergency medical assistant recorded in the register not more than 7 days after referring the matter to the Board.

20. CANCELLATION OF NOTICE

20.1 The Board may direct the director to cancel the notice if the Board determines that disciplinary action is not required. The director must notify the emergency medical assistant of the cancellation.

21. FORMAT OF HEARING

- 21.1 If the director refers a matter to the Board under Rule 18.1, the Board must conduct a hearing to determine whether to take disciplinary action pursuant to section 7(2) of the Act.
- 21.2 A hearing referred to in Rule 21.1 will proceed by way of written submissions, unless the Board orders otherwise.
- 21.3 An emergency medical assistant whose matter has been referred to the Board pursuant to Rule 18.1 may file an application requesting that the hearing be conducted as an oral hearing.
- 21.4 An application made pursuant to Rule 21.3 must comply with the application requirements set out in Rule 14.1.
- 21.5 If the Board orders that a hearing proceed by way of an oral hearing, Rules 15.4, 15.6, 15.7, 15.8(a), 15.9, 15.11, 15.12, 15.13, 15.14, and 15.15 apply.

22. HEARING PROCESS WHEN A NOTICE IS ISSUED UNDER RULE 19.1

- 22.1 The Board will conduct a hearing that will address liability under section 7(1) of the Act and, if the Board makes a finding of liability, the appropriate penalty to be imposed under section 7(3) of the Act.
- 22.2 The Board will establish a timeline for the emergency medical assistant to provide any evidence or submissions he or she would like the Board to consider with respect to the allegations set out in the notice and the appropriate penalty to be imposed should the Board make a finding of liability.
- 22.3 If, when proceeding with a notice issued under Rule 19.1, the Board determines that the respondent has breached a term or condition of his or her licence and imposes a penalty pursuant to section 7(3) of the Act, the Board's decision must:
- (a) must be in writing;
 - (b) include reasons for the decision;
 - (c) be delivered to the respondent and the respondent's employer, if any, within 60 days after the date the decision is made; and
 - (d) advise of the right to appeal the decision to the Supreme Court.

- 22.4 The Board must make the decision referred to in Rule 22.3 available to the public upon request after making any necessary redactions to protect privacy interests.
- 22.5 The director must post a summary of the decision referred to in Rule 22.3 on the Board website.
- 22.6 The Board may appoint independent legal counsel who has had no involvement in the matter leading up to the notice being issued to assist the Board with a hearing if necessary.

FAILURE TO COMPLY WITH EVALUATION EXAMINATIONS

23. REFERRAL TO THE BOARD

- 23.1 If an emergency medical assistant fails any practical examination required under section 25(3) of the Regulation and the director makes a recommendation to the Board pursuant to section 26(5)(b) of the Regulation, the director must provide the Board with Form E which:
- (a) names the emergency medical assistant with respect to whom the director made a recommendation to the Board;
 - (b) describes the history which led to the director's recommendation under section 26(5)(b) of the Regulation; and
 - (c) identifies whether the director recommends imposing a term or condition on the emergency medical assistant's licence, and if so, sets out the director's recommendation.
- 23.2 If the director makes a recommendation to the Board pursuant to section 26(5)(b) of the Regulation, the director must provide the Board with all relevant documents in the director's possession regarding the matter, subject to the director making any necessary redactions to protect third party privacy interests.

24. NOTICE

- 24.1 If the director makes a recommendation to the Board under section 26(5)(b) of the Regulation, the director must provide the emergency medical assistant with notice of the recommendation.
- 24.2 The notice referred to in Rule 24.1 must be in Form F and must:
- (a) name the emergency medical assistant with respect to whom the director made a recommendation to the Board;
 - (b) include the same description as provided to the Board pursuant to Rule 23.1(b)(c);
 - (c) enclose copies of all documents provided to the Board pursuant to Rule 23.2, subject to the director making any necessary redactions to protect third party privacy interests;

(d) advise the emergency medical assistant that he or she will have an opportunity to provide written submissions and evidence, if any, with respect to whether the Board should impose terms or conditions on their licence pursuant to section 6(5) of the Act; and

(e) advise the emergency medical assistant that the Board may impose terms or conditions on their licence.

24.3 The director will deliver the notice, and all enclosed documents, to the emergency medical assistant by mail or electronic mail to the last address for the emergency medical assistant recorded in the register not more than 7 days after referring the matter to the Board.

25. SUBMISSIONS

25.1 If the director makes a recommendation to the Board pursuant to s. 26(5)(b) of the Act, the Board must determine whether to impose terms or conditions on the emergency medical assistant's licence pursuant to s. 6(5) of the Act.

25.2 Prior to making a determination under Rule 25.1, the Board will establish a timeline for the emergency medical assistant to provide any documentary evidence or written submissions he or she would like the Board to consider with respect to whether terms or conditions should be imposed pursuant to s. 6(5) of the Act, and if so, what the terms or conditions should be.

26. DETERMINATION

26.1 If the Board decides to impose terms or conditions on the emergency medical assistant's licence pursuant to s. 6(5) of the Act, the Board's decision under section 6(5) of the Act must:

- (a) be in writing;
- (b) include reasons for the decision;
- (c) be delivered to the respondent and the respondent's employer, if any, within 60 days after the date the decision is made; and
- (d) advise of the right to appeal the decision to the Supreme Court.

**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

Cliff # 1220399

PREPARED FOR: Honourable Adrian Dix, Minister of Health – **FOR DECISION**

SUBJECT: Amalgamation of Oral Health Colleges

AUTHORITY: *Health Professions Act*, section 25.03

PURPOSE: To obtain Minister approval to post proposed regulatory amendments to amalgamate the four oral health colleges

BACKGROUND:

In its August 2020 report entitled “Recommendations to modernize the provincial health profession regulatory framework”, the Steering Committee on Modernization of Health Professional Regulation put forth a recommendation to improve efficiency and effectiveness through a reduction in the number of regulatory colleges. Included in this recommendation was a proposal to amalgamate the College of Dental Hygienists of British Columbia (CDHBC), the College of Dental Surgeons of British Columbia (CDSBC), the College of Dental Technicians of British Columbia (CDTBC), and the College of Denturists of British Columbia (CDBC) into one single oral health regulator.

On December 18, 2020, the boards of the four oral health colleges issued a joint letter to the Minister of Health indicating support and interest for an amalgamation between their four regulators (see Appendix A).

A decision briefing note was provided to the Minister on April 14, 2020 to obtain ministerial direction on whether to provide general support for a Fall 2021 amalgamation timeline using existing HPA amalgamation provisions, as requested by the board chairs. The Minister signed in support of a Fall 2021 amalgamation timeline on April 23, 2021. Following the Minister’s sign-off, the board chairs formed a Transition Steering Committee (TSC) to oversee the next steps for implementing amalgamation. While the amalgamation process has been delayed, the TSC has now indicated that they are ready to proceed with the required regulatory changes to enable amalgamation for a September 1, 2022 in-force date.

DISCUSSION:

Summary of Amalgamation Process

Under the HPA, the Minister may make a recommendation to Cabinet requesting that two or more colleges be amalgamated. Prior to obtaining Cabinet approval, a three-month public notice period is required on the proposed regulatory changes associated with an amalgamation (this period may be shortened at the discretion of the Minister). These changes include amendments to the Health Professions Designation and Amalgamation Regulation (specifying which colleges are amalgamating and the in-force date) and amendments to the each of the applicable

profession-specific regulations (e.g. Dentists Regulation) specifying the name of the new amalgamated college.

Proposed Approach

The TSC has expressed support for the following approach to amalgamating the four oral health colleges:

- The requested amalgamated college name is “British Columbia College of Oral Health Professionals”;
- The requested in-force date for the amalgamation is **September 1, 2020**;
- A new amalgamated college board would be appointed by the minister following sign-off and deposit of the required LCIC and ministerial regulations, enabling the new board to provide notice of the amalgamated colleges bylaws prior to the proposed amalgamation date.

The steps and timing required to fully amalgamate include:

Posting of the following proposed regulatory changes for three months (see Appendix A for a redline of the proposed changes):

- Amendments to the Health Professions Designation and Amalgamation Regulation to amalgamate the CDSBC, CDHBC, CDTBC and CDBC into one college and set the in-force date for the amalgamation as September 1, 2022.
- Amendments to the Dentists Regulation, Dental Technicians Regulation, Dental Hygienists Regulation, and Denturists Regulation to repeal the former college names and replace them with the new amalgamated college name: “British Columbia College of Oral Health Professionals”.

Following the public posting period, comments from the consultations will be summarized and brought to Cabinet for consideration and final sign-off.

Following sign-off by cabinet and prior to September 1, 2022, the first board of the new amalgamated college will need to be appointed (ideally at least 3 months prior to September 1, 2022). Once the first board has been appointed, the board will be responsible for drafting bylaws for the new amalgamated college among other things. These bylaws are subject to a three-month public notice period (which may be shortened by the Minister) prior to coming into force.

RECOMMENDATION:

That the Minister approves the proposed approach, including approval to post the proposed regulatory changes.

Approved/Not Approved
Hon. Adrian Dix
Minister of Health

Date Signed

ADM: Mark Armitage

Tel: 250-952-3519

Director: Christopher Bennett
Drafter: Jonathan Walker
Date: February 03, 2022
File Name with Path:

Tel: 250-952-1991

**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff # 1223791

PREPARED FOR: Honourable Adrian Dix, Minister of Health – **FOR INFORMATION**

TITLE: Ambulance Paramedics of BC *Employment Standards Act* Personal Illness Days

PURPOSE: To inform about Ambulance Paramedics of BC's (APBC) position on entitlement to personal illness days under the Employment Standards Act for their On-Call members.

BACKGROUND:

Effective January 1, 2022, Section 49.1 of the *Employment Standards Act* (ESA) was amended to include entitlement to paid personal illness or injury leave (pursuant to Bill 13 – Employment Standards Amendment Act (No. 2) – 2021). These changes resulted in the introduction of a minimum of five (5) days sick leave for all workers in British Columbia that are full or part-time.

In May 2021, the Health Employers' Association of BC (HEABC) communicated to each of the health sector bargaining associations that, on a without prejudice basis, the employers would provide general paid leave of up to three (3) days to cover casual employees whose accepted casual shifts are cancelled because of COVID-19 related illness. Specifically, because the employee is directed by a qualified medical practitioner or public health official to self-isolate and where it is not feasible for the employee to work from home; or the employee is diagnosed with COVID-19 and is unable to attend work as a result; or because the employer has directed the employee not to work due to exposure to others related to COVID-19.

On January 4, 2022, the Provincial Health Services Authority (PHSA) wrote to APBC (also known as CUPE 873) reiterating this position and notifying APBC that they would extend the practice until March 31, 2022, or renewal of the Collective Agreement, whichever occurs later.

DISCUSSION:

In response to the PHSA's letter, APBC wrote a pair of letters, to Leanne Heppell the Chief Ambulance Officer for BC Emergency Health Services, and to the Minister of Health, highlighting their opposition to PHSA's decision to not allow for the five (5) day sick leave provision of the ESA to apply in the case of On-Call employees. APBC is requesting that On-Call members be provided with the minimum five (5) sick days that are established through the ESA. According to APBC, the union advocates for the five (5) sick days to apply for On-Call members due in part to a number of challenging circumstances, including "incredible increases in call volumes, global unprecedented opioid crisis, changing waves of the COVID Pandemic, unparalleled employee mental health injuries and illnesses, wildfires, heat dome, atmospheric rivers, devastating mud slides, worst staffing crisis in the history of the BCEHS and BCAS, ongoing payroll and scheduling blunders".

It is the position of HEABC that the health sector collective agreements meet or exceed the new paid sick leave provided under the ESA; therefore, unionized employees are not entitled to this provision. The Ministries of Health and Labour, as well as the Public Sector Employers' Council, have maintained and previously communicated this position to each of the health and public sector unions. In the 2019-2022 Ambulance Paramedics and Ambulance Dispatchers Bargaining Association (APADBA) Collective Agreement, On-Call employees are not entitled to paid leave other than as provided in Schedule E2.02 (Death in Immediate Family) and E10.01 (Pay While Attending Court).

On-Call (also known as casual) Paramedic staff across the province accounts for 1,568 of the 3,152-total workforce; however, within the Interior, Northern, and Vancouver Island health regions, casual staff accounted for the majority of the headcount (Appendix A).

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The 2019-2022 APADBA Collective Agreement expires on March 31, 2022. No dates have yet been set for collective bargaining. HEABC is currently bargaining with the Facilities Bargaining Association, Community Bargaining Association and Health Science Professionals Bargaining Association.

ADVICE:

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Program ADM/Division: Mark Armitage, Health Sector Workforce and Beneficiary Services Division
Telephone: (250) 952-2351
Program Contact (for content): Evan Howatson, ED, Labour and Agreements Branch
Drafter: Chris Clemence
Date: March 24, 2022

Appendix A: Paramedics Staffing By Region (Source: PHSA, June 2021)

Region	Full-Time	Part-time	Casual	Grand Total
Fraser	509	7	234	750
Interior	220	39	567	826
Northern	90	16	155	261
Vancouver Coastal	373	25	228	626
Vancouver Island	279	26	384	689
Grand Total	1471	113	1568	3152

**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

Cliff #: 1222972

PREPARED FOR: Honorable Adrian Dix, Minister of Health - **FOR DECISION**

TITLE: Gender Change Designation on a Birth Certificate and the Statutory Declaration

PURPOSE: To address concerns brought forward to Parliamentary Secretary Grace Lore by Adrienne Smith (they/them/their), Litigation Director, Catherine White Holman Wellness Centre Legal Clinic, regarding the addition of a statutory declaration to the Change of Gender Designation application forms (Vital Statistics Agency).

BACKGROUND:

Concerns brought forward by Adrienne Smith include:

- The addition of a statutory declaration requirement on the updated Change of Gender Designation application forms.
- That this added requirement includes Minors Aged Under 12 years.
- That this added requirement and its additional costs represents an additional barrier to the non-binary community.

DISCUSSION:

With the removal of the requirement for a physician's confirmation, which served to verify an individual's identity, there is a requirement for an alternate method to provide assurance as to who is applying for the gender change.

A statutory declaration is a statement of facts made in writing and verified by a solemn declaration of the person making said statement to a commissioner of oaths. Statutory declarations are a policy requirement for a number of amendments to foundation identity and vital events in both the *Name Act* and the *Vital Statistics Act*.

It is important to maintain the protection of an individual's foundational identity when amending foundation documents. The statutory declaration process provides this protection by verifying an individual's identity through a third party.

A statutory declaration requires the applicant's signature to be witnessed for Adults, and the Parents/Guardians' signature to be witnessed for Minors aged 12 years and older.

A statutory declaration for a gender change application is required by most provinces across Canada and is used to ensure that we are dealing with the individual who is actually named on the application.

OPTIONS:


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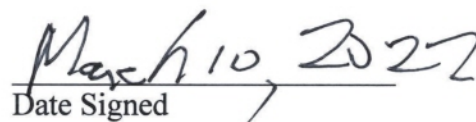
Option 2: The Vital Statistics Agency (Agency) will remove the statutory declaration requirement from the Change of Gender Designation application form for both Minors aged under 12 years, and for Adults and Minors aged over 12.

- The Agency will request that the applicant, or the parent(s)/guardian(s) of a minor applicant, include a copy of their driver's licence, BC Services Cards, or other government-issued identification.

FINANCIAL IMPLICATIONS: None

RECOMMENDATION: Option 2


Approved/Not Approved
Adrian Dix
Minister of Health


Date Signed

Program ADM/Division: Martin Wright, ADM, Health Sector Information, Analysis and Reporting Division
Telephone: 250-952-2569
Program Contact (for content): Jack Shewchuk, Registrar General
Date: March 7, 2022



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Romayne Gallagher and Susan Morrow, Co-Chairs
Vancouver Coastal Patient Care Quality Review Board
c/o Patient Care Quality Review Board Department
PO Box 9643
Victoria BC V8W 9P1

Dear Romayne Gallagher and Susan Morrow:

Thank you for your letter of October 7, 2020, in which the Fraser Patient Care Quality Review Board recommended that publicity guidelines be developed to ensure immunization schedule and policy changes are publicly communicated with adequate lead time to support informed decision making, and that the Ministry of Health (the Ministry) work with vaccine providers to ensure accurate website information on the HPV schedule in British Columbia (your reference numbers 19-070 / 19-071). I am writing to advise you that the Ministry has accepted your recommendations.

I appreciated the opportunity to read your review of [s.22](#) experience, which illustrated the importance of proactive public communication about policy and program changes to supporting client access. We move quickly to align provincial policy on immunization with the best available evidence, and public awareness is a key dimension of publicly funded immunization programs.

In BC, families receive proactive, comprehensive information about immunizations to support informed decision-making about their child's care. Guardians of school-aged children are contacted on multiple occasions to offer immunization in the school year, with additional contact if a child is behind on immunization. However, clients who defer immunization beyond the window of existing public health infrastructure for direct contact, like the [s.22](#) rely on publicly available information or discussion with their care providers to inform their decisions and stay up to date on immunization eligibility and schedules.

Currently, well-developed structures are in place to communicate changes to immunization eligibility and schedules in support of implementation. These may include a public announcement through Government Communications and Public Engagement (GCPE), updates to information on Immunize BC and HealthLink BC websites, internal dissemination by Communicable Disease Policy Advisory Committee members to their respective organizations, Administrative Circulars to update the Communicable Disease Control Manual, and resources for health authorities and other vaccine providers generated by the BC Center for Disease Control Immunization Program and the Vaccine Preventable Disease Service Team.

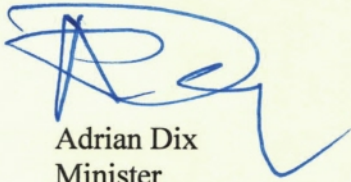
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The Ministry will formalize these structures by generating principles-based publicity guidelines for publicly communicating upcoming policy changes to routine immunization schedules in advance of their implementation. This work will be undertaken by the Immunization team in the Population and Public Health Division in partnership with GCPE and in consultation with stakeholders.

The Board also recommended the Ministry work with vaccine providers to ensure accurate website information on the HPV schedule in BC. I am pleased to inform you that this work has been completed.

Thank you for your recommendations and your ongoing commitment to high-quality, patient-centred care in BC. If you have any questions regarding this matter, please do not hesitate to contact Bernard Achampong, Executive Director, Public Health Services – whose team is leading this work – by telephone at (250) 419-8864 or by email at: Bernard.Achampong@gov.bc.ca.

Sincerely,



Adrian Dix
Minister

pc: Janice Butler, Executive Director, Hospital Services Branch
Bernard Achampong, Executive Director, Public Health Services Branch

[DATE]

s.22

Thank you for bringing forward your complaint to the Patient Care Quality Review Board (the Board) on behalf s.22 The concern you raised regarding their access to the human papillomavirus (HPV) vaccine led the Board to make two recommendations to the Honourable Adrian Dix, Minister of Health. I'm writing today to share the actions of the Ministry of Health (the Ministry) in response to these recommendations.

I wish to express my regret for your family's experience related to changes in the age of eligibility for the publicly funded HPV vaccine. Based on a review of your family's experience, the Board recommended that the Ministry develop guidelines for publicly communicating upcoming changes to non-emergency immunization schedule and policy. The Ministry has accepted this recommendation.

Immunization programs in BC are evaluated on an ongoing basis and the Ministry acts quickly to ensure they reflect emerging evidence, best practice, epidemiology, vaccine coverage, safety, and National Advisory Committee on Immunization recommendations. Broader and more proactive public awareness of changes to routine immunization programs can help ensure vaccines are received at the right time while avoiding costly fees for clients. The Ministry will develop principles for communication in advance of changes.

The Board also recommended that the Ministry work with vaccine providers to ensure accurate website information on the HPV schedule in BC, and I am pleased to inform you this work has been completed.

I understand the Office of the Ombudsperson has also reviewed your experience and made a settlement proposal to the Ministry. Please be assured that this is being reviewed and you will receive a separate response on this matter.

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Thank you again for sharing your family's experience. Feedback such as yours enables us to continuously improve health services based on the experience of British Columbians, supporting high quality, patient-centered healthcare.

Sincerely,

Stephen Brown
Deputy Minister

pc. Patient Care Quality Review Board
Janice Butler, Executive Director, Hospital Services Branch
Bernard Achampong, Executive Director, Public Health Services Branch

**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

Cliff # 1212856

PREPARED FOR: Honourable Adrian Dix, Minister of Health - **FOR DECISION**

TITLE: PCQRB Recommendations on Communicating Vaccine Schedule Changes

PURPOSE: To respond to the Patient Care Quality Review Board's recommendations to the Minister of Health re: file 19-070.

BACKGROUND:

On October 7, 2020, the Fraser Health Patient Care Quality Review Board (the Board) completed its review of s.22 experience accessing the human papillomavirus (HPV) vaccine. In October 2016, the s.22 were informed they were eligible for the HPV vaccine without cost up to 26 years of age. However, in June 2019, on the advice of the Communicable Disease Policy Advisory Committee (CD Policy), the Ministry of Health reduced the age limit for HPV coverage to 19 years if individuals did not commence the school-based immunization series between Grade 6 and their 19th birthday. If a vaccine series was commenced prior to age 19 years, individuals may complete the series prior to age 26 years. The HPV vaccine is most effective at generating an immune response prior to puberty.

Unfortunately, outdated information remained listed on the manufacturer's Canadian website. Unaware of the policy change and having since turned 19, the s.22 were no longer eligible to receive the HPV vaccine for free when they attempted to access it.

The Board stated that "provincial communications...ensure the broader public is aware of any change to policy with enough time to schedule appointments and receive the vaccine to avoid costly fees." They recommended that publicity guidelines be developed to ensure upcoming immunization schedule and policy changes are publicly communicated with adequate lead time to support informed decision making by clients. They also recommended the Ministry work with vaccine providers to ensure accurate website information on the HPV schedule in BC. This latter work has been completed.

The s.22 also took their concerns to the Office of the Ombudsperson, which offered a Settlement Proposal to which the Ministry is responding separately (xref 1203983).

DISCUSSION:

Parents/guardians of school-aged children are contacted on multiple occasions to offer immunization in the school year, with additional contact if a child is behind on their immunizations. The s.22 would have been contacted in multiple school years to offer the school-based immunization but declined based on their understanding that the vaccine would be available until the s.22 children turned 26 years old.

Currently, there is no standardized process or lead time for proactive public communication about changes to routine vaccine schedules. However, well-developed structures are in place to communicate changes in support of implementation depending on each policy change. These may include a public announcement through Government

Communications and Public Engagement (GCPE), updates to Immunize BC and HealthLink BC websites, internal dissemination by CD Policy members to their respective organizations, Administrative Circulars to update the Communicable Disease Control Manual, and resources for health authorities and other providers generated by the BCCDC Immunization Program and the Vaccine Preventable Disease Service Team.

By generating publicity guidelines for upcoming policy changes to routine (non-emergency) immunization schedules, as recommended by the Board, the Ministry could establish principles for communication in advance of implementation that support public awareness and informed decision making for clients, while maintaining a flexible approach to accommodate the broad range of potential future changes. The guidelines would formalize existing communications roles and processes while maximizing accessibility for clients whose decisions about immunization may be impacted by upcoming policy changes. This work would be undertaken by the Immunization team in the Population and Public Health Division in consultation with GCPE, the Minister's Office, Ministry internal communications, and stakeholders including the BC Centre for Disease Control, the BC Immunization Committee, the Doctors of BC, and the BC Pharmacy Association. Communications are part of all publicly funded immunization program action plans, including school-based immunization programs.

OPTIONS:

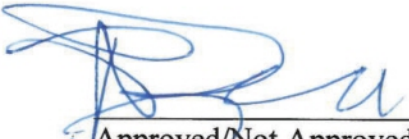
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2. Accept recommendations – Commit to developing guidelines to support public communications about changes to routine vaccination schedules prior to implementation.

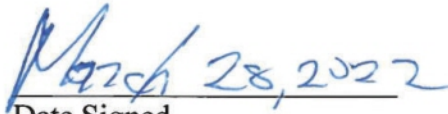
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FINANCIAL IMPLICATIONS: None identified.

RECOMMENDATION: Option 2.



Approved/Not Approved
Adrian Dix
Minister of Health



Date Signed

Program ADM/Division: Teri Collins / Hospital and Provincial Health Services Division
Telephone: (250) 952-2569

Program Contact (for content): Leah Smith, Director, Quality & Priority Initiatives

Drafter: Phil McKnight, Policy Analyst, Patient Care Quality

Date: January 24, 2021

**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff 1223126 x ref 1221573

PREPARED FOR: Honourable Adrian Dix, Minister - **FOR INFORMATION**

TITLE: E-Comm and Ambulance Services on the North Shore

PURPOSE: To provide Minister Dix with information for his meeting on Monday March 7, 2022, with Linda Buchanan, Mayor, City of North Vancouver and Mary-Ann Booth, Mayor, West Vancouver.

BACKGROUND:

- The mayors requested the meeting February 9, 2022, to discuss E-Comm and ambulance services on the North Shore.
- Former North Vancouver District mayor Richard Walton is a director on the E-Comm board, representing North Vancouver City and District, West Vancouver and the Village of Lions Bay.
- North Vancouver has two municipal governments, North Vancouver and the District of North Vancouver. While not attending the meeting, the District of North Vancouver Mayor is Mike Little.
- The North Shore refers to several areas adjacent to Vancouver, B.C., including the District of West Vancouver; the City of North Vancouver; the District of North Vancouver; and the North Shore Mountains.
- Over the course of the last several months, media has reported wait times as long as 15 minutes for 9-1-1 calls to be transferred to BC Emergency Health Services (BCEHS) from E-Comm. BCEHS attributes the delay in answering calls in dispatch centres as a combination of factors including dramatic peaks in incoming call volumes, COVID-19, overdose related calls, extreme weather events and a growing and aging population with more complex health needs. See Appendix A for annual volumes of calls to BCEHS dispatch.

E-Comm Recent Issues

- On December 1, 2021, E-Comm announced a new process change that would allow E-Comm call takers to disconnect from callers waiting on the line for ambulance that resulted in significant media attention.
- Under the new process E-Comm operators continue to triage calls through to fire departments, police, or ambulance; however, once callers are connected into the queue for BCEHS ambulance service, E-Comm operators are no longer required to remain on the line waiting with the caller.
- E-Comm said that this change was made because of previous delays in call transfers, especially to BCEHS, and that the new process will help free up 9-1-1 call takers so they can answer and handle incoming emergency calls more quickly.

- In advance of the change BCEHS and E-Comm worked together to establish the new process, ^{s.13}
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- An FOI released in the Fall 2021 from E-Comm included a number of internal criticism of the ambulance service. Criticism from the FOI used in media stories (<https://www.cbc.ca/news/canada/british-columbia/bc-heat-dome-911-dispatch-emails-foi-1.6231100>) include an email from E-Comm’s CEO to its Board of Directors citing “significant risk to public safety posed by call answer delay in transferring 9-1-1- call for the ambulance service to BCEHS. Further, an email from Suzanne Halliday, E-Comm's executive director of data, analytics, and decision support, also stated "BCAS is compromising public safety overall by negatively impacting 911 call answer ability, due to delays with BCAS call answer.”
- CUPE 8911, the union representing E-Comm operators, expressed in a December news release concern about patient safety while callers may be on hold waiting for a dispatcher – with no E-Comm call taker on the line.
- A recent (2021) Price Waterhouse Coopers report recommended that E-Comm increase the current roster of 156 call takers by 125 to meet demand and calls for an immediate infusion of funding to action these hires:
[CUPE8911_Backgrounder_FNL.pdf \(ecpbc.ca\)](#)
- BCEHS has regular meeting with E-Comm; weekly meetings between directors of dispatch, monthly meeting between the BCEHS Chief Ambulance Officer (CAO) and E-Comm CEO, as well, the board chairs have also met. As operationally required the organizations also meet more frequently.

Dispatch Specific Improvements

- Between July 2021 and November 2021, BCEHS hired 65 dispatchers, however, 12 didn’t complete their training or chose not to continue with BCEHS. As a result there 53 of the 65 dispatchers are now in place.
- As well, another 30-dispatch staff have been hired and began training in February 2022.
- To ensure those calls that are the most urgent are responded to first, BCEHS implemented a “priority queue” system to separate potentially life-threatening calls from less-urgent emergencies, among other process changes to better manage calls.
- Under this process E-Comm staff follow criteria to determine when callers/patients are experiencing critical symptoms such as troubled breathing or cardiac arrest. When a caller meets the criteria, the call is put through to the priority queue (put in place in July 2021). Before this new process, callers were answered in the order received regardless of acuity.

- BCEHS also implemented another process change where when a calling party hangs up on E-Comm waiting for BCEHS (or tell E-Comm to cancel the request), E-Comm can now submit an email to BCEHS (about the calling party hanging up or cancelling) instead of staying on the line waiting for a BCEHS caller to answer and give this information.
- The increase of BCEHS dispatch staff and the new triage system is expected to increase service delivery and reduce caller wait times.

BCEHS Progress

- BCEHS has new leadership under board chair and former Vancouver Police Chief Jim Chu and chief ambulance officer Leann Heppell.
- 271 new full time and part time paramedics were hired in the first half of 2021. This is in addition to 115 paramedic positions added between 2017-2020.
- Of the 85 paramedics added in urban communities, **4 were in North Vancouver.**
- Between July 2021 and November 2021, BCEHS hired 53 dispatchers. Since that time, another 30-dispatch staff have been hired and began training in February 2022.
- Funding was committed for 22 ambulances as part of the July 14, 2021 announcement. Nine began being deployed in late 2021 and the remaining 13 are expected to be in place by the end of 2022.

North Vancouver MPDS Events and Response Times

- Between 2017 and 2021 the total volume of BCEHS events (All MPDS events) in North Vancouver increased from 10,337 to 10,907. An increase of 570 events.
- The median response time for purple calls (those considered immediately life threatening (i.e., cardiac arrest/respiratory arrest) decreased from 09:16 (mm:ss) to 08:39 (mm:ss).
- See appendix B for year over year data.

West Vancouver MPDS Events and Response Times

- Between 2017 and 2021 the total volume of BCEHS events (All MPDS events) in West Vancouver decreased from 4,924 to 4,545. A decrease of 379 events.
- The median response time for purple calls increased from 09:45 (mm:ss), to 10:53 (mm:ss).
- See appendix B for year over year data.

ADVICE

- Government continues to take action to ensure that when British Columbians need immediate medical care and call 911 – help is on the way quickly.
- The surge of emergency events in B.C. last year led to periods of high call volumes, with some callers facing a longer-than-usual wait time to be connected to 911.
- BCEHS and E-Comm continue to work together to address any issues that arise, as high levels of call volumes continue.
- E-Comm and BCEHS leadership are carefully evaluating the new call transfer process to ensure emergency services can be delivered quickly and effectively.
- 85 new paramedics have been added to urban areas including 4 in North Vancouver.

- On December 3, 2021, to support greater patient care, the Province announced the expansion of the care and treatment paramedics and first responders can provide in emergency situations. As these changes are implemented, paramedics and first responders will increasingly be able to better help patients on scene.
- Since 2017, we have increased BC Emergency Health Services' funding from \$424.25 million to \$559.12 million a year.
- Budget 2022 provides additional funding of \$148 million over the fiscal plan.

Program ADM/Division: Kristy Anderson, A/ADM, Hospital and Provincial Health Services Division

Telephone: 250 952-3387

Program Contact (for content): Maura Parte, A/Executive Director, Provincial Services Branch

Drafter: Lori Cascaden

Date: March 4, 2022

Appendix A: BCEHS Provincial 911 Call Volumes

- BCEHS, and the 911 system in general, has experienced volatility in system pressures over the last two years inclusive of the COVID-19 pandemic and extreme weather events. 911 call volumes to BCEHS dispatch centres dropped for periods of time during wave 1 (March – May 2020) and wave 3 (ending May 2021) of the pandemic. However, in 2021, there has been a sustained increase in call volumes as PHO orders related to COVID-19 have relaxed and other extreme events occurred. The below data is provincial as BCEHS utilizes a single, provincial dispatch queue across its three dispatch operations centres.

Year	BCEHS 911 Call Volume
2017	537,984
2018	545,978
2019	552,419
2020	587,423
2021	721,178

Appendix B - North Shore/West Vancouver Response Times

Response Time by CRM Colour

Call Location	Year	All MPDS Events	P/R/O/Y MPDS Events	Purple		Red		Orange		Yellow	
				Events	Median Response Time (mm:ss)	Events	Median Response Time (mm:ss)	Events	Median Response Time (mm:ss)	Events	Median Response Time (mm:ss)
North Vancouver	2017	10,337	10,230	168	09:16	1,781	09:49	3,100	11:31	5,181	17:08
	2018	10,471	10,380	148	08:22	1,977	09:13	3,125	11:13	5,130	17:20
	2019	10,676	10,601	131	08:55	2,164	09:26	3,343	11:36	4,963	17:50
	2020	10,525	10,455	162	08:07	1,954	10:08	3,329	12:33	5,010	19:16
	2021	10,907	10,864	150	08:39	2,380	10:53	3,626	14:38	4,708	23:01
West Vancouver	2017	4,924	4,884	60	09:45	836	11:33	1,509	12:43	2,479	18:20
	2018	5,017	4,976	71	10:21	865	10:47	1,514	12:49	2,526	18:42
	2019	5,079	5,047	52	09:04	957	11:46	1,636	13:31	2,402	19:04
	2020	4,711	4,683	63	10:15	796	12:32	1,429	14:06	2,395	20:34
	2021	4,545	4,525	71	10:53	918	13:44	1,499	16:31	2,037	24:34