Ministry of Health

2025/26
Annual Service Plan Report

August 2026

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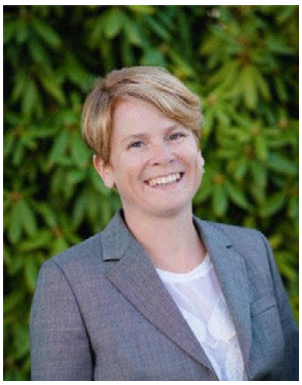
Minister's Accountability Statement



The Ministry of Health 2025/26 Annual Service Plan Report compares the Ministry's actual results to the expected results identified in the 2025/26 – 2027/28 Service Plan published in 2025. I am accountable for those results as reported.

Honourable Josie Osborne
Minister of Health
August 4, 2026

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Letter from the Minister

Every day, I am reminded that British Columbia's public health care system is built on the skill, compassion, and dedication of thousands of health care professionals, researchers, first responders, and community partners. Every visit I've made to hospitals, clinics, and communities across the province has reinforced the importance of ensuring people receive timely, high-quality care close to home. The progress highlighted in this 2025/26 Annual Service Plan Report reflects the commitment of those who work every day to improve the health and well being of people throughout British Columbia.

This year, we continued to invest in the people who deliver care and in the systems that support patients across the province. Nearly 1,500 internationally educated nurses became registered to practise in B.C. and were hired into the system, bringing valuable expertise and strengthening our health care workforce. Their contributions are helping to improve access to high-quality, barrier-free care for patients throughout the province. We also advanced the implementation of minimum nurse-to-patient ratios across most hospital units, supporting better patient outcomes, enhancing workplace conditions, and improving staffing stability. At the same time, we expanded supports and services that enable more seniors to remain safe, healthy, and independent in their own homes for longer.

We've made steady progress in reducing wait times and expanding access to services. Health care teams completed almost 369,000 surgeries, including more than 35,000 urgent scheduled procedures within four weeks. Across the province, more than 366,000 MRI exams and 1.12 million CT scans were completed, giving more people faster access to diagnosis and treatment.

Improving access to care in rural and remote communities remained an important focus this year. We introduced new approaches to emergency care, including the LINK-ED virtual care pilot, to help ensure people can receive timely care closer to home. We also expanded ambulance resources in communities affected by emergency department closures and strengthened emergency response services across the province. Investments in diagnostic imaging, home-based care, and community services are helping people living in rural, remote, and Indigenous communities access the care they need without travelling long distances whenever possible.

Helping people stay healthy in their communities continues to be a key priority. We increased treatment and recovery services for people living with mental health and addictions challenges and opened new Foundry centres and Integrated Child and Youth teams to improve access to care for young people and their families.

We also strengthened prevention and innovation across our health system. More people now have access to the HPV vaccine, participation in cancer screening programs continued to grow, and 952 patients enrolled in intervention based clinical trials, giving more people access to promising new treatments while supporting medical research in British Columbia.

Digital health services also continued to improve. Enhancements to Health Gateway, HealthLink BC, and the Provincial Attachment System are making it easier for people to find trusted health information, connect with primary care providers, and access the services they need.

These accomplishments belong to the many people who make our health system stronger every day. I want to thank our health care workers, researchers, Indigenous partners, volunteers, and community organizations for their dedication and leadership. Their commitment is helping build a healthier future for people throughout British Columbia.

There is still more to do, but we are making meaningful progress. Together with our partners, we will continue building a public health care system that is more sustainable, accessible, responsive, and ready to meet the needs of people across British Columbia for years to come.

Honourable Josie Osborne
Minister of Health
August 4, 2026

Purpose of the Annual Service Plan Report

This annual service plan report has been developed to meet the requirements of the *Budget Transparency and Accountability Act* (BTAA), which sets out the legislative framework for planning, reporting, and accountability for Government organizations. Under the BTAA, the Minister is required to report on the actual results of the Ministry's performance related to the forecasted targets stated in the service plan for the reported year.

Strategic Direction

The strategic direction set by Government in 2024 and Minister Osborne's 2025 Mandate Letter shaped the goals, objectives, performance measures, and financial plan outlined in the Ministry of Health 2025/26 – 2027/28 Service Plan and the actual results reported on in this annual report.

Purpose of the Ministry

The Ministry of Health (the Ministry) is obligated under the *Medicare Protection Act* to preserve a publicly managed and fiscally sustainable health system for British Columbia (B.C.) and to support access to necessary medical care based on need and not an individual's ability to pay. The Ministry is responsible for ensuring that health services meet the needs of all individuals in B.C. and supporting high-quality, appropriate, equitable, and cost-effective service delivery.

The Ministry stewards a high-performing health system by leading and enabling partners to deliver safe, timely, and effective care, so that people in B.C. can access the services they need, when and where they need them. While the Ministry has overall responsibility for the province's health authorities, the health authorities are primarily responsible for health service delivery.

Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions and are subject to the *Health Authorities Act.* A sixth health authority, the Provincial Health Services Authority (PHSA), is responsible for provincial clinical policy and delivery of specialized provincial clinical services.[1]

The Ministry also partners with the First Nations Health Authority (FNHA), which plans, funds, and delivers First Nations health programming with First Nation communities across B.C. It also partners with other Indigenous-centred health organizations, such as the B.C. Association of Aboriginal Friendship Centres, which supports urban and away-from-home Indigenous peoples, and Métis Nation B.C., which provides health and wellness programming and advocates for Métis people in B.C.

Additional provincial legislation related to the health system includes the *Hospital Act*, the *Pharmaceutical Services Act*, the *Laboratory Services Act*, the *Community Care and Assisted Living*

[1] On April 1, 2026, the Ministry established a new shared services organization, B.C. Shared Health Services, that provides consolidated corporate, administrative, and health system planning services for all of B.C.'s health authorities, including PHSA.

Act, the *Mental Health Act*, the *Emergency Health Services Act*, the *Patient Care Quality Review Board Act*, and the new *Health Professions and Occupations Act*.[2] Legislation related to the Ministry's public health role includes the *Public Health Act*, the *Drinking Water Protection Act*, the *Tobacco and Vapour Products Control Act*, and the *Food Safety Act*. The Ministry also directly manages several provincial programs and services, including the Medical Services Plan, which covers most physician services, and PharmaCare, which provides publicly funded prescription drug benefits.

The Ministry's vision statement is for people throughout B.C. to be supported by a modern, accessible, and responsive health system and to live long and healthy lives. Although many people in B.C. enjoy excellent population health status and are resilient in times of crisis, the Ministry continues to focus on disease prevention, the quality of the health system's services, and the social determinants of health.

The Ministry leads the Province's efforts to improve mental well-being and reduce substance use-related harms for all people in B.C., including advancing the response to the toxic drug crisis and increasing access to the full continuum of mental health and addictions services. The Ministry has responsibility for the development and delivery of a seamless, accessible, and culturally safe mental health and addictions system that meets the needs of individuals and families throughout the province.

Additionally, with an aging and growing population distributed across the significant geographic size of B.C., and with many health care workers retiring out of the workforce, there is a need for innovative, new models of care that close service gaps and improve health outcomes. Critically, the Ministry advances work related to training, recruitment, retention, and system redesign to ensure health human resources keep pace with the growing needs of people in B.C. to deliver better, faster care.

The Province affirms that reconciliation, Indigenous-specific anti-racism, and cultural safety and humility are foundational priorities for the health system. The Ministry's work is guided by the commitment to reconciliation and addressing Indigenous-specific racism outlined in the *Declaration on the Rights of Indigenous Peoples Act*, as well as the recommendations of the In Plain Sight report, the Truth and Reconciliation Commission Calls to Action, and the B.C. Cultural Safety and Humility Standard.

The Ministry is committed to building and sustaining respectful relationships with First Nations, Métis, and Inuit, using the Provincial distinctions-based approach that acknowledges the rights, interests, priorities, and concerns of each. This approach is grounded in respectful engagement with communities, partners, and the public to inform shared decision-making, enable meaningful participation in matters that affect communities, strengthen trust, and advance reconciliation while recognizing Indigenous rights and supporting self-determination. Through this ongoing effort, the Ministry strives to create an equitable health system that reflects the voices and priorities of First Nations, Métis, and Inuit peoples across B.C.

[2] The *Health Professions and Occupations Act* replaced the *Health Professions Act* on April 1, 2026.

In the current economic and fiscal context, it is increasingly important to ensure that programs and initiatives remain relevant, efficient, sustainable, and help keep costs low for all in B.C. Complex and interconnected pressures require long-term, multi-year solutions. The Ministry continues to be resilient and innovative in its approach to creating and implementing solutions to address challenges facing the health system.

Report on Performance: Goals, Objectives, and Results

The following goals, objectives, and performance measures have been restated from the 2025/26 – 2027/28 Service Plan. For forward-looking planning information, including current and future performance targets, please see the latest service plan.

Goal 1: Primary and community care services are integrated, accessible, and well-coordinated within the health system

Objective 1.1: Timely access to team-based, culturally safe, and comprehensive primary care services

Key results

- Continued to increase access to a family physician or nurse practitioner by attaching more people to a primary care provider through the Provincial Attachment System and by attracting 360 net-new family doctors in 2025/26 through: the New-to-Practice Incentive Program; accelerating pathways for internationally trained doctors; and launching admissions and securing preliminary accreditation for the new medical school at Simon Fraser University.
- Continued to shift primary care delivery toward team-based, culturally safe models and reduce reliance on family doctors alone by integrating teams of nurses, pharmacists, allied health professionals, and Indigenous-led health and cultural supports, such as care models that embed Elders and traditional wellness practitioners within care teams.
    - Through the Nurse in Practice Program, funding was provided to 84 family practices for 112 nurses, including Registered Nurses and Licensed Practical Nurses.
    - Continued integration of primary care pharmacists into Primary Care Network (PCN) teams, with a focus on co-location, access to information, and expanding the range of referral pathways to connect patients to care.
- Expanded access and the coordination of care to episodic, urgent, and after-hours primary care services by:
    - Establishing five new PCNs in 2025/26 for a total of 97 to date.
    - Opening six new Urgent and Primary Care Centres (UPCCs) in 2025/26, including Elkford, Port Coquitlam, Cowichan, Cloverdale, South Surrey, and UBC, for a total of 47 UPCCs across B.C.

  - Increasing community-based primary care options in 2025/26 through new and expanded services at STEPS Community Health Centre (CHC), Lower Columbia CHC, Victoria Allied Health Centre, Colwood Family Practice, and Roots CHC.
  - In cooperation with FNHA and local partners, opened two new First Nations-led primary care and wellness centres in Nuu-chah-nulth and Northern St'at'imc in 2025/26, for a total of 14 First Nations-led primary care centres across the province.
- Continued to work with the Parliamentary Secretary for Rural Health, FNHA, MNBC, and other key partners to improve access to culturally safe primary care services for people living in rural, remote, and Indigenous communities by recruiting more family doctors, nurse practitioners, and other team-based care support workers to deliver primary care in rural and remote communities, and enhancing virtual and telehealth primary care including:
  - 13,126 encounters and 59,335 calls through FNHA's First Nations Virtual Doctor of the Day and First Nations Virtual Substance Use and Psychiatry Services.
  - 24,976 encounters and 22,680 calls through Northern Health's Virtual Primary and Community Care Clinic in rural, remote, and First Nations communities in B.C.
  - 361,884 clinical encounters and 570,827 calls through HealthLink BC.
- Provided primary care access through community pharmacists for 594,710 minor ailments or contraceptive services to over 400,000 patients across the province, including over 450,000 prescriptions, relieving pressure on clinics and hospitals and increasing access.

Summary of progress made in 2025/26

The Ministry continued working with partners to improve access to comprehensive and coordinated team-based care and to integrate culturally safe and equitable primary care services.

The Provincial Attachment System was strengthened as the central tool for managing patient attachment and waitlists, increasing transparency across the system and supporting more consistent matching of patients to available family doctors and nurse practitioners.

Efforts continued to reduce pressure on emergency departments and improve access to after-hours care by expanding the role of UPCCs as part of the broader primary care system, including longer hours, expanded mental health and allied health services, and improved coordination with community pharmacies and virtual care services such as HealthLink BC.

In addition, to ensure the long-term sustainability and consistency of B.C.'s primary care system, the Ministry focused on key regulatory, policy, and system improvements, including supporting work to expand scope of practice for pharmacists and other health professionals, and advancing system planning and improving accountability through the Community-Based and Accessible Primary Care System Assessment and Primary Care Strategic Review.

Objective 1.2: Expand and improve home and community care services to ensure people living in B.C. can access the care they need, from health promotion and prevention to complex care supports, in their homes and local communities

Key results

- Expanded and improved community-based seniors' services, including Better at Home, through a five-year agreement with United Way BC to help more seniors remain physically active, socially connected, resilient, and able to live at home as long as possible.
- Implementation of the Long-Term Care at Home (LTC@Home) model, strengthening integrated, interdisciplinary home-based care for seniors with complex needs and supporting more people to safely age in place with improved care coordination across primary, community, and acute care services.
- Continued implementation of the Long-Term Care Financial Reporting Tool,[3] with 96 percent of LTC sites having submitted Quarter 4 year-to-date reports for 2025/2026.
- Continuation of the Health Career Access Program to support training and recruitment of health care assistants in long-term care, assisted living, home health, acute care, and Indigenous communities.

Summary of progress made in 2025/26

In 2025/26, the Province continued to expand integrated home and community care, strengthening care coordination and supporting seniors with complex needs to remain at home longer, complementing community-based seniors' services, and contributing to improved access, continuity, and person-centred care.

In 2025/26, Home Support clients served and Home Support hours delivered increased by two percent and five percent, respectively, compared to the previous year. Community-Based Professional Services clients and visits increased by three percent and two percent, respectively.

Implementation of the actions identified in the Age Forward: British Columbia's 50+ Health Strategy and 3-Year Action Plan was ongoing in 2025/26. This included continuing to implement the BC Provincial Nutrition Standards for Acute Care policy in hospitals; developing a comprehensive suite of fall prevention resources on HealthLink BC; and establishing a healthy eating for senior's nutrition working group to revise and update the Healthy Eating for Seniors' Handbook.

[3] The Ministry implemented the LTC Financial Reporting Tool to strengthen accountability of operators of long-term care homes in B.C.

Objective 1.3: Expand with key partners an accessible system of care for mental health and substance use

Key results

- Opened a new 10-bed designated mental health unit at Surrey Pretrial Services Centre and 18 long-term secure rehabilitative care beds at Spiritwood Homes in Maple Ridge.
- Opened 115 new publicly funded substance use treatment and recovery beds through major provincial initiatives including: Road to Recovery, the Canadian Mental Health Association (CMHA) Bed Based Treatment and Recovery grant, and new Indigenous-led treatment and recovery services.
- As part of B.C.'s Road to Recovery model, launched Access Central in Fraser, Interior, and Island Health, in addition to Vancouver where the service has been operating since 2023. Access Central is a single phone line in each region that provides same-day clinical assessment and service matching for addictions care.
- Provided support to four major Indigenous-led treatment and recovery projects through the Indigenous Treatment Recovery and Aftercare Services program and supported a second round of Capacity Building Grants for First Nations, Métis, Inuit, and urban Indigenous-led organizations that deliver bed-based treatment and recovery services, in partnership with the Community Action Initiative and FNHA.
- Increased Complex Care Housing service capacity for 47 more people, providing services for over 600 people across B.C.
- Strengthened access to mental health and substance use supports for young people and their families by expanding Foundry and Integrated Children and Youth (ICY) teams. In 2025/26, eight ICY communities were operationalized, and three Foundry centres were opened (Foundry Burns Lake, the second Indigenous-led Foundry centre in the province, Foundry Surrey Central, and Foundry Tri-Cities). These integrated, multidisciplinary teams provide wraparound services to children, youth, and families in schools, communities, and virtual settings.
- Continued to support three pilot initiatives that provided 60,000 nasal naloxone kits to individuals, publicly funded workplaces, and post-secondary institutions. In February 2026, the Ministry announced that nasal naloxone would be made available through the Take Home Naloxone program on an ongoing basis. The Take Home Naloxone program shipped over 400,000 naloxone kits in 2025/26 and has over 2,500 participating sites, including more than 900 community pharmacies.

Summary of progress made in 2025/26

In 2025/26, the Ministry continued to implement recommendations of the Chief Scientific Advisor for Psychiatry, Toxic Drugs, and Concurrent Disorders. This included opening new designated mental health beds in corrections to provide treatment under the *Mental Health Act* to men in provincial custody, as well as opening new long-term specialized rehabilitative care beds. Progress was made towards implementation of new Specialized Assertive Community Treatment teams, a tertiary recovery-oriented community model of care for individuals with

complex needs involving a criminal justice component. These teams will aim to divert clients away from the criminal justice system and provide enhanced health and mental health services through assertive outreach.

In Q1-3 of 2025/26, Vancouver's Road to Recovery received over 16,762 calls, assessed 4,417 clients on the same day, and supported 2,810 clients into withdrawal management (detox) beds. Through this service model, clients who are prioritized as urgent now get access to a withdrawal management bed with a median wait time of one day, and the wait time for routine clients has also been reduced from about 26 to eight days.

Long-term recovery supports are also being expanded in every health region through new aftercare clinicians and Recovery Community Centres, called "Junctions." In 2025/26, Interior Health opened the Cariboo Connections Junction in Williams Lake, Fraser Health opened two Junctions in the Fraser Valley, in Abbotsford and Hope, and the Northeast Junction opened in Dawson Creek.

The Ministry has also taken steps to increase access to Opioid Agonist Treatment including expanding access to virtual care and supporting nurse certification for opioid use disorder (OUD).

- As of March 2026, 165 RNs, 57 RPNs are certified in OUD from the BC College of Nurses and Midwives.
- In March 2026, 755 patients received dispenses for buprenorphine injection, buprenorphine/naloxone, methadone, or slow-release oral morphine at community pharmacies within B.C., written by 85 RN or RPN certified prescribers.

In 2025/26, the Opioid Treatment Access (OTA) Line received 2,946 calls and provided 813 prescriptions to people in all health regions. The OTA Line provides same-day access to opioid agonist treatment seven days a week, between 9 a.m. and 4 p.m., across B.C.

Through the Indigenous Treatment, Recovery and Aftercare Services program the Province is funding four major treatment and recovery projects led by First Nations. In 2025/26, 46 treatment and recovery beds opened through this funding stream. One example is the recently opened treatment beds in Northwest B.C. led by the Northern First Nations Alliance (Terrace, Northwest).

In addition, through a second round of Capacity Building Grants, 15 First Nations, Métis, Inuit, and urban Indigenous-led organizations were awarded a capacity building grant funding in 2025/26. These grants provide a one-time funding opportunity of up to $25,000 per organization to develop and/or implement capacity building strategies within their organization, in alignment with the Provincial Standards for Registered Assisted Supportive Recovery Services. This work is led in partnership with the Community Action Initiative and FNHA.

Performance measures and related discussion

Performance Measure	2024/25 Actual	2025/26 Target	2025/26 Actual
[1a] Number of people newly attached to a primary care provider[1,2]	215,307[3]	250,000	224,019[4]

Data source: Client Roster, Provincial Attachment System (PAS).
[1] This performance measure was replaced in the 2026/27 service plan.
[2] PM [1a] targets for 2026/27 and 2027/28 were stated in the 2025/26 service plan as 250,000.
[3] New attachments occurring between April 1, 2024 – March 31, 2025.
[4] New attachments occurring between April 1, 2025 – March 31, 2026. Note that 2025/26 is considered "open year" data until September 30, 2026. Number subject to change.

This performance measure tracks the number of people who have a new attachment relationship with a primary care provider—either a family physician or nurse practitioner. Attachment to a primary care provider improves access to and continuity of care and is associated with many benefits, especially for complex patients with chronic disease and multimorbidity. Access to longitudinal care supports people to manage their health, improving quality of life and avoiding unnecessary hospitalizations. This measure includes all sources of attachment reported via the Provincial Attachment System—both the Health Connect Registry and attachments that occur within community.

The 2025/26 target was based on an optimal, best-case forecast for attachment volumes. Actual attachment volume is based on observed data from primary care providers. Providers are responsible for decisions about the pace of attachment. Within the Provincial Attachment System, providers have the flexibility to set their preferred number of referred patients from the Health Connect Registry that they are able to accept on a monthly basis.

While the target was not met, attachment did increase through Ministry-led actions, including the Health Connect Registry. On a weekly basis, more than 4,000 people are being attached to a primary care provider; at the end of 2025/26, almost 78 percent of British Columbians were attached.

Attachments from the Health Connect Registry have consistently exceeded new registrations for the past year, leading to a continual decrease in the number of people in B.C. waiting for a health care provider. At the end of 2024/25, 385,472 people were waiting for a provider, compared to 344,088 at the end of 2025/26.

Performance Measure	2017/18 Baseline	2024/25 Actual	2025/26 Target	2025/26 Actual
[1b] Potentially inappropriate use of antipsychotics in long-term care[1,2]	25.4%	29.0%[3]	28.0%	28.2%[4]

Data source: Canadian Institute for Health Information - Continuing Care Reporting System, and Integrated interRAI Reporting System. Data represents risk-adjusted rates.
[1] This performance measure was not carried forward in the 2026/27 service plan.
[2] PM [1b] targets for 2026/27 and 2027/28 were stated in the 2025/26 service plan as 27.0% and 26.0%, respectively.
[3] Annualized risk adjusted rate as of Q4 2024/25, data has been restated since the publication of the 2023/24 Annual Service Plan Report.
[4] Annualized risk-adjusted rate as of Q2 2025/26.

This performance measure identifies the percentage of long-term care residents who are prescribed antipsychotic medications without a diagnosis of psychosis. Antipsychotic medications may be appropriate in improving quality of life and reducing distress experienced by some long-term care residents who do not respond to non-pharmacological strategies for relief of behavioral symptoms; however, these medications can have dangerous side effects.

Current provincial and territorial results across Canada range from 20 percent to 36 percent. Over 2025/26, this performance measure approached the Ministry's target of 28.0 percent, decreasing from 29.0 percent in 2024/2025 to 28.2 percent. This improvement reflects ongoing efforts by the Ministry and health authorities to strengthen dementia care in long-term care. These efforts support care teams to assess residents' needs, develop person-centred care plans, and use antipsychotic medications only when clinically appropriate. They include policy requirements to exhaust non-pharmacological strategies before considering antipsychotic medication, continued free access to U-First!® dementia care education for front-line staff, and enhanced clinical education for health care professionals.

Performance Measure	2024/25 Actual	2025/26 Target	2025/26 Actual
[1c] Percentage of people on Opioid Agonist Treatment (OAT) who have continued on OAT for 12 months[1]	45.6%[2]	45.0%	44.7%[3]

Data source: PharmaNet Data

[1] PM [1c] targets for 2026/27 and 2027/28 were stated in the 2025/26 service plan as 46.0% and 47.0%, respectively.

[2] As of Q4 2024/25, data has been restated since the publication of the 2024/25 Annual Service Plan Report.

[3] Retention rate for 2025/26 is subject to change since the last months of data are unstable (e.g. due to reversals that may happen after data extraction).

OAT is the standard of care for the treatment of opioid use disorder and an important tool for separating people from the toxic drug supply. Engagement on OAT is associated with reduced mortality and other harms relating to substance use. In 2025/26, the percentage of people on OAT continuously for 12 months was 44.7 percent, indicating that retention was relatively consistent year-over-year and approaching the target of 45.0 percent.

Barriers to OAT retention are multifactorial and span throughout and beyond the health system, disproportionately impacting some communities. For example, people living in rural and remote communities face additional barriers relating to access to health programs and services. The shifting nature of the toxic drug supply, including the increased presence of fentanyl and its analogues, and the presence of benzodiazepines, poses a challenge to initiation and retention on OAT. The Ministry continues to support improved access and retention on OAT through initiatives like the Opioid Treatment Access Line and certified opioid use disorder nursing.

Performance Measure	2024/25 Actual	2025/26 Target	2025/26 Actual
[1d] Median number of days between client referral and accessing service for community bed-based treatment and recovery services[1]	30.8 days[2]	30.5 days	26.4 days[3]

Data source: Health Authority reported data.
[1] PM [1d] targets for 2026/27 and 2027/28 were stated in the 2025/26 service plan as 30 days and TBD, respectively.
[2] As of Q4 2024/25.
[3] As of Q4 2025/26.

Substance use beds are an important part of the overall continuum of care, in addition to outpatient and virtual services. Bed-based services offer a structured and supportive setting and are typically most appropriate for people who require a higher intensity of services and support to address complex or acute mental health or addiction problems. Wait time targets support the Ministry's commitment to provide access to substance use care.

In 2025/26, B.C. did better than the wait time target of 30.5 days for health authority-funded treatment and recovery beds, with an actual wait time of 26.4 days. At the same time, 5,557 adults were served in publicly funded treatment and recovery beds.

While service access is increasing, it is important to note that wait times are impacted by factors beyond bed availability, including personal readiness to start treatment, travel time to services, and family, childcare, and work commitments. In addition, people access other substance use services and supports while waiting for a bed-based service (i.e., they are connected to a mental health and substance use clinician and/or receive OAT). These services ensure people can access treatment and recovery supports when they need them.

Goal 2: Regional and provincial health care services meet the diverse needs of all in B.C.

Objective 2.1: Timely access to hospital, surgical and diagnostic services throughout the province

Key results

- In December 2025, the Ministry supported Interior Health to launch LINK-ED (Local Integrated Network for Emergency Departments), a virtual care pilot designed to modernize and stabilize overnight emergency care services in rural communities. LINK-ED combines in-person and overnight virtual physician coverage, with a physician based in Nakusp supporting their site and providing virtual care to Lillooet, Clearwater, and Princeton.
- To reduce wait lists and meet growing patient demand as part of the Surgical Renewal Commitment (2020), health authorities have continued to improve efficiency, extended weekday and weekend operating room hours, opened new or previously unused

operating rooms, reduced seasonal slowdowns, and maximized the use of private surgical centres that operate in compliance with the *Canada Health Act*. Achievements include:

  - Completing 368,973 scheduled and unscheduled surgeries in 2025/26, including 288,935 scheduled procedures. This represents an increase of 2,056 surgeries compared to 2024/25.
  - 35,256 urgent scheduled surgeries were completed within four weeks across B.C. in 2025/26. This represents an increase of 575 from 2024/25.

- Continued focus on reducing wait times for diagnostic imaging by increasing medical imaging staff and optimizing existing units while increasing services where they are needed most. This included:
  - Delivering more than 366,250 MRI and 1,120,700 CT exams across B.C. in 2025/26.
  - Adding one net-new MRI unit and two net-new CT units and replacing/refurbishing three MRI units and three CT units in 2025/26.

Summary of progress made in 2025/26

The Ministry is strengthening regional collaboration among hospital care, primary care, ambulance services, and specialized emergency programs to help ensure care is sustainable, appropriate, and delivered in a timely manner to meet patient needs. Work continued with health authorities, BC Emergency Health Services, and frontline health care providers to identify opportunities for more integrated care delivery across the health system.

This included looking at ways to better connect services such as Emergency Departments (EDs), urgent care, and ambulance transport across different regions, so patients can get the right care, in the right place, at the right time. Work in 2025/26 included:

- Building additional BC Emergency Health Services capacity in communities that require stabilization measures;
- Extending the Provincial Rural Retention Incentive and additional staffing initiatives to increase recruitment of health care workers in eligible rural and remote communities;
- Optimizing nursing scope and team-based model of care strategies;
- Expanding and solidifying a provincial ED physician locum program, supported by an established contract;
- Implementing an ED hybrid model of care with an ED virtual Most Responsible Physician supporting in-person staff at key pilot sites; and
- Developing standardized provincial competencies for nurse practitioners working in EDs.

ED closure hours decreased from 8,645 in 2024 to 7,262 in 2025, representing a 16 percent year-over-year reduction. From January 1 to March 31, 2026, there were 1,257 hours of ED closures. This represents a 28 percent reduction compared to the same period in 2025.

Objective 2.2: Improve access to cancer care services across the entire continuum of cancer care

Key results

- In July 2025, the Province expanded eligibility for publicly funded human papillomavirus (HPV) vaccine to help protect more people in B.C. from HPV-related cancers. The vaccine is now free for people aged 19 to 26, as well as people aged 27 to 45 who may be at increased risk of HPV-related cancers and were treated for abnormal cervical changes diagnosed by a colposcopy.
- Created improved referral pathways between BC Cancer (including the Lung Screening Program) and QuitNow (provincial smoking cessation service) through the creation of a dedicated referral portal (launched in January 2026) for providers and the development of tailored approaches to coaching for patients referred by BC Cancer to increase retention.
- Expanded cancer screening activity across B.C.'s provincial screening programs, including a 7.7 percent increase in colon screening fecal immunochemical test volumes, a 10.1 percent increase in lung screening low-dose CT scan volumes, and a 7.9 percent increase in cervix screening volumes compared to the previous year, supporting earlier detection and improved cancer prevention efforts.
- Continue to ensure equity of access to cancer screening in 2025/26 through mobile mammography visits to First Nations communities, providing 278 breast screening mammograms in partnership with BC Cancer's Indigenous Health Promotion team.
- In 2025/26, 952 patients across B.C. joined intervention-based clinical trials—50 patients more than the goal of 902 patients (target 10 percent increase over 2024/25).

Summary of progress made in 2025/26

The Ministry continues efforts to enhance treatment options and improve cancer care delivery across the province. Progress continues to be made on implementing B.C.'s 10-Year Cancer Action Plan (2023). The plan, along with significant provincial investments, has resulted in increased participation in screening for cervical and lung cancer, the expansion of the HPV immunization program, improved patient wait-times for treatment, new therapies like CAR-T, and expanded access to gynecological cancer surgeries.

The Province's $150 million investment into the BC Cancer Foundation is advancing research and increasing patient access to clinical trials provincewide. The investment has supported the creation of four new research chairs at the University of British Columbia: one for medical oncology; one for radiation oncology; one for stem cell research; and one for multidisciplinary research. Funds have also supported medical fellowships and start-up and seed grants for research projects.

In partnership with the Canadian Cancer Society and Hope Air, the Ministry improved access to life-saving cancer care for those living in rural and remote areas through additional funding for cancer travel supports in 2025/26, helping reduce costs and financial barriers.

Work continues to strengthen and modernize B.C.'s cancer screening programs to improve access, equity, and participation. In 2025/26, this included continued implementation of HPV testing for cervix screening, with more than 67 percent of cervix cancer screening completed undergoing automated HPV analysis rather than traditional cytology. Program enhancements also continued to support participation and access, including reminder notices, expanded access to screening recall and result letters through Health Gateway, partnerships with Indigenous Cancer Care teams, and work with health authorities to address capacity challenges and support timely follow-up care.

While work is continuing, these investments and focus on continual improvement are helping improve B.C.'s cancer care system to ensure better prevention, earlier detection, enhanced patient access to treatments, and support for BC Cancer to continue innovative cancer research.

Objective 2.3: Provide timely access to ambulance services to meet the needs of all in B.C.

Key results

- In 2025, BCEHS responded to 621,373 medical emergencies (9-1-1 events) and completed 77,226 inter-facility patient transfer events. This represents an increase of 13,657 medical emergencies (607,716 total) and 2,517 transfer events (74,709 total) from 2024 to 2025.
- B.C. invested in access to patient-centred emergency and interfacility care with additional temporary and permanent air and ground resources, specialized clinical transport services, and enhanced support for rural, remote, coastal, and Indigenous communities across B.C.
- Recent ED closures have had a disproportionate impact on BCEHS service delivery. In response, 22 Primary Care Paramedic units and two Advanced Care ambulances have been permanently added across the province to support operations in rural communities. These additional resources have improved BCEHS' flexibility in responding to emergencies, particularly in communities affected by ED closures.
- BCEHS' Clinical Hub integrates Paramedic Specialists, Secondary Triage Clinicians (STC), Low Acuity Patient Navigators, and Link and Referral Unit (LARU) paramedics to support low-acuity patient care and reduce ED demand. As of 2025, BCEHS operates 15 LARUs (plus three surge units), distributed across all health authorities.
    - In 2025, LARUs attended 6,867 events, resolving 2,332 without transport.
    - In 2025, STCs prevented ambulance dispatch for 7,609 patients.

Summary of progress made in 2025/26

BCEHS has expanded provincial air response capacity through the creation of two new staff roles: Primary Care Flight Paramedic (PCFP) and Advanced Care Flight Paramedic (ACFP). These roles specialize in either adult or maternal, neonatal, and pediatric populations and are deployed for low to medium complexity interfacility transfers, mainly by air transport. Flight

paramedics operate from five dedicated stations across B.C., with a sixth station in development. The addition of PCFP and ACFP positions, along with the relocation of one Infant Transport Team to YVR Airport, strengthens air ambulance capacity.

Performance measures and related discussion

Performance Measure	2024/25 Actual	2025/26 Target	2025/26 Actual
[2a] Ambulance In-Service Hours[1,2]	3,080,611[3]	2,800,000	3,285,365[4]

Data source: BCEHS.
[1] PM [2a] targets for 2026/27 and 2027/28 were stated in the 2025/26 service plan as 2,800,000.
[2] Targets for performance measure [2a] were revised in the 2026/27 service plan.
[3] Data retrieved May 7, 2026, and covers date range April 1, 2024 – March 31, 2025.
[4] Data retrieved May 7, 2026, and covers date range April 1, 2025 – March 31, 2026.

Ambulance In-Service Hours reflect the total available number of patient care hours provincially for ambulance services. This is inclusive of all BCEHS community response resources including stretcher ambulance, aircraft, single responder SUV, and supervisors. This measure provides an indication of patient care service and system readiness.

BCEHS exceeded targeted ambulance in-service hours through sustained operational expansion and additional ambulance deployment strategies implemented to support increased provincial demand, emergency department pressures, and continuity of patient care.

Performance Measure	2016/17 Baseline	2024/25 Actual	2025/26 Target	2025/26 Actual
[2b] Total Operating Room Hours[1,2]	545,419	670,059[3,4]	696,700	678,204[5]

Data source: AnalysisWorks Lighthouse.
[1] This performance measure was not carried forward in the 2026/27 service plan.
[2] PM [2b] targets for 2026/27 and 2027/28 were stated in the 2025/26 service plan as 703,900 and 710,900, respectively.
[3] From 2023/24 onward, the data encompass all NHA hospitals, whereas the 2016/17 baseline pertains solely to UHNBC. Therefore, comparisons of 2024/25 and 2025/26 data to this baseline should be interpreted with caution.
[4] As of March 31, 2025, reported in April 2025.
[5] As of Q4 2025/26.

This performance measure reflects efforts to allocate surgical resources to increase access for surgical patients and meet growing patient demand by increasing the number of operating room hours. These efforts highlight progress made on the Commitment to Surgical Renewal.

In 2025/26 the target was not met. However, despite ongoing health human resource shortages and financial constraints, B.C. delivered an additional 8,145 operating room hours compared to the previous year. Surgical activity remains highly vulnerable to external pressures. Global health human resource shortages, environmental impacts such as wildfires, floods and mudslides, and increased hospitalizations continue to impact surgical services and hospital bed availability across all health authorities in the province.

Goal 3: A high-quality sustainable health system supported by a skilled and diverse workforce, and effective and efficient systems and structures

Objective 3.1: A sustainable, skilled and diverse health sector workforce supported by a healthy, safe and engaging health care setting

Key results

- Implemented minimum nurse-to-patient ratios across most hospital units, with ~80 percent of units meeting the standard in 2025/26, supporting gains in staffing stability and workforce sustainability.
- Accelerated international recruitment, including a targeted US campaign resulting in over 580 accepted job offers and more than 2,950 job applications from US health care professionals.
- Expanded workforce supply through international pathways, with almost 2,000 internationally educated nurses registered and over 1,496 hired into the system in 2025/26.
- Strengthened psychological health and safety (PHS) capacity across the province through the hiring of 20 PHS positions into health organizations in 2025/26, enhancing workforce wellbeing supports and organizational capacity to implement the Psychological Health and Safety in the Workplace Standard.

Summary of progress made in 2025/26

In 2025/26, the Ministry continued to advance B.C.'s Health Human Resources Strategy, organized under the four cornerstones of Retain, Redesign, Recruit, and Train, to stabilize and strengthen a sustainable, skilled, and diverse health workforce.

Progress was supported through collaboration with health authorities, post-secondary institutions, and system partners to align recruitment, training, and workforce planning. This collaborative approach contributed to measurable improvements in workforce supply, workplace safety, and system capacity.

Under the **Retain** cornerstone the Ministry:

- Focused on improving workplace safety, wellness, and engagement to support workforce stability. The implementation of the Relational Security Initiative across high-risk sites contributed to measurable reductions in workplace violence and injury claims. The Ministry also advanced psychological health and safety support, including expansion of a provincial resource team and access to peer and digital mental health supports. Additional investments in clinical leadership capacity resulted in new clinical

manager and practice support roles, improving frontline support and reducing administrative burden on providers.

Under the **Redesign** cornerstone the Ministry:

- Advanced a range of actions to strengthen permanent workforce capacity within the public system, moderate the use of external agency staffing, and improve access to care. This included an expansion of the provincial travel staffing program, GoHealth BC, to provide more than 694,000 hours of service across 45 rural and remote communities in Northern, Interior, and Island Health.

Under the **Recruit** cornerstone the Ministry:

- Streamlined licensure pathways.
- Enabled bylaw changes by the College of Physicians and Surgeons of BC to accelerate registrations for US-trained, board-certified physicians, resulting in 215 new US doctors registering to practise in B.C.
- Funded bursaries for Internationally Educated Occupational Therapists, Physiotherapists, and Medical Lab Technologists to reduce the costs associated with licensure and registration, enabling 67 new internationally educated allied health providers to start work in B.C.

Under the **Train** cornerstone the Ministry:

- Continued to build long-term workforce capacity through education and training pathways. The Health Career Access Program supported over 970 participants, with more than 740 completing training and transitioning to care aide roles. Expansion of student employment programs, new graduate transition programs, and priority program bursaries supported entry into practice and early-career retention. Significant increases in education seats across nursing, medical, and allied health programs—including new pathways such as the Simon Fraser University medical school and expanded nurse practitioner programs—are expected to further strengthen workforce supply in coming years. In addition, the Master of Nursing Indigenous Wellness program at the University of Victoria was delivered, with enrolled students participating in coursework and program activities, contributing to the development of Indigenous-focused nursing leadership capacity.

Objective 3.2: Enable sustainable health sector innovation for quality population and patient health care

Key results

- Supported the development of the Look West Strategy and Life Sciences Action Plan, targeting improvements in B.C.'s clinical trials ecosystem.
- Joined system partners to form a Clinical Trials Working Group, which delivered recommendations to guide investment and activities in B.C.'s Life Sciences Action Plan.

- Initial deliverables completed as part of the Ministry's Research Approvals Processes Project. The project supports standardization across health authorities to streamline approvals and prepare for further implementation activities.
- In 2025, the Ministry supported the Public Health Association of BC to launch the Strengthening Public Health Collaborative Action Plan Initiative (SPH-CAP). This initiative advances British Columbia's Population and Public Health Framework: Strengthening Public Health strategy by bringing together community-based organizations, research and academic institutions, and other key partners to address priorities such as the health and well-being of children, families, and pregnant people.
- Launched new eight-bed clinical trials unit at Mount Saint Joseph Hospital in Vancouver, providing better access to new life-saving medical treatments.

Summary of progress made in 2025/26

The Ministry continues to work towards fostering a culture and environment of innovation throughout the health system. Innovative approaches are critical to the long-term sustainability of B.C.'s health system. This includes applying an equity lens to the design and delivery of health care services and programs, while embedding cultural safety, anti-racism, and equity for populations facing systemic inequities.

The Ministry continued to advance work to enhance B.C.'s attractiveness as a location to conduct health research, including clinical trials. Work centred on activities to support streamlining of cross-health authority review processes and the development of provincial strategies to increase the profile and mandate of this work. By engaging with system partners through a Health Research BC-led process, specific activities requiring sector focus have been submitted to inform the forthcoming Life Sciences Action Plan.

Objective 3.3: Modernize digital care services and tools to provide a connected, safe, and trusted system

Key results

- Health Gateway continued to expand through incremental enhancements, improving the user experience and alignment with HealthLink BC.
- Health Gateway partnered with AccessMyHealth to launch a new 'single sign-on' feature, leveraging the BC Services Card app to authenticate users into both Health Gateway and AccessMyHealth accounts without having to complete another sign-in process.
- HealthLink BC modernized and expanded its website and health services directory in 2025/26, working in partnership with Health Gateway to establish a digital front door to safe and trusted online health information. Highlights include the launch of a comprehensive Medication Library, featuring information on 15,000 over-the-counter and prescription medications; adding comprehensive information on each of the 59 Primary Care Networks; and the migration of content from the decommissioned

Immunize BC and Healthy Schools websites. The directory was updated to include information on more than 28,000 health services in B.C.

- The Provincial Attachment System improved capacity for attachment by identifying where patients may be attached to multiple primary care providers. Through a new, simple online tool or by calling HealthLink BC 8-1-1, these patients can select which family doctor or nurse practitioner is their Most Responsible Provider.[4] The reduction in duplicate attachment creates opportunities for another patient on the Health Connect Registry to be attached.

Summary of progress made in 2025/26

In line with B.C.'s Digital Health Strategy, the Ministry advanced several initiatives to make it easier for people to access their health information online and to support a more connected, safe, and trusted health system. This included expanding access to personal health records, making patient portals easier to use, strengthening patient engagement, and supporting more consistent access to digital health services and trusted health information.

Health Gateway continued to grow as B.C.'s provincial patient portal, with 1.83 million registered users as of March 31, 2026. It allows people in B.C. to securely view their health information online, including lab results, imaging reports, prescription medication history, immunizations, records of visits, and BC Cancer screening reminders and results.

The Ministry has also improved the connected patient experience through a new, single sign-on feature which lets users connect securely to their AccessMyHealth account to see additional records for care received at Vancouver Coastal Health, Providence Health Care, and PHSA. Together, these changes make it easier for people in B.C. to find and understand their health information.

As the digital front door to trusted health information, wayfinding and resources, the HealthLink BC website is widely used by British Columbians, with more than 11.3 million page views per year or 31,000 page views per day.

In partnership with Health Gateway, HealthLink BC launched a Patient Advisory Group to provide feedback and advice on patients' experience using digital and virtual health services, including access to health information, services, and records.

The Ministry also continued its commitment to digital accessibility, ensuring HealthLinkBC.ca and the health services directory are aligned with the Government of B.C.'s strategic direction to meet the Web Content Accessibility Guidelines for all digital content.

Work also continued on the Public Health Compliance Operational System to implement a provincewide solution to enable environmental health, inspection and licensing data collection, business processes, reporting, and risk management to better serve people in B.C.

[4] Most Responsible Provider or Most Responsible Practitioner is the health care professional, typically a physician or nurse practitioner, who has overall responsibility for coordinating and directing a patient's care.

Performance measures and related discussion

Performance Measure	2024 Actual	2025 Target	2025 Actual
[3a] Nursing and allied health professionals' overtime hours as a percentage of productive hours[1,2]	9.2%[3]	8.5%	8.8%[4]

Data source: Health Sector Compensation Information System; dataset is based on a calendar year cycle.
[1] PM [3a] targets for 2026 and 2027 were stated in the 2025/26 service plan as 8.4% and 8.3%, respectively.
[2] The targets for this performance measure were revised in the 2026/27 service plan.
[3] As of December 31, 2024. Note that the 2024 actual reflects a full calendar year.
[4] As of December 31, 2025. Note that the 2025 actual reflects a full calendar year.

This performance measure focuses on overtime hours as a percentage of productive hours for nurses and allied health professionals. It is one indicator used to assess the overall health of the workforce. Overtime is commonly used as a predictor of burnout; however, the relationship between overtime and burnout is inconsistent. When overtime is voluntary and/or when workers receive fair compensation for their overtime work, burnout effects are significantly mitigated.

At the system level, overtime is understood as a reliable signal of workforce capacity challenges. Sustained elevated overtime levels indicate that health authorities are unable to staff required shifts using regular hours alone. Reducing overtime without addressing underlying staffing shortages would risk negatively affecting patient care.

While the target was not met, the Ministry continues to implement initiatives to retain, recruit, and train health care workers while redesigning services and developing innovative models of care to mitigate staffing shortages.

Performance Measure	2024/25 Actual	2025/26 Target	2025/26 Actual
[3b] Number of British Columbians registered with Health Gateway, the provincial patient portal[1,2]	1.68M[3]	1.8M	1.83M[4]

Data source: Data source: Health Gateway Admin Dashboard, Ministry of Health.
[1] This performance measure was not carried forward in the 2026/27 service plan.
[2] PM [3b] targets for 2026 and 2027 were stated in the 2025/26 service plan as 1.9M and 2M, respectively.
[3] As of March 31, 2025.
[4] As of March 31, 2026.

This performance measure was revised from "percentage of population registered" to "number of registrants" in 2025/26 as the previous methodology was subject to population changes and did not fully capture the increase in usage.

The continued growth in Health Gateway registrations reflects increasing access for people in B.C. to their consolidated provincial health information. This includes lab and diagnostic imaging results, prescriptions, immunization records, and records of health system and hospital visits. Health Gateway registrants surpassed the target and reached 1.83 million users in 2025/26, supported by a combination of targeted promotional activities and materials, including videos, clinic guides, posters, and rack cards in health care and community settings.

Financial Report

Financial Summary

	Estimated ($000)	Other Authoriz-ations[1] ($000)	Total Estimated ($000)	Actual ($000)	Variance ($000)
Operating Expenses					
Regional Services	24,782,281	1,194,495	25,976,776	26,097,868	121,092
Medical Services Plan	8,128,050	69,459	8,197,509	8,412,956	215,447
PharmaCare	1,787,903	0	1,787,903	1,470,532	(317,371)
Health Benefits Operations	64,310	0	64,310	72,455	8,145
Recoveries from Special Accounts	(147,250)	0	(147,250)	(147,250)	0
Executive and Support Services	381,634	(92,324)	289,310	262,087	(27,223)
Health Special Account	147,250	0	147,250	147,250	0
Sub-total	**35,144,178**	**1,171,630**	**36,315,808**	**36,315,898**	**90**
Adjustment of Prior Year Accrual[2]	0	0	0	(44,783)	(44,783)
Total	**35,144,178**	**1,171,630**	**36,315,808**	**36,271,115**	**(44,693)**
Ministry Capital Expenditures					
Executive and Support Services	30	5,085	5,115	5,115	0
Total	**30**	**5,085**	**5,115**	**5,115**	**0**

[1] "Other Authorizations" include Supplementary Estimates, Statutory Appropriations, Contingencies and Government Reorganizations. Supplementary Estimates and Government Reorganization amounts in this column are included in the "estimated amount" under sections 5(1) and 6(1) of the *Balanced Budget and Ministerial Accountability Ac*t for ministerial accountability for operating expenses under the Act.

[2] The Adjustment of Prior Year Accrual of $44.783 million is a reversal of accruals in the previous year.

Operating statement for Health Authorities

As required under the *Budget Transparency and Accountability Act*, B.C.'s health authorities and hospital societies are included in the Government Reporting Entity. The health authorities are the primary service delivery organizations for the public health sector, and many of the performance measures and targets included in the Ministry's 2025/26 – 2027/28 Service Plan are related to services delivered by the health authorities. The majority of the health authorities' revenue and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Health Authorities and Hospital Societies	2025/26 Budget ($000)	2025/26 Actual ($000)	Variance ($000)
Combined Operating Statement			
Total Revenues	30,509,000	30,901,000	392,000
Total Expenses	30,509,000	30,875,000	366,000
Net Results	**0**	**26,000**	**26,000**

[1] Revenue: Includes Provincial revenue from the Ministry of Health, plus revenues from the federal government, copayments (which are client contributions for accommodation in care facilities), fees and licenses, and other revenues.
[2] Expenses: Provides for a range of health care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, assisted living, and residential care.
[3] The health authority and hospital society spending increase is attributed to federal funding, Balanced Measures Mandate, and increased spending to improve health care services.

Appendix A: Public Sector Organizations

As of July 31, 2026, the Minister of Health is responsible and accountable for the following organizations:

Health Authorities

Fraser Health Authority

Fraser Health delivers public health, hospital, residential, community-based, and primary health-care services in communities stretching from Burnaby to White Rock to Hope.

Interior Health Authority

Interior Health delivers public health, hospital, residential, community-based, and primary health-care services to residents across B.C.'s Southern Interior.

Northern Health Authority

Northern Health delivers public health, hospital, residential, community-based, and primary health-care services to residents of Northern B.C.

Provincial Health Services Authority

PHSA works collaboratively with the Ministry, B.C.'s five regional health authorities and the First Nations Health Authority to provide select specialized and province-wide health-care services, ensuring residents have access to a coordinated provincial network of high-quality specialized health-care services.

Vancouver Coastal Health Authority

Vancouver Coastal delivers public health, hospital, residential, community-based, and primary health-care services to residents living in communities including Richmond, Vancouver, the North Shore, Sunshine Coast, Sea to Sky corridor, Powell River, Bella Bella, and Bella Coola.

Vancouver Island Health Authority

Island Health delivers public health, hospital, residential, community-based, and primary health-care services to residents across Vancouver Island living in communities from Victoria to Cape Scott.

BC Shared Health Services

BCSHS was established as a society on April 1, 2026, to provide centralized corporate administrative functions ("shared services") to B.C.'s health system. BCSHS provides services to the five regional health authorities, and the PHSA.

Agencies, Boards, Commissions, Tribunals, and Colleges

BC Emergency Health Services

BC Emergency Health Services is continued under the *Emergency Health Services Act*. It is an agency of PHSA that oversees the BC Ambulance Service and Patient Transfer Coordination Centre, providing out-of-hospital and inter-hospital health service.

BC Health Care Occupational Health and Safety Society

The Society (also known as Switch BC) promotes safe and healthy workplaces at all worksites throughout the B.C. health system. In cooperation among unions, employers, and Doctors of BC, it develops provincial frameworks, systems, and programs aimed at improving the health and safety of B.C.'s health-care workers.

Health Quality BC

Health Quality BC (formerly known as BC Patient Safety and Quality Council) provides system-wide leadership in efforts designed to improve the quality of health care in B.C. Through collaborative partnerships, Health Quality BC promotes and informs a provincially coordinated, patient-centred approach to quality.

Data Stewardship Committee

The Data Stewardship Committee is established under the *E-Health (Personal Health Information Access and Protection of Privacy) Act* and is responsible for managing the disclosure of information contained in a health information bank or a prescribed Ministry of Health database. The *Pharmaceutical Services Act* also mandates that the disclosure of PharmaNet data for research purposes is adjudicated by the Data Stewardship Committee.

Drug Benefit Council

The Drug Benefit Council is an independent advisory body that makes evidence-based recommendations on whether PharmaCare should include a drug in its formulary.

Emergency Medical Assistants Licensing Board

The Emergency Medical Assistants Licensing Board is responsible for examining, registering, and licensing B.C. emergency medical assistants, including first responders. The Board, under the authority of the *Emergency Health Services Act*, sets license terms and conditions.

Forensic Psychiatric Services Commission

The Commission, which is part of the PHSA, operates the Forensic Psychiatric Hospital and seven community forensic psychiatric services clinics and is responsible for conducting fitness assessments of individuals appearing before the courts.

Health Profession Regulatory Colleges

Regulatory colleges govern the practice of their licensees in the public interest. The following regulatory colleges established under the *Health Professions Act* have been continued under the new *Health Professions and Occupations Act (*which replaced the *Health Professions Act* on April 1, 2026) *:* College of Physicians and Surgeons of British Columbia; British Columbia College of Nurses and Midwives; College of Pharmacists of British Columbia; British Columbia College of Oral Health Professionals; College of Complementary Health Professionals of British Columbia; and, College of Health and Care Professionals of British Columbia. The primary function of colleges is to ensure their licensees are qualified, competent, and following clearly defined standards of practice and ethics.

Medical Services Commission

The Medical Services Commission manages the Medical Services Plan in accordance with the *Medicare Protection Act* and regulations made under that Act. The responsibilities of the commission are two-fold: (1) to ensure that all B.C. residents have reasonable access to medical care, and (2) to manage the provision and payment of medical services in an effective and cost-efficient manner. The Commission's audit powers over health-care practitioners are delegated to various special committees, including the Health Care Practitioner Special Committee for Audit Hearings.

Patient Care Quality Review Boards

The Patient Care Quality Review Boards are six independent review boards created under the *Patient Care Quality Review Board Act*. They receive and review care complaints that have first been addressed by a health authority's Patient Care Quality Office but remain unresolved.

Appendix B: Progress on Mandate Letter Priorities

The following is a summary of progress made on priorities as stated in Minister Osborne's 2025 Mandate Letter.

2025 Mandate Letter Priority	Status as of March 31, 2026
In order to protect key services that British Columbians rely on, work with the Minister of Finance to review all existing Ministry of Health programs and initiatives to ensure programs support the health of British Columbians while keeping costs manageable. This is important in the context of current Provincial budget constraints, our growing and aging population, and emerging technologies.	• Governments around the world are facing higher costs, global instability, and growing demand for services, creating challenging fiscal situations. In response, the B.C. Government introduced expenditure management targets in *Budget 2025*, with a goal of $300 million saved over the 2025-26 fiscal year. Ministries have exceeded that goal with more than $400 million in savings through reduced discretionary spending including travel, office and business expenses, conferences and events, as well as staffing adjustments, voluntary retirements and hiring restrictions.
Tackle the training, recruitment, retention, and system redesign needed to make sure our health human resources keep pace with the growing needs of people in BC and deliver better, faster care.	• Ongoing; See Objective 3.1.
Ensure every British Columbian has access to primary care, continue connecting more and more people to family healthcare providers, and ensure that care can be delivered in person through standards established in consultation with the College of Physicians and Surgeons and Doctors of BC.	• Ongoing; See Objective 1.1.
Take necessary steps to address temporary emergency room closures.	• Ongoing; See Objective 2.1.
Improve cancer care delivery across the province to meet international benchmarks for outcomes and service delivery.	• Ongoing; See Objective 2.2.

2025 Mandate Letter Priority	Status as of March 31, 2026
Improve the delivery of maternity care, reproductive care, and gynecological cancer care for people across the province through targeted initiatives.	• Ongoing; See Objective 2.2 for gynecological cancer care updates. • In July 2025, the Province launched its first publicly funded in-vitro fertilization (IVF) program. • As of March 1, 2026, B.C. provided access to menopausal hormone therapy (MHT) at no cost under the BC PharmaCare National Pharmacare Plan. • See B.C. leading the way in improving women's health, expanding access to care.
Work with Indigenous communities and leadership to improve health outcomes for Indigenous peoples in our province.	• Work is ongoing to progress recommendations from the In Plain Sight report. • Culturally safe care is integrated into health system priorities and is reflected in each Service Plan Objective.
Improve the delivery of care for seniors and steward public investments made in seniors' care to improve efficiency and effectiveness given the growing population of seniors in our province.	• Ongoing; See Objective 1.2.
Reduce the cost of administration of the health care system to focus resources on the front line, including a review of Regional Health Authorities, and incorporating an active role for doctors, nurses, and Health Science professionals in designing and implementing healthcare solutions.	• The review resulted in the recommendation to create a new standalone shared services organization BC Shared Health Services, to consolidate corporate and administrative functions across BC's health system. Work to stand up the organization was completed in 2025/26, and the organization was established on April 1, 2026. • See Province takes action to reduce administration, prioritize front-line health care.

2025 Mandate Letter Priority	Status as of March 31, 2026
Require professional colleges to recognize the credentials of Canadian healthcare workers immediately on confirmation of their good standing in another province or territory, and to recognize the credentials of international healthcare workers from foreign jurisdictions with similar or equivalent training programs within six weeks.	• Ongoing; See Objective 3.1.
Continue working collaboratively with stakeholders on initiatives to strengthen nurse-to-patient ratios.	• Ongoing; See Objective 3.1.
Support the work of the Chief Scientific Advisor for Psychiatry, Toxic Drugs and Concurrent Disorders in delivering high-quality care for people struggling with acquired brain injury, addiction, and mental health challenges – and work with partners across government to implement solutions.	• Ongoing; See Objective 1.3.
Bring together addiction health professionals and epidemiologists to expand peer reviewed research to evaluate interventions for people struggling with addiction, and promptly implement best practices based on findings.	• Collaborative partnerships with academia, epidemiologists, and addiction clinician scientists on substance use policy, prescribed alternatives, and OAT resulted in publications and research funding from the Canadian Institute for Health Research (CIHR). • The Ministry funded work delivered by the BC Centre on Substance Use (BCCSU) to develop clinical guidance and support clinician education and training related to addiction medicine and substance use care.
Continue our work to build and deliver a seamless system of care for people seeking mental health and addiction services in the province on both an inpatient and outpatient basis, including services responsive to the unique needs of Indigenous peoples.	• Ongoing; See Objective 1.3.
Reduce the risk of diversion of prescribed opioids by taking action in these areas and any	• Implemented new witnessed dosing requirements to address the diversion

2025 Mandate Letter Priority	Status as of March 31, 2026
others identified: first, by identifying and implementing additional safeguards to prevent diversion of opioids prescribed for opioid dependence treatment; and second, by working with all healthcare providers to find ways to reduce the population level frequency of opioid prescriptions generally.	of prescribed alternatives, while maintaining access to the program for people who need it. As of Dec. 30, 2025, all patients with prescriptions for prescribed alternatives are required to take their prescribed medication under the supervision of a health professional. • See Province strengthens safeguards for prescribed alternatives.
Review prescribing safety initiatives for psychoactive medications in order to enhance patient and public safety and reduce healthcare costs.	• Collaboration and priority planning has begun with CDA-AMC as part of their 5 -year Appropriate Use Strategy (released in September 2025), which includes activity related to antipsychotic use in Long-Term Care. • The Therapeutics Initiative Prescribing Portrait launched opioid prescribing in January 2026 (e.g., for dentists and new patients) and sedative-hypnotics (e.g., trazodone/zopiclone for insomnia) in September 2025. • Health Quality BC is a strong partner for patient safety initiatives that improve patient care; their 5-year plan was released in October 2025 and includes the LOUD Collaborative to improve quality of care for people on OAT by increasing access to Opioid Agonist Therapy in primary care and emergency departments.
Continue to expand access to nasal naloxone to respond to overdoses.	• Ongoing; See Objective 1.3.
Work with the Ministry of Children and Family Development, and with Indigenous peoples, key stakeholders and people with lived experience, to realign and improve services for children and youth with support and mental health needs.	• Ongoing; See Objective 1.3.

2025 Mandate Letter Priority	Status as of March 31, 2026
Work with the Cabinet Committee on Community Safety to ensure that initiatives identified by the committee are prioritized and delivered by your ministry as required.	• Ongoing; See Objective 1.3.