

2026 Provincial Election – Major Parties’ Health Care Commitments

NOTE: This is not an exhaustive list of all the parties’ health care commitments, but rather focuses on commitments most relevant to Doctors of BC’s election priorities or physicians. While priorities are organized based on which of our election priorities they align most with, many of the commitments align with more than one of our priorities.

1. Address specialist waitlists and shortages

Party	Commitments
NDP Link to Health Platform	• The U.S. recruitment campaign will build on the BC NDP government's work to attract specialists by targeting professions facing staff shortages, like surgeons, medical lab technicians, and medical imaging technologists who run the MRIs and other diagnostics so critical to timely care and treatment. • Bring in coordinated regional waitlists that let people access services anywhere in their region, ensuring faster care and getting people critical procedures within clinical benchmarks. • A new BC Health Passport app will let patients track referrals, view expected wait times, and access health records directly from their phones so they're not left in the dark, not knowing when a referral will come through.
Conservative Party of British Columbia Link to Health Platform	• Work with doctors, nurses and other health professionals to improve patient care, train and recruit more doctors, nurses, and staff, remove barriers that prevent qualified professionals from using their full skills, and enforce safety and drug laws in hospitals and clinics to reduce burnout. • Protect universal public health care and introduce a Universal Health-Care Guarantee: publicly funded treatment through another qualified provider when medically recommended surgical wait benchmarks are exceeded.
Greens Link to Health Platform	• Require health authorities to collect and share data for workforce planning, ensuring alignment with educational institutes. Take a longer time horizon for data collection, and monitor the impacts of all-of-government spending and decisions on population-level health and wellbeing metrics. • Centralize referrals for surgeries and team-based models of non-surgical and pre-surgical care by introducing a single-entry model, rather than distributed lists.
Centre BC Link to Health Platform	• Shorter waits you can see. By spring 2028, we will create one public health dashboard. It will show surgeries, scans, specialists and emergency rooms by hospital and region, real-time ER open or closed status, and family doctor attachment by region. • Add 15,000 more scheduled surgeries a year by 2030/31, increasing the number of surgical spaces as more operating-room nurses and anesthesia staff are hired. These metrics will keep health authorities accountable and show patients where care is fastest. • Every health authority will have public targets for surgery, scan and ER waits in its yearly mandate letter, and health authority CEOs’ contracts and pay will be tied to meeting them. Results will be updated monthly on the dashboard and reported to the Legislature every quarter, and the Auditor General will check the data every year. When a region falls behind, it will have 90 days to publish a recovery plan. • Build the new acute-care tower in Surrey the province announced in 2024, with a published budget and timeline. It will include new operating rooms, adding surgical spaces South of the Fraser, and a cardiac intensive care unit, so patients can get surgery and heart care closer to home. • In our first term, we will complete the business case, choose a site and design a children’s hospital for Surrey and Langley. Construction will start in 2031.

2. Ensure access to a family doctor

Party	Commitments
NDP Link to Health Platform	• Build 20 additional team-based primary care clinics to provide timely, in-person care and ease pressure on hospitals. • Launch an accelerated "bridging to practice" training program for qualified international medical graduates already living in B.C. but unable to practice family medicine because of a lack of residency seats. • Expand same-day appointments and evening and weekend care through targeted incentives so people get care when they need it. • Triple US health care worker recruitment to add to 800 US health care workers that have already come to BC.
Conservative Party of British Columbia Link to Health Platform	• Proven technology can reduce paperwork and give professionals more time with patients. We will direct resources towards care and publish clear information about access and outcomes so you can judge what works and what doesn't.
Greens Link to Health Platform	• Establish an integrated Community Health Centre in every riding in the province. • Commit to funding Virtual Group Care for those with complex chronic diseases, following the BC-CLMF model. • Review loan forgiveness and paid practicums for all healthcare students to incentivize sufficient staffing and support training.
Centre BC Link to Health Platform	• We will add 600 more nurse practitioner positions in the public system by 2030. • By the end of 2031, everyone who wants one will have a family doctor or nurse practitioner team. • From 2029, no one will wait more than 12 months. Everyone without one will be registered automatically. Team-based clinics will get stable, predictable funding instead of one-off approvals. • We will more than double BC's assessment program for internationally trained family doctors, from 96 to 200 a year by 2028. • We will keep the Longitudinal Family Physician payment model, which most family doctors support, and fix its gaps. • We will pay more for patients with complex needs, so doctors aren't penalized for taking them on or spending more time with them. • We will also publish attachment results by community. • From 2027, every family doctor and nurse practitioner who wants one will get a Canadian-hosted AI scribe. • By 2028, we will set one provincial e-referral standard. We will also connect health records across regions. • Doctors and nurses from other provinces, the US, the UK and Australia will be licensed within 30 days. • We will add 100 more residency positions by 2030, 60 of them in family medicine. • Physician assistants will be fully licensed in 2027.

3. Improve access to emergency care

Party	Commitments
NDP Link to Health Platform	• Bring more nurse practitioners, pharmacy services, and virtual specialist consultations into long-term care homes to help avoid unnecessary hospitalizations, and set up teams to support patients returning to community-based care. • Bring 5,000 care-home workers back into the public health employer system to ensure stable staffing and better continuity of care. • Add 1,000 training seats for nurses, nurse practitioners, allied health workers and care aides, a 20% increase in nursing seats.
Conservative Party of British Columbia Link to Health Platform	• Keep rural ERs and maternity wards open, backed by flexible staffing and a \$50-million Rural Health Emergency Fund. • Launch the 100-day Patients First review to identify reforms from other universal public systems that cut waits, expand capacity, keep ERs open, and strengthen rural services, without user fees. • More long-term care beds. We will work with care providers, residents, families and builders to review design requirements, protect safety and quality of care, and deliver more affordable beds sooner.
Greens Link to Health Platform	• Increase funding for nurses in the public system to support safe nurse-to-patient ratios and phase out reliance on private agency nurses and for-profit staffing agencies.
Centre BC Link to Health Platform	• Keep emergency rooms open. We will pass an ER Accountability Act with public reporting of every closure. Our goal is to cut unplanned ER closure hours in half by 2029/30. • A \$25 million a year rural ER stabilization fund will pay for locum doctors and nurses, travel and virtual ER backup. • We will reduce the number of patients stuck in hospitals waiting for long-term care, from about 1,600 to 1,000 by 2030. • By 2030, we will open 12 adult crisis centres, open around the clock, next to the busiest emergency rooms. People in a mental health or addiction crisis can go there instead of the ER, with direct links to follow-up care. • We will build pre-fabricated, home-like long-term care with shared core services. We will start with about 500 beds in Abbotsford, open by 2029/30, and restart the other six paused projects with the same design. • By March 2031, 2,500 new beds will be under construction and 1,000 will be open. • Operating money for each new bed will be released as its staff are hired. Quality and staffing results will be published for every home every year.

4. Strengthen rural health care and support for rural physicians

Party	Commitments
NDP Link to Health Platform	Offer discounted tuition, loan forgiveness, and paying for moving expenses to attract health care professionals to underserved rural areas facing staffing shortages.
Conservative Party of British Columbia Link to Health Platform	- Rural health care transport. Increase access to rural medical transport capabilities to save lives and improve health outcomes. - We will invest and reform to cut wait times, build up rural services and keep essential care open and available in all communities. - Strengthen support for families in rural BC, with measures including travel assistance, mobile therapy, outreach, virtual care options, and flexible direct funding.
Greens Link to Health Platform	Expand the existing rural/remote loan-forgiveness program model and create a dedicated BC Mental Health Workforce Scholarship and Loan-Repayment Program, structuring disbursement around demonstrated workforce shortages to encourage an increase in psychologists, psychiatrists, psychiatric nurses, clinical social workers, and addictions specialists.
Centre BC Link to Health Platform	We will make the rural retention bonus permanent and extend it to every community with repeated closures.

Other important commitments

Party	Commitments
NDP Link to Health Platform	• Raise \$1 billion annually starting in the 2028/29 tax year (with \$225M in 2026/27 and \$925M in 2027/28) to directly fund improvements in healthcare and lower costs for British Columbians. • Close legal loopholes, strengthen rules, and bring nurse practitioners under the Medicare Protection Act to stop clinics from charging user fees.
Conservative Party of British Columbia Link to Health Platform	• We will fix the NDP's Health Professions and Occupations Act which intrudes on their independence and let them do the job they trained for. • Conduct an independent review of the Mental Health Act to address a broad range of issues including brain injuries, schizophrenia and dementia. • Mandatory treatment. For people whose severe addiction, mental health challenges, or acquired brain injury leaves them incapable of caring for themselves or at immediate risk of serious harm, we will provide mandatory care. It is not safe or respectful to leave these individuals to suffer on the streets. They should be off the street and in care until they no longer pose a threat to themselves or others. • End the existing "safe supply" approach and redirect the focus to prevention, treatment and recovery; enforce safety and drug rules in hospitals, shelters and supportive housing, and expand the use of drug courts.
Greens Link to Health Platform	• Review the Health Authority model, with a focus on creating a consolidated health authority with joint services and localized decision-making within communities. • Regulate radiographers and medical imaging technologists so they can work to the full scope of their practice.
Centre BC Link to Health Platform	• We will not allow private-pay options that pull doctors and resources out of the public system, or Alberta-style dual practice. • We will add five MRI machines in public hospitals and fund them to run extended hours for medically necessary scans. • While they are installed and staffed, we will contract 20,000 publicly funded scans a year at existing clinics for two years, with wait-time conditions and audits. • We will merge the back offices of all health authorities into one, covering payroll, purchasing, IT and human resources, and cut senior executive positions in half. • We will phase out private agency nurses outside remote areas and build internal float pools, so nurses work for the public system, not agencies charging premium rates. • We will tender generic drugs, update the community lab price list and cut tests that don't help patients. • We will put trained protection officers in every emergency department and extend them to rural hospitals and community sites. • At the highest risk sites, officers will have peace officer status and work alongside relational security officers, who are trained to calm situations before they turn violent. • Every violent incident will be reported and followed up, and we will publish the numbers by facility every quarter. • When a nurse or doctor is hurt, help will come faster: family doctors and nurse practitioners will be able to diagnose psychological injuries for WorkSafeBC claims, and counselling will start within 90 days.

	• Fix the Health Professions and Occupations Act. We will keep the useful parts but fix the overreach in 2027. • At least half of college board members will be elected by the profession, and there will be fewer government appointees on discipline committees. • Minor or dismissed complaints will not be published. • There will be a right of appeal to a neutral body, and tight limits on access to confidential patient files.
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