REGULAR MEETING OF COUNCIL
AGENDA

DATE:	**March 16, 2026**
TIME:	4:30 p.m.
LOCATION:	Council Chambers, Enderby City Hall

The public may attend this meeting in person or by means of electronic facilities.

The City of Enderby uses Zoom for its electronic facilities and encourages those who are unfamiliar with the application to test it in advance; for technical support, please contact Zoom.

The access codes for this meeting are:

Meeting ID: 852 8440 9860
Passcode: 722146

If you would like to attend this meeting by means of electronic facilities and do not have a computer or mobile phone capable of using Zoom, please let us know and we can provide you with a number that you can call in from a regular telephone.

When applicable, public hearing materials are available for inspection at www.cityofenderby.com/hearings/

1. LAND ACKNOWLEDGEMENT
We respectfully acknowledge that we are on the traditional and unceded territory of the Secwepemc.

2. APPROVAL OF AGENDA
THAT the March 16, 2026 Council Meeting agenda be approved as circulated.

3. ADOPTION OF MINUTES

3.1 Meeting Minutes of March 2, 2026 — Page 4
THAT the March 2, 2026 Council Meeting minutes be adopted as circulated.

4. DELEGATIONS

4.1 Enderby Community Garden Society — Page 10
Presentation by Jasmin Evans, Chair and Di Macdonald, Vice Chair, Enderby Community Garden Society

5. CONTINUING BUSINESS AND BUSINESS ARISING FROM COMMITTEES AND DELEGATIONS

6. REPORTS

6.1 Mayor and Council Reports

6.2 Area F Director Report

6.3 Chief Administrative Officer Report

6.3.1 Council Inquiries

6.4 RDNO Building Permit Report – February 2026 Page 13
THAT the RDNO Building Permit Report – February 2026 be received and filed.

7. NEW BUSINESS

7.1 Enderby Farmers Market – Road Closure Application for 2026 Market Season Page 14
Staff report prepared by Manager of Strategic Priorities and Community Services dated March 6, 2026
THAT Council receives the Enderby Farmers Market Road Closure Application for the 2026 Market Season for information.

7.2 Funding Request – Interagency Committee Service Provider Fair 2026 Page 18
Staff report prepared by Chief Administrative Officer dated March 9, 2026
THAT Council approves a contribution of up to $600 from the Donations budget for the Interagency Committee Service Provider Fair on May 5, 2026, with the final amount to be offset by contributions received from other event supporters.

7.3 Community Recognition Cards: Competition Results and Project Completion Page 19
Staff Report prepared by Manager of Strategic Priorities and Community Services dated February 27, 2026
THAT Council receives for information the memorandum titled "Community Recognition Cards: Competition Results and Project Completion."

7.4 Appointment of Election Officials and Remuneration for the 2026 Local Government Election Page 24
THAT Council appoints Jennifer Bellamy as Chief Election Officer for the 2026 local government election;

AND THAT Council appoints Kurt Inglis as Deputy Chief Election Officer for the 2026 local government election;

AND FURTHER THAT Council approves the following remuneration rates for election personnel for the 2026 local government election:

Chief Election Officer	*$ 1,100 flat rate*
Deputy Chief Election Officer	*$ 800 flat rate*
Election Official	*$ 25.00 per hour*

7.5 Date for Annual Our Enderby Clean-Up Challenge Page 26
Staff report prepared by Manager of Strategic Priorities and Community Services dated March 11, 2026
THAT Council endorses Saturday, April 18, 2026 as the date for the Annual Our Enderby Clean-Up Challenge.

7.6 Expanding Diagnostic Imaging Access in British Columbia: How Physiotherapists Can Support Timely, Cost-Effective, and Integrated Care Page 27
Correspondence from Jason Craig, PABC Knowledge Lead, Physiotherapy Association of British Columbia dated February 3, 2026
THAT Council directs staff to send correspondence to the Minister of Health and MLA David Williams, and copy the College of Health and Care Professionals of BC, encouraging the Province to:

- *Update the Physical Therapists Regulation to include ordering diagnostic imaging within the scope of practice for physiotherapists in British Columbia;*
- *Include coverage under MSP (Medical Services Plan) so patients are not out of pocket; and*
- *Define education and training requirements through the College of Health and Care Professionals of BC.*

8. CORRESPONDENCE AND INFORMATION ITEMS

Mayor or Chair will provide an opportunity for any Council member to request that a Correspondence and Information Item be discussed separately.
THAT Council receives and files all Correspondence and Information Items.

8.1 Requesting Signatures for Petition for Stronger Public Safety Measures to the Minister of Justice and the Attorney General of Canada — Page 47
Correspondence from Simon Yu, Mayor, City of Prince George, dated February 25, 2026

8.2 Request for Support – 2026 Proposed UBCM Resolutions for Engagement on Pipeline Valuation Changes and Exempting Local Governments from Expanded Provincial Sales Tax Requirements — Page 48
Correspondence from Ross Siemens, Mayor, City of Abbotsford, dated March 3, 2026

8.3 Request for Support – Late Resolution for SILGA for Municipal PST Exemption — Page 52
Correspondence from Patrick Van Minsel, Mayor, District of Peachland, dated March 3, 2026

9. PUBLIC QUESTION PERIOD

10. ADJOURNMENT

THE CORPORATION OF THE CITY OF ENDERBY

Minutes of a **Regular Meeting** of Council held on Monday, March 2, 2026 at 4:30 p.m. in Council Chambers.

Present: Mayor Huck Galbraith
Councillor Tundra Baird
Councillor Roxanne Davyduke
Councillor David Ramey
Councillor Brian Schreiner
Councillor Shawn Shishido

Absent: Councillor Sarah Yerhoff

Staff: Chief Administrative Officer – Tate Bengtson
Chief Financial Officer – Jennifer Bellamy
Manager of Planning, Community Safety and Bylaw Compliance – Kurt Inglis
Manager of Strategic Priorities and Community Services – Kelsey Campbell
Clerk-Secretary – Andraya Imrich

Other: Press and Public

LAND ACKNOWLEDGEMENT

We respectfully acknowledge that we are on the traditional and unceded territory of the Secwepemc.

APPROVAL OF AGENDA

Moved by Councillor Ramey, seconded by Councillor Baird
THAT the March 2, 2026 Council Meeting agenda be approved as circulated.

CARRIED

ADOPTION OF MINUTES

Meeting Minutes of February 17, 2026

Councillor Shishido identified a typographical error on page 3 of the meeting minutes of February 17, 2026.

Moved by Councillor Shishido, seconded by Councillor Ramey
THAT the February 17, 2026 Council Meeting minutes be adopted as amended.

CARRIED

DELEGATIONS

Okanagan Regional Library

Danielle Hubbard, CEO, Okanagan Regional Library, gave a presentation on the Okanagan Regional Library with a focus on libraries as economic contributors.

Highlighted the work of librarians in helping people with job searches, resume formatting and printing, and helping community members use their electronic devices.

Noted that libraries are increasingly used as work spaces for people who work remotely, and meeting spaces are often utilized by small businesses for interviews and meetings.

The Okanagan Regional Library increased the number of programs offered in 2025, with approximately 35 programs with a total of 680 participants running daily across all branches.

In 2025 the door count showed approximately 41,000 visits to the Enderby Library, making it one of the Okanagan Regional Library's busiest branches relative to staff hours.

Councillor Ramey asked for an update on provincial funding for libraries.

Ms. Hubbard explained that in 2009, the Province decreased their funding for public libraries by 25%, and the funding has stayed the same since. Provincial funding accounts for less than 5% of the ORL's annual operating budget, with the remaining paid by local governments. She attended UBCM this year to advocate for increased funding for libraries and a special resolution was passed by UBCM in support of this position. There has not been any change in provincial funding, but it is a positive that a unified message was sent to the Province in favour of increased funding. Ms. Hubbard is also the Vice Chair of the Board for the Association of Public Library Directors, where she is also an advocate for increased funding.

Councillor Ramey asked about how libraries are dealing with social issues.

Ms. Hubbard responded that the toxic drug crisis is an issue that is having an increased impact on libraries, with more urban branches hosting security guards on site to assist with and help prevent incidents.

Councillor Baird asked if Ms. Hubbard could report back with how much is spent on security each year.

Councillor Shishido asked if Ms. Hubbard has noticed anything specific about the timeline of incidents increasing at libraries.

Ms. Hubbard noted that the number of incidents has worsened since re-opening to the public after the pandemic closure in 2020.

Enderby & District Arts Council

Neil Fidler, President, Enderby & District Arts Council, gave an overview of their year end report for 2025 and their request for $5000 in funding for operating costs for 2026.

Highlighted that Arts Centre attendance has shown steady growth over the last 5 years and had 6,362 visitors in 2025.

Georgia Atwood, Treasurer, explained that a new addition in events delivered by the Arts Council in 2025 were two Shed Party events with an average attendance of 75 people, and that they are looking into starting a theatre group in 2026. Also noted the ongoing success of their Coffee House events.

Councillor Ramey noted that the Arts Council is looking for board members and volunteers.

Moved by Councillor Baird, seconded by Councillor Ramey
THAT Council considers the request from the Enderby & District Arts Council at the same meeting as the delegation presentation;

AND THAT Council refers the request from the Enderby & District Arts Council to the 2026 budget deliberations.

CARRIED

BYLAWS

Cemetery Fees Bylaw Amendment

Moved by Councillor Baird, seconded by Councillor Davyduke
THAT Council adopts the bylaw cited as the "Enderby & District Cemetery Regulation Bylaw No. 1702, 2020 Amendment Bylaw No. 1827, 2026".

CARRIED

Parks, Recreation and Culture Fees Bylaw Amendment

Moved by Councillor Shishido, seconded by Councillor Baird
THAT Council adopts the bylaw cited as "The Corporation of the City of Enderby Parks, Recreation and Culture Fees Imposition Bylaw No. 1693, 2020 Amendment Bylaw No. 1819, 2026".

CARRIED

REPORTS

Mayor and Council Reports

Councillor Schreiner

Nothing to report.

Councillor Ramey

Attending Okanagan Regional Library and Enderby & District Arts Council meetings.

Councillor Baird

Attended a grad fundraiser at the Legion that was very successful.

The Enderby Legion's Easter Meat Draw is coming up on March 21st.

Councillor Shishido

Spoke with Enderby & District Recreation Services regarding ball user groups using the concrete pad at Riverside Park to build a storage structure. Ms. Hay will coordinate with the ball user groups to see if they have interest in working together to bring forward a unified proposal.

Met with Area F Director Hopkins to discuss a request from Enderby Minor Baseball Association for more ball diamonds in Armstrong and Spallumcheen. Director Hopkins is meeting with a Councillor from Spallumcheen to discuss options.

Mayor Galbraith

Nothing to report.

Chief Administrative Officer

Reported that the City of Enderby drinking water system is currently under a Water Quality Advisory, following the discovery of a failure in the mechanical works that run through the clearwell, under the Water Treatment Plant. The well has been drained and the source of the leak identified. Staff are in the process of obtaining a replacement part. If all goes well, the repair will be completed tomorrow. It will then take several days to return the clearwell to a potable water standard.

Pool construction is continuing to focus on the building and exterior piping. Had a meeting with the construction manager and prime consultant to go over the operational hand-off and consultant sign-off at a high level, and also determined next steps around owner-supplied items and obligations.

Construction on King Avenue is proceeding, with work currently involving storm and sanitary mains. The general contractor is reporting that the work has gone smoothly thus far.

The request for proposals for the Barnes Park landscape architect has been issued.

Councillor Baird asked when street sweeping is scheduled.

Chief Administrative Officer responded that street sweeping is scheduled for Easter Long Weekend.

Councillor Shishido asked about white lines that used to be painted across Highway 97A approaching Canyon Road as a warning to motorists to slow down.

Chief Administrative Officer responded that these were described as a pilot program when initially painted but were never re-painted. Will reach out the Ministry of Transportation and Transit to get more information.

Councillor Shishido noted that there is litter near the bus shelter on Mill Avenue.

Chief Administrative Officer responded that he will arrange for Public Works to inspect and clean up the area.

Councillor Davyduke reported she has received a concern from a community member regarding speeds of vehicles on George Street when entering the City from the north.

Chief Administrative Officer responded that the Manager of Planning, Community Safety and Bylaw Compliance is working with the Ministry of Transportation and Transit on identifying the best spot to place a speed reader, at which point an application for a permit will be made.

NEW BUSINESS

Digital Billboard Sponsorship Application – Runaway Moon Theatre

Moved by Councillor Schreiner, seconded by Councillor Baird
THAT Council authorizes a digital billboard sponsorship for Runaway Moon Theatre for $700 in-kind.

CARRIED

Sicamous Ferry Society Funding Request

Moved by Councillor Ramey, seconded by Councillor Baird
THAT Council does not provide a grant to the Sicamous Ferry Society for the operation of the passenger ferry in Sicamous.

CARRIED

BC Council of Forest Industries "Forestry is a Solution" Campaign

Moved by Councillor Shishido, seconded by Councillor Baird
THAT Council endorses the "Forestry is a Solution" campaign of the BC Council of Forest Industries;

AND THAT Council directs staff to send correspondence to the Minister of Forests and MLA David Williams encouraging the Province to:

- *Expedite permits and approvals so timber reaches mills in a predictable and timely way;*
- *Address administrative and regulatory burdens affecting harvesting and manufacturing;*
- *Deliver a reliable, competitive supply of logs and support mills and workers; and*
- *Support indigenous governing bodies with the capacity and tools to expedite referrals and increase revenue sharing.*

AND FURTHER THAT Council urges community members to visit forestryisasolution.com to sign the petition in support of BC's forest sector.

CARRIED

CORRESPONDENCE AND INFORMATION ITEMS

Moved by Councillor Shishido, seconded by Councillor Baird
THAT Council receives and files the correspondence and information items titled:

- *2026 FireSmart Community Funding and Supports Allocation-based Funding for FireSmart Activities Approval Agreement and Terms of Conditions of Funding dated February 25, 2026.*

CARRIED

PUBLIC QUESTION PERIOD

There were no questions from the public.

ADJOURNMENT

Moved by Councillor Davyduke, seconded by Councillor Baird
THAT the regular meeting of March 2, 2026 adjourn at 5:47 p.m.

CARRIED

MAYOR **CORPORATE OFFICER**

City of Enderby

RECEIVED
JAN 12 2026

AGENDA

REQUEST TO APPEAR AS A DELEGATION

On 16th March 2026
Day Month Year

Date of Request 12/01/2026

Name of Person Making Request Di MACDONALD, VICE CHAIR, ECGS

Name and Title of Presenter(s) JASMIN EVANS - CHAIR
Di MACDONALD, VICE CHAIR, ENDERBY COMMUNITY GARDEN SOCIETY

Contact Information enderbycommunitygarden@gmail.com
[redacted]

Details of Presentation

Why a community garden can help to improve food security, build community & provide healthy, nutritious food
ECGS wishes to share information from a recent Open House to gain community support for this initiave.

Desired Action from Council (check all that apply)

- ☑ Information Only At this time
- ☐ Proclamation
- ☐ Funding Request
- ☐ Policy or Resolution

Please describe desired action in detail Enderby Community Garden Society wishes to gain support from the town for the development of a community garden in Enderby.

Please attach any supporting documentation or presentation materials related to your delegation request. Please provide to staff at least one day in advance a digital copy of any presentation materials that you wish to have projected onto the conference screen.

Enderby Community Garden Society

Building Gardens & Communities for the Future

Our Mission as the Enderby Community Garden Society is:

To build, operate, and maintain community gardens for the benefit of its members and the wider community.
To raise awareness of and support local food security initiatives and groups.
To support related local community events, organizations, and education initiatives where ever possible.

We feel that providing Enderby and supporting communities with accessible, inclusive and safe spaces to grow nutritious food is integral in the changes needed to our Food systems.
In 2023 21.6% of households experienced food insecurity and food bank use has increased by over 80% in the last 5 years.

Food Security is defined by the Provincial Government as when everyone has access to affordable, culturally preferable, nutritious and safe food supply. And that everyone has the agency to influence and participate in food systems that are resilient, ecologically sustainable, socially just and honour indigenous food sovereignty.

Being able to grow even a small amount of your own food meets this definition. Many of us in this region take for granted the ability to grow a garden and store food for the winter months. We have ready access to farmers markets, farm stands, and produce sharing opportunities. These are great options, but a community garden space offers people the chance to actively participate in their own food security and sovereignty. The

knowledge and pride that comes with eating something you grew and cared for is something to be cultivated in our society that is moving away from slow food, and intentional eating to fast food and nutritionally devalued meals.

In 2023 in Canada, 2% of people participated in community gardens. People. That number is on the rise, especially with people living in rentals and low income situations. Providing a safe and welcoming space for people to grow food is what we believe is necessary to see things change. Enderby is one of the only remaining communities in our region that do not have a community gardening space. Splatsin Community has a space, Salmon Arm has 2 and a large teaching garden, Armstrong has multiple community gardens, and Vernon has many ranging from small raised beds to acreage available for people to increase their food security through growing not only vegetables but animals and larger crops as well. This valley with its rich agricultural land has that ability.

The ECGS is looking to partner with landowners, community groups and individuals who want to share our vision of the future. We are hopeful that in 2026 we can build a safe, accessible and inclusive community garden in the city of Enderby with an eye to expand out into the surrounding areas in the future.

We are a registered non-profit with a board of local people looking to better the quality of life for our neighbours and community. If you want to get involved please let me know or email us at enderbycommunitygarden@gmail.com We will also be hosting a town hall meeting at the Enderby Seniors Centre on Saturday Feb 7 from 2-4pm to try to encourage City support and Community involvement.

Thank you for your time. Please ask any questions you may have and I will do my best to answer them.

RDNO Building Permits Issued Comparison for Year/Month - Summary

Area: CITY OF ENDERBY **Category:** BUILDING PERMITS **Year:** 2026 **Month:** 02

Folder Type	2026 / 02 Permits Issued	2026 / 02 Res. Units Created	2026 / 02 Building Value	2025 / 02 Permits Issued	2025 / 02 Res. Units Created	2025 / 02 Building Value	2026 to 02 Permits Issued	2026 to 02 Res. Units Created	2026 to 02 Building Value	2025 to 02 Permits Issued	2025 to 02 Res. Units Created	2025 to 02 Building Value
ACCESSORY BUILDING	0	0	0	0	0	0	0	0	0	0	0	0
AGRICULTURAL BUILDING	0	0	0	0	0	0	0	0	0	0	0	0
COMMERCIAL BUILDING	0	0	0	0	0	0	0	0	0	0	0	0
DEMOLITION	0	0	0	0	0	0	0	0	0	0	0	0
END - ACCESSORY BUILDING	0	0	0	1	0	86,632	0	0	0	1	0	86,632
END - COMMERCIAL BUILDING	0	0	0	0	0	0	1	0	450,000	1	0	80,000
END - DEMOLITION	0	0	0	0	0	0	0	0	0	0	0	0
END - DUPLEX	1	4	650,000	0	0	0	1	4	650,000	0	0	0
END - INDUSTRIAL BUILDING	1	0	20,000	0	0	0	1	0	20,000	0	0	0
END - INSTITUTIONAL	0	0	0	0	0	0	0	0	0	0	0	0
END - MANUFACTURED HOME	0	0	0	0	0	0	0	0	0	0	0	0
END - MODULAR HOME	0	0	0	0	0	0	0	0	0	0	0	0
END - MULTI FAMILY DWELLING	0	0	0	0	0	0	0	0	0	0	0	0
END - PLUMBING	0	0	0	0	0	0	0	0	0	0	0	0
END - POOL	0	0	0	0	0	0	0	0	0	1	0	4,000,000
END - RETAINING WALL	0	0	0	0	0	0	0	0	0	0	0	0
END - SFD W/SUITE	0	0	0	0	0	0	0	0	0	0	0	0
END - SIGN	0	0	0	0	0	0	0	0	0	0	0	0
END - SINGLE FAMILY DWELLING	1	0	1,700	1	0	600	2	1	451,700	3	1	240,600
INDUSTRIAL BUILDING	0	0	0	0	0	0	0	0	0	0	0	0
INSTITUTIONAL	0	0	0	0	0	0	0	0	0	0	0	0
MANUFACTURED HOME	0	0	0	0	0	0	0	0	0	0	0	0
MODULAR HOME	0	0	0	0	0	0	0	0	0	0	0	0
MULTI FAMILY DWELLING	0	0	0	0	0	0	0	0	0	0	0	0
OLD PIMS PERMITS	0	0	0	0	0	0	0	0	0	0	0	0
PLUMBING	0	0	0	0	0	0	0	0	0	0	0	0
POOL	0	0	0	0	0	0	0	0	0	0	0	0
RETAINING WALL	0	0	0	0	0	0	0	0	0	0	0	0
SIGN	0	0	0	0	0	0	1	0	6,250	0	0	0
SINGLE FAMILY DWELLING	0	0	0	0	0	0	0	0	0	0	0	0
SOLID FUEL BURNING APPLIANC	0	0	0	0	0	0	0	0	0	0	0	0
Report Totals	**3**	**4**	**671,700**	**2**	**0**	**87,232**	**6**	**5**	**1,577,950**	**6**	**1**	**4,407,232**

Staff Report

Date: March 6, 2026

To: Chief Administrative Officer

From: Kelsey Campbell, Manager of Strategic Priorities and Community Services

Subject: Enderby Farmers Market – Road Closure Application for 2026 Market Season

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RECOMMENDATION

THAT Council receives the Enderby Farmers Market Road Closure Application for the 2026 Market Season for information.

DISCUSSION

The Enderby Farmers Market has submitted a Road Closure Application for the 2026 market season, with the application requesting to close Cliff Avenue from Highway 97A to Vernon Street, and Belvedere Street from Cliff Avenue to Speers Lane, every Friday from April 24 - November 13, 2026 between 6 am and 2:30 pm.

There have been no proposed changes to the layout of the market event, as shown on the attached Schedule 'A'.

The *Temporary Road Closures for Community Events Policy* has delegated authority to Staff to approve a Temporary Road Closure Application on behalf of Council, subject to the applicant meeting all of the requirements of the Policy.

All first-time events must be approved by Council. As this is not a first-time event and all requirements for a road closure have been met consistent with the *Temporary Road Closures for Community Events* policy, Staff have approved the application subject to the following conditions (same conditions as Council's previous approval):

1. The road closure shall be in general accordance with the Road Closure Application attached to this memorandum as Schedule 'A';
2. The (Winter) Market road closure cannot begin until snow clearing along Cliff Avenue is complete, and in cases where the road closure is delayed due to snow clearing occurring, the Market organizers shall take the necessary steps to ensure that vendors are not staging downtown in a manner that negatively impacts other snow clearing operations or the regular flow of traffic;

3. The Market shall be responsible for setting up and removing traffic control devices, emptying municipal garbage receptacles, and immediately cleaning up any litter from the road closure area;
4. The Market shall ensure that porta-potties are properly maintained and are removed at the end of each market event;
5. The Market shall ensure that the road closure area is re-opened to traffic no later than the end time noted in the application; and
6. The Market shall provide proof of Comprehensive Public Liability and Property Damage Insurance for $2,000,000 inclusive, with the City of Enderby as an additional insured, which shall include, i) a cross liability clause, ii) waiver of subrogation clause, and iii) a requirement that the policy cannot be cancelled, lapsed or materially changed without at least thirty (30) days written notice to the City of Enderby, delivered to the Corporate Officer.
7. The Market Board shall pass a resolution to:

    a. confirm that the City of Enderby is indemnified, saved harmless, and released in all respects arising from the proposed road closure and use of the adjacent sidewalks and walkways, including legal fees;
    b. acknowledge that they are responsible for any additional snow and ice clearing that exceeds the City's bylaw requirements and its *Snow and Ice Clearing Policy*; and
    c. confirm that when a road closure is delayed due to snow clearing occurring, the Market will take the necessary steps to ensure that vendors are not staging downtown in a manner that negatively impacts other snow clearing operations or the regular flow of traffic.

ATTACHMENTS

- Schedule 'A'

Approved for Inclusion by..... Tate Bengtson, Chief Administrative Officer
Agenda .....Council, Regular, March 16, 2026

Schedule A
Application for a Temporary Road Closure for a Community Event

Is this a first-time or relocated event? Yes (No)

Name of Sponsoring Organization The Enderby Farmers Market

Name of Contact Person Valerie Byrne

Telephone or Email [redacted]

Name of Event Enderby Farmers Market

Date(s) of Closure Friday's Starting April 24th ending Friday NOV 13th

Start time for Closure 6:00am End time for Closure 2:30pm

Location of Closure Hwy 97 / Cliff AVE to Cliff AVE / Vernon ST Belvedere / Macpherson + Belvedere / Sphere to Cliff AVE

Required Attachments

- [x] Map showing closure and emergency access route see previous years map
- [ ] Petition of affected business owners (if applicable)
- [x] Certificate of insurance (if applicable)

Indemnity: The applicant agrees to indemnify and save harmless the City of Enderby from and against any and all claims, including but not limited to harm, damage, injury, or loss to body or property caused by, arising from, or connected with any act or omission of the applicant or any agent, employee, customer licensee or invitee of the applicant, and against and from all liabilities, expense costs and legal or other fees incurred in respect of any such claims or any actions or proceedings brought thereon arising directly or indirectly from or in connection with the property, facilities, or services of the City. The applicant will be required to obtain and keep in force throughout the period of use insurance in a form specified by the City of Enderby unless waived in writing.

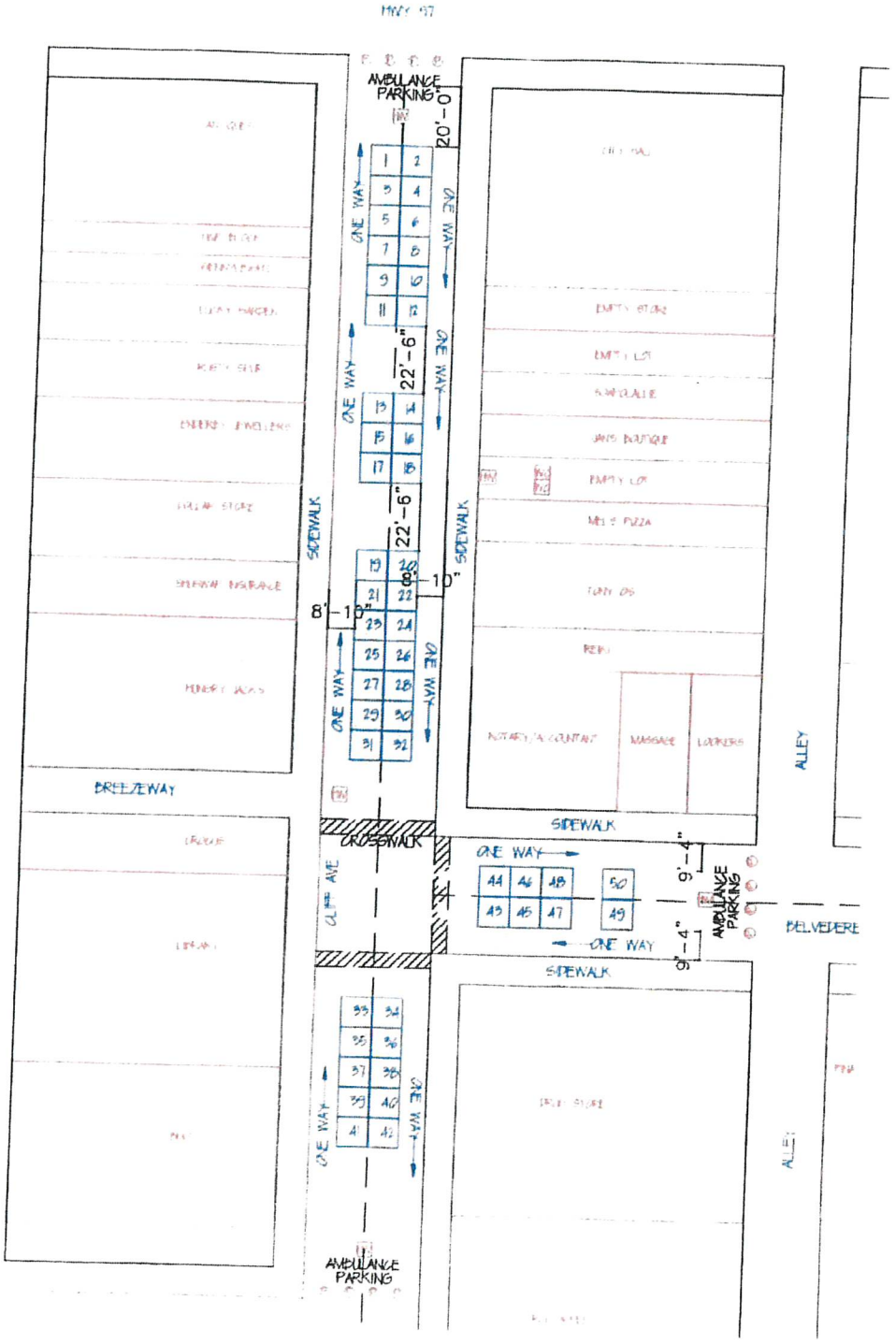
Authorized Signatory [signature] Date Feb 17 / 2026

Do Not Complete – For Administrative Purposes

Approved by K Caylill Date March 6, 2026

Certificate of Insurance	Yes*	No	N/A
Map	(Yes)	No	N/A
Petition of Affected Business Owners	Yes	(No)	N/A

Schedule 'A'


HWY 97
AMBULANCE PARKING
20'-0"
ONE WAY
22'-6"
22'-6"
8'-10"
8'-10"
SIDEWALK
SIDEWALK
BREEZEWAY
CROSSWALK
ONE WAY
ONE WAY
9'-4"
AMBULANCE PARKING
ONE WAY
SIDEWALK
SIDEWALK
ALLEY
BELVEDERE
ALLEY
AMBULANCE PARKING

Staff Report

Date: March 9, 2026

To: Mayor and Council

From: Tate Bengtson, Chief Administrative Officer

Subject: Funding Request – Interagency Committee Service Provider Fair 2026

RECOMMENDATION

THAT Council approves a contribution of up to $600 from the Donations budget for the Interagency Committee Service Provider Fair on May 5, 2026, with the final amount to be offset by contributions received from other event supporters.

DISCUSSION

The Interagency Committee has requested financial support to assist with the costs of hosting a Service Provider Fair at the Splatsin Community Centre. Scheduled for May 5, 2026, from 1:00 PM to 4:00 PM, the event aims to centralize access to local non-profit agencies to improve resident awareness of available community resources.

The total cost for the facility rental is approximately $600. The proposed contribution would be funded through the City of Enderby's Donations budget. The recommendation is structured to provide the City's support up to the maximum requested value, while allowing the actual expense to be reduced should other supporter contributions be confirmed. This ensures the event is fully funded regardless of the outcome of other requests.

ATTACHMENTS

- None

Approved for Inclusion by..... Tate Bengtson, Chief Administrative Officer
Agenda .....Council, Regular, March 16, 2026

Staff Report

Date: February 27, 2026

To: Chief Administrative Officer

From: Kelsey Campbell, Manager of Strategic Priorities and Community Services

Subject: Community Recognition Cards: Competition Results and Project Completion

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RECOMMENDATION

THAT Council receives for information the memorandum titled “Community Recognition Cards: Competition Results and Project Completion.”

DISCUSSION

In November 2025, the City initiated a Call for Submissions for a "Community Recognition Card" project. Local artists were invited to submit original designs across two seasonal categories: Spring/Summer and Winter.

The competition guidelines allowed for multiple entries per artist, with a $200 honorarium designated for each selected design in exchange for the purchase and use of the artwork by the City.

By the January 16, 2026, deadline, the City received 19 submissions from nine local and regional artists. Following a review of the entries, Council selected three winning designs. These designs have since been professionally printed and are available for Council’s use in acknowledging, thanking, or recognizing community members and stakeholders.

The winning artists are:

- Heather L. Edwards
- Jamie Frazer
- Alyssa Halvorson

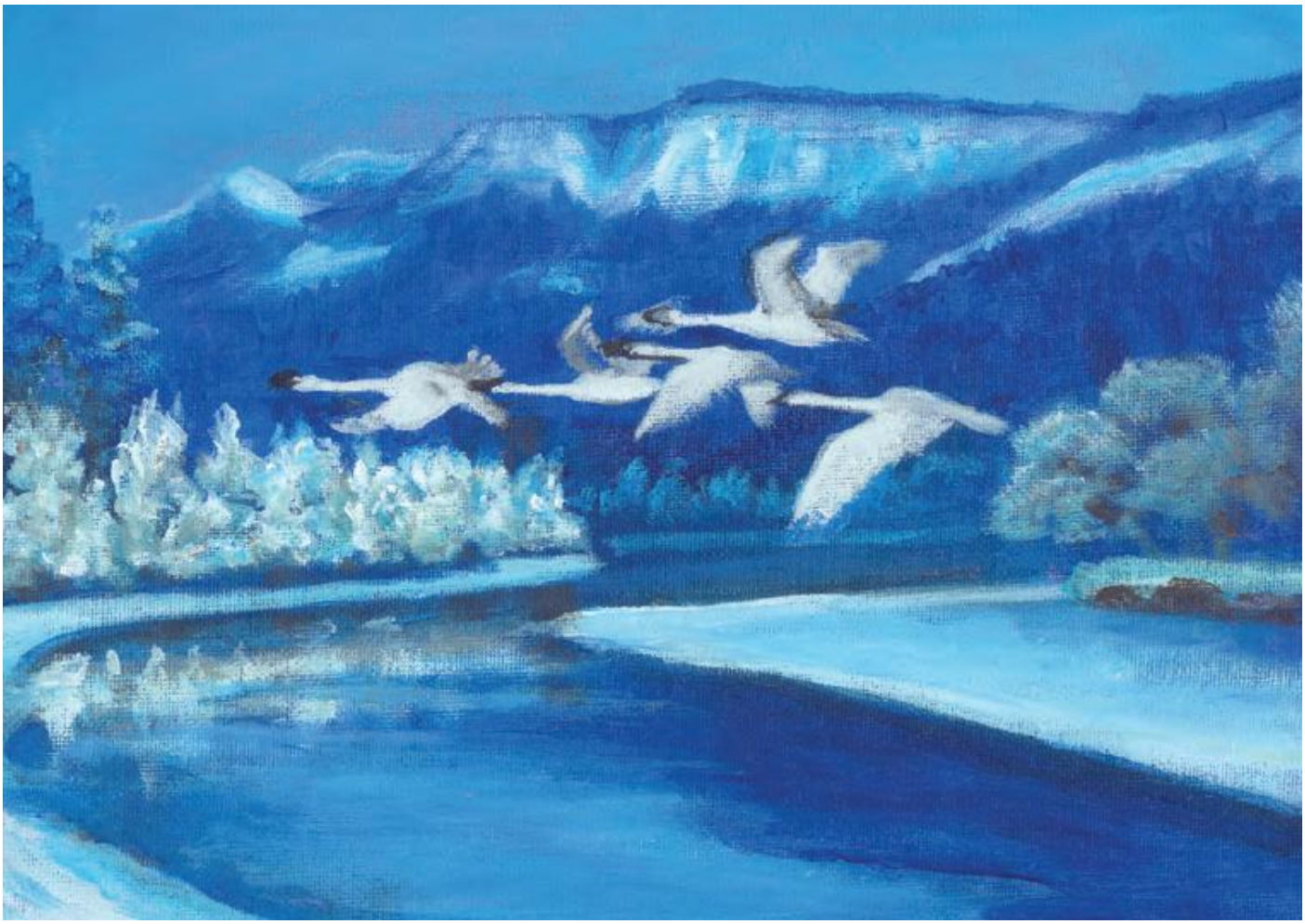
Staff would like to acknowledge the contributions of all participating artists. Their engagement was instrumental in the success of this initiative and highlighted the significant creative talent within the community.

ATTACHMENTS

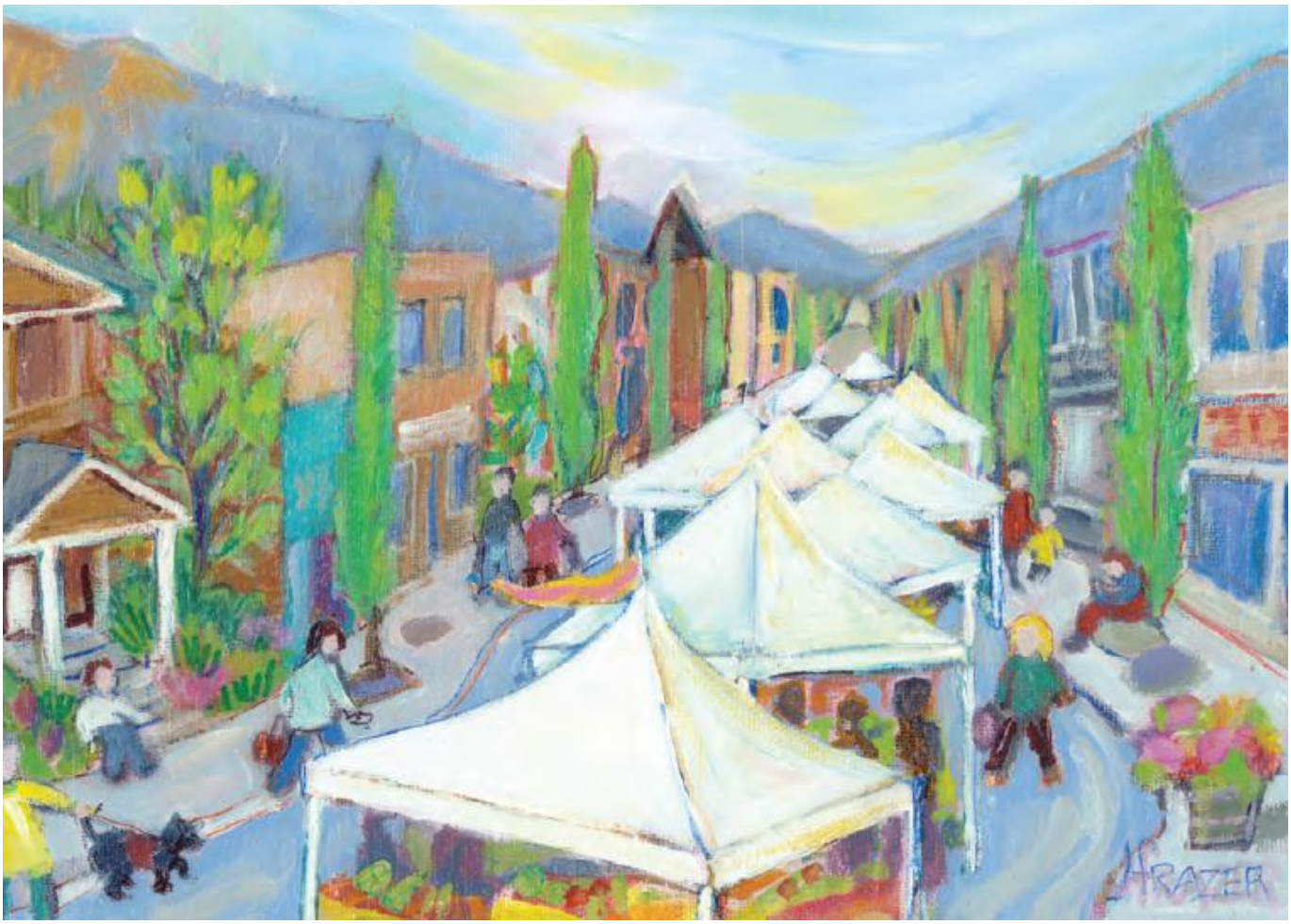
- Alyssa Halvorson – Floaters walking the Enderby Bridge
- Heather L. Edwards – Winter on the Shuswap River
- Jamie Frazer – Enderby Farmers Market

Approved for Inclusion by..... Tate Bengtson, Chief Administrative Officer
Agenda .....Council, Regular, March 9, 2026

Design by: Alyssa Blair



Design by: Heather L. Edwards



Design by: Jamie Frazer

Staff Report

Date: March 11, 2026

To: Chief Administrative Officer

From: Jennifer Bellamy, Chief Financial Officer

Subject: Appointment of Election Officials and Remuneration for the 2026 Local Government Election

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RECOMMENDATION

THAT Council appoints Jennifer Bellamy as Chief Election Officer for the 2026 local government election;

AND THAT Council appoints Kurt Inglis as Deputy Chief Election Officer for the 2026 local government election;

AND FURTHER THAT Council approves the following remuneration rates for election personnel for the 2026 local government election:

Chief Election Officer	$ 1,100 flat rate
Deputy Chief Election Officer	$ 800 flat rate
Election Official	$ 25.00 per hour

DISCUSSION

Local government elections are held every four years on the third Saturday of October. Pursuant to section 58(1) of the *Local Government Act,* a local government must appoint a Chief Election Officer and Deputy Chief Election Officer for the purposes of conducting an election.

The proposed remuneration rates are consistent with those used in previous elections but have been adjusted to account for inflation.

For Council's information, the following are key dates for the 2026 election:

Nomination Period	September 1 - 11, 2026
Advance Voting	October 7, 2026
General Voting	October 17, 2026

ATTACHMENTS

- None

Approved for Inclusion by..... Tate Bengtson, Chief Administrative Officer
Agenda .....Council, Regular, March 16, 2026

Staff Report

Date: March 11, 2026

To: Chief Administrative Officer

From: Kelsey Campbell, Manager of Strategic Priorities and Community Services

Subject: Date for Annual Our Enderby Clean-Up Challenge 2026

RECOMMENDATION

THAT Council endorses Saturday, April 18, 2026 as the date for the Annual Our Enderby Clean-Up Challenge.

DISCUSSION

Since 2013, the City of Enderby has been hosting the annual Our Enderby Clean-Up Challenge, which is a community event aimed at reducing local pollution, beautifying the community, and fostering a sense of community and civic pride.

The Clean-Up event is followed by an appreciation barbecue hosted by the Enderby & District Lions Club, where food and refreshments are provided to Clean-Up participants to celebrate their community contribution.

The event has historically been held on a Saturday in mid-to-late April. Staff are recommending that Council endorses Saturday, April 18, 2026 as the date for this year's Clean-Up event.

The Lions Club has confirmed that this date will work for their participation in the event.

ATTACHMENTS

- None

Approved for Inclusion by..... Tate Bengtson, Chief Administrative Officer
Agenda .....Council, Regular, March 16, 2026

PHYSIOTHERAPY ASSOCIATION OF BRITISH COLUMBIA

402 – 1755 West Broadway
Vancouver, BC V6J 4S5 Canada
Tel: 604.736.5130 Toll Free 1.888.330.3999

PABC BRIEFING NOTE	
TITLE:	**Expanding Diagnostic Imaging Access in British Columbia: How Physiotherapists Can Support Timely, Cost-Effective, and Integrated Care**
INTENDED FOR:	**Nurse Practitioners and Physicians**
DATE:	**February 3, 2026**
FROM:	**Jason Craig, PABC Knowledge Lead**

Background

Physiotherapists (PTs) in British Columbia are currently not allowed to order diagnostic imaging (like X-rays or MRIs). This creates unnecessary delays for patients, adds pressure on physicians and nurse practitioners, and underuses the training and skills of physiotherapists—especially when treating active individuals with musculoskeletal issues.

The Physiotherapy Association of BC (PABC) recommends that the government update legislation, regulations, and policies to allow PTs with advanced training to order diagnostic imaging as a restricted activity.

Our Key Recommendations:

1. Include coverage under MSP so patients are not out of pocket.
2. Define education and training requirements through the College of Health and Care Professionals of BC (CHCPBC).
3. Implement a formal evaluation after two years to assess the impact.

Research shows that when PTs can order imaging:

- They do so appropriately and responsibly.
- Imaging often changes how patients are treated, leading to better outcomes.
- Diagnoses made by PTs align closely with those made by physicians
- Costs to the system go down.
- Physicians' time is freed up, allowing them to focus on more complex cases.

Other provinces in Canada already allow this. In BC, both the UBC Department of Physical Therapy and CHCPBC are ready to support the education and regulation needed. Major clinical partners, including BC Children's Hospital Orthopaedics and the Brenda & David McLean Integrated Spine Clinic, also back this change.

Allowing PTs to order imaging supports team-based care, improves access, and reduces wait times—all of which align with BC's broader goals for health care transformation.

Discussion

BC's health care system is stretched:

- 1 in 4 residents lacks access to a primary care provider.
- Emergency department closures and wait times for specialists are worsening.
- The province faces a record $11.6B deficit, demanding smarter health care delivery.

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PTs already diagnose and manage diseases, disorders, and conditions but are not permitted to order the very imaging they need to confirm diagnoses. This regulatory gap creates unnecessary delays, duplicate visits, and missed opportunities for early intervention.

System-Level Alignment

This proposal directly aligns with the health care optimization strategies of both the Doctors of BC and the BC Ministry of Health, supporting more efficient, team-based, and patient-centered care delivery.

1. Doctors of BC – Team-Based Care Advocacy

Doctors of BC has long emphasized the importance of integrated, team-based models to improve continuity and access. Their 2023 *Scope of Practice for Health Professionals Policy Statement* advocates for utilizing all regulated health professionals to their full training and scope to ease system overload and support collaborative care.

2. BC Ministry of Health – Primary Care Strategy

The Ministry of Health's 2025 *Strengthening Primary Care* report highlights a system-wide transition toward Primary Care Networks and Urgent and Primary Care Centres—models where allied health professionals, including PT, play a vital role in closing attachment gaps and improving access to culturally safe, timely care.

The Ministry's *2025/26–2027/28 Service Plan* further emphasizes scope optimization and enhanced team-based care as critical strategies for system transformation. Enabling PTs to order diagnostic imaging within these models reflects the Ministry's commitment to delivering comprehensive, coordinated, and integrated care that meets patients where they are.

Jurisdictional Snapshot: PT Diagnostic Imaging Authority in Canada

- **British Columbia:** Previously, PTs were able to order diagnostic imaging through delegated authority from physicians. However, this practice was recently halted by the College of Physicians and Surgeons of BC, leaving PTs without direct or delegated access.
- **Alberta:** Since 2011, PTs with advanced training have been authorized to independently order X-rays, MRIs, and ultrasounds, under a clearly defined regulatory framework.
- **Nova Scotia:** In 2024, PTs in private practice were granted authority to order X-rays. PTs in public practice already had access to diagnostic imaging under existing models, improving consistency across sectors and streamlining care.
- **Quebec:** Since 2020, ordering diagnostic imaging has been a formally authorized act within PT scope.
- **Prince Edward Island & Yukon:** PTs in both jurisdictions have been granted diagnostic imaging privileges, contributing to timely access to care in smaller and often underserved regions.
- **Ontario:** A recent public consultation concluded with strong support for expanding PT scope. A legislative amendment is expected in the near future, further aligning the province with international and national trends.

Recommendation

The *Physical Therapists Regulation* should be updated to include ordering diagnostic imaging within the scope of practice for PTs in British Columbia. It is PABC's position that it is not within the scope of authorized PTs to interpret diagnostic imaging. This responsibility lies with the radiologist who provides a report to the referring therapist.

Expanding Diagnostic Imaging Access in British Columbia: How Physiotherapists Can Support Timely, Cost-Effective, and Integrated Care

Published December 18, 2025

Executive Summary

- British Columbia's (B.C.) health care system faces unprecedented pressure with emergency department (ED) closures, long specialist wait times, and one in four residents without access to a primary care provider. At the same time, health care expenditures are rising exponentially annually.
- Expanding the scope of physiotherapy (PT) practice to include diagnostic imaging access offers a practical, evidence-supported way to improve patient flow and reduce duplication—complementing, not replacing, the work of physicians, nurse practitioners, and other providers.
- PTs are university-trained, regulated professionals who already diagnose and manage diseases, disorders and conditions. Other provinces (e.g., Alberta, Nova Scotia) and countries (e.g., United Kingdom, Australia) have effectively integrated diagnostic imaging into PT practice.
- A scoping review found the following major themes: a) PTs order imaging judiciously and in-line with best practices, b) PTs have high diagnostic agreement with specialists and radiologists, c) Integrating PTs into team-based care models (e.g., EDs, primary care, surgical triage) improves access, costs, and enhances patient outcomes, and d) Patients, other health care professionals and interest holders support granting PTs the ability to order diagnostic imaging.
- The scoping review also identified that advanced training improves diagnostic imaging accuracy and appropriateness. Despite limited professional competency standardization there are existing national and international regulatory frameworks that could guide the expansion of B.C.'s Physical Therapists Regulation to include diagnostic imaging.
- Regionally, there is physician support for PTs with advanced training to order diagnostic imaging, including—but not limited to—the BC Children's Hospital Orthopaedic Clinic and the Brenda and David McLean Integrated Spine Clinic (Appendix A).
- The University of British Columbia's Department of Physical Therapy has confirmed its commitment to designing and implementing post-graduate diagnostic imaging training.
- The College of Health and Care Professionals of British Columbia has confirmed its preparedness to regulate this activity once the legislation is amended.

PABC makes the following key recommendations:

1. **Legislative alignment:** Amend B.C.'s *Physical Therapists Regulation* to authorize PTs to order diagnostic imaging. To ensure the highest standards of care, it is PABC's position that ordering diagnostic imaging should be a restricted activity if authorized.
2. **Public coverage:** Ensure imaging ordered by PTs is eligible under MSP.
3. **Certification and oversight:** Allow reasonable time for the College of Health and Care Professionals of British Columbia (CHCPBC) to develop appropriate education pathways and competency standards.
4. **Program Evaluation:** Evaluate the program two years after implementation.

I. Purpose

The Physiotherapy Association of British Columbia (PABC) advocates for PTs with advanced training to be granted the authority to order diagnostic imaging as part of their full scope of practice. Empowering PTs in this way would contribute meaningfully to addressing several pressing challenges in B.C.'s health care system, including ED closures, funding constraints, long wait times for specialist consultations, and limited access to primary care providers.

II. Background

The Challenges: The Health Care Crisis & Economy

Emergency department closures, long waitlists for specialist consultation and a lack of access to primary health care providers are persistent challenges frequently highlighted by national and provincial media outlets.[1,2,3] There is a widely held belief among experts, forecasters, researchers and the public that we are in a crisis. A 2023 international survey of 10 high-income countries revealed that Canada had the lowest proportion of adults (86%) who reported having a regular doctor or place to receive medical care—well below the average of 93%, and significantly lower than comparable countries such the Netherlands, which reported 99%.[4] In B.C., the proportion of individuals attached to a primary care provider ranges from 73% to 82% .[4-6]

Health care spending remains one of the largest government expenditures.[7] As noted in the 2025 B.C. Budget,[8] the province faces an uncertain economic environment. In response, the B.C. government issued mandate letters in January 2025 directing ministries to review expenditures and improve efficiency,[9] and a comprehensive review of all health authorities is currently underway.[10] With the provincial government recently announcing a record $11.6 billion deficit in September 2025,[11] optimizing health care delivery is more critical than ever.

PTs are key members of the medical system in B.C., providing expert knowledge and skills in the assessment, treatment and management of physical injuries and illness. Despite their expertise, PTs remain an underutilized resource in this province. Greater integration of PTs into the health care system could help reduce costs, alleviate pressure on other providers, and improve patient outcomes.

Table 1. PABC Member Front-Line Experience: Red Flag Screening

Situation	A 60-year-old woman with diabetes presented with shoulder stiffness typical of a frozen shoulder.
Action	The PT noted an atypical finding—normal internal rotation—and suspected another cause. Without authority to order imaging, the PT advised the patient to check in with their physician to get a requisition. The patient couldn't get in to see their doctor for a few weeks, but eventually had the image taken. Five weeks after her initial PT appointment, the X-ray revealed an osteosarcoma.
Impact	Critical diagnosis was delayed, extending suffering, diagnostic uncertainty, and increasing downstream costs. PT ability to order diagnostic imaging could have detected the malignancy earlier.
Lesson	PTs often identify red-flag patterns early. Imaging authority enables faster detection of serious conditions.

III. Analysis

Diagnostic Imaging

Diagnostic or medical imaging encompasses a broad range of modalities—such as Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Ultrasound, and Radiography—that enable visualization of the internal structures and functions of the body.[12] These tools support accurate diagnosis, treatment planning, and monitoring of various health conditions.[12] Diagnostic imaging is essential for timely diagnosis and care planning and without timely access, patients face delays in accessing treatment, unnecessary referrals, and higher costs.

Diagnostic imaging is widely recognized in the literature as a key enabler for PTs to work to their full scope of practice. In British Columbia, PTs have had direct access legislation since 1999, allowing individuals to seek PT services without a physician referral. Notably, a survey of the World Confederation for Physical Therapy Nations found that countries with direct access to PT are 7.4 times more likely to authorize PTs to order musculoskeletal imaging.[13] This correlation underscores the importance of aligning diagnostic imaging authority with existing direct access legislation to fully leverage the capabilities of PTs in B.C.'s system

Table 2. PABC Member Front-Line Experience: Acute Ankle Injury

Situation	A 35-year-old soccer player twisted her ankle. The PT applied the Ottawa Ankle Rules and determined imaging was required.
Action	Without PT diagnostic imaging ordering authority, the patient faced two options because there was no walk-in clinic in her community: wait about two weeks to see her doctor, get an X-ray, have the report sent back to the doctor, and then book another follow-up for results—or spend 6–8 hours in the ED to get imaging the same day.
Impact	Granting PTs access to imaging would eliminate two unnecessary physician visits, accelerate diagnosis from weeks to days, reduce health care costs, minimize lost work time, and significantly lessen patient distress.
Lesson	PT imaging access turns a two-week cycle of uncertainty into a two-day path of clarity, faster recovery, and lower system cost.

Regional, National, & International Context

The above noted survey of World Confederation for Physical Therapy Nations found that 38% of member nations reported having some level of PT musculoskeletal imaging authority.[13] Notably, United States military PTs and New Zealand PTs have had diagnostic imaging privileges since 1972 and 1999 respectively.[14,15] Countries such as Australia, the United Kingdom, Norway and South Africa have integrated diagnostic and procedural imaging into PT practice.[16]

In Canada, Alberta became the first province to authorize PTs to refer for diagnostic imaging in 2011.[17] Currently, ordering diagnostic tests is within the PT scope of practice in Alberta, Quebec, New Brunswick, Nova Scotia, Yukon,[18] and Prince Edward Island.[19] Regulatory changes are also currently under review in Ontario.[20] The Canadian Physiotherapy Association has recommended that the federal government actively encourage all provinces and territories to adopt policies that allow PTs to order diagnostic imaging nationwide.[21]

Despite progress elsewhere, and substantive changes to the *Physical Therapists Regulation* already planned for April 1, 2026, diagnostic imaging is not part of these changes. This omission will continue to limit PTs in B.C. from practicing to their full scope of practice. Compared to other health professions in B.C., PTs have not seen the same level of advancement or innovation in scope expansion. For instance, in 2023, nurse practitioners were granted extended scope

to conduct mental health and capacity assessments,[22] and pharmacists gained authority to diagnose and prescribe for minor ailments and contraception.[23] Expanding PTs' scope to include the ability to order diagnostic imaging is a logical and necessary step, particularly given that BC regulations already authorize PTs to diagnose diseases, disorders, and conditions.[24] For PTs working in settings such as primary care or surgical triage, access to diagnostic imaging can significantly enhance clinical decision-making by refining differential diagnoses and ruling out serious pathologies.[25,26]

Table 3. PABC Member Front-Line Experience: A Missed Hip Fracture

Situation	A 25-year-old man fell from height at work and was treated for a soft-tissue injury.
Action	Despite persistent pain and limited motion, two PT requests for imaging were declined. Three weeks later, ED X-rays confirmed a displaced femoral-neck fracture requiring urgent surgery.
Impact	Weeks of ineffective rehabilitation and surgical delay increased cost and risk.
Lesson	PTs monitor recovery longitudinally and recognize when progress deviates from anticipated timelines. Imaging authority would prevent prolonged disability.

Expert Opinion & Scoping Review Themes

Expert consultation and a scoping review were conducted. For detailed methodology see Appendix B. Ninety-seven articles and resources were found pertaining to PTs and diagnostic imaging. See Appendix C for a full summary of findings. The following themes emerged:

1. **Judicious PT Imaging Rates**
   Evidence consistently shows that PTs order imaging judiciously and in-line with best practice.[17,27-47]

2. **High Levels of Diagnostic Accuracy and Appropriateness**
   PT diagnostic imaging referrals are commonly cited as being appropriate and align with established guidelines such as the American College of Radiology Appropriateness Criteria.[27,28,48,49]

3. **Treatment Plan Changes**
   PTs consistently demonstrate a conservative threshold for ordering diagnostic imaging; however, when imaging is deemed necessary, it frequently reveals clinically significant findings (e.g., a fracture) that lead to appropriate changes in patient management.[32,50-56]

4. **Strong Interprofessional Concordance**
   Interprofessional diagnostic imaging concordance studies demonstrate that PTs' clinical decision-making aligns closely with that of physicians. [29,30,32,53,57-63]

5. **Reduced Health Care Costs**
   Consistent and growing evidence demonstrates that integrating PTs into team-based care models—particularly in EDs, orthopaedic triage, and primary care—reduces overall health care costs. [32-38,44,48,64-69]

6. **Increased Physician Capacity and Decreased Waitlists**
   There is consistent evidence that shows that PTs in advanced practice roles manage the majority of their cases independently.[56,70-72,82] and increase access to care by decreasing waitlists and increasing physician capacity.[32,33,39,42,48,67,68,72-87]

7. **Lack of Professional Competency Standardization**
   Despite the growing integration of diagnostic imaging into PT practice, there remains no clear standardization of training or competency assessment across educational and professional settings.[88-92]

8. **Advanced Training Improves Competence**
   Evidence consistently shows that advanced training significantly improves PTs' diagnostic and management competencies.[60,93-96]

9. **Existing Regulatory Frameworks**
   Although professional competencies in diagnostic imaging for PTs are not standardized, the literature outlines some diagnostic imaging competencies[88] and frameworks.[97]

10. **Key Safeguards for Implementation**
    Key safeguards have been identified to support the safe and evidence-based integration of diagnostic imaging into PT practice: a) interpretation of results, b) responsibility of results, c) medical imaging catastrophizing, d) unregulated use, e) radiation exposure, and f) patient responses to medical imaging.

11. **Team-based Models of Care: Evidence, Interest-holder Support & Future Directions**
    There is a consistent and growing body of evidence that both patients and health care professionals report favorable experiences when PTs are integrated into team-based models of care across various clinical settings, including when PTs can order diagnostic imaging. High patient satisfaction has been reported in multiple studies, particularly in musculoskeletal care,[29,32,38,42,48,56,59,68,98-104] rheumatology[79] and women's health.[80] Health care staff, physicians, and system stakeholders consistently report high satisfaction, strong appreciation, confidence in clinical competence, and significant system benefits when PTs are integrated into team-based care models.[72,100,101,105-107]

    Regionally, there is physician support from the BC Children's Hospital Orthopaedic clinic and the Brenda and David McLean Integrated Spine Clinic for PTs with advanced training to order diagnostic imaging.

    The University of British Columbia's Department of Physical Therapy has confirmed its commitment to designing and implementing post-graduate diagnostic imaging training.

    The College of Health and Care Professionals of British Columbia has confirmed its preparedness to regulate this activity once the legislation is amended.

Table 4. PABC Member Front-Line Experience: A Motor-Vehicle Accident with No Primary Care Provider

Situation	A 62-year-old man presented one day after a motor-vehicle collision with thumb swelling and severe mid-back pain. He did not have a primary care provider and was unable to access urgent care, so he sought PT directly.
Action	The PT identified probable fractures and advised urgent imaging but could only recommend—not requisition—it.
Impact	Diagnostic delay and uncertainty increased patient stress and ED use.
Lesson	Allowing PTs to order imaging would streamline post-trauma care, reduce unnecessary ED visits, and improve coordination between clinicians.

IV. Position and Recommendations

It is the position of PABC that PTs with advanced training should be authorized to order diagnostic imaging in order to fully utilize their scope of practice and contribute meaningfully to BC's health care challenges.

Recommendations

I. The *Physical Therapists Regulation* should be updated to include ordering diagnostic imaging within the scope of practice for PTs in British Columbia. It is PABC's position that it is not within the scope of authorized PTs to interpret diagnostic imaging. This responsibility lies with the radiologist who provides a report to the referring therapist.

II. To ensure the highest standards of care, it is PABC's position that ordering diagnostic imaging should be a restricted activity if authorized.

III. Diagnostic imaging ordered by PTs should be a publicly funded service and as such PTs will need MSP billing codes.

IV. Once regulatory changes are in place, PABC acknowledges that the College of Health and Care Professionals of British Columbia (CHCPBC) would require a reasonable period of time to establish the diagnostic imaging regulatory program and set standards for B.C. PABC recommends three clear education pathways:

   a) The University of British Columbia's Physical Therapy department could develop post graduate courses simitar to the University of Alberta's Diagnostic Imaging for Physical Therapists Course (REHAB 570) or Diagnostic Imaging for MSK Disorders in Primary Care I, II and III Courses (EXFRM 2700, 2701, 2702).

   b) Other approved professional development options assessed and authorized by CHCPBC.

   c) Recognition of equivalent training completed in other jurisdictions.

V. Evaluate the program two years after implementation.

V. Acknowledgments

This position statement was prepared by Jason Craig with mentorship from Alison Hoens.

PABC extends sincere thanks to the following individuals and organizations for their valuable contributions to the development of this position statement: Alberta Physiotherapy Association, Ontario Physiotherapy Association, Nova Scotia Physiotherapy Association, UBC Physical Therapy Department (notably Drs. Clare Arden, Courtney Pollock, Alex Scott, and Jackie Whittaker) and the PABC Diagnostic Imaging Task Force (Timberly Ambler, Vince Avery, Beth Bates, Kevin Bos, Jennifer Bermingham, Phil Burman, Jill Calkin, Jocelyn Chandler, Sam Deakin, Caitlyn Dunphy, John Hunter, Maria Juricic, Igor Kharif, Steve Kotzo, Andrea Mendoza, Stacey Miller, Sean Overin, Jodie Pulsifer, Dana Ranahan, Rachel Richards, Dianne Rizzardo, Sophia Sauter, and Scott Sherman).

Appendix A. Regional Interest-holder Support

British Columbia Children's Hospital Orthopaedic Clinic

https://www.bcchildrens.ca/clinics-services/orthopedics

In the Orthopaedic clinic at BC Children's Hospital, there is physician support for expansion of scope to include referral to diagnostic imaging by PTs in order to improve delivery of care. This would be accomplished within existing infrastructure by enabling PTs to support referral triage, reduce delays in diagnosis, and off-load the management of non-surgical patients from surgeons. It is anticipated that this would also lead to a reduction in pain and disability duration, reduce the number unnecessary or duplicate visits, faster implementation of treatment, and improved experience for patient and families.

Brenda and David McLean Integrated Spine Clinic

https://www.vch.ca/en/service/brenda-and-david-mclean-integrated-spine-clinic

At the Brenda & David McLean Integrated Spine Clinic, Advanced Practice Physiotherapists are responsible for triaging and assessing referrals from primary care providers—including family physicians, emergency department clinicians, neurologists, and physiatrists—to determine the appropriateness of surgical consultation. APPs must complete a minimum of three months of specialized training in addition to five years of clinical PT experience to perform triage on behalf of spine surgeons. The PTs have the support of the physician group for the ability to independently order imaging within the context of the advanced training process.

This advanced training now incorporates diagnostic imaging coursework through the Rapid Access Clinic for Low Back Pain program (formerly ISAEC). Our PTs have also completed recognized imaging education such as the Essentials of Musculoskeletal Imaging course by Evidence in Motion and the University of Alberta's REHAB 570: Diagnostic Imaging for Physiotherapy Practice. Despite their qualifications and role as primary care providers, PTs are currently not authorized to independently order diagnostic imaging before or after the initial intake assessment. This limitation persists even though they possess the clinical expertise to make informed imaging decisions within the scope of their responsibilities.

Expanding the scope of practice to permit PTs with appropriate imaging training to independently order diagnostic imaging would enhance operational efficiency and improve patient care pathways. Presently, PTs must defer imaging requests to spine surgeons or orthopedic consultants solely for procedural purposes, even when surgical decision-making is not involved. Granting PTs the authority to order and receive imaging results directly would reduce the volume of non-surgical cases requiring specialist review, streamline case management, and optimize resource utilization across the continuum of care

Appendix B. Methodology

Activity	Date
Fireside Chat to consult with PABC members was hosted by the Knowledge Lead. Eblasts requesting member engagement were also sent.	May 1, 2025
Knowledge Lead individually consulted with 28 experts (PABC members, UBC faculty & professional associations)	May - June 2025
PABC Diagnostic Imaging Task Force was formed	June 2025
A scoping review of CINAHL and PubMed was conducted by the Knowledge Lead. Gray literature and reference lists were also searched.	June - August 2025
Position Statement drafted by the Knowledge Lead	September 2025
Position Statement edited by CEO, Physical Therapy Knowledge Broker & Task Force	September - October 2025
Draft Position Statement sent to UBC Department of Physical Therapy and the College of Health and Care Professionals of British Columbia	October 2025
Position Statement approved by PABC Board	November 2025

Scoping Review Strategy

Inclusion criteria:

- English language
- Systematic reviews published within the preceding 5 years
- Non-systematic reviews published within the preceding 2 years

Exclusion criteria:

- Editorials, expert opinions, narrative reviews

Search terms used:

("diagnostic agreement" OR "diagnostic concordance" OR "diagnostic imaging modality* "OR "medical imaging" OR "musculoskeletal imaging" OR "advanced imaging" OR "imaging") AND ("physical therapy" OR "physiotherapy)

Appendix C. Expert Opinion and Scoping Review Themes

1. **Judicious PT Imaging Rates**

   Evidence consistently shows that PTs order imaging judiciously and in line with best practice. In Alberta, between 2012–2016, PTs referred for publicly funded imaging an average of just 31 times per year — fewer than three per month.[17] At a U.S. medical center, PTs ordered X-rays in only 9% of cases and advanced imaging in just 4%.[27] Comparative studies confirm that PTs order imaging at equal [29,30-32] or lower rates than family doctors and orthopedic surgeons.[33-47] This evidence reflects how PTs are trained: to perform skillful physical examination and functional assessment, check for red flags, and prioritize conservative management, before ordering additional investigations.

2. **High Levels of Diagnostic Accuracy and Appropriateness**

   PT diagnostic imaging referrals are commonly cited as being appropriate[48] and align with established guidelines such as the American College of Radiology Appropriateness Criteria.[27,28,49]

3. **Treatment Plan Changes**

   PTs consistently demonstrate a conservative threshold for ordering diagnostic imaging; however, when imaging is deemed necessary, it frequently reveals clinically significant findings that lead to changes in patient management.[50-52] For instance, Crowell and colleagues[52] reported that U.S. military direct-access PTs identified fractures in 16% of foot/ankle radiographs and 24% of wrist/hand radiographs. In other words, in nearly one-quarter of cases, the imaging revealed fractures that required immediate changes in care, such as immobilization.

   Further evidence supports the effectiveness of PT-led screening services in surgical pathways. Studies have shown a significant increase in surgical conversion rates—defined as the proportion of patients who ultimately undergo surgery—when patients are assessed by PTs.[32,53-56] A high surgical conversion rate is often indicative of an efficient and appropriate referral process.[54]

   Overall, the evidence suggests that PTs' appropriate and targeted use of imaging not only enhances diagnostic accuracy but also positively influences the trajectory of patient care and recovery.

4. **Strong Interprofessional Concordance**

   Interprofessional diagnostic imaging concordance studies further validate PTs' clinical decision-making. These studies show strong agreement between PTs and ENT specialists[57], radiologists,[58,60,61] and orthopedic surgeons[59,62,63] in imaging requests, interpretation and treatment planning. For example, a retrospective study comparing clinical diagnoses with MRI findings found PTs had a diagnostic agreement rate of 74.5%, closely matching orthopedic surgeons (80.8%) and significantly outperforming non-orthopedic providers (e.g. family physicians) (35.4%).[63]

5. **Reduced Healthcare Costs**

   Consistent and growing evidence demonstrates that integrating PTs into team-based care models—particularly in EDs, orthopaedic triage, and primary care—reduces overall health care costs. These savings are attributed to more judicious use of diagnostic imaging, fewer physician visits, lower salary costs, and improved work-related outcomes.[32-36,38,48,64-69]

6. **Increased Physician Capacity and Decreased Waitlists**

   Evidence also shows that PTs in advanced practice roles are capable of independently managing the majority of their primary care cases.[56,70-72] These models have been associated with reduced waitlists and increased physician capacity.[32,33,42,67,73-84]

   Emerging research further supports the integration of PTs into EDs, showing benefits such as lower rates of imaging [45-47] and shorter lengths of stay.[45-47,68,85-87]

7. A Lack of Professional Competency Standardization

Despite the growing integration of diagnostic imaging into PT practice, there remains no clear standardization of training or competency assessment across educational and professional setting.[88-90] International reviews and surveys reveal significant variability in diagnostic imaging education.[89,91,92] In the U.S., most DPT programs include diagnostic ultrasound education, though typically with limited instructional hours.[89]

Great variability in diagnostic imaging and rehabilitative ultrasound imaging educational content was found in a 2017 Canadian survey of University Programs, Provincial Colleges and Canadian Armed Forces.[90] The survey identified the following:

- Both modalities were identified as essential competencies for PT graduates.
- 60% of entry level university programs reported offering at least 3 hours of diagnostic material whereas 13% offered rehabilitative ultrasound imaging content
- Most respondents noted new course development was expected within the next 5 years.
- It was projected that 58.3 % of the provinces/territories would have the possibility of PTs prescribing diagnostic imaging within 5 years.

The University of British Columbia's Master of Physical Therapy program currently provides approximately eight hours of instruction on diagnostic imaging. (e.g., diagnostic imaging in musculoskeletal practice, chest X-ray interpretation).

8. Advanced Training Improves Competence

Evidence consistently shows that advanced training significantly improves PTs' diagnostic and management competencies. One study found that PTs with additional musculoskeletal imaging education, board certification, or residency/fellowship training scored notably higher on the Burley Readiness Examination than those with only entry-level education.[93] A large U.S. survey confirmed that board-certified PTs perform imaging tasks more effectively,[94] while studies from the Netherlands[60] and Nigeria[95] found strong correlations between training level and diagnostic accuracy. Swiss data further supports that academic and continuing education as well as professional experience, are key predictors of diagnostic and management accuracy.[96]

9. Existing regulatory frameworks

Although professional competencies in diagnostic imaging for PTs are not standardized, the literature does outline some diagnostic imaging competencies[88] and frameworks.[97]

Guidance from other jurisdictions also provides useful context:

- **Alberta:** The College of Physiotherapists of Alberta classifies ordering diagnostic imaging as a restricted activity requiring additional authorization. To qualify, PTs must have at least 5 years of clinical experience in Canada and complete specific coursework.[108] Of note, there was a period of time that public funding of diagnostic imaging ordered by PTs was eliminated causing unnecessary red tape and negative impacts.[109] Fortunately, public funding was re-instated in 2022.[110]
- **Nova Scotia:** This province uses a competency attestation model.[111] Any PT can opt-in to become an authorized prescriber by declaring their knowledge and practical skills in ordering plain-view radiographs. While the regulator does not mandate specific education, the Nova Scotia Health Authority requires a course for PTs working within its system.

Beyond provincial requirements, there are also advanced training programs that incorporate diagnostic imaging into their curricula. Notable examples include:

- The Advanced Clinical Practitioner in Arthritis Care at the University of Toronto[112]
- The Advanced Health Care Practice program at Western University[113]

10. Key Safeguards for Implementation

The following safeguards need to be addressed for safe, evidence-based implementation of diagnostic imaging into PT practice.

a) **Interpretation of results:** While PABC maintains that ordering diagnostic imaging falls within a PTs scope of practice, the interpretation of those results remains the responsibility of a radiologist. The radiologist provides a formal report to the referring therapist, ensuring clinical accuracy and safety.

b) **Responsibility of results:** As primary care providers, referring therapists must have a clear process for promptly reviewing imaging results with patients. There must also be a mechanism to urgently flag the patient and system if incidental findings or serious pathologies are detected. Notably one systematic review found that incidental findings occur in 23.6% of diagnostic tests.[114]

c) **Medical imaging catastrophizing:** Research suggests a link between diagnostic imaging and catastrophic thinking.[115] Diagnostic imaging training needs to incorporate the importance of effective and timely communication with patients regarding results to reduce anxiety, catastrophizing and misinterpretation.

d) **Unregulated use poses safety risk:** Clear regulatory pathways and restricted activity designation will ensure only authorized PTs order imaging.

e) **Radiation exposure:** While ultrasound and MRI imaging do not involve ionizing radiation, CT scans and X-rays do. Radiation exposure by medical X-ray applications can increase health risks such brain tumours.[116] Excessive or inappropriate use could therefore potentially increase cumulative radiation exposure. Quality assurance, professional competency, and adherence to guidelines such as the American College of Radiology Appropriateness Criteria[117] are critical to minimizing these risks.

f) **Patient Responses to Medical Imaging:** A systemic review[118] found the following patient responses to MRI imaging: a) unexpected behavior: 11.4% of cases b) unwillingness to undergo MRI again: 3.9% c) failed scans: 2.1%, d) no-shows: 11.5%, e) sedation required: 3.3%, and f) motion artifacts: 12.2%. As such, clinicians need to be aware of the potential negative patient responses as they pertain to both healthcare utilization and a patient's healthcare journey.

11. Team-based Models of Care: Evidence, Interest-holder Support & Future Directions

There is a consistent and growing body of evidence that both patients and health care professionals report favorable experiences when PTs are integrated into team-based models of care across various clinical settings, including when PTs can order diagnostic imaging. High patient satisfaction has been reported in multiple studies, particularly in musculoskeletal care,[29,32,38,42,48,56,59,68,98-104] rheumatology[79] and women's health.[80] Health care staff, physicians, and system stakeholders consistently report high satisfaction, strong appreciation, confidence in clinical competence, and significant system benefits when PTs are integrated into team-based care models.[72,100,101,105-107]

Regionally is there is physician support for PTs with advanced training to order diagnostic imaging from the BC Children's Hospital Orthopaedic Clinic and the Brenda and David McLean Integrated Spine Clinic.

The University of British Columbia's Department of Physical Therapy has confirmed its commitment to designing and implementing post-graduate diagnostic imaging training.

The College of Health and Care Professionals of British Columbia has confirmed its preparedness to regulate this activity once the legislation is amended.

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CITY OF PRINCE GEORGE

OFFICE OF THE MAYOR

1100 Patricia Blvd. I Prince George, BC, Canada V2L 3V9

p: 250.561.7600 I www.princegeorge.ca

Local Governments in British Columbia

Transmitted via email

February 25, 2026

RE: **City of Prince George requesting signatures in its petition to the Minister of Justice and the Attorney General of Canada**

Dear Colleagues,

On behalf of the City of Prince George, I am writing to ask for your support in signing our petition to the Minister of Justice and the Attorney General of Canada.

Prince George continues to advocate for stronger public safety measures, an issue currently affecting municipalities across the country. This petition offers all British Columbians a meaningful way to participate and demonstrate to the federal government the importance of a collective voice in working together to find solutions.

The petition calls upon the federal government to:

- Amend the Criminal Code of Canada to strengthen bail requirements for prolific and non-violent offenders to include provisions for repeat offences to lead to:
  - automatic detention,
  - release to be dependent on reverse onus, and/or
  - demonstration of the Principle of Respect for the Law

- Appoint more judges, crown prosecutors and paralegals to end court backlogs

- Provide funding and resources for Crown Counsel to increase capacity and decrease delays in preparing and bringing cases to court in a timely manner

- Provide funding and resources to provincial correctional centres and support services to increase capacity for detention of individuals, as well as providing rehabilitation and release planning services

We encourage you to share our petition within your communities.

The petition is available on the House of Commons website until March 27, 2026 at 12:25 p.m. PST.

Respectfully,

Simon Yu
Mayor
City of Prince George

ABBOTSFORD

March 3, 2026

File: 0530-003/0400-60

Via Email

UBCM Member Municipalities and Regional Districts

Dear UBCM Members:

Re: Request for Support – 2026 Proposed UBCM Resolutions

I am writing on behalf of Abbotsford City Council to respectfully request your favourable consideration and support for two proposed UBCM resolutions that will be brought forward for consideration at the 2026 Lower Mainland Local Government Association (LMLGA) Convention, in advance of the UBCM Convention.

At a recent Council meeting, Abbotsford City Council approved the submission of the following proposed resolutions:

1. Engagement on Pipeline Valuation Changes
2. Exempting Local Governments from Expanded Provincial Sales Tax Requirements

Both resolutions speak to issues of province-wide significance and reflect growing concerns shared by local governments and regional districts across British Columbia regarding financial sustainability, predictability, and intergovernmental fairness.

The first resolution calls on the Province to ensure that any future changes to the valuation methodology for gathering and transmission pipelines, or other major regulated utility properties, are preceded by a robust and transparent engagement process with local governments and regional districts, through UBCM. Stable and predictable assessment practices are essential for long-term financial planning, and changes of this magnitude have the potential to significantly affect taxation equity and local government budgets across the province.

The second resolution addresses the expanded application of the Provincial Sales Tax (PST) to professional and related services relied upon by local governments to deliver essential infrastructure and community services. As public-sector entities with limited revenue tools, local governments are already facing significant cost pressures. The application of expanded PST requirements represents a cost shift within the public sector that further constrains local government fiscal capacity without increasing service value.

Abbotsford believes these resolutions align with shared interests across local governments in advocating for meaningful consultation, fiscal fairness, and sustainable service delivery. We respectfully request your support for these resolutions as they move forward through the UBCM resolution process.

Thank you for your continued collaboration and leadership. We appreciate your consideration and look forward to working together on these important matters.

Sincerely,

Ross Siemens

Ross Siemens
Mayor

cc: Council members
Peter Sparanese, City Manager

Attachments:

- 2026 Proposed Resolution – Engagement on Pipeline Valuation Changes
- 2026 Proposed Resolution – Exempting Local Governments from Expanded Provincial Sales Tax Requirements

ABBOTSFORD
2026 Proposed Resolution

ENGAGEMENT ON PIPELINE VALUATION CHANGES

City of Abbotsford

WHEREAS in December 2025, the Province directed BC Assessment to postpone implementation of significant changes to the valuation methodology for Gathering and Transmission Pipelines, which would have resulted in substantial shifts in the tax burden from pipeline operators to residential and business property classes, creating financial impacts for local governments, and;

AND WHEREAS local governments rely on stable, predictable assessment practices for long-term financial planning, and any future changes to regulated rate property valuation methodologies (particularly within the Utilities Tax Class), will have province-wide implications for local government taxation, budgeting, and equity among property classes;

THEREFORE BE IT RESOLVED that the Union of British Columbia Municipalities urge the Province of British Columbia to direct BC Assessment to undertake a robust and fulsome engagement process with local governments and regional districts, through UBCM, prior to advancing any future changes to the valuation methodology for Gathering and Transmission Pipelines or other major regulated utility properties, including sufficient notice, clear disclosure of financial impacts, and opportunities for local government input before decisions are finalized.

ABBOTSFORD

2026 Proposed Resolution

EXEMPTING LOCAL GOVERNMENTS FROM EXPANDED PROVINCIAL SALES TAX

City of Abbotsford

WHEREAS the Government of British Columbia's 2026 Budget expands the application of the Provincial Sales Tax (PST) to a broader range of services, including professional services such as engineering, architectural, and related advisory services that are routinely required by local governments to deliver core infrastructure and services;

AND WHEREAS local governments have limited revenue tools and are already facing significant financial pressures related to infrastructure renewal, climate adaptation, housing delivery, and regulatory compliance, and unmitigated application of the expanded PST further constrains local government fiscal capacity;

AND WHEREAS local governments are public-sector entities that deliver provincially mandated and community-essential services, and the application of PST to local government purchases represents a cost shift within the public sector that does not increase service value but places additional pressure on local government operating and capital budgets;

THEREFORE BE IT RESOLVED that the Union of British Columbia Municipalities urge the Government of British Columbia to exempt or eliminate the impact to local governments from the application of the expanded Provincial Sales Tax requirements introduced in the 2026 Budget, including PST applied to professional and related services, to avoid intergovernmental cost downloading and to protect local government financial sustainability and local affordability.

From: Mayor Van Minsel <Mayorvanminsel@peachland.ca>
Sent: March 3, 2026 10:59 AM
Subject: Late resolution for SILGA from the District of Peachland - Municipal PST Exemption

Good morning,
I am writing to request your council's support and endorsement of this important resolution, which we seek to have accepted and discussed at the upcoming Southern Interior Local Government Association (SILGA) Conference in Revelstoke.

Title: Municipal PST Exemption
Sponsor: District of Peachland
Resolution(full Resolution attached)
THAT Council endorse the following resolution and submits it to the Southern Interior Local Government Association for consideration at its 2026 convention, with the intent that, if endorsed, it be forwarded to the Union of British Columbia Municipalities (UBCM):

WHEREAS the Province of British Columbia has announced the expansion of Provincial Sales Tax (PST) to include professional services such as engineering, accounting, legal, and consulting services that municipalities are required to obtain to meet legislative obligations and deliver infrastructure and services;

AND WHEREAS municipalities cannot recover PST and will incur significant unbudgeted cost increases, particularly smaller communities that rely more heavily on external professional services, resulting in increased property taxes and additional financial burden on local taxpayers;

THEREFORE BE IT RESOLVED that the Union of British Columbia Municipalities request that the Province of British Columbia exempt municipalities from Provincial Sales Tax on professional services required for municipal operations, legislated requirements, and capital projects, or provide equivalent financial offsets to ensure these additional costs are not borne by municipal taxpayers.

This resolution addresses a matter of significant importance to our communities and presents an opportunity to advance meaningful discussion and collaborative action at the regional level. Having this item formally endorsed and brought forward at the conference will ensure that it receives the thoughtful consideration it deserves among local government leaders.

Your support would not only strengthen the credibility of the resolution but also demonstrate a shared commitment to proactive leadership and responsible governance. By endorsing this initiative, you would help elevate an issue that has clear and lasting implications for all our residents and the broader region.

We would greatly appreciate the opportunity for this resolution to be included on an upcoming council meeting agenda for discussion and consideration of endorsement. I would be pleased to provide any additional information or background materials to assist in your review.
Thank you for your time, leadership, and continued dedication to our community. I look forward to your consideration and support.

Warm regards,
Patrick Van Minsel

I am always available to meet in person.
Email a meeting request to mayorvanminsel@peachland.ca

If you have not yet subscribed to our District's E-News, I encourage you to do so by using this link: District of Peachland e-NEWS Subscription
In Service,

Mayor Patrick Van Minsel
District of Peachland
E: mayorvanminsel@peachland.ca
C: (1)250.470.8557
I acknowledge that my workplace is located on the traditional, ancestral, unceded territory of the Syilx/Okanagan people.

Title: Municipal PST Exemption

Sponsor: District of Peachland

Resolution

WHEREAS the Province of British Columbia has announced the expansion of Provincial Sales Tax (PST) to include professional services such as engineering, accounting, legal, and consulting services that municipalities are required to obtain to meet legislative obligations and deliver infrastructure and services;

AND WHEREAS municipalities cannot recover PST and will incur significant unbudgeted cost increases, particularly smaller communities that rely more heavily on external professional services, resulting in increased property taxes and additional financial burden on local taxpayers;

THEREFORE BE IT RESOLVED that the Union of British Columbia Municipalities request that the Province of British Columbia exempt municipalities from Provincial Sales Tax on professional services required for municipal operations, legislated requirements, and capital projects, or provide equivalent financial offsets to ensure these additional costs are not borne by municipal taxpayers.

Memo

Issue

In Budget 2026, the Province of British Columbia announced the expansion of Provincial Sales Tax (PST) to include professional services such as accounting, auditing, engineering, architectural, legal, and consulting services, effective October 1, 2026. This represents a significant change, as these services were previously exempt.

Municipalities are required by legislation to obtain many of these services, including annual independent financial audits under the *Local Government Act*, engineering services for infrastructure, and professional consulting for planning and regulatory compliance.

Impact on Municipalities

Municipalities are unable to recover PST on professional services, making these taxes a direct, unbudgeted cost that must be covered through property taxation. This impact is particularly acute for smaller municipalities, which depend more heavily on external consultants due to limited internal staffing capacity.

The expansion of PST effectively shifts additional financial responsibility from the Province to local governments and their taxpayers. Municipalities across British Columbia rely on professional services to deliver critical infrastructure and comply with legislated requirements.

The application of PST will increase the cost of delivering essential services and infrastructure, including:

- Childcare facilities
- Water and sewer systems
- Roads and transportation networks
- Housing initiatives
- Public safety facilities
- Legislated financial audits

Without intervention, these increased costs will be passed directly on to municipal taxpayers, placing an additional and unanticipated financial burden on the communities they serve.

Example – District of Peachland

The District of Peachland is currently constructing a provincially funded childcare facility with a total project cost of approximately $12 million.

Based on current estimates, the application of PST to professional services associated with this project will result in approximately $231,000 in additional unbudgeted costs.

This additional cost would:

- Increase property taxes by approximately 2.7%, and
- Increase the planned provisional tax increase of 4.87% by approximately 55%

These additional costs were not anticipated at the time the project was approved or funded.

Conclusion

The expansion of PST to professional services will have a significant financial impact on local governments throughout British Columbia and will directly increase property taxes.

Exempting municipalities, or providing equivalent financial offsets, would prevent this additional burden from being transferred to local taxpayers.