Common Schedules for Approval

Healthcare and Public Health

September 14, 2026

IMAC Backgrounder

These schedules cover unique functions related to the provision of healthcare and public health in British Columbia. ORCS/ORS consulted include Aboriginal Health Program (AHPS), (Adult Mental Health Services (AMHS), Business and Contract Management (BCOM), Community Health Programs (CHP), Conversation on Health Records (COHE), Emergency Medical Assistants Licensing (EMAL), Health Authority Performance Management (HAPM), Health Protection and Safety Services (HPS), Medical Services Plan (MSP), Non-Emergency Health Information Services (NHIS), Nursing Directorate Services (NURS), and PharmaCare Services (PHAR) as well as relevant legislation and regulations.

The Health Status Registry, Client Registry and Provider Registry are currently covered under the Vital Statistics Services ORCS and have not been addressed here.

At present, these schedules cover the functions of core government only. The next stage of development will focus on adding in schedules for functions that are carried out by the broader public sector.

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Schedules for Approval

- Drug Manufacturer Tracking
- Healthcare Client Registration
- Healthcare Institution Certification
- Healthcare Institution Monitoring and Compliance
- Healthcare Service Requests
- Healthcare Staff Credentialing
- Health Insurance Billing Integrity and Monitoring
- Medical Services Payment Schedule Management
- Medication History
- One-Time Health Records
- Prescription Benefit Approval and Tracking
- Prescription Benefit Claims History
- Public Health Information, Orders and Directives
- Regulatory Oversight of Healthcare Providers
- Restricted Beneficiaries Review and Evaluation
- Unregistered Assisted Living Residences Complaints

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Healthcare and Public Health

These schedules cover records related to unique functions in the provision of healthcare and public health in British Columbia. These functions include:

- Regulating and monitoring healthcare providers and facilities
- Provision of medication and drug coverage programs
- Provision of health insurance and benefit programs
- Registration and tracking of healthcare clients
- Development and implementation of public health initiatives

For critical cross-government functions, please see the Common Records Information Schedules. These include (but are not limited to):

- Regulatory and legislative framework development and administration
- Audits
- Corporate governance
- Agreement development and administration
- Program and project planning and outcomes

Examples of routine records include (but are not limited to):

- Payment processing
- Redundant source information

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Drug Manufacturer Tracking

Covers records relating to drug pricing and price changes, benefit status, and product listing agreements.

Retention and Disposition: close + 10 years → destroy

Once the drug is delisted and/or the product listing agreement is terminated, keep for 10 years, then destroy.

The 10-year retention period provides evidence of defensible and transparent decision-making processes in the submission and selection of drugs as PharmaCare benefits under the Continuing Care Programs Regulation, as well as providing a reasonable amount of time for research and reference purposes.

Examples

Examples include (but are not limited to):

- Drug manufacturer files

Legislation

Continuing Care Programs Regulation (BC Reg 146/95)

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Healthcare Client Registration

Covers records relating to personal information associated with individuals receiving health care in British Columbia that is used to administer various systems, such as unique identifiers like Personal Health Numbers, government-run health benefits plans such as PharmaCare and Medical Services Plan, and patient care.

Retention and Disposition: close + 100 years → destroy

Once the business year has ended, keep for 100 years, then destroy.

The 100-year retention period ensures that records are available so that benefits provided by the government can be tracked across the whole lifetime of the youngest possible individual receiving benefits.

Examples

Examples include (but are not limited to):

- Patient history file master beneficiary data
- Primary health care registration data
- MSP beneficiary data

Cross-Reference: For records regarding restricted beneficiaries, please use the Restricted Beneficiaries Review and Evaluation Schedule.

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Healthcare Institution Certification

Covers records relating to the accreditation of institutions providing residential healthcare services.

Retention and Disposition: close + 100 years → transfer

Once the institution is closed, keep for 100 years, then transfer to the government archives.

Residential healthcare institutions records will be transferred to the government archives as they provide a documentary history of the care provided in facilities where individuals live and in which the government controls all aspects of their day-to-day life. These records are needed to hold the government accountable in the carrying out of its legislated duties.

Examples

Examples of institutions:

- Hospice
- Mental health facilities
- Long-term care facilities
- Community living facilities
- Acquired injury facilities
- Substance use facilities

Examples include (but are not limited to):

- Final accreditation reports
- Critical incidents, complaints and investigations
- Menus
- Resident logbooks
- Institution closure case files

Legislation

Community Care and Assisted Living Act (SBC 2002 c 75)

Continuing Care Act (RSBC 1996 c 70)

Continuing Care Programs Regulation (BC Reg 146/95)

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Healthcare Institution Monitoring and Compliance

Covers records relating to the registration and monitoring of residential healthcare institutions under the Continuing Care Act such as assisted living residences and private hospitals.

Retention and Disposition: close + 100 years → destroy

Once the institution is closed or no longer registered, keep for 100 years, then destroy.

The 100-year retention period ensures that records are available for the full lifetime of the youngest possible individual so that they may hold the government accountable for their actions and/or inactions while resident in a healthcare institution, in accordance with the Limitation Act.

Examples

Examples include (but are not limited to):

- Assisted living registration and monitoring files
- Private hospital registration and monitoring files

Legislation

Community Care and Assisted Living Act (SBC 2002 c 75)

Continuing Care Act (RSBC 1996 c 70)

Continuing Care Programs Regulation (BC Reg 146/95)

Limitation Act (SBC 2012, c. 13)

DRAFT

Healthcare Service Requests

Covers records relating to requests and approvals for medically required surgeries, procedures, pharmaceuticals, and medical supplies.

Retention and Disposition: close + 100 years → destroy

Keep for 100 years, then destroy.

The 100-year retention period ensures that records are available for an individual's lifetime and provides a reasonable length of time for subsequent surgeries and/or revisions, procedures, and other medically required services.

Examples

Examples include (but are not limited to):

- Cosmetic and dental service requests files
- Gender reassignment surgery files
- Special authority client files
- Prosthetic/orthotic claims beneficiary files
- Applications for Health and Drug coverage
- Nicotine Replacement Therapy authorizations

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Healthcare Staff Credentialing

Covers records relating to the registration, monitoring and investigation of healthcare staff who work for employers receiving public funds in BC.

Retention and Disposition: close + 100 years → destroy

When the individual is no longer providing medical services through the government, keep for 100 years, then destroy.

The 100-year retention period ensures that records are available for the full lifetime of an individual who receives medical services so that they may hold healthcare staff accountable for their actions and/or inactions in accordance with the Limitation Act.

Examples

Examples include (but are not limited to):

- BC Care Aide and Community Health Worker Registry and associated files
- First Responder licensing files

Legislation

Limitation Act (SBC 2012 c 13)

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Health Insurance Billing Integrity and Monitoring

Covers records relating to monitoring and investigating the billing patterns and practices of individual health care practitioners and providers registered with health insurance programs. Also covers resolution of disputes over payment of claims.

Retention and Disposition: close + 15 years → destroy

Once provider is no longer registered with the appropriate program, keep for 15 years, then destroy.

The 15-year retention period ensures that the records are available for the program area to research precedent and support the defense of its decisions and to provide required background information relating to previous billing integrity issues that may be required to support ongoing monitoring, future investigations, or recovery actions against a practitioner.

Examples

Examples include (but are not limited to):

- Physician/practitioner monitoring files
- Annual practitioner profiles and interpretation guides
- Pharmacy registration and monitoring
- Diagnostic and treatment facility approval and monitoring
- Payment disputes
- Audits and reviews
- Locum and practitioner files
- Schedule appeals

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Medical Services Payment Schedule Management

Covers records relating to the development and maintenance of the Medical Services Commission Payment Schedule. This includes the pre-review, development and history of each fee item included in the schedule (i.e., a treatment designated as an MSP benefit) as well as supplementary benefits payment schedule fee items.

Retention and Disposition: close → destroy

Once the fee item is no longer part of the payment schedule, then destroy.

These records can be destroyed as decisions about fee items are documented in the Medical Services Commission records of minutes and changes to the fee schedule itself are documented in the payment schedule, both of which are transferred to the government archives.

Examples

Examples include (but are not limited to):

- Medical Advisory Council (MAC) minutes
- Medical Payment Issues Committee (MPIC) minutes
- BCMA Tariff Committee records
- Fee item data
- Fee schedule service requests

Cross-Reference

For the Medical Services Payment Schedule, use the Legislative and Regulatory Frameworks Schedule [*currently under development*].

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Medication History

Covers records relating to the maintenance of patient medication profiles and history, including health practitioner observations and comments.

Retention and Disposition: close + 15 years → destroy

Keep for 15 years, then destroy.

The 15-year retention period is based on the potential legal value of the records in bringing a legal action against a hospital, hospital employee, or medical practitioner in cases of alleged hospital negligence or medical malpractice under the Limitation Act.

Examples

Examples include (but are not limited to):

- Drug processing data
- Medication history data and reports

Legislation

Limitation Act (SBC 2012 c 13)

DRAFT

One-Time Health Records

Covers records relating to a client's personal, assessment, and recommended treatment information for each call received by non-emergency health support services (HealthLink BC including 8-1-1 services) as well as any associated complaints.

Retention and Disposition: close + 16 years → destroy

Keep for 16 years, then destroy.

The 16-year retention period is based on the potential legal value of the records in defending legal actions pertaining to non-emergency health information services and the 15-year ultimate limitation period under the Limitation Act for commencing a court proceeding in respect of a claim, calculated from the date the act or omission on which the claim is based took place. The 16-year retention period for patient records is specified in the College of Physicians and Surgeons Practice Standards.

Examples

Examples include (but are not limited to):

- Dietitian telehealth supporting documentation
- Telehealth records
- Non-emergency complaints

Legislation

Limitation Act (SBC 2012 c 13)

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Prescription Benefit Approval and Tracking

Covers records relating to the approval of specific products or services that qualify as PharmaCare benefits, as well as the discontinuation of products or services that no longer qualify under the Continuing Care Programs Regulation. This includes drug submissions and the drug review process.

Retention and Disposition: close + 10 years → destroy

Once the proposed benefit(s) is not approved or the approval is discontinued, keep for 10 years, then destroy.

The 10-year retention period provides evidence of transparent and defensible decision-making processes in the provision of drugs and medical supplies through the PharmaCare program as well as providing a reasonable amount of time for research and reference purposes.

Examples

Examples include (but are not limited to):

- Delisted drugs
- Diabetic supplies
- Investigational drugs
- Ostomy products and suppliers
- Prosthetic devices and suppliers
- Supplier codes
- Formulary submissions
- Formulary management working materials
- Formulary management data

Legislation

Continuing Care Programs Regulation (BC Reg 146/95)

Pharmaceutical Services Act (SBC 2012 c 22)

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Prescription Benefit Claims History

Covers records relating to applying and claiming for reimbursement of the cost of designated prescription drugs and medical supplies pursuant to the Continuing Care Programs Regulation and the Pharmacy Operations and Drug Scheduling Act.

Retention and Disposition: close + 20 years → destroy

Keep for 20 years, then destroy.

The 20-year retention period ensures records are maintained for program research and statistical purposes.

Examples include (but are not limited to):

- PharmaCare claims history data (Claimshist)

Legislation

Continuing Care Programs Regulation (BC Reg 146/95)

Pharmacy Operations and Drug Scheduling Act (SBC 2003, c. 77)

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Public Health Information, Orders and Directives

Covers records relating to the direction and guidance of government to the public and other jurisdictions on health protection, communicable disease prevention and control, and health promotion.

Retention and Disposition: close + 10 years → transfer

Once issued, keep for 10 years, then transfer to the government archives.

The 10-year retention period ensures that the records will be available as reference materials for the development of future public health information products. The government archives will fully retain public health information, orders, and directives as they document the decisions and direction of government to the public and other jurisdictions regarding issues such as individual and collective health issues, preventative measures, and emergencies.

Examples

Examples include (but are not limited to):

- Health and wellness information fact sheets
- Emergency health response orders and guidance
- Preventative public health guidelines and requirements

Cross-Reference

For development and working materials for public health information, use the Routine Information schedules.

Legislation

Drinking Water Protection Act (SBC 2001 c 9)

Drinking Water Protection Regulation (BC Reg. 168/2025)

Food Safety Act (SBC 2002 c 28)

Tobacco and Vapour Products Control Act (RSBC 1996 c 451)

Tobacco and Vapour Products Control Regulation (BC Reg. 188/2025)

Public Health Act (SBC 2008 c 28)

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Regulatory Oversight of Healthcare Providers

Covers records relating to the government's oversight of health regulators, such as professional colleges, health authorities, and other bodies providing healthcare services to ensure they are focused on patient safety and the public interest.

Retention and Disposition: close + 15 years → transfer

Keep for 15 years, then transfer to the government archives.

Regulatory oversight of healthcare provider records will be transferred to the government archives as they document the government's oversight, ongoing monitoring and the overall compliance of healthcare regulators.

Examples

Examples include (but are not limited to):

- Audits of regulatory health profession and occupation colleges
- Designation Assessments
- Reviews, complaints, investigations, and disciplinary proceedings
- Health authority monitoring

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Restricted Beneficiaries Review and Evaluation

Covers records relating to determinations about whether to restrict client access to prescription medications that may be misused.

Retention and Disposition: close + 7 years → destroy

Once the restriction has been lifted, keep for 7 years, then destroy.

The 7-year retention period provides a reasonable amount of time for monitoring purposes related to previous prescription medication misuse. These records are scheduled separately from Healthcare Client Registration records to allow for timely disposition at the conclusion of the shorter retention period.

Examples

Examples include (but are not limited to):

- Restricted beneficiary files

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Unregistered Assisted Living Residences Complaints

Covers records relating to concerns and complaints about health and safety in unregistered assisted living residences.

Retention and Disposition: close + 15 years → destroy

Keep for 15 years, then destroy.

The 15-year retention period provides a reasonable period of time to review past complaints, establish patterns of compliant behavior, and support statistical reporting.

Examples

Examples include (but are not limited to):

- Complaint and inspection files

Legislation

Community Care and Assisted Living Act (SBC 2002 c 75)

Continuing Care Act (RSBC 1996 c 70)

Continuing Care Programs Regulation (BC Reg 146/95)

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