



College of
Chiropractors of
British Columbia

COLLEGE OF CHIROPRACTORS
OF BRITISH COLUMBIA

Annual Report

2018-2019

 www.chirobc.com

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ACKNOWLEDGEMENT OF TERRITORY

The CCBC operates on the traditional, ancestral and unceded territory of the Coast Salish peoples – Skwxwú7mesh (Squamish), Stó:lō and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) and xʷməθkʷəy̓əm (Musqueam) Nations.

OUR MISSION

Protect the public by regulating British Columbia's doctors of chiropractic to ensure a safe, qualified and ethical delivery of care.

OUR VISION

The College of Chiropractors of BC is a recognized leader in patient-centered, evidence-informed health profession regulation.

STRATEGIC GOALS

- Protect the public by ensuring that registrants deliver professional, effective and ethical services.
- Reinforce evidence-informed practice by registrants.
- Improve public trust in the regulator and strengthen productive relationships with our stakeholders.
- Enhance and clarify governance to support our mandate.

BOARD MEMBERS



DR. JOHNNY SUCHDEV
Chair



MR. KEN KRAMER, Q.C.
Vice Chair



DR. CHRIS ANDERSON



MR. COLIN BENNETT



DR. LARISSA JUREN



MS. DEANIE KOLYBABI



MR. PIOTR MAJKOWSKI



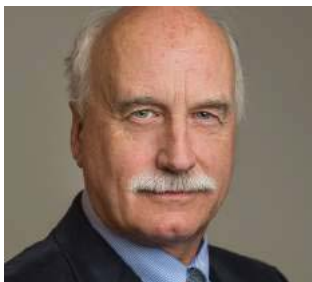
DR. TODD MARSHALL



DR. HAFEEZ MERANI



DR. STEPHEN MOGATAS



DR. DAVID OLSON



DR. GERRY RAMOGIDA
(November 2018 – July 2019)

STAFF



MRS. MICHELLE DA ROZA
Registrar



DR. DOUGLAS WRIGHT
Deputy Registrar



MR. SHELBY THIESSEN
Director of Finance



MR. RICHARD SIMPSON
Interim Registrar
(August 2018 – April 2019)
Policy Advisor (April 2019 – present)



MS. GIGI TSUI
Registration Coordinator



MS. SANDRA BAO
Office Coordinator



MS. SUSAN WAWRYK
Registration Coordinator (Retired)



A Message from the Chair and Registrar

The performance of many health profession regulators has been under scrutiny in British Columbia and other jurisdictions. Governance deficiencies and a lack of desire to implement the required changes to adequately regulate were brought to the forefront as a result of increased attention from the public and the Ministry of Health. The public's expectation of a professional regulator shifted and the College of Chiropractors of BC (CCBC) recognized we were simply not meeting their demands. Our reputation has suffered and public trust in our institution had eroded.

In the last 12 months, the Board and staff at the College have worked diligently to address these concerns. We applaud the Board for their courage to make bold decisions in the public interest. Our organization is becoming more proactive in minimizing risks that previously burdened our core regulatory processes.

These projects include:

- **A fulsome review of our governance structures and a corresponding action plan.** Work on this plan is well underway and includes the creation of a Governance Committee, improved stakeholder communications and review of Board policies and procedures.
- **The development of registrant website and social media electronic marketing review tool:** As a proactive measure, an external third party software developer was contracted to design a tool that would screen web marketing for inappropriate use of terms and language. This was required to support enforcement of the Efficacy Claims Policy. Due to our success, regulators both locally and nationally were interested and have started using this tool. An Australian paper titled "At-risk advertising by Australian chiropractors and physiotherapists" by J. Keith Simpson also referenced the CCBC's progress

with the tool.

- **Increasing research capacity to inform regulatory policy development.** The Board identified a gap in policy research to inform good decision-making. Several avenues are being explored to ensure balanced and independent policy research is available to support the Board with their work and justify regulatory action if necessary.
- **Bylaw amendments to enhance governance.** As part of the governance review, several bylaw amendments were identified which align with trends in regulatory governance. Decreasing the number of Board members, incorporating a ratio of 50/50 public to professional Board members and eliminating electoral districts are several examples which are under consideration for Bylaw revision.

The regulatory landscape continues to evolve, especially in BC, and the CCBC must work to stay ahead of the curve. The release of "An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act", also referred to as the Cayton Report, in April 2019 stated that the *Health Professions Act (the 'Act')* as it stands today does not adequately allow for protection of the public.

The report echoed many of the concerns already voiced by BC's health regulators and identified several barriers health regulators face in meeting our collective mandate.

These include:

- **The election of registrants by registrants to the Board of the regulator.** In just the last five years, there have been several examples of health profession registrants in BC and other jurisdictions who were elected to Boards based on their philosophical approaches. This proved problematic and contrary to the organization's requirement to regulate in the public interest and not in the interest

of the profession. Elections do not support good governance and make it difficult to retain individuals who possess skills and knowledge that will benefit the regulator. Further, the election of registrants by registrants implies that registrant Board Members represent the constituents who elected them which is not accurate

- **Advocacy for the profession is contrary to the mandate of a professional regulator.** The report suggests that even a matter as simple as the collection of fees by the regulator on behalf of the professional association is inappropriate. The CCBC made several changes within the last two years to clearly separate operations from our professional association, the BC Chiropractic Association (BCCA) including cessation of association fee collection and moving from an office space shared with the BCCA. These changes are supported very strongly in the Cayton report.
- **A lack of transparency.** There are several instances in the report where increased transparency by the regulator is recommended. Some of these are within the control of the regulator, for example, ensuring Board minutes are published online, while others are legislated within the Act. The publication of inquiry and discipline matters is defined in legislation and makes it difficult to publish matters which are not deemed a “serious matter” under the Act s. 26 without consent from the registrant in question. The regulator should have increased ability to publish matters for the benefit of the public.

The Ministry of Health is considering all of the recommendations made in the Cayton Report which includes the replacement of the Act. By the end of 2019, we should have a clearer picture of the future of professional health regulation in BC.

In March, the Board began to develop a new strategic direction for the CCBC which takes our governance review, the Cayton report and other regulatory trends and practices into account. We have committed to being a recognized leader in regulatory excellence and are actively seeking opportunities to positively impact the course of regulation in our province, nationally and around the world. It is incumbent on us as professional regulators to collaborate with others to support and

further our collective interests.

The CCBC’s relocation to the Health Regulatory Hub at 200 Granville in Vancouver in September 2018 has enhanced our collaboration and integration capacity. The ability to share resources and find consistent, cost effective solutions is easier than ever before. The Cayton report also makes the suggestion of further formal streamlining of regulatory processes. For example, there is a recommendation to create one oversight body to manage complaints for all regulators and to develop a single register for all regulated professionals.

It is very likely that this increase in shared services and integration will result in the amalgamation of regulators in the near future. The CCBC Board states that *“The Board supports the amalgamation of Colleges as a positive step towards reform of the professional regulator framework.”* The recent amalgamation of the three nursing colleges to form the BC College of Nursing Professionals was touted as a huge win for the public who can now access information on the practice of all nursing types through one organization.

The chiropractic regulator we have today will certainly look much different in the next 5 years with changes to the Act and direction from the Ministry of Health. Although we are a well-resourced regulator, we are particularly interested in the alignment of best practices, policies and procedures that amalgamation may bring. Further, the ease of use for the public in accessing services through fewer entities is clearly in line with our mandate to protect the public.

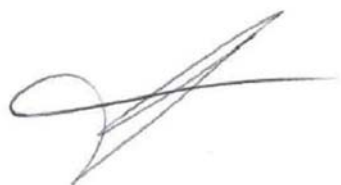
We would like to acknowledge the Board for their resilience and leadership through a very difficult period in our organization’s history. Our committees should also be applauded for their efforts to support our core regulatory functions. Finally, we sincerely thank the staff: Sandra, Susan, Gigi, Shelby, and Douglas who each went above and beyond to ensure the CCBC continued to meet our requirements under the Act and Richard who stepped in to provide steadfast leadership and stability to our organization during an uncertain time. We are sincerely grateful for your resolve.

We are on the cusp of a truly unique opportunity to change the direction of professional regulation for

the benefit of all British Columbians. The Board is increasingly seeking innovative and research based approaches to policy and decision-making. Legislation and oversight from the Ministry of Health is transforming.

We are collaborating more than ever before with our peers locally and nationally to incorporate good regulatory practice and harmonize processes. Our focus on the regulation of the profession in the public interest has never been clearer. As we strive to do better than we did yesterday, we continue to explore options to become a leader in regulatory excellence.

Sincerely,



Dr. Johnny Suchdev
Chair



Michelle Da Roza
Registrar



COMMITMENT TO CULTURAL SAFETY

Following the signing of the Declaration of Commitment to Cultural Safety and Humility in the treatment of Indigenous Peoples in BC, the CCBC has continued efforts to increase cultural competency amongst registrants. In the 2018-19 fiscal year, the CCBC took the following actions:

- CCBC sponsored speaker, Mr. Rupert Ross, former Crown Attorney and author of several books including “Indigenous Healing: Exploring Traditional Paths” at the 2018 BC Chiropractic Convention.
- Continuous promotion of cultural competency training amongst our registrant population, the Board and College staff;
- Acknowledgement of territory at all Board Meetings;
- Board and staff participation at the 2nd First Nations Health Authority Symposium in May 2019; and,
- Inclusion of a question during each registration renewal cycle to measure the number of registrants who have completed the San'yas Cultural Competency training.

THE HEALTH REGULATORY HUB

With the amalgamation of the three nursing colleges in 2018, a new office space was secured by the BC College of Nursing Professionals (BCCNP) to house their operations. BCCNP invited B.C.'s other health profession regulators to move to the new location in downtown Vancouver. The CCBC seized the opportunity to further collaborate with our regulatory peers and made the commitment to relocate. Several other regulators also accepted this offer.

The CCBC announced this change to the public at the 2017 Annual General Meeting in Kelowna. On September 14, 2018, the CCBC's official residence changed to 900-200 Granville Street, Vancouver. Since that time, we have been joined by a number of other regulators. The Health Regulatory Hub as it is now called, is home to:

- BC College of Nursing Professionals
- College of Chiropractors of BC
- College of Dental Technicians of BC
- College of Midwives of BC
- College of Occupational Therapists of BC
- College of Opticians of BC
- College of Physical Therapists of BC
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC

A number of other B.C. health regulatory colleges are scheduled to join the Hub in the near future.

Regulators that operate out of the Hub are able to:

- Reduce or minimise occupancy costs through economies of scale and better manage the cost of potential growth.
- Use our space more efficiently. Common space for meetings, reception and staff are shared across all groups.
- Increase opportunities for collaboration, integration and shared services across regulators. This includes harmonization of policies and best practices.
- Reinforce our collective mandate to regulate in the public interest. We are reminded of this every day as we work alongside our regulatory colleagues.

The most important function of the Health Regulatory Hub is truly the ability to collaborate and affect public protection and safety in a positive way.

Cynthia Johansen, Registrar and CEO of the BCCNP states in the Hub welcome message:

"We now have an opportunity to work together, side-by-side, as we strive to protect the public in British Columbia through the regulation of health professionals. We share the same mandate, and now we share the same space. As we operate together in this new environment, we will soon find that we are also sharing our expertise, resources, and ideas. Our new space has been designed to encourage a closer working relationship among our regulatory bodies, and indeed a greater collaboration among the individuals who make up B.C.'s health regulators."

REGISTRATION

Committee members:

Dr. Blake Cameron , Chair
Dr. Paul Dhaliwal, Vice Chair
Mr. Ken Kramer, Q.C.

The Registration Committee is responsible for reviewing applications for registration which have been submitted to the CCBC for full, temporary and student classifications. It also reviews applications for changes in registration status and administers the jurisprudence examination. The Registration Committee abides by the Act and the Bylaws of CCBC, applying their requirements to either grant, or deny registration.

The Committee reviewed 96 files this past year. There were 81 applications for full registration (including reinstatements, new grads, interprovincial transfers and foreign applicants), 14 student applicants and 1 temporary applicant.

There was a net increase of 56 full registrants and an increase of 14 non-practicing registrants during the 2018-19 fiscal year. Total registration at the end of this fiscal year is 1322 (1271 full registrants and 51 non-practicing registrants). Statistics do not include those registrants deleting from CCBC registration.

QUALITY ASSURANCE

The Quality Assurance Committee meets several times during the year to deal with various agenda items as required by the Board and in the pursuit of having a more robust Quality Assurance Program in place for registrants.

The Committee is excited to have worked with Canadian Memorial Chiropractic College (CMCC) to deploy a mandatory Record Keeping program for all practising registrants. The course was available to all registrants in March 2019 through CMCC's online interactive platform at a very reasonable cost to registrants. Work is already underway to identify additional topics for mandatory course development through CMCC. Other health regulators in BC and nationally, interested in this approach to registrant education, have also approached the college. We hope that future courses will be broad enough for other professions to use at a very low cost.

The Practice Self Review is the clinical file review process, which must be completed by all full registrants at least once every five years. Approximately 250 registrants are solicited for this review in a given year. Recent pass rates have improved significantly, with the majority of registrants having completed at least one review in the last five years. The Committee is looking to evolve the current Practice Self Review process into a Clinical Record Review in the future. In addition, the implementation of a comprehensive Professional Development Program combined with a Self-Assessment is also being discussed. The review of Quality Assurance approaches of various professions and jurisdictions is underway to help inform our next steps.

The 2017-19 continuing education cycle ended on March 31, 2019 with the majority of registrants complying with requirements by this date. The Committee will be looking at the continuing education program in context with the full scope of quality assurance programs in the near future.

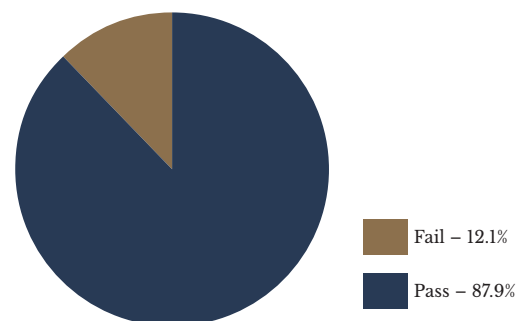
Committee members:

Dr. Enrique Domingo, Chair
Dr. Chris Anderson, Vice Chair
Ms. Dorothy Barkley
Mr. Piotr Majkowski

Lastly, the Cannabis Act came into effect on October 17, 2018 and the Committee issued a reminder to registrants that any consultation, prescription or advice regarding cannabis is outside the scope of practice of chiropractors. Also, impaired consent if a patient is under the influence of cannabis must be considered before beginning any examinations or treatments. Registrants were further reminded that they must refrain from practicing while under the influence of cannabis.

I would like to personally thank all of the committee members for their valuable time and input as well as the Deputy Registrar, Dr. Douglas Wright, for preparing all the items required for our committee to function.

PSRs:



Overall, the records have improved; mainly due to greater use of electronic records. It will be interesting to review the PSR summary of this fall's returns as the record-keeping course was introduced in May 2019. Most letters to registrants included recommendations that would improve their records.

The reasons for failure of the PSR return include:

- Legibility of records
- Few or no examination findings
- Repetitive SOAP notes (both paper and electronic)

All registrants receiving a failing grade are rescheduled for 6-months time.

INQUIRY

Committee members:

Dr. Brett Peters, Chair
Mr. Michael MacDougall, Vice Chair
Dr. Kelsey Horsting

Ms. Deanie Kolybabi
Dr. Kristine Salmon
Dr. Anne Maylin-Lee (2016 – July 2019)

The Inquiry Committee is established under s. 16 of the *Bylaws* and is made up of six people including two public representatives, one of which must be an appointed board member. The Committee's procedures are outlined in *the Act*, Part 3 – Inspections, Inquiries and Discipline.

The Committee's role is to investigate complaints against registrants and former registrants who are alleged to have contravened *the Act*, regulations, bylaws, and/or the Professional Conduct Handbook. The Committee also considers cases of failure to comply with conditions placed on registrants, misconduct and fitness to practice.

While the Committee can make a motion to undertake an investigation under s. 33(4) of *the Act*, most complaints are submitted by patients. The CCBC and the Inquiry Committee are obligated to conduct an adequate investigation in a timely manner.

Often during an investigation, the Committee will appoint an inspector to conduct portions of, or all of, the investigation. The Committee may issue a "Direction to Inspect" under s. 28 of *the Act* which authorizes the inspector to attend a registrant's office and obtain clinical files or other materials.

Powers and duties of inspectors

28 (1) During regular business hours, an inspector may, subject to any limits or conditions imposed on the inspector by the inquiry committee, investigate, inquire into, inspect, observe or examine one or more of the following without a court order:

- (a) the premises, the equipment and the materials used by a registrant to practise the designated health profession;
- (b) the records of the registrant relating to the registrant's practice of the designated health profession and may copy those records;
- (c) the practice of the designated health profession performed by or under the supervision of the registrant.

S. 31 of *the Act* requires the registrant's cooperation:

Prohibition against obstructing inspection or search

31 (1) A person must not obstruct an inspector in the lawful performance of duties or the lawful exercise of powers under this Act.

(2) A person must not obstruct a person acting under section 29 or 30 or under an order made under those sections. Registrant cooperation and professionalism is expected throughout the investigation process. Registrants must respond promptly and in a professional manner when contacted by a member of the Inquiry Committee. The registrant's response becomes part of the official investigation record, which may be observed by the complainant, the Health Professions Review Board (HPRB) and/or the courts.

In the event of a Direction to Inspect, failure to comply may result in further action under s. 31.

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In the event of a Direction to Inspect, failure to comply may result in further action under s. 31.

Following the investigation, the Committee can dispose of the matter by:

- Taking no further action;
- Issuing a reprimand or remedial action by consent;
- Taking an action it considers appropriate within the Committee's jurisdiction; or
- Referring the file to the Discipline Committee.

The decision of the Inquiry Committee is sent to both the registrant and the complainant (if one is on record). The registrant may be requested to agree to this decision and if they decline, a citation for a hearing may be issued. *The Act* also requires the complainant is advised of the option to request a review from the HPRB within 30 days if they are not satisfied with the Inquiry Committee's decision. The HPRB may review the investigation for adequacy and the disposition for fairness.

In May 2018, the CCBC retained Ms. Carmel Wiseman to review the CCBC's complaint investigation protocols and provide recommendations for changes, if any, and to oversee the investigations of complaints into current or recent Board members. The Report on Review of CCBC Complaint Protocols (The Wiseman Report) was received on January 25, 2019. The Report contains seven (7) recommendations and also notes that most of these recommendations were already implemented at the time the report was issued. On April 17, 2019 the Board approved the recommendations in the report to update the Complaints Management Protocol and the Sexual Misconduct Complaints Management Protocol.

The work of the Committee would not be possible without the dedication and time from the committee members. My appointment as Chair of the Inquiry Committee came on February 6, 2019 when Dr. Lesley Taylor-Hughes left the Committee, having completed the maximum number of terms possible under *the Act*. I thank her for her contributions to the CCBC and for supporting me in my new role. Also leaving the Committee in the last year were Dr. Anne Maylin-Lee (registrant) and Ms. Kitty Chan (appointed board member).

At this time, the other members of the Committee are Dr. Kristine Salmon (registrant), Dr. Kelsey Horsting (registrant), Ms. Deanie Kolybabi (appointed board member) and Mr. Michael McDougall (public representative). Their service to the public is greatly appreciated.



Enforcement of the Efficacy Claims Policy

The Efficacy Claims Policy was developed in an effort to curb inappropriate and unsubstantiated marketing claims made by some registrants and became effective on November 1, 2018.

In order to adequately enforce the policy, the CCBC worked with a local IT firm to create the Marketing Review Tool. This tool proactively reviews registrant websites and social media pages for terms that are not permitted under several CCBC policies. Although there are some limitations with the tool, registrants are ultimately responsible to ensure that all marketing material, in any medium, complies with the rules.

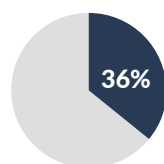
The first scan with the Marketing Review Tool was conducted in October 2018 and generated the following results: Of 1252 registrants, a total of 749 web sites and 618 social media sites (Facebook & Twitter) were scanned



Some sites are for multi-practitioner clinics (more than one registrant)
Many of the sites have other practitioner types, both regulated and unregulated.

We scanned the URL so some of the results may not be from CCBC registrants.

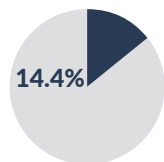
Of the 749 web pages:



270 sites were found to have potential issues

- Of those 270 _____
- 164(60.7%) were verified as not being in violation.
 - 106 (39.3% of the sites, or 8.5% of the registrant population) may contain unacceptable terms and those 106 registrants were notified by email of the issues and provided links to the website pages

Of the 618 Social media pages *(Twitter and Facebook)*:



89 pages were found to have potential issues

- Of those 89 _____
- 75(85.7%) were verified as not being in violation.
 - 14 (15.7% of the pages, or 1.1% of the registrant population) may contain unacceptable terms and those 14 registrants were notified by email of the issues and provided links to the social media pages

+ In addition, 10 sites were identified that may contain issues and those registrants have also been notified.

A total of 65 registrants failed to comply with the policy by the November 1, 2018 deadline. The Inquiry Committee initiated complaints on its own motion for these registrants. As of July 31, 2019, 14 of these complaints were still outstanding.

The CCBC continues to proactively scan registrants web content on a regular basis. The most recent scan in late July identified no concerns.

Registrants are continually reminded of marketing policies and restrictions, including compliance with the Efficacy Claims Policy, the Professional Conduct Handbook and the Bylaws. Registrants must not mislead or confuse the public with their marketing materials. Non-compliance with policies and rules is generally brought to the attention of the College quickly and often very publicly.

Review of the Inquiry Committee Investigations:

List by fiscal year, each year the Inquiry Committee conducted investigations:

2015-16 n= 23

2016-17 n= 26

2017-18 n= 44

2018-19 n= 118

For the 118 files in 2018-19, 41 matters were patient/public complaint based and 77 were initiated by the Committee under HPA s. 33(4). Those files include:

By case type:

• Fitness to Practice	1
• HPRB (returned)	1
• Injury (alleged)	11
• Marketing	76
• Office Procedures	12
• Professional Responsibilities	8
• Sexual Misconduct	5
• Scope of Practice	4

By DISPOSITION:

• No Further Action	11
• Reprimand and Remediation by Consent	66
• Disposed by Registrar under HPAs. 32(3)	6
• Open – pending	38

Note that remediation may include fines, costs, education courses, or terms, limits and conditions.

Average Time to completion of an investigation, from opening to closing, was 47 days and 67 days if marketing complaints are removed.

Note: 2018 saw changes to the marketing rules with the introduction on October 1 of the Efficacy Claims Policy. Registrants that did not comply by the November 1, 2019 deadline were forwarded to the Committee for investigation.

DISCIPLINE

Committee members:

Dr. Brad Dickson, Chair
Dr. Lidia Mickelson, Vice-Chair
Dr. Rob Cormack

Dr. Christian Duff, PhD
Mr. Morley Jameson
Mr. Ken Kramer, Q.C.

The Discipline Committee is a statutory committee of the Board, established pursuant to the *Health Professions Act* and the *Bylaws*. Its mandate is to hear and to make a determination of matters referred to the Committee following a citation issued by the Registrar at the direction of the Inquiry Committee or Board regarding a registrant's conduct, competency, and/or ability to practise pursuant to legislation.

- This Committee consists of a minimum of six (6) persons appointed by the Board, maintaining one-third public representation.

The Committee's responsibilities are:

- To conduct disciplinary hearings on matters referred by the Inquiry Committee or Board to evaluate the competency, conduct, or fitness of a registrant;
- To make a determination based on the evidence presented at the hearing as to any disciplinary measures that are required;
- To determine if cost awards should be applied following the hearing;
- To publically post disciplinary decisions and dispositions on the College website.

There have not been any matters referred to the Discipline Committee in the 2018-19 year.



DISCIPLINARY OUTCOMES

SUBJECT TO PUBLIC NOTICE

During the year 2018-19 the following disciplinary decisions were made that are subject to public notice under *the Act*. Decisions requiring public notice are listed on the “Professional Conduct Notices” page of the CCBC website for one (1) year. Thereafter, they can be found by searching the online registry.

June 18, 2019

RE: Dr. Daniel Sullins – Section 35

Under section 35(1) of the Health Professions Act, a panel of the Inquiry Committee ordered the suspension of Dr. Daniel Sullins’ registration pending completion of the investigations of the complaints or a hearing into the complaints.

Reasons: The College has three ongoing investigations into Dr. Sullins’ practice. Based on the information before it, the panel was satisfied that there was a real risk to the public if it did not make an order under s. 35(1) and that ordering a suspension was appropriate.

Important Note: Action taken by the Inquiry Committee under s. 35 is taken to protect the public during the investigation of a complaint or pending a hearing of a complaint by the Discipline Committee. The allegations made in the complaint remain unproven.

PATIENT RELATIONS

Committee members:

Dr. Lidia Mickelson, Chair
Dr. Lindsay Rite, Vice Chair
Mr. Piotr Majkowski

The Patient Relations Committee is established under the Act and s. 19 of the CCBC bylaws. The committee is composed of 3 members appointed by the Board, one of which must be an appointed Board member.

One of the responsibilities for the Committee, under the Bylaws s.19(1), “is to develop and coordinate, for the college, educational programs on professional misconduct of a sexual nature for members and the public.” In 2017, the Committee released the reference guide and examination on “Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors.” The Committee is now turning its attention to reviewing various options for a new program to further this objective. We expect to have more information available in early 2020.

The Committee reminds the public and all registrants that “professional misconduct of a sexual nature” means:

- a) sexual intercourse or other forms of physical sexual relations between the registrant and the patient,
- b) touching, of a sexual nature, of the patient by the registrant, or
- c) behaviour or remarks of a sexual nature by the registrant towards the patient; but does not include touching, behaviour and remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

The Committee also reminds all registrants of their duty to report sexual misconduct:

32.4 (1) *If a registrant has reasonable and probable grounds to believe that another registrant has engaged in sexual misconduct, the registrant must report the circumstances in writing to the registrar of the other registrant's college.*

(2) *Despite subsection (1), if a registrant's belief concerning sexual misconduct is based on information given in writing, or stated, by the registrant's patient, the registrant must obtain, before making the report, the consent of (a) the patient, or (b) a parent, guardian or committee of the patient, if the patient is not competent to consent to treatment. (3) On receiving a report under subsection (1), the registrar must act under section 32 (2) as though the registrar had received a complaint under section 32 (1). Immunity 32.5 No action for damages lies or may be brought against a person for making a report in good faith as required under section 32.2, 32.3 or 32.4.*

CCBC Staff are also exploring ideas and options with other BC Regulatory Colleges to enhance patient relations programs.

RESEARCH AND BURSARY

Historically, the CCBC established the Research and Bursary Committee to discharge bequeathments to chiropractic students from BC with the intention of furthering the chiropractic profession of BC. Throughout this year, the Board has placed a high emphasis on improving governance practices, including hiring Watson Advisors Inc. to perform a governance review; establishing a clear mission, vision, and value statement in line with the mandate to protect the public; and establishing a Governance Committee to develop and execute further initiatives which promote good governance.

This renewed clarity of purpose led to the recommendation that the bequeathments be transferred to a more appropriate party to administer. On June 12, 2019, the Board moved that, *"Pending the successful transfer of the bursary trust funds, the Research and Bursary Committee is dissolved."*

The College remains dedicated to supporting chiropractic research in order to improve patient outcomes and safety. As such, the Board will continue to invest financial resources in research organizations and initiatives that improve patient care and evidence-informed regulation.

Committee members:

Dr. Larissa Juren, Chair
Dr. David Olson
Mr. Piotr Majkowski



GOVERNANCE

Committee members:

Ms. Deanie Kolybabi, Chair
Dr. Larissa Juren, Vice-Chair
Mr. Ken Kramer, Q.C.

In late 2018, the Board commissioned a governance review of the CCBC by an external third party. In February 2019, a report which included 30 recommendations was provided to the Board for their consideration. One of these recommendations was to establish a Governance Committee to guide the Board on future governance matters. At the June 12, 2019 meeting, the Board formally approved the terms of reference and created this non-statutory committee. The terms of reference include:

- Review and make recommendations to Board policies and manuals.
- Review and make recommendations regarding Board member orientation.
- Review and make recommendations on policies and practices related to the recruitment, election and/or appointment of Board and committee members.
- Provide advice and guidance on Board and Board Member evaluations, including Board meeting evaluations.
- Assess and make recommendations regarding the governance-related needs of the Board.
- The Committee has since met once in July to develop their forward calendar.

EDUCATION IN BC

The 2017-18 registration renewal cycle marked the end of the 10-year commitment to the allocation of \$500 per full registrant from annual licensing fees to the Education in BC fund. At the conclusion of the collection period, the fund contained over \$5 million plus accumulated income on the fund.

This event triggered the Board to review the initiative and also reflect on how this project fit into our mandate as a regulator. On August 15, 2018, the Board approved a motion to return Education in BC contributions to registrants. The Board also directed the Registrar and staff to determine the approach, costs and timeframe to refund this money.

Since this decision, the CCBC has worked hard to resolve many complex accounting and tax issues that were not assessed when the fund was constituted in 2009. Although funds will be returned to all registrants and former registrants in the amount they contributed to the fund, income on the fund cannot be dispersed and will instead be assumed by the CCBC. A significant amount of staffing and resources has been spent by the CCBC to manage and issue the return of funds in an appropriate manner.

Cheques for the return of contributions commenced in May 2019. By the end of the fiscal year, cheques were issued totalling \$4.9 million. Approximately \$180,000 in contributions is outstanding and in the process of being returned to registrants. The CCBC is pleased to be bringing a close to the Education in BC fund through the return of registrant contributions. This conclusion will allow us to maintain our focus as a professional regulator, superintending the practice of the profession in the public interest.

History

The purpose of the Education in BC fund was to support the establishment of a school of chiropractic in British Columbia. This initiative commenced by way of a 'member' motion at the Annual General Meeting in 2008:

Motion that the College consider increasing the annual dues in the amount of \$500.00 July 31, 2009 in support of Chiropractic Education in BC.

The intent of this motion was later clarified in the Board's Statement on Education in BC which was drafted in July 2015:

Be it Resolved, that the CCBC has supported from the outset the Motion of November 8, 2008, which authorized the CCBC to increase annual dues in the amount of \$500.00 commencing July 31, 2009 in support of Chiropractic Education in BC initiatives. (*defined as establishment of a School of Chiropractic)*

The Statement confirmed the CCBC's commitment to the Education in BC project and protection of the registrants' interest in the funds. The CCBC was firm to ensure that the principle contributions to the fund would not be dispersed until and unless a very rigid set of funding criteria was met. These funding criteria did allow for the dispersal of some of the income on the fund to projects that met the intention of the Education in BC fund.

FINANCE AND INVESTMENT

Committee members:

Ms. Karen Kesteloo, Chair
Mr. Colin Bennett
Mr. Derek Hall
Dr. Stephen Mogatas

The Finance and Investment Committee fulfills its oversight responsibilities on behalf of the Board of Directors for financial management of the College through: audit engagement, budget planning, investment review, and monitoring of financial operations and results.

The Committee provides recommendations within the scope of its mandate to the Board in support of the strategic plan.

In addition to quarterly review of investments, operating results and oversight of the annual audit, other significant activities and recommendations to the Board included:

- Development of Major Initiatives Policy to support the Board in review of matters which may have a material impact on the financial affairs of the College,
- Amendment of Internally Restricted Fund Policy to append definition of material events,
- Change the purpose of Legislation Reserve fund to provide clarity,
- Facilitation of orderly dissolution of Education BC portfolio for refund to registrants,
- Enhancing budget presentation to provide information by fund.

The College continues to build capacity to meet obligations, ensure stability and avoid uncertainty. For detailed financial information please refer to the audited financial statements that follow.

The Committee welcomes new member, Dr. Stephen Mogatas. Sincere thanks to committee members Mr. Colin Bennett and Mr. Derek Hall for their valuable input and guidance throughout the year.

Expenditures by Function

3% Finance/Audit



5% Research and Bursary



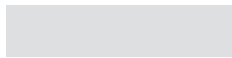
2% Communications



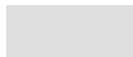
2% Registration



16% Infrastructure



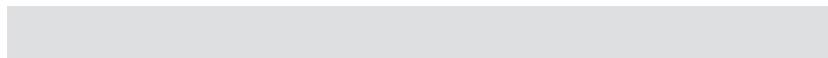
9% Governance



5% Operations



58% Professional Regulation



Financial Statements of

**COLLEGE OF CHIROPRACTORS OF
BRITISH COLUMBIA**

And Independent Auditors' report thereon

Year ended July 31, 2019



KPMG LLP
 PO Box 10426 777 Dunsmuir Street
 Vancouver BC V7Y 1K3
 Canada
 Telephone (604) 691-3000
 Fax (604) 691-3031

INDEPENDENT AUDITORS' REPORT

To the Members of the College of Chiropractors of British Columbia

Opinion

We have audited the financial statements of the College of Chiropractors of British Columbia (the "College"), which comprise:

- the statement of financial position as at July 31, 2019
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements, present fairly, in all material respects, the financial position of the College as at July 31, 2019, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "**Auditors' Responsibilities for the Audit of the Financial Statements**" section of our auditors' report.

We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.



Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.



- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KPMG LLP

Chartered Professional Accountants

Vancouver, Canada
September 25, 2019

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Statement of Financial Position

July 31, 2019, with comparative information for 2018

	2019	2018
Assets		
Current assets:		
Cash and cash equivalents	\$ 2,293,122	\$ 1,668,011
Restricted cash and investments (note 5)	-	5,693,765
Short-term investments at fair value	83,768	59,681
Accounts receivable	184	5,134
Prepaid expenses and deposits	23,141	12,311
	<u>2,400,215</u>	<u>7,438,902</u>
Long-term investments at fair value (note 3)	2,931,337	2,101,033
Tangible capital assets	-	11,943
Intangible assets (note 4)	10,235	35,525
	<u>\$ 5,341,787</u>	<u>\$ 9,587,403</u>

Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities	\$ 143,664	\$ 94,540
Deferred revenue	1,884,898	1,274,983
Deferred fees - Education fund (note 5)	-	5,693,765
Education fund payable (note 5)	186,042	-
	<u>2,214,604</u>	<u>7,063,288</u>
Net assets:		
Unrestricted	1,787,466	1,246,007
Invested in tangible capital assets and intangible asset (note 6)	10,235	47,468
Internally restricted for discipline	223,260	211,128
Internally restricted for legislation	597,798	537,283
Internally restricted for research	508,424	482,229
	<u>3,127,183</u>	<u>2,524,115</u>
Trust accounts (note 7)		
Commitments (note 9)		
	<u>\$ 5,341,787</u>	<u>\$ 9,587,403</u>

See accompanying notes to financial statements.

Approved on behalf of the Board:



Director



Director

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Statement of Operations

Year ended July 31, 2019, with comparative information for 2018

	Unrestricted	Invested in tangible capital assets and intangible asset	Internally restricted for discipline	Internally restricted for legislation	Internally restricted for research	2019	2018
Revenues:							
Licensing fees	\$ 1,226,425	\$ -	\$ -	\$ -	\$ -	\$ 1,226,425	\$ 1,170,043
Investment income and miscellaneous	200,460	-	12,132	30,875	27,711	271,178	80,814
Research fees	-	-	-	-	56,000	56,000	58,510
Incorporation fees	46,125	-	-	-	-	46,125	44,100
Registration fees	-	-	-	29,640	-	29,640	28,995
Fines income	29,270	-	-	-	-	29,270	28,100
Exam fees	11,775	-	-	-	-	11,775	12,075
	1,514,055	-	12,132	60,515	83,711	1,670,413	1,422,637
Expenses:							
Amortization	-	39,774	-	-	-	39,774	43,643
Audit and professional fees	13,591	-	-	-	-	13,591	13,913
Bank charges	41,825	-	-	-	-	41,825	39,398
Board	91,230	-	-	-	-	91,230	93,694
Bursaries	2,500	-	-	-	-	2,500	1,000
Committee (note 8)	261,699	-	-	-	-	261,699	241,808
Compliance monitoring	6,300	-	-	-	-	6,300	-
Governance and planning	63,945	-	-	-	-	63,945	8,753
Human resources	15,402	-	-	-	-	15,402	17,598
Insurance	5,097	-	-	-	-	5,097	7,905
IT database system	110,676	-	-	-	-	110,676	113,691
Legal	99,322	-	-	-	-	99,322	38,817
Office	4,994	-	-	-	-	4,994	11,942
Printing, stationery and postage	3,099	-	-	-	-	3,099	2,862
Professional development	3,493	-	-	-	-	3,493	2,826
Public relations and communications	31,085	-	-	-	-	31,085	38,241
Regulatory support	74,888	-	-	-	-	74,888	8,138
Rent	113,713	-	-	-	-	113,713	51,154
Research contributions	-	-	-	-	31,925	31,925	31,650
Research review	24,409	-	-	-	25,591	50,000	-
Telephone	2,698	-	-	-	-	2,698	2,948
Travel and staff expenses	42,597	-	-	-	-	42,597	-
Wages and benefits	564,714	-	-	-	-	564,714	498,888
	1,577,277	39,774	-	-	57,516	1,674,567	1,268,869
Excess (deficiency) of revenue over expenses before undernoted	(63,222)	(39,774)	12,132	60,515	26,195	(4,154)	153,768
Gain (loss) on disposal of tangible capital assets	-	(5,085)	-	-	-	(5,085)	15,853
Education fund revenues (note 5)	5,693,765	-	-	-	-	5,693,765	-
Education fund expenses (note 5)	(5,081,458)	-	-	-	-	(5,081,458)	-
Excess (deficiency) of revenue over expenses	\$ 549,085	\$ (44,859)	\$ 12,132	\$ 60,515	\$ 26,195	\$ 603,068	\$ 169,621

See accompanying notes to financial statements.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Statement of Changes in Net Assets

Year ended July 31, 2019, with comparative information for 2018

	Unrestricted	Invested in tangible capital assets and intangible asset (note 6)	Internally restricted for discipline	Internally restricted for legislation	Internally restricted for research	2019 Total	2018 Total
Net assets, beginning of year	\$ 1,246,007	\$ 47,468	\$ 211,128	\$ 537,283	\$ 482,229	\$ 2,524,115	\$ 2,354,494
Excess (deficiency) of revenue over expenses	549,085	(44,859)	12,132	60,515	26,195	603,068	169,621
Net change in invested in tangible capital assets and intangible asset (note 6(c))	(7,626)	7,626	-	-	-	-	-
Net assets, end of year	\$ 1,787,466	\$ 10,235	\$ 223,260	\$ 597,798	\$ 508,424	\$ 3,127,183	\$ 2,524,115

See accompanying notes to financial statements.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Statement of Cash Flows

Year ended July 31, 2019, with comparative information for 2018

	2019	2018
Cash provided by (used in):		
Operating:		
Excess of revenue over expenses	\$ 603,068	\$ 169,621
Items not involving cash:		
Amortization	39,774	43,643
Unrealized loss on restricted cash and investments	-	79,340
Unrealized loss (gain) on investments	(229,260)	25,133
Gain (loss) on disposal of tangible capital assets	5,085	(15,853)
	418,667	301,884
Change in non-cash working capital:		
Accounts receivable	4,950	8,984
Prepaid expenses and deposits	(10,830)	(9,342)
Accounts payable and accrued liabilities	49,124	(27,118)
Deferred revenue	609,915	21,926
Deferred fees - Education fund	(5,507,723)	737,144
	(4,435,897)	1,033,478
Investing:		
Purchase of tangible capital assets	-	(9,435)
Purchase of intangible asset	(14,175)	-
Proceeds from disposal of tangible capital assets	6,549	25,200
Decrease (increase) in restricted cash	5,693,765	(816,484)
Net increase in investments	(625,131)	(99,167)
	5,061,008	(899,886)
Financing:		
Repayment of capital lease obligation	-	(12,555)
Increase in cash and cash equivalents	625,111	121,037
Cash and cash equivalents, beginning of year	1,668,011	1,546,974
Cash and cash equivalents, end of year	\$ 2,293,122	\$ 1,668,011
Non-cash transactions:		
Deferred fees - Education fund reclassified to Education fund payable	\$ 186,042	\$ -

See accompanying notes to financial statements.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements

Year ended July 31, 2019

1. Operations:

The College of Chiropractors of British Columbia (the “College”) is a not-for-profit organization established by statute under the laws of British Columbia (“B.C.”) by the Ministry of Health (the “Ministry”) and its activities include the administration and regulation of doctors of chiropractic in B.C. The College operates under the Health Professions Act created by the Ministry of Health; under which four of twelve Board Members are appointed by the Ministry. The College is not subject to income tax under the provisions of the Canadian Income Tax Act.

2. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Canada accounting handbook and include the following significant accounting policies:

(a) Revenue recognition:

The College follows the deferral method of accounting for contributions. Accordingly, contributions received for specific purposes are deferred and recognized in the period in which the related expenses are incurred.

The College recognizes licensing fees straight-line over the period to which they relate. Licensing fees that are collected in advance are recorded as deferred revenue.

(b) Internally restricted net assets:

(i) Net assets internally restricted for discipline:

The net assets internally restricted for discipline represents amounts segregated to meet future costs incurred for possible disciplinary hearings.

(ii) Net assets internally restricted for legislation:

The net assets internally restricted for legislation represents amounts segregated to meet professional fees related to unanticipated material events.

(iii) Net assets internally restricted for research:

The College internally restricts research revenue to be spent on research initiatives. The net assets internally restricted for research represents the revenue from fees and other sources received in excess of research expenses incurred.

From time to time, the Board of Directors may impose certain restrictions on fund balances. These amounts are presented on the statement of financial position, statement of operations, and the statement of changes in net assets as internally restricted funds. These internally restricted amounts are not available for other purposes without approval of the Board of Directors.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2019

2. Significant accounting policies (continued):

(c) Cash and cash equivalents:

Cash and cash equivalents include cash on account and investments in highly liquid short-term deposits with a term to maturity of three months or less at date of acquisition.

(d) Investments:

(i) Short-term investments consist of fixed income investments and are recorded at fair value.

(ii) Restricted cash and investments consists of cash, equities and fixed income investments and are recorded at fair value.

(iii) Long-term investments consists of fixed income and equities and are recorded at fair value.

(e) Intangible assets:

Intangible assets are stated at cost less accumulated amortization. Amortization is provided using the following straight-line method and annual rates:

Asset	Rate
Information management and accounting system	4 years
Software	3 years

(f) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions relating to the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Significant areas requiring the use of estimates include useful lives of intangible assets and provision for contingencies. Actual results could differ from those estimates.

(g) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Freestanding derivative instruments that are not in a qualifying hedging relationship and equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value. The College has elected to carry its investments at fair value.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2019

2. Significant accounting policies (continued):

(g) Financial instruments (continued):

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

Financial assets carried at cost or amortized cost are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, the College determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the College expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

3. Long-term investments at fair value:

	2019	2018
Fixed income	\$ 2,236,039	\$ 1,601,071
Equities	695,298	499,962
	\$ 2,931,337	\$ 2,101,033

4. Intangible assets:

			2019	2018
	Cost	Accumulated amortization	Net book value	Net book value
Information management and accounting system (a)	\$ 152,179	\$ 152,179	\$ -	\$ 35,525
Software	14,175	3,940	10,235	-
	\$ 166,354	\$ 156,119	\$ 10,235	\$ 35,525

(a) The College purchased into a pooled asset in 2015. Subsequent to this purchase additional members have acquired licenses thereby decreasing the College's proportionate share in cost and ownership.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2019

5. Deferred fees - Education fund:

In 2008, prior to the implementation of the Health Professionals Act (HPA) legislation, the registrants of the College approved an increase in annual dues of \$500 per registrant for the support of building a Chiropractic school. The fees and related investment income were restricted by the board for this purpose.

On August 15, 2018, the Board approved and carried a motion that the Chiropractic Education in British Columbia funds be returned and the annual allocation of \$500 per registrant to the education fund would cease. The Chiropractic Education in British Columbia fund was closed and all restrictions on the use of the fund were removed.

	2019	2018
Balance, beginning of year	\$ 5,693,765	\$ 4,956,621
Dues received during the year	-	567,250
Investment earnings on deferred fees	-	214,894
Disbursements for educational endeavors	-	(45,000)
Recognition of investment earnings	(612,307)	-
Disbursement of capital to registrants	(5,081,458)	-
Balance, end of year	\$ -	\$ 5,693,765

As at July 31, 2019, \$186,042 of the \$5,081,458 disbursements to registrants had not been paid to the final recipients and are accordingly recorded as education fund payable.

6. Net assets invested in tangible capital assets and intangible assets:

(a) Net assets invested in tangible capital assets and intangible assets is calculated as follows:

	2019	2018
Intangible assets	\$ 10,235	\$ 35,525
Tangible capital assets	-	11,943
	\$ 10,235	\$ 47,468

(b) Deficiency of revenue over expenses:

	2019	2018
Amortization of tangible capital assets and intangible assets	\$ (39,774)	\$ (43,643)
Gain (loss) on disposal of tangible capital assets	(5,085)	15,853
	\$ (44,859)	\$ (27,790)

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2019

6. Net assets invested in tangible capital assets and intangible assets (continued):

(c) Net change in invested in tangible capital assets and intangible assets:

	2019	2018
Purchase of intangible assets	\$ 14,175	\$ -
Proceeds from disposal of tangible capital assets	(6,549)	(25,200)
Repayment of capital lease obligation	-	12,555
Purchase of tangible capital assets	-	9,435
	\$ 7,626	\$ (3,210)

7. Trust accounts:

The College administers trust cash and savings deposits on behalf of, and in accordance with the instructions of, donors. The trusts under administration include the following:

	2019	2018
Eva Bartlett Estate:		
Opening balance	\$ 12,428	\$ 12,320
Interest earned	184	108
Scholarships issued	-	-
Ending balance	12,612	12,428
Emma Goodrich Estate:		
Opening balance	121,129	121,155
Interest earned	1,652	974
Scholarships issued	-	(1,000)
Ending balance	122,781	121,129
Alumni Reserve Fund:		
Opening balance	26,887	26,659
Interest earned	387	228
Scholarships issued	-	-
Ending balance	27,274	26,887
	\$ 162,667	\$ 160,444

Trust assets and liabilities are not included in the statement of financial position.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2019

8. Committee expenses:

	2019	2018
Inquiry - external activities	\$ 196,684	\$ 176,573
Registration	29,340	20,410
Inquiry - internal activities	18,468	16,942
Finance and investment	8,980	9,192
Quality assurance	6,569	9,765
Executive	1,278	8,172
Patient relation	213	568
Bursary and research	142	-
Discipline	25	186
Balance, end of year	\$ 261,699	\$ 241,808

9. Commitments:

The College is committed under a license agreement to make the following minimum rental payments and operating costs for rental of premises until March 2028, as follows:

2020	\$ 42,896
2021	43,238
2022	43,580
2023	43,922
2024	44,150
Thereafter	165,189
	\$ 382,975

The College has also entered into an agreement dated July 16, 2018 to pay \$140,627 for conducting regulatory research reviews. Total fees to July 31, 2019 of \$50,000 have been paid with the remaining committed amount to be paid in the next fiscal year.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2019

10. Financial risks and concentration of risks:

(a) Liquidity risk:

Liquidity risk is the risk that the College will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The College manages its liquidity risk by monitoring its operating and other cash requirements. The College prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

(b) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The College is exposed to credit risk with respect to the accounts receivable. The College assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance for doubtful accounts.

(c) Interest rate risk:

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates. The College is exposed to interest rate risk on its fixed interest rate financial instruments. The College manages its interest rate risk by maximizing the interest income earned on funds in excess of liquidity for day-to-day operations and actively managing fixed interest portfolio assets.

(d) Market risk:

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The College is exposed to market risk as fixed income investments are subject to fluctuations due to price changes on the market. The prices can also be affected by changes in interest rates and foreign currency exchange rates.

There has been no significant change in these risks from the prior year.

11. Comparative Information:

Certain comparative information has been reclassified to conform with the financial statement presentation adopted for the current year.



College of
Chiropractors of
British Columbia

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