

Regulating in the Public Interest

2020 / 2021
ANNUAL REPORT



COLLEGE OF
CHIROPRACTORS
OF BRITISH COLUMBIA

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Territorial Acknowledgement

The CCBC office is located on unceded Coast Salish territory, represented today by the Musqueam, Squamish and Tsleil-Waututh Nations.

We are privileged to work here as guests on the land, recognizing and honoring the presence of peoples who looked after the land in the past and continue to do so today.

May we all be led by and follow on the pathways of truth, reconciliation and peace as we go forward to enlighten and better our world in the public interest.



WHAT IS A TERRITORIAL ACKNOWLEDGEMENT?

Acknowledging territory is recognition of the First Peoples on whose traditional territories we live and work. Territorial acknowledgements show recognition of and respect for the presence of Indigenous Peoples, both in the past and today. Recognition and respect are essential elements of establishing healthy, reciprocal relations. These relationships are key to reconciliation.

While acknowledging territory is very welcome, it is only a small part of cultivating strong Indigenous relationships. Acknowledging territory and First Peoples should take place within the context of genuine and continuous work to forge real understanding, and to challenge colonial legacies.

The College references a definition of territorial acknowledgement based on the [Indigenous Perspectives Society](#) and [Canadian Association of University Teachers](#) websites.

Cultural Safety and Humility

At the heart of the College of Chiropractors of British Columbia's (the CCBC) cultural safety and humility journey is the understanding that the path forward is about recognition of our part in the colonial roots of the current healthcare system.

There is a lot more work to be done in reconciliation and contributing to a culturally safe, diversified, equitable and inclusive space for Indigenous Peoples. As a start, the following are some of the College's initiatives, goals and plans for Indigenous cultural safety and humility.

The College supports culturally appropriate healthcare services through culturally safe and sensitive practice. Good practice involves genuine efforts to understand the cultural needs and contexts of different patients to obtain good health outcomes; including

having knowledge of, respect for, and sensitivity towards the cultural needs of the community that chiropractors serve, and adapting practices to improve engagement with patients and their healthcare outcomes.

For our registrants this means learning about and understanding the impacts of residential schools on Canada's First Nations communities; to acknowledge and reflect on the social issues faced by Indigenous peoples; and to understand the historical contexts from which these issues originate.

Following Dr. Mary Ellen Turpel-Lafond's "In Plain Sight" report, the College has renewed its declaration of commitment to cultural safety and humility with its 2020-2021 initiatives and looks forward to developing further initiatives in the future.

Collaborating with 10 other health profession colleges, an Indigenous leader, a knowledge carrier and witnesses in a ceremony and signing of a Joint Statement of Apology and Commitment to Action. A fulsome action plan to support this apology will be developed in 2021-2022.

The College's strategic goal regarding the delivery of professional and ethical services by registrants is currently being pursued with a review of Indigenous cultural safety and humility programs for registrants.

Mandatory cultural safety training for registrants is being discussed at the Board and Committee level. The BC Health Regulators group is working to support the development of consistent training resources across professions.

We are recruiting Indigenous groups and speakers for a virtual session and for future education events for staff and the Board.

Vision

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

Mission

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

Mandate

We require that our registrants at all times protect the safety of patients, prevent harm and promote the health and well-being of the public.



Values

TRANSPARENCY

We communicate clearly the reasons for our actions and decisions.

ACCOUNTABILITY

We are responsible for what we do and give satisfactory reasons for our decisions.

INTEGRITY

We operate in a manner that is honest, thoughtful and ethical.

EXPERTISE

We are effective, skilled and organized.

RESPECT

We value and consider the perspectives of those we work with, and those outside the College at all times.

CCBC Board Members



Dr. Johnny Suchdev
CHAIR
BOARD APPOINTED



Mr. Ken Kramer, Q.C.
VICE-CHAIR
APPOINTED



Dr. Chris Anderson
ELECTED



Dr. Arvin Bahri
ELECTED



Mr. Colin Bennett
APPOINTED



Dr. Paul Dhaliwal
ELECTED



Dr. Jennifer Forbes
ELECTED



Dr. Christopher Gainor, PhD
APPOINTED



Dr. Stephen Mogatas
ELECTED



Dr. Travis Morgan
ELECTED



Dr. Shannon Patterson
ELECTED



Ms. Susan Powell
APPOINTED



Ms. Dawana St. Germain
APPOINTED



Mr. Martin Sattler
APPOINTED



Ms. Jacqueline Tarantino
APPOINTED



Ms. Terri Van Steinburg
APPOINTED

CCBC Staff Members



Mrs. Michelle Da Roza
REGISTRAR AND CEO



Dr. Douglas A. Wright
DEPUTY REGISTRAR



Mr. Shelby Thiessen
DIRECTOR OF FINANCE



Ms. Sophia Christoforakis
DIRECTOR OF
QUALITY ASSURANCE



Ms. Gigi Tsui
REGISTRATION
COORDINATOR



Ms. Sandra Bao
EXECUTIVE
COORDINATOR



Ms. Theresa Mah
COMMUNICATIONS
SPECIALIST



Mr. Richard Simpson
POLICY ADVISOR

A Message from the Chair



Dr. Johnny Suchdev
CHAIR, BOARD APPOINTED

Strengthening the CCBC's governance structures continued to be a high priority for the College this past year. Implementation of the recommendations from the WATSON independent governance review of 2019 are nearly complete and focus is shifting to enhancing current processes, policies and frameworks.

The CCBC Board experienced a change in nearly 50% of its composition. We welcomed three new elected registrant Board Members and three new public appointed Board Members from the Minister of Health. In August, the College received letters to confirm the appointments of two additional public appointed Board Members. Today the Board sits at 16 members strong, with an equal ratio of public to professional members, which was a recommendation of Mr. Harry Cayton in his report ["An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act"](#) as well as a recommendation from the Ministry of Health Steering Committee's subsequent reports.

The desire to support our new Board Members and establish cohesion of the Board at large required significant resources.

This included training on the College's role and responsibilities conducted by the Ministry of Health as well as an education session on enterprise risk management. The Board also participated in a "culture" session to foster more collaborative relationships between Board Members and align our approach to decision making.

For the second year in a row, we conducted independent Board Member evaluations in the spring. Investing in the growth and

development of our people was important for us to position ourselves favourably for a future amalgamation. This process also served as an opportunity to nurture Board Members who are early in their tenure and provided the whole Board with feedback with which to improve.

The Board adopted a competency matrix for our committees and the Board that were initially developed and graciously shared by the British Columbia College of Nursing Professionals (now the British Columbia College of Nurses and Midwives). The [2021 Board Composition Matrix](#) outlines the desired skill sets and expertise that will optimally be reflected in committee and Board compositions.

A Message from The Chair



The Board has also acknowledged the importance and value of diversity in our organization and approved a draft Diversity, Equity and Inclusion policy in the hopes of attracting and retaining diverse candidates who offer unique skills and perspectives. Both the matrix and the draft policy have been incorporated into committee and Board Member recruitment strategies, and we acknowledge that there is still much work to be done.

As we came to the end of our three-year [Strategic Plan](#), the Board engaged in strategic discussions in the spring to develop goals for the next two to three years.

The new plan will prioritize several objectives, including cultural safety and humility as well as leading collaborative efforts to further the modernization of health profession regulation.

We look forward to sharing this plan with our stakeholders in the upcoming months.

The College was also faced with two separate requests from 15% of registrants within six weeks of each other to convene Extraordinary General Meetings (EGMs). Unfortunately, there are a small number of registrants who are opposed to one or more of the Board's decisions and do not

understand what the fiduciary duty of a Board Member is or the role of the regulator. After significant resources in human and financial capital were utilized, the policies have remained in place along with the Board. Fortunately, what these EGMs made clear was that the College and Board have the confidence of the majority of chiropractors in BC who understand the role of a Board Member and the College as a regulator.

I would like to extend my gratitude to each Board Member for their service and contributions this past year and for supporting me in my role as Chair. The organization has required considerable amounts of your time and energy to ensure that the College was able to proactively address risks and manage emerging issues, including those related to the pandemic response.

My sincere thanks as well to all of the College staff who have worked very hard over the past 12 months to meet regulatory requirements, realize our strategic priorities and embrace our vision to be a recognized leader in evidence-informed health profession regulation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dr. Johnny Suchdev'.

Dr. Johnny Suchdev
CHAIR, BOARD APPOINTED

Registrar's Report



Mrs. Michelle Da Roza
REGISTRAR AND CEO

The past year has been one of unprecedented challenge and unique opportunities for the College of Chiropractors of British Columbia. In addition to meeting our statutory requirements during a global pandemic, the College responded to an evolving regulatory landscape that is redefining the model of health profession regulation in our province.

The publication of [“Recommendations to modernize the provincial health profession regulatory framework”](#) from the Ministry of Health, as well as Dr. Mary Ellen Turpel-Lafond’s report [“In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care”](#), signal government’s expectations and priorities for all health profession regulators. The College supports the Ministry of Health and is aligned with these objectives, having identified both regulatory reform and cultural safety and humility as key goals in the Board’s strategic discussions in the spring.

Collaboration with our College peers remains central to our work as regulators,

especially in relation to legislative changes. Considerable time and resources were spent on joint activities to position regulators for amalgamations and modernization.

The COVID-19 pandemic has demonstrated how important collaboration is and the value that mergers may bring through a consistent regulatory approach.

This past summer we stood shoulder to shoulder with 10 of our regulatory counterparts, an Indigenous leader and witnesses on the shores of unceded Musqueam, Squamish and Tsleil-Waututh

territory to sign an apology to Indigenous British Columbians. Apology is the first recommendation from Dr. Turpel-Lafond’s “In Plain Sight” report. This ceremony and our commitment to action marks a major milestone in our journey to reconciliation as a regulator and as individuals. The College has made significant efforts to support culturally safe and sensitive regulation of chiropractors since before the signing of the joint [Declaration of Commitment to Cultural Safety and Humility](#) in the Regulation of Health Professionals in March 2017. Although the work ahead will be difficult, the College looks forward to contributing to conditions for meaningful transformation.

Registrar's Report

Additionally, the College is working to communicate to registrants consistently with the government and the Provincial Health Officer's messaging on the pandemic response. The province's health crisis has caused disruptions and conflict to the way in which our registrants live and work.

Despite the many hardships faced because of COVID-19, registrants continue to deliver high quality and essential care in a way that keeps their patients, staff and communities safe. Chiropractors are also providing care to essential workers and care providers on the front lines.

I am inspired by the resilience demonstrated by BC's chiropractors who have adapted to support the public health response to the pandemic. The College is grateful for your efforts.

Further, I would like to acknowledge the health care providers and workers who are at the front lines, doing their part to put an end to the pandemic. From caring for COVID-19 patients in intensive care, to working in testing centres or spending hours doing contact tracing and everything in between, your work is so appreciated, and we sincerely thank you.

The emotional toll from living in a state of emergency is immense. Kindness is

something that we consistently take to heart when we communicate.

Evidence and research are also central to our decisions as a health profession regulator. Our research collaboration with Ontario Tech University has provided us with peer reviewed research reviews with which the College has based our decisions, in some cases to regulate risk to the public and in others to confirm our current position. The College's published [Policy Cycle](#) further assists our development of regulatory tools in a transparent manner, with an emphasis on evidence at the centre of this process.

The past year has shown that most registrants understand the College's approach to health profession regulation, notwithstanding a small number of registrants expressing their concerns directly to the College. This was evident at two Extraordinary General Meetings convened at the request of 15% of registrants in June and July. Although there were differences of opinion, registrants' passion for the profession was palpable. We are pleased with the great interest in the College and health profession regulation.

Our Board has done an outstanding job maintaining oversight of the College in the face of uncertainty. Board Members, both registrant and appointed, have embraced our mandate within the *Health Professions*

Act to make decisions in the public interest. I am thankful for the Board's direction and guidance during this time.

College staff, too, have demonstrated their ability to adapt and meet the demands of a health profession regulator during a pandemic while working exclusively remotely since March 2020. Their hard work and dedication to public protection ensures that the College is meeting its legislative requirements and achieving our strategic objectives.

The future will present new complexities and opportunities to the way in which we regulate health professions. The College remains poised to respond to these challenges as well as enhance regulation that better serves the public.

Sincerely,



Mrs. Michelle Da Roza
REGISTRAR AND CEO

Strategic Progress



The College continued to make progress on its four goals to achieve the Board's approved strategic direction.

GOAL 1

Protect the public by ensuring that registrants deliver professional, effective and ethical services.

Development of the Practice Support Program (PSP) that will enhance the way registrants engage in continued learning throughout the life cycle of their career. PSP, which was launched in spring 2021, incorporates a self assessment and goal setting functions to support practice improvement.

Mandatory online ethics education for registrants was rolled out in spring 2021 and rated as highly satisfactory from registrant surveys.

The need for accessible cultural safety and diversity training remains a top priority for the CCBC and all BC health profession regulators. Consistent training across regulated health professions is being pursued through the BC Health Regulators.

GOAL 2

Reinforce evidence-informed practice by registrants.

The Independent Research Review Process (IRRP) continues between Ontario Tech University and the College.

The Board approved amendments to the Professional Conduct Handbook (PCH): Part 2, Part 15 and Appendix L regarding diagnostic imaging. These amendments state that "Routine or repeat X-rays used as a regular protocol during the evaluation and diagnosis of patients are not clinically justified." This policy amendment followed the publication of a research study commissioned by the College, as well as a period of public consultation.

A systematic review titled: [Assessment of Studies Evaluating Spinal Manipulative Therapy and Infectious Disease and Immune System Outcomes](#) was published in JAMA

Network Open. The review found that "claims that spinal manipulative therapy is associated with changes in the immune system are premature." This reinforces the College's position on immunity claims by registrants.

Research into Effectiveness of Telehealth for Non-Pharmacological Management of Musculoskeletal Disorders was completed with a multidisciplinary team of researchers. This report will help to inform a permanent virtual care policy and will be published later this year.

An evidence brief on Indigenous healing practices within collaborative care models in community-based primary health care practices in Canada was prepared for the College.

Strategic Progress

GOAL 3

Improve public trust in the regulator and strengthen productive relationships with our stakeholders.

The CCBC continues to strive to be a leader in modernization efforts outlined by the Steering Committee on Modernization of Health Professional Regulation. Significant resources have been dedicated to support improved regulation in the public interest. Collaboration with regulatory peers remains at the heart of this work and continues on a regular basis during the pandemic.

In fall and winter of 2020 to 2021, the new CCBC brand and visual identity continued a gradual integration into the College's communications channels, distinguishing the organization as a health profession regulator and enhancing the CCBC's public image. Further refinements were deployed to the new website to improve usability. A new email content management system to better align with other health regulators' service delivery was also implemented.

In response to stakeholder surveys that were distributed, a stakeholder strategy underwent vast development during this fiscal year. It's anticipated that the stakeholder strategy will be presented in the following fiscal year.

GOAL 4

Enhance and clarify governance to support our mandate.

There were three new appointments made by the Minister of Health to our Board in spring 2021. Two additional appointments were made in August 2021, bringing representation on the Board to 50/50 public/profession.

The College executed two Extraordinary General Meetings requested by 15% of registrants, as per the Bylaws. Care and attention were given to ensure the process was fair and transparent for registrants and the public.

Bylaw amendments were approved by the Board in June 2021 to enhance provisions around governance and manage emerging risks.

A Board and Committee competency matrix was adopted from the British Columbia College of Nursing Professionals (now amalgamated to be the British Columbia College of Nurses and Midwives) and approved by the Board in late 2020.

A comprehensive committee member recruiting process was conducted for registrant members. New registrant members were appointed to all five statutory committees.

Independent Board Member Evaluations were conducted on each Board Member, identifying areas of strength and improvement at both the individual and Board level. This process resulted in several recommendations for the Board's consideration, such as enhanced policy manuals and orientation processes.

Board education included a Governance 101 session with the Ministry of Health in December 2020 as well as Enterprise Risk Management training and a Board Culture Session in spring 2021.

The Board engaged in Strategic Planning in May and is working on the development of a new plan to carry us through for the next three years.

A draft policy on diversity, equity and inclusion, which aims to attract and retain diverse individuals to our organization as well as guide appointment of these individuals, was approved by the Board in June 2021. A period of public consultation on the policy will occur to help inform the final policy. Language from the draft policy was incorporated into the nomination package for the Board. Additionally, recent Bylaw amendments include the adoption of gender-neutral language.

2019-2021 Strategic Plan



Communication

The College continued to see an uptick in communications activity and stakeholder engagement, in part due to responsive efforts with the global pandemic and the progression of strategic goals integrating communications with strategic initiatives.

With increasing need for stakeholder outreach, especially during the pandemic, our communications capacity has been tested. Our response has been timely communication of COVID-19 information, EGM details and public consultation feedback.

With a stakeholder appetite for expanded virtual engagement and consultation this year, 44 notices were distributed to the public and registrants in 2020-2021. In response to growing topical trends in healthcare and to ensure the latest updates were encapsulated on a bi-monthly basis, the College Connection newsletter further developed with feature columns on COVID-19 Updates, Cultural Safety and Humility Resources and Out of Bounds files from our Patient Relations Committee.

As the CCBC continued to operate virtually, while maintaining regulation in the public interest, we saw an increased need for robust communications to guide and protect the public, including responsive communications on evolving COVID-19 news. Collaborating with BC Health Regulators for consistency and alignment with member colleges, the CCBC delivered COVID-19 and other updates to the public and registrants, along with the Board and staff. Again, this year nearly doubling the total number of notices distributed to stakeholders in a timely manner.

Survey insights from the previous year led us to further research and development on the College's brand and stakeholder engagement strategy in 2021-2022.

From spring through summer 2021, the CCBC produced five video projects to elevate understanding of "What is the CCBC?", our mandate of regulating in the public interest and our policy process.

FULL
LENGTH
VIDEO

SHORT
VIDEO

SHORT
VIDEO

SHORT
VIDEO

FULL
LENGTH
VIDEO

Dr. Blake Cameron
Chair, Retired Registrant Member

Dr. Misty Watson
Registrant Member

Mr. Ken Kramer, Q.C.
Public Appointed Member

2020-21 REGISTRATION DATA



72 ■ Full Registration
43 ■ Student



1,351 ■ Practicing
52 ■ Non-practicing
23 ■ Student

REGISTRATION

The Registration Committee is responsible for reviewing applications for registration that have been submitted to the College of Chiropractors of British Columbia 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 *Health Professions Act* (HPA) and the associated Bylaws, applying their requirements to either grant or deny registration.

The Committee reviewed 115 files this past year. There were 72 applications for full registration (including reinstatements, new grads, interprovincial transfers and foreign applicants) and 43 student applicants. One application for fee exemption was withdrawn and one reinstatement was denied.

There was a net increase of 46 full registrants and an increase of eight non-practicing registrants during the 2020-21

fiscal year. Total registration at the end of this fiscal year is 1,426 (1,351 full registrants and 52 non-practicing (NP) registrants). Statistics do not include those registrants resigning from CCBC registration.

There are 11 registrants who failed to renew by July 31, 2021 (nine Full, two NP). Ten registrants have reinstated to full status by August 6, 2021.

The Committee thanks Dr. Paul Dhaliwal (Past Vice-Chair, Registrant Member) for his seven-year contribution to the Registration Committee and for his continuing dedication to the College Board, in his new position.

QUALITY ASSURANCE

As outlined in the Bylaws, the Quality Assurance Committee reviews standards of practice, management and conduct of health profession corporations. The Committee also establishes remedial procedures to assist registrants in identifying and correcting deficiencies in their clinical abilities or places of practice.

In doing so, it recommends courses to the Board for approval and administers quality assurance programs. The four-person committee held four meetings during the reporting period. Highlights of the Committee's activities are as follows:

PRACTICE SUPPORT PROGRAM

By implementing the Practice Support Program (PSP), the College took a firm step towards meeting the goal of protecting the public by supporting registrants in delivering professional, effective and ethical services. The

College's current continuing education process was overhauled with the build of the PSP online platform. The program showcases best practices in competency management that have been tried and tested by regulators both in Canada and around the world. The PSP is one of the first online competency assessments created by a chiropractic regulator worldwide. The PSP's Competency Assessment incorporates 14 high-level career-span competencies that allow registrants to gain valuable insights into their practice and identify learning

Ms. Dorothy Barkley
Chair, Public Member

Ms. Susan Powell
Vice-Chair,
Public Appointed Member

Dr. Marc Nimchuk
Registrant Member

Dr. Leif Sigurdson
Registrant Member



QUALITY ASSURANCE

goals for their continuing education cycle. Launched in April of 2021, registrants enthusiastically embraced the assessment.

"It was a good brainstorming exercise for me. It helped me identify the things I was already doing versus the things I could improve upon."

~ CCBC REGISTRANT

MANDATORY CONTINUING EDUCATION

The CCBC launched an online mandatory ethics seminar in partnership with the Canadian Memorial Chiropractic College (CMCC) in March 2021. The majority of registrants surveyed about this course indicated that they were highly satisfied with this learning opportunity. The respondents also rated the course highly with an overall satisfaction score of 4.14 out of 5.

"Overall, I enjoyed the course. I learned a lot and look forward to sharing some new information with my colleagues. Thank you!"

~ CCBC REGISTRANT

The CMCC learning platform is an effective way of delivering high-quality mandatory continuing education to registrants. Following up on the success of the two courses that have been created in

collaboration with the CMCC, recordkeeping and ethics, the College has begun work with CMCC to create an online sexual misconduct course. This course is anticipated to be available to registrants in spring 2022.

PRACTICE SELF REVIEW (PSR)

The College's quality assurance framework includes the requirement for every full registrant to undergo a Practice Self Review (PSR) every five years or at the request of the College Board or Registrar.

This program is an important tool through which registrants, together with the College, review their ability to meet recordkeeping standards set out by the College. The PSR process is conducted by registrants completing a checklist inspection form and submitting examples of deidentified patient files. A complete review of the standards is outlined in the Bylaws (sections 72, 73, 74) and the Professional Conduct Handbook (PCH, part 2 and Appendix C). In this last year there are a total of 493 PSRs under review.

The Committee thanks Dr. Chris Anderson (Registrant Member), Mr. Piotr Majkowski (Public Appointed Member) and Dr. Enrique Domingo (Past Chair and Registrant Member) for their service during this last year.



Dr. Brett Peters
Chair, Registrant Member

Dr. David Hammond
Registrant Member

Mr. Morley Jameson
Public Member

Dr. Kristine Salmon
Registrant Member

Ms. Jacqueline Tarantino
Public Appointed Member

Dr. Jessica Yeung
Registrant Member

INQUIRY

The Inquiry Committee is legislated to investigate complaints submitted to the College to determine if the conduct or competency of a registrant was satisfactory in relation to the *Health Professions Act* (HPA), the *Chiropractors Regulation*, the *Bylaws* and/or the *Profession's Standards* (Professional Conduct Handbook).

The Inquiry Committee is independent from the College Board. As such, it does not report to the Board other than providing a general review of the activities throughout the year.

The objective of the inquiry process is first and foremost to ensure that BC chiropractors remain competent, practice within established standards and provide safe care.

THE COMMITTEE

The Inquiry Committee is established under s. 16 of the Bylaws and is made up of six people including two public representatives, and at least one of those must be an appointed Board member.

This Committee meets at least every three months but often meets more frequently based on need. Committee members may meet as a whole committee, or as a panel of three persons. In 2020-2021, all meetings were held remotely via Zoom.

RECEIPT OF A COMPLAINT

The College receives complaints from patients, the public, chiropractors and other regulated professionals. The Committee can also, by motion, initiate an investigation under HPA s. 33(4). All complaints against registrants are accepted and investigated under the direction of the Inquiry Committee in accordance with the HPA, Part 3.

INQUIRY

INVESTIGATION OF A COMPLAINT

When a matter is sent to the Committee, an inspector is appointed to conduct portions of, or all of, an investigation. That inspector may be another chiropractor, an outside investigator, or the Registrar or Deputy Registrar.

The Committee may issue a “Direction to Inspect,” under HPA s. 28, which authorizes the inspector to attend a chiropractor’s office and obtain clinical files or other materials. HPA s. 31 requires the cooperation of all registrants with investigations.

Each investigation involves several steps to collect the necessary information and evidence based on the allegations in the complaint. Generally, registrants are given an opportunity to review the complaint and respond to the allegations. Typically, the complainant is then provided with the opportunity to review the registrant’s response and respond with their own comments. If more information is required for the investigation, it may be obtained from sources such as other clinical records, witnesses or expert reviews and/or opinions.

Registrants’ cooperation and professionalism is expected throughout the investigation process. Registrants are expected to respond

promptly and in a professional manner when contacted by a member of the Inquiry Committee or inspector. The response from the registrant becomes part of the official investigation record. These responses may be reviewed by the complainant, CCBC staff, the Health Professions Review Board (HPRB) and/or the courts.

DISPOSITION OF A COMPLAINT

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

Taking no further action;

Taking any action it considers appropriate, within the Committee’s jurisdiction, to resolve the matter between the complainant and the registrant;

Issuing a reprimand or remedial action by consent of the registrant; or

Directing the Registrar to issue a citation for a hearing by the Discipline Committee.

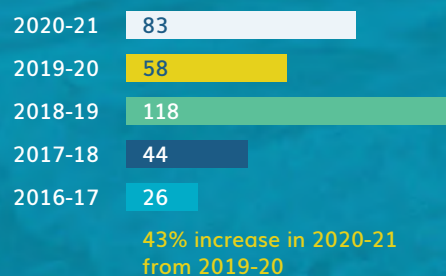
The decisions of the Committee are sent to both the registrant and the complainant (if one is on record). The registrant may be requested to agree to the decision and

if they decline, a citation for a hearing may be issued. The HPA also requires a complainant to be advised of the outcome of the investigation. If the complainant is not satisfied with the Committee’s findings and decision, they may request a review from the HPRB within 30 days of notification of the results of the investigation. The HPRB will review the investigation for adequacy and the disposition for fairness.

The Committee thanks Dr. Kelsey Horsting (Registrant Member), Ms. Deanie Kolybabi (Public Appointed Member) and Dr. Michael MacDougall (PhD, Past Vice-Chair, Public Member) for their service during this last year.

INQUIRY STATISTICS

NUMBER OF INQUIRY COMMITTEE INVESTIGATIONS BY YEAR



INVESTIGATIONS BY CASE TYPE



INVESTIGATIONS TIME TO COMPLETION

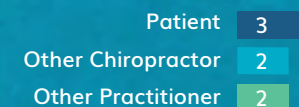
under **8** weeks on average

INVESTIGATIONS RANGE OF TIME TO COMPLETION

less than **2** weeks to **9** months

HEALTH PROFESSIONS REVIEW BOARD

Seven investigations referred to the HPRB.

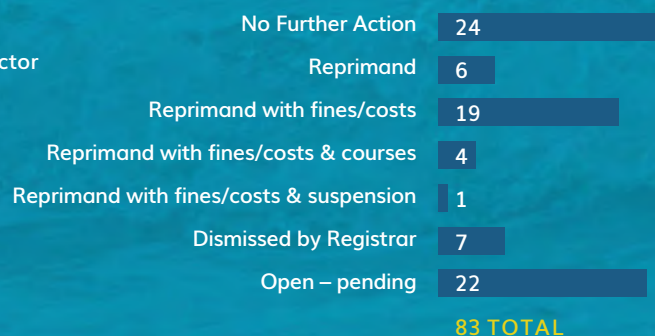


Two practitioner matters were returned for further investigation. Two chiropractor matters remain open at the HPRB. Two patient matters were upheld, and one remains open at this time.

The HPRB regularly posts results of their reviews on their website
hprb.gov.bc.ca/decisions/index.stm



INVESTIGATIONS BY DISPOSITION



Dr. Hafeez Merani
Chair, Registrant Member

Dr. Lidia Mickelson
Vice-Chair, Registrant Member

Dr. Christian Duff, PhD
Public Member

Mr. Ken Kramer, Q.C.
Public Appointed Member

Dr. Alex Louder
Registrant Member

DISCIPLINE

The Discipline Committee is a statutory committee of the Board, established pursuant to the *Health Professions Act* and the *Bylaws*.

It is responsible for conducting hearings into matters of professional misconduct or competence of a registrant following a citation issued by the Registrar at the direction of the Inquiry Committee.

At a hearing, the Discipline Committee may meet in panels of three persons that must include at least one public representative, and make findings, determine appropriate penalties if the findings are adverse and issue written reasons for decisions.

In 2020-2021 there were no matters referred to the Discipline Committee.

Notices of hearings are found on the College website: [Discipline Hearings](#). See also outcomes of hearings and other discipline issues: [Professional Conduct Notices](#).

The government's work to modernize health profession regulation includes a

recommendation to separate the disciplinary function of health profession regulators to a new independent body. If approved, this new discipline process would create consistency across professions in procedures and outcomes and maintain current disciplinary expertise. Discipline panels tasked with conducting disciplinary hearings would include at least one health professional with clinical competence in the same health profession as the registrant facing the complaint and at least one public member. The College is supportive of modernization efforts such as these that aim to standardize and create clear and transparent processes in the public interest.

The Committee thanks Dr. Rob Cormack (Past Chair, Registrant Member) and Mr. Morley Jameson (Public Member) for their service during the last year.

DISCIPLINARY OUTCOMES

SUBJECT TO PUBLIC NOTICE

From 2020 to 2021, the following disciplinary decisions were made that are subject to public notice under the *Health Professions Act*. Decisions requiring public notice are listed on the “Professional Conduct Notices” page of the CCBC website for one year. Thereafter, they can be found by searching the online registry.

Dr. Larry Kinakin
May 21, 2021

ACTION TAKEN

Under section 36 of the *Health Professions Act*, Dr. Larry Kinakin entered into a Consent Agreement. In the Consent Agreement, Dr. Kinakin admitted that, contrary to Part 5 of the College’s Professional Conduct Handbook (PCH), he:

entered into arrangements with patients for the billing or payment of fees for services that covered multiple patient visits, and

accepted payment for services not yet rendered to patients.

Dr. Kinakin consented to a reprimand, a 14-day suspension, payment of a fine of \$15,000, the College conducting two inspections of his office at his own cost, and payment of costs of \$800. He also entered into an undertaking to successfully complete the PROBE Canada Ethics and Boundaries Program within six months of the date of signing the Consent Agreement, repay to patients any amounts still held pursuant to billing arrangements contrary to Part 5 of the PCH, and strictly adhere to the requirements of Part 5 going forward.



PATIENT RELATIONS



Ms. Susan Powell
Chair, Public Appointed Member

Ms. Dorothy Barkley
Vice-Chair, Public Member

Dr. Marc Nimchuk
Registrant Member

The Patient Relations Committee seeks to prevent professional misconduct of a sexual nature by developing guidelines for the conduct of registrants, coordinating educational programs on professional misconduct, and providing information to the public regarding the College's complaint and disciplinary process.

In the year under review, the Committee successfully developed case study content on sexual misconduct for registrants. These case studies, titled the "Out of Bounds" scenarios, were published in the College's newsletter.

In addition, the frequency and nature of sexual misconduct cases brought before the CCBC's Inquiry Committee was periodically reviewed in order to inform the remedial measures taken by the Committee.

Based on an examination of the results of the existing Sexual Boundaries Questionnaire that registrants completed and the sexual misconduct cases brought before the CCBC's

Inquiry Committee, the Patient Relations Committee determined the need to create a new mandatory course on sexual boundaries, which Canadian Memorial Chiropractic College is contracted to create, and is in the process of doing so.

In August 2020, the Ministry of Health's Steering Committee on Modernization of Health Professional Regulation published a consultation paper titled "[Recommendations to modernize the provincial health profession regulatory framework](#)." This report included several recommendations regarding responses to sexual abuse and sexual misconduct. These changes, if implemented through legislation, include mandatory

license cancellation in cases of sexual abuse by health professionals, regulator funded counselling for complainants and common standards across colleges. The Committee is supportive of regulatory reform, especially as it relates to enhancing measures to protect victims of sexual abuse and prevent misconduct of a sexual nature.

The Committee thanks Dr. Lidia Mickelson (Past Chair, Registrant Member), Dr. Lindsay Rite (Past Vice-Chair, Registrant Member) and Mr. Piotr Majkowski (Public Appointed Member) for their service during the last year.

Dr. Larissa Juren
Chair, Registrant Member

Mr. Ken Kramer, Q.C.
Vice-Chair,
Public Appointed Member

Dr. Paul Dhaliwal
Registrant Member

Dr. Jennifer Forbes
Registrant Member

Ms. Susan Powell
Public Appointed Member



GOVERNANCE

The Governance Committee had a busy year of policy development, starting with a Board Chair and Vice-Chair succession planning process for 2020-2021.

Board and committee competency matrices were approved by the Board, and the Governance Committee used them to oversee a thorough merit-based committee appointment process to fill numerous committee vacancies. These competency matrices were also utilized to identify skills which would be desirable in newly elected board members and these skills were communicated with registrants in the call for nominees.

Perhaps the most exciting initiative of the Governance Committee this year was the development of a draft Diversity, Equity, and Inclusion (DEI) Policy. This represents a major milestone in the CCBC's commitment to safe and effective care for all British Columbians.

The Governance Committee is seeking public consultation on this policy because it is important that all voices are heard to ensure that this policy meets its intended purpose: to create a culture which attracts, values, includes, and benefits from diversity in all its forms.

The Governance Committee remains committed to improving governance practices at the CCBC with the goal of enhancing and supporting the public protection mandate.

The Committee thanks Ms. Deanie Kolybabi (Past Chair, Public Appointed Member) for her service during the last year.

FINANCE AND INVESTMENT

The Finance and Investment 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:

Proposal for funding expenditures to support leadership in modernization of health regulation,



Refinement of finance and investment related policies to reflect changing organizational needs,



Incorporating honoraria foundational principles into policy,



Realignment of investment portfolio to maximize return within acceptable risk levels.

The College’s financial resources are aligned with the Strategic Plan. For detailed financial information please refer to the audited financial statements that follow. Sincere thanks to committee members Mr. Colin Bennett, Mr. Derek Hall and Dr. Stephen Mogatas for their valuable input and guidance throughout the year.

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.

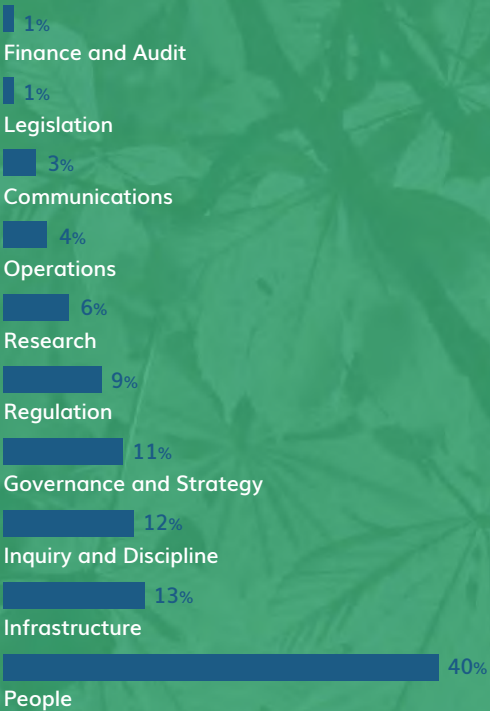
Ms. Karen Kesteloo
Chair, Public Member

Mr. Colin Bennett
Public Appointed Member

Mr. Derek Hall
Public Member

Dr. Stephen Mogatas
Registrant Member

EXPENDITURES BY FUNCTION



Audited Financial Statements

2020 / 2021



COLLEGE OF
CHIROPRACTORS
OF BRITISH COLUMBIA

Financial Statements of

**COLLEGE OF CHIROPRACTORS OF
BRITISH COLUMBIA**

And Independent Auditors' report thereon

Year ended July 31, 2021



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, 2021
- 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, 2021, 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
October 27, 2021

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Statement of Financial Position

July 31, 2021, with comparative information for 2020

	2021	2020
Assets		
Current assets:		
Cash and cash equivalents	\$ 1,335,670	\$ 1,380,308
Short-term investments at fair value	71,177	102,839
Accounts receivable	18,396	-
Prepaid expenses and deposits	54,059	28,796
	1,479,302	1,511,943
Long-term investments at fair value (note 3)	3,735,289	3,542,882
Tangible capital assets (note 4)	9,095	10,476
Intangible assets (note 5)	75,766	25,632
	\$ 5,299,452	\$ 5,090,933
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 234,062	\$ 276,556
Deferred revenue	2,029,501	1,628,485
	2,263,563	1,905,041
Net assets:		
Unrestricted	1,712,711	1,775,369
Invested in tangible capital assets and intangible asset (note 6)	84,861	36,108
Internally restricted for discipline	254,371	243,643
Internally restricted for legislation	645,806	653,257
Internally restricted for research	338,140	477,515
	3,035,889	3,185,892
Trust accounts (note 8)		
Commitments (note 9)		
Contingency (note 10)		
	\$ 5,299,452	\$ 5,090,933

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, 2021, with comparative information for 2020

	Unrestricted	Invested in tangible capital assets and intangible asset (note 6)	Internally restricted for discipline	Internally restricted for legislation	Internally restricted for research	2021 Total	2020 Total
Revenue:							
Licensing fees	\$ 1,959,660	\$ -	\$ -	\$ -	\$ -	\$ 1,959,660	\$ 1,820,879
Investment income and miscellaneous (note 7)	115,386	-	10,728	28,764	14,316	169,194	145,047
Research fees	-	-	-	-	-	-	64,317
Incorporation fees	48,225	-	-	-	-	48,225	45,000
Registration fees	29,795	-	-	-	-	29,795	26,980
Fines income	27,200	-	-	-	-	27,200	16,300
Exam fees	13,425	-	-	-	-	13,425	13,200
	2,193,691	-	10,728	28,764	14,316	2,247,499	2,131,723
Expenses:							
Amortization	-	23,539	-	-	-	23,539	10,602
Communications	64,799	-	-	-	-	64,799	52,411
Finance and audit	23,131	-	-	-	-	23,131	27,313
Governance and strategy	257,704	-	-	-	-	257,704	114,374
Infrastructure	283,376	-	-	-	-	283,376	272,376
Inquiry and discipline	293,082	-	-	-	-	293,082	288,653
Legislation	7,777	-	-	8,895	-	16,672	42,695
Operations	98,584	-	-	-	-	98,584	118,412
People	975,717	-	-	-	-	975,717	824,422
Regulation	179,887	-	-	27,320	-	207,207	180,068
Research	-	-	-	-	153,691	153,691	141,688
	2,184,057	23,539	-	36,215	153,691	2,397,502	2,073,014
Excess (deficiency) of revenue over expenses	\$ 9,634	\$ (23,539)	\$ 10,728	\$ (7,451)	\$ (139,375)	\$ (150,003)	\$ 58,709

See accompanying notes to financial statements.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Statement of Changes in Net Assets

Year ended July 31, 2021, with comparative information for 2020

	Unrestricted	Invested in tangible capital assets and intangible asset (note 6)	Internally restricted for discipline	Internally restricted for legislation	Internally restricted for research	2021 Total	2020 Total
Net assets, beginning of year	\$ 1,775,369	\$ 36,108	\$ 243,643	\$ 653,257	\$ 477,515	\$ 3,185,892	\$ 3,127,183
Excess (deficiency) of revenue over expenses	9,634	(23,539)	10,728	(7,451)	(139,375)	(150,003)	58,709
Net change in invested in tangible capital assets and intangible asset (note 6(c))	(72,292)	72,292	-	-	-	-	-
Net assets, end of year	\$ 1,712,711	\$ 84,861	\$ 254,371	\$ 645,806	\$ 338,140	\$ 3,035,889	\$ 3,185,892

See accompanying notes to financial statements.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Statement of Cash Flows

Year ended July 31, 2021, with comparative information for 2020

	2021	2020
Cash provided by (used in):		
Operating:		
Excess (deficiency) of revenue over expenses	\$ (150,003)	\$ 58,709
Items not involving cash:		
Amortization	23,539	10,602
Unrealized loss (gain) on investments	49,606	(99,934)
	(76,858)	(30,623)
Change in non-cash working capital:		
Accounts receivable	(18,396)	184
Prepaid expenses and deposits	(25,263)	(5,655)
Accounts payable and accrued liabilities	(42,494)	(53,150)
Deferred revenue	401,016	(256,413)
	238,005	(345,657)
Investing:		
Purchase of tangible capital assets	(2,102)	(12,325)
Purchase of intangible assets	(70,190)	(24,150)
Net increase in investments	(210,351)	(530,682)
	(282,643)	(567,157)
Decrease in cash and cash equivalents	(44,638)	(912,814)
Cash and cash equivalents, beginning of year	1,380,308	2,293,122
Cash and cash equivalents, end of year	\$ 1,335,670	\$ 1,380,308

See accompanying notes to financial statements.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements

Year ended July 31, 2021

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; under which a portion of the Board Members are appointed by the Ministry. The College is not subject to income tax under the provisions of the Canadian Income Tax Act.

On March 11, 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. This has resulted in governments worldwide, including the Canadian Federal and Provincial governments, enacting emergency measures to combat the spread of the virus. The current economic climate may have a direct impact on the Entity's operating results and financial position in the future. The situation is dynamic and the ultimate duration and magnitude of the impact on the economy and the financial effect on the business is not known at this time. There have been no significant adverse impacts on the Entity's business to date.

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.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2021

2. Significant accounting policies (continued):

(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.

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

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2021

2. Significant accounting policies (continued):

(e) Tangible capital assets and intangible assets:

Tangible capital assets and intangible assets are stated at cost less accumulated amortization. Amortization is provided using the following methods and annual rates:

Asset	Method	Rate
Information management and accounting system	Straight-line	4 years
Software	Straight-line	3 years
Furniture and computer hardware	Declining balance	30%

Tangible capital assets and intangible assets are reviewed for impairment whenever events or changes in circumstances indicate that the either the full or partial amount of the asset no longer has long-term service potential to the College. If such conditions exist, an impairment loss is measured at the amount by which either the full or partial carrying amount of the asset exceeds its residual value.

(f) Measurement uncertainty:

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. 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.

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.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2021

2. Significant accounting policies (continued):

(g) Financial instruments (continued):

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:

	2021	2020
Fixed income	\$ 2,932,772	\$ 2,826,026
Equities	802,517	716,856
	\$ 3,735,289	\$ 3,542,882

4. Tangible capital assets:

		2021	2020
	Cost	Accumulated amortization	Net book value
Furniture & computer hardware	\$ 14,427	\$ 5,332	\$ 9,095
			\$ 10,476

5. Intangible assets:

		2021	2020
	Cost	Accumulated amortization	Net book value
Information management and accounting system	\$ 152,179	\$ 152,179	\$ -
Software	108,515	32,749	75,766
	\$ 260,694	\$ 184,928	\$ 75,766
			\$ 25,632

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2021

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:

	2021	2020
Intangible assets	\$ 75,766	\$ 25,632
Tangible capital assets	9,095	10,476
	\$ 84,861	\$ 36,108

(b) Deficiency of revenue over expenses:

	2021	2020
Amortization of tangible capital assets and intangible assets	\$ (23,539)	\$ (10,602)

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

	2021	2020
Purchase of intangible assets	\$ 70,190	\$ 24,150
Purchase of tangible capital assets	2,102	12,325
	\$ 72,292	\$ 36,475

7. Investment income and miscellaneous:

	2021	2020
Interest and dividend income	\$ 14,943	\$ 43,039
Realized gain	198,119	2,074
Unrealized gain (loss)	(49,606)	99,934
Miscellaneous	5,738	-
	\$ 169,194	\$ 145,047

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2021

8. 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:

	2021	2020
Eva Bartlett Estate:		
Opening balance	\$ 1,656	\$ 13,587
Interest earned	8	69
Scholarships issued	-	(12,000)
Ending balance	1,664	1,656
Emma Goodrich Estate:		
Opening balance	94,591	121,733
Interest earned	320	1,358
Scholarships issued	(37,000)	(28,500)
Ending balance	57,911	94,591
	\$ 59,575	\$ 96,247

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

9. Commitments:

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

2022	\$ 140,709
2023	141,795
2024	142,882
2025	143,969
2026	145,055
Thereafter	244,053
	\$ 958,463

10. Contingency:

The College is named as a defendant in a legal action brought by a group of registrants seeking to reverse amendments to the College's Professional Conduct Handbook, concerning the use of repeat and routine x-ray imaging (the "Claim"). The College is of the opinion that the Claim is without merit and the College views the claim as an attempt to interfere in the legitimate work of a regulator in protecting the public. The College intends to defend the Claim vigorously. As the outcome of the Claim is not determinable, no amounts have been recorded in the financial statements of the College related to this matter.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2021

11. 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, other than the impact of Covid-19 as described in note 1.

12. Comparative information:

The financial statements have been reclassified, where applicable, to conform to presentation used in the current year. The changes do not affect prior year earnings.



COLLEGE OF
CHIROPRACTORS
OF BRITISH COLUMBIA

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