

ANNUAL REPORT

2015-16

Continued Momentum

College of
Chiropractors
of British Columbia





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YEAR AT A GLANCE

The College of Chiropractors of British Columbia continues to build upon the changes undertaken over the past few years to progress and evolve as a health regulator.

This past year the College developed several new initiatives and build on existing programs to serve the public interest.

These include:

- Adoption of improved sexual boundaries guidelines.
- Bylaw amendments which streamline the renewal process and bring online forms into greater compliance.
- Implementation of a first air requirement for all full registrants.
- Introduction of a formal Board Member orientation process.
- Hiring of additional resources to support the needs of the College.
- Continuing to enhance collaboration with other regulators.

BOARD OF DIRECTORS



Back row (left to right):

Dr. David Olson, Chair; Mr. Doug Kellner; Dr. Parm Rai; Dr. Don Nixdorf; Mr. Derek Hall; Dr. Avtar Jassal, Vice-Chair

Front row (left to right):

Dr. Lidia Mickelson, Dr. Gil Desaulniers; Ms. Karen Kesteloo; Dr. Enrique Domingo; Mrs. Michelle Da Roza, Registrar; Dr. Chris Anderson

STAFF



Michelle Da Roza
Registrar



Dr. Douglas Wright
Deputy Registrar

This summer two students joined the College staff to help out with several important projects. They are:

Emma Espinosa
Rachael Thiessen

We wish to acknowledge them and thank them for their hard work this summer.



Shelby Thiessen
Accountant



Gigi Tsui
Office Coordinator



Susan Wawryk
Registration Coordinator

A MESSAGE FROM THE CHAIR AND THE REGISTRAR

The College of Chiropractors of British Columbia (the 'College') continues to evolve as a health regulator. We strive to deliver on our mandate to serve and protect the public; a mandate that is common to all regulated professionals in BC who are legislated under the *Health Professions Act* (the 'Act'). Through our interactions and meetings with other health regulators, we are constantly reminded that our similarities far outweigh our differences, from quality assurance measures to complaints and discipline. Each of us is charged with the responsibility to serve the public interest.

Over the last few years especially, the College Board has become even more grounded in our mandate and is increasingly aware that professional advocacy and promotional functions are outside of the regulatory scope. Decisions are made based on the needs and expectations of the public to whom the College is accountable. The registrant's voice is welcomed, heard and appreciated, however, the College must always do what is right for patients first and foremost.

What greater tool do we have to protect the public than through our registrants themselves? As regulated professionals who are granted the privilege to provide chiropractic health services to British Columbians, our registrants have the responsibility to comply with standards of practice and make good clinical decisions in the interests of their patients. The College favours opportunities to support registrants with maintaining good practice rather than regulatory solutions especially in areas that present a low risk to the public. Examples of fostering good practice include ongoing support of the Canadian Clinical Practice Guideline Initiative and the adoption of improved sexual boundaries guidelines. This approach to regulation also ensures that resources are dedicated to matters that could cause the most harm to the public.



Dr. David Olson
Chair



Mrs. Michelle Da Roza
Registrar

A MESSAGE FROM THE CHAIR AND THE REGISTRAR

The College also worked to address a deficiency of available public information on regulation, both generic and specific to chiropractic, through two marketing campaigns. First, the College continued to support the BC Health Regulators (BCHR) "Saying you are one doesn't make you one" public education initiative. This program has been educating the public on the importance of regulation for several years. The second program, in partnership with the BC Chiropractic Association, was titled BackCareBC and aimed to educate BC's Chinese, Punjabi, and Filipino communities about professional regulation of chiropractors. By providing the public with information in a language they are most comfortable with, patients can make more informed decisions about their health care and experience better outcomes.

As we moved into our final phase of the strategic plan, our focus shifted to excellence in governance and operations. From a staffing perspective, the College hired a full time Registrar and we also gained full time Deputy Registrar when Dr. Douglas Wright's role was expanded. The College welcomed Gigi Tsui as Office Coordinator, a newly created position, in June.

The Shared IT system endured its second renewal period with much success in June and July. Bylaw amendments took effect July 29, 2016, which allowed for online processing of all applications and brought the College into greater compliance with its new registration forms. These amendments also included a requirement for all practising registrants to obtain and maintain first aid certification by April 30, 2017, a measure which was introduced to meet the public's expectation that health professionals who are titled "doctor" are equipped to react in an emergency situation.

We are working towards greater enhancement of Board resources. A formal Board Member orientation process was introduced following the 2015-16 elections for two new Board Members and will continue to develop. The Board also adopted Board Member candidate requirements and expectations to clarify the College's needs and commitment to our public protection mandate. All statutory committees have approved terms of reference, which support and clarify their roles and jurisdiction under the Act. Board evaluations, committee recruitment strategies, training days, and a more robust Board policy manual are also in development.

Segregation of partial registrant dues for the purposes of Education in BC continue. The Board remains committed to protecting the principal contributions and will continue to monitor the progress of this project.

Our challenges going forward centre on public engagement and increasing trust and awareness of professional regulation. Public representatives and appointed Board Members are crucial to bringing the voice of British Columbians to the table. Further, our 2017 strategic planning session will provide an opportunity for the Board to discuss how the College can become more transparent and inclusive of the patient's voice.

A MESSAGE FROM THE CHAIR AND THE REGISTRAR

We also need to work to be more Collaborative with other regulators, both locally and within the profession. Former Registrar, Diana MacKay was instrumental in spurring this change within the College and paved the way for us to have greater interaction and dialogue with our regulatory colleagues. We owe a debt of gratitude especially to the BCHR for their efforts in amplifying the concerns and issues faced by health regulators with government and other key stakeholders. The College would also like to recognize the UK Professional Standards Authority for sharing best practice guidelines and for guidance in moving towards a “right touch” approach to regulation.

We graciously thank the Board and Committees for their collective efforts as we work to refine and shape our regulatory approach. We also wish to express our deep appreciation for the staff, Dr. Douglas Wright, Susan Wawryk, Gigi Tsui, and Shelby Thiessen who have worked very diligently over the past year to achieve the College’s goals.

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'D. Olson', with a long horizontal stroke extending to the right.

Dr. David Olson
Chair, Board of Directors

A handwritten signature in black ink, appearing to be 'M. Da Roza', with a large, stylized 'M' and a long horizontal stroke.

Mrs. Michelle Da Roza
Registrar

REGISTRATION

COMMITTEE MEMBERS

- Dr. Blake Cameron, Chair
- Dr. Paul Dhaliwal, Vice-Chair
- Mr. Derek Hall appointed Board Member

The Registration Committee is responsible for reviewing applications for registration, which 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* and the associated By-laws of the College of Chiropractors of British Columbia, applying their requirements to either grant, or deny registration.

The Committee reviewed 82 files this past year. There were 60 applications for full registration (including reinstatements, new grads, interprovincial transfers, and substantially equivalent), 21 student applicants, and 1 temporary applicant.

There was a net increase of 46 full registrants and an increase of 8 non-practicing registrants during the 2015-16 fiscal year. Total registration at the end of this fiscal year is 1225 (1168 full registrants and 57 non-practicing registrants). Statistics do not include those registrants deleting from CCBC registration.

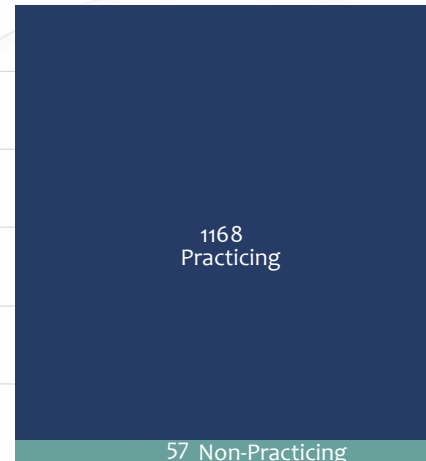
The Registration Committee also reviewed applicable clauses in the CCBC bylaws and, in order to achieve clarity, made recommendations for changes to the bylaws; also the Committee approved some additional policies, and a "Terms of Reference" document.

Additionally, the Committee would like to recognize and thank Mr. Derek Hall for all his contributions made to the College, both pre and post HPA.

Registration*

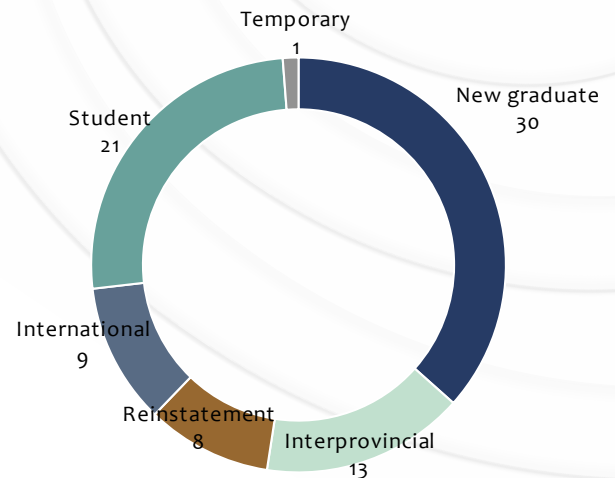
Total: 1225

*Temporary and student registrations not reported



New Registrants

Total: 82



QUALITY ASSURANCE

COMMITTEE MEMBERS

- Dr. Enrique Domingo, Chair
- Dr. Chris Anderson, Vice-Chair
- Ms. Karen Kesteloo, appointed Board Member

Over the past year, the Quality Assurance Committee (QAC) has met quarterly to deal with various items as required by the CCBC Board and in the pursuit of having a more robust Quality Assurance Program in place for our registrants.

This year, QAC revamped the existing Professional Conduct Handbook into a Professional Standards Policy document to more clearly articulate the standards of chiropractic practice to both chiropractors and the public and to more accurately fulfill our duties under the Health Professions Act (HPA). This document is currently with our legal counsel and will then be brought forward to registrants and focus groups for further comments and review before final approval and implementation in 2017.

We are also working towards the enhancement of the Practice Self Review (PSR) program to allow for a more streamlined and robust process which supports registrants with maintaining good practice behaviours. Currently registrants are required to complete one PSR every five years.

Another responsibility of the QAC is Continuing Education (CE) monitoring. We made the decision to change the CE deadline going forward in order to allow time to address any potential CE issues for Registrants prior to the registration renewal deadline. Going forward the CE deadline is March 31 of every odd numbered year (formerly the deadline was June 30 of every odd numbered year). As a result, the 2015-17 CE term was shortened and all registrants were issued a one-time 5 hour CE credit for the current term.

We also introduced a new First Aid requirement. This is the result of some health regulatory Colleges moving toward mandatory first aid for registrants and more importantly, the College's obligation to meet the expectations of the public. All registrants must complete the First Aid requirement by April 30, 2017. Beginning next term, CE will not be granted for First Aid, as it will become a requirement of licensure.

The Committee continues to work on many matters relating to Registrant education and success in practice in order to ensure the highest quality of public protection.

We thank outgoing members Dr. Rob Cormack, former Chair of the committee and Ms. Patricia Lawrence for their time and effort served on our Committee. Ms. Lawrence's departure leaves us with a vacancy for a public member temporarily.

Thanks to all of the committee members and staff, especially the Deputy Registrar, for their hard work on behalf of College.

INQUIRY

COMMITTEE MEMBERS

- Dr. Lesley Taylor-Hughes, Chair
- Ms. Shirley Stocker, Public Member & Vice-Chair
- Mr. Doug Kellner, appointed Board Member
- Dr. Avtar Jassal
- Dr. Shannon MacNeill

The Inquiry Committee investigates complaints against registrants and former registrants that are related to contravention of *the Health Professions Act* (HPA), Chiropractors regulation, Bylaws, and the Professional Conduct Handbook. As well, it considers cases of failure to comply with conditions placed on registrants, misconduct, and incompetence to practice. Complaints are submitted in writing to the Registrar. The Committee can also make a motion to undertake its own investigation under s. 33(4) of the HPA. Most complaints are submitted by patients.

The College and the Inquiry Committee are obligated to conduct an investigation in a thorough, timely, and transparent manner. Under the HPA, the Committee can dispose of a complaint 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

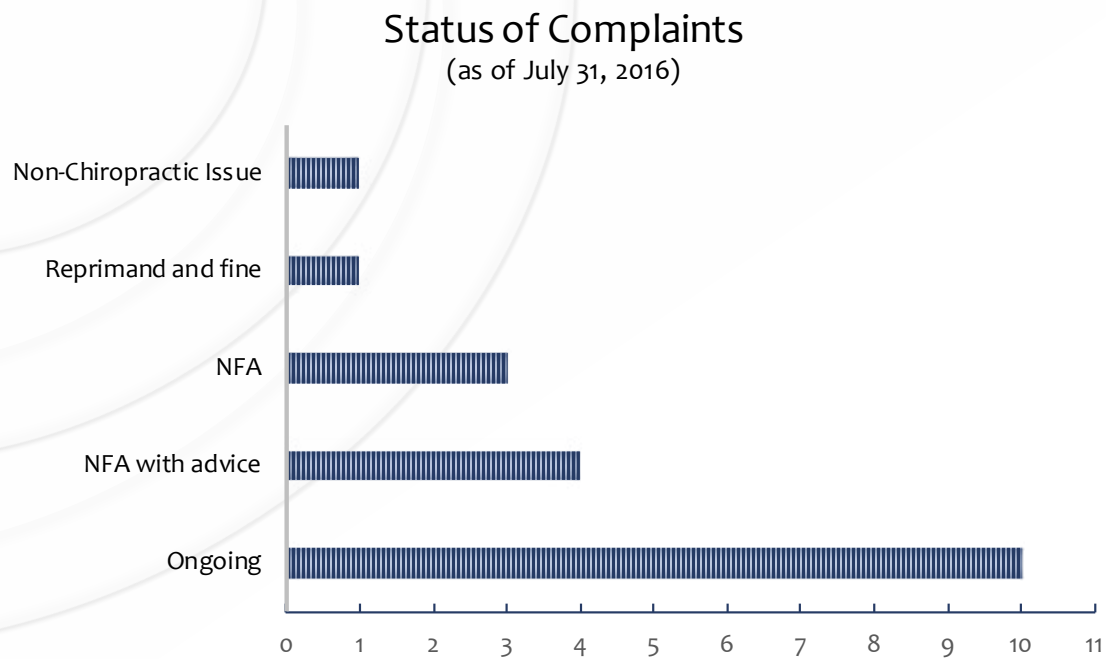
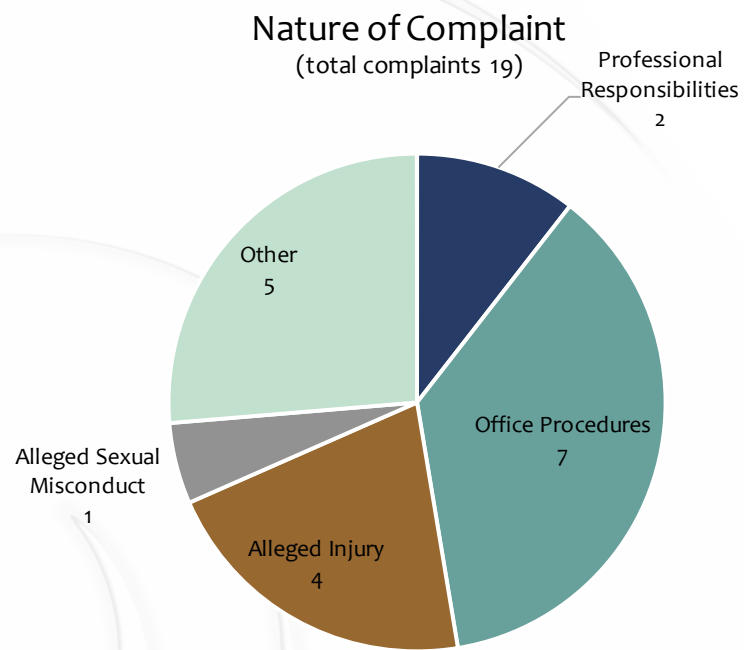
Registrants are reminded of their responsibility to respond promptly when contacted by a member of the Inquiry Committee and in a manner that recognizes their response is part of the official investigation record, which may be seen by the patient/complainant, the Health Professions Review Board (HPRB), and the courts.

After an investigation is completed, the HPA requires that the complainant be advised that they may request a review from the HPRB if they are not satisfied with the Inquiry Committee's decision.

The Committee wishes to acknowledge members that will be stepping down this Year. Dr. Shannon MacNeill has been on the Committee since 2009 and will be leaving in December 2016. Dr. Rob Turner has served on the Committee, both Inquiry and the Ethics and Discipline Committee under the previous Chiropractic Act as Vice-Chair and Chair for many, many years. Also leaving the Committee this year is Mr. Doug Kellner, the appointed Board member, as his terms as CCBC Director have expired. The contributions to the profession and the Committee by these three will be missed and we thank them for their participation.

Two new investigators are in place. The Board approved the appointment of Dr. Brett Petters in August and Dr. Anne Maylin-Lee is expected to join the Committee in December. In August the Ministry appointed Ms. Kitty Chan to the Board and she has agreed to serve as the appointed Board Member to the Inquiry Committee.

The Committee considered the following 19 complaints as of July 31. Six are from 2015 and thirteen from 2016.



DR. ROB TURNER

From Ethics and Discipline to Inquiry Committee: Self- Regulation throughout the Years

Nearly 38 years ago on December 1, 1978, Dr. Robert Turner began practice in Abbotsford, BC, following his graduation from Palmer College of Chiropractic.

Over a decade later in December, 1989, he was appointed to the Ethics and Discipline Committee which was then administered by the BC Chiropractic Association. The Chiropractic Act was in effect during this time and there were some 348 chiropractors licensed in the province.

The College later took on the responsibility of Ethics and Discipline. By this time, Dr. Turner was Chair of the Committee and remained in this role during the transition to the *Health Professions Act* in 2009. Under the Act, the Inquiry Committee was created to replace the Ethics and Discipline Committee.

During these years, Dr. Turner was an active participant and helped guide the Committee through the increasing responsibility of standards enforcement and adjusting to the expanded authority, which was granted to the Committee through the College as a self-regulating health discipline.

Dr. Turner recalls the early meetings of Ethics and Discipline, sometimes at the College office but other times in a Committee member's own home. Six chiropractors made up the volunteer committee in 1989. In 2016, the Inquiry Committee remains with six committee members, however, it must have at least one third public representation according to the bylaws, a requirement which applies to all of the College's statutory committees. Today's Inquiry Committee includes four chiropractors and two public members.

Times change, people on the Committee have changed, but Dr. Turner has been there to guide the Committee through it all. Yet one thing remains the same; registrants still dread that phone call – "Hi this is Dr. Rob Turner of the Inquiry Committee".

Dr. Turner explains that self-regulation of the profession is a privilege and that the College's responsibility is to the public to ensure standards are being met by all registrants. "It's never been easy acting like a policeman, but someone has to do it". And like a traffic cop, the Inquiry Committee does not make the rules but rather is there to enforce them. As primary health care providers and professionals, our registrants are expected to know these rules.



The College thanks Dr. Rob Turner for his years of dedication, commitment, and service.

DR. ROB TURNER

From Ethics and Discipline to Inquiry Committee: Self- Regulation throughout the Years

Over the years Dr. Turner has processed many complaint files running the gamut of misconduct. "Some years it would seem like a lot of complaints but considering the number of registrants there were then and even are now, there are actually few complaints. The registrants know the rules, they are ethical, and caring individuals who provide services in a professional manner. Yet sometimes things go awry and the Committee would be called upon to investigate and discipline as necessary to meet the College mandate of public protection".

The transition to the Inquiry Committee under the Act was probably the most daunting event he faced during his tenure on the Committees. The change allowed for greater transparency, improved public protection, and, ultimately, more paperwork than ever before, yet he continued to serve the College and the public.

Dr. Turner moved to non-practicing status in July 2015 and continued to serve on the Inquiry Committee until August of 2016. Now when he calls chiropractors, it is to reminisce or to set up a golf tee time. Registrants no longer dread his calls, rather, we miss his involvement in one of the most important aspects of the College's work. We are eternally grateful for his contributions to the profession.

The College thanks Dr. Rob Turner for his years of dedication, commitment, and service.

As he was leaving the College after his last Committee meeting, he provided this insightful recommendation to the chiropractic profession, a quote from pro golfer Dave Stockton: "The number one thing about trouble is...don't get into more."

Game on – and keep the ball in the fairway.

DISCIPLINE

The Discipline Committee is a committee of the CCBC Board established pursuant to the Health Professions Act. Its mandate is to hear and to make a determination of matters referred to the Committee following a citation being issued by a 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 responsibilities for the Committee are:

- To conduct disciplinary hearings on matters referred by 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

The Committee would like to thank Dr. Natalie Williams, Ms. Pat Lawrence, and Derek Hall for their past service on the Committee and welcomes Dr. Rob Cormack, Dr. Beverly Tyler, and Mr. Jeremy Comazetto.

The Discipline Committee has not met this year as there have been no matters referred to it.

COMMITTEE MEMBERS

- Dr. Brad Dickson, Chair
- Dr. Lidia Mickelson, Vice-Chair
- Mr. Jeremy Comazetto, appointed Board Member
- Ms. Karen Kesteloo, appointed Board Member
- Dr. Rob Cormack



2015 - 2016 Disciplinary Outcomes Subject to Public Notice

During the year 2015-16 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 College website for one (1) year. Thereafter, they can be found by searching the online registry.

November 2, 2015

Dr. Peter Ting, Vancouver

Under section 37.1 of the Health Professions Act, Dr. Peter Ting admitted to:

1. contrary to sub section 2.3, 2.7 and 4.3 of the College's Professional Conduct Handbook ("PCH") failing to advise of the intended scope of his treatment plan relative to its cost and failing to obtain consent to proceed with treatment on that basis,
2. entering into billing arrangements that did not comply with the requirements of s. 5.2 and Appendix "I" of the PCH,
3. contrary to sub section 1 and 5 of the Code of Ethics and s. 11.2 of the PCH, providing the Inquiry Committee with a response to a complaint that was rude, undignified, unprofessional, disrespectful of and lacking in compassion for the complainant, and contemptuous of the College's authority and the Committee's investigation,
4. misleading the Committee and obstructing its investigation by fabricating a letter from his former office assistant and pressuring her to sign it before submitting it to the Committee, and then providing false information about the whereabouts of the former office assistant.

Based on those admissions, Dr. Ting consented to an Order from the Inquiry Committee

1. reprimanding him,
2. suspending him from practice for 3 months, and requiring him to
3. at his own expense, complete course work on professional ethics and communications,
4. pay a fine of \$10,000,
5. pay costs of \$10,000,
6. submit an undertaking to the College concerning full communication of treatment plans and use of proper fee agreements, and
7. provide the College with an example of a properly worded fee agreement.

PATIENT RELATIONS

The Patient Relations Committee introduced the “Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors” in early 2016. All CCBC registrants received a notice with link to the paper and it is also posted on the College website at <http://www.chirobc.com/ccbc/wp-content/uploads/2014/12/Sexual-boundaries-final.pdf>

The Committee wishes to acknowledge and thank the UK Professional Standards Authority for granting permission to modify and distribute this paper to the Chiropractors of British Columbia.

This is an important document to improve the interactions with chiropractic patients. Addressing issues of sexual boundaries between chiropractors and their patients and a review of the power imbalance inherent in the doctor-patient relationship is mandated for the Committee under the *Health Professions Act* (HPA) s. 16 and CCBC Bylaws s. 19. By the fall of 2016, an examination will be sent to all registrants for completion.

The Committee not only reminds all registrant of their obligations regarding sexual misconduct, but also of their duty to report the conduct of other regulated health care providers as noted in the HPA (*see side bar*).

In addition, the College is a member of the BC Health Regulators (BCHR). BCHR represents 23 regulatory colleges governed by the *Health Professions Act* and the *Social Workers Act*. BCHR collaborates with health profession regulators to ensure public protection and safe, quality care. The BCHR also has a committee focusing on sexual boundaries and misconduct education for regulated health care professionals. More information for professionals and the public is being developed.

BCHR also provides an overview of College functions in multiple languages on their website:
<http://www.bchealthregulators.ca/>

COMMITTEE MEMBERS

- Dr. Lidia Mickelson, Chair
- Dr. Lindsay Rite, Vice-Chair
- Mr. Doug Kellner, appointed Board Member

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.

FINANCE AND INVESTMENT

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

Significant activities and recommendations to the Board included:

- Quarterly review of investments and operating results;
- Oversight of the 2016 audit engagement and recommendation of the annual audited financial statements;
- Development and presentation of six year budget forecast to align with College capacity building initiatives to meet its regulatory obligations; and,
- Updating the investment policy for capital and operating accounts on the advice of our investment advisors to better reflect portfolio objectives.

The year-end surplus enables us to continue building the general reserve in anticipation of increased future costs of regulation. As at July 31, 2016 the College reserve balances were:

Discipline reserve	\$152,758
Legislation reserve	\$180,364
Research reserve	\$421,834

For more detailed information, please refer to the audited financial statements that follow.

In closing, I would like to express the Committee's gratitude to Mr. Derek Hall whose term as a Public Board Member expired September 1, 2016. Mr. Hall has agreed to remain on the Committee as a Public Member. We look forward to benefiting from Mr. Hall's continued valuable input and guidance.

COMMITTEE MEMBERS

- Ms. Karen Kesteloo, appointed Board Member & Chair
- Mr. Derek Hall, Public Member
- Dr. Parm Rai



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Financial Statements of

**COLLEGE OF CHIROPRACTORS OF
BRITISH COLUMBIA**

Year ended July 31, 2016



KPMG Enterprise™
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4710 Kingsway, Suite 2400
Burnaby BC V5H 4M2
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INDEPENDENT AUDITORS' REPORT

To the Members of the College of Chiropractors of British Columbia

We have audited the accompanying financial statements of the College of Chiropractors of British Columbia, which comprise the statement of financial position as at July 31, 2016, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform an audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

KPMG LLP is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity. KPMG Canada provides services to KPMG LLP.



Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Chiropractors of British Columbia as at July 31, 2016 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.

KPMG LLP

Chartered Professional Accountants

September 28, 2016
Burnaby, Canada

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Statement of Financial Position

July 31, 2016, with comparative information for 2015

	2016	2015
Assets		
Current assets:		
Cash and cash equivalents	\$ 1,081,632	\$ 3,170,656
Short-term investments	47,927	-
Accounts receivable	83,103	17,653
Prepaid expenses and deposits	2,868	2,716
	1,215,530	3,191,025
Restricted cash and investments (notes 3(a) and 9)	4,214,423	3,761,985
Long-term investments (note 3(b))	2,023,984	-
Tangible capital assets (note 4)	34,724	45,350
Intangible capital assets (note 5)	126,606	170,013
	\$ 7,615,267	\$ 7,168,373

Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities (notes 6 and 7)	\$ 146,195	\$ 424,031
Deferred revenue	1,183,939	1,198,619
Current portion of capital lease obligation (note 8)	4,118	3,899
	1,334,252	1,626,549
Capital lease obligation (note 8)	12,555	16,673
Deferred fees (note 9)	4,214,423	3,761,985
	5,561,230	5,405,207
Net assets:		
Unrestricted	1,154,424	821,385
Invested in tangible and intangible capital assets (note 10)	144,657	194,791
Internally restricted for discipline	152,758	151,570
Internally restricted for legislation	180,364	221,084
Internally restricted for research	421,834	374,336
	2,054,037	1,763,166

Trust accounts (note 11)

\$ 7,615,267 \$ 7,168,373

See accompanying notes to financial statements.

Approved on behalf of the Board:



Dr. David Olson
Chair



Ms. Karen Kesteloo
Appointed Board Member
Chair, Finance and Investment Committee

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Statement of Operations

Year ended July 31, 2016, with comparative information for 2015

	Unrestricted	Invested in tangible and intangible capital assets	Internally restricted for discipline	Internally restricted for legislation	Internally restricted for research	2016	2015
Revenue:							
Licensing fees	\$ 1,131,617	\$ -	\$ -	\$ -	\$ -	\$ 1,131,617	\$ 1,087,604
Exam fees	10,050	-	-	-	-	10,050	15,975
Fines income	28,500	-	-	-	-	28,500	2,000
Incorporation fees	40,050	-	-	-	-	40,050	54,450
Investment income and miscellaneous	98,958	-	1,188	10,496	2,848	113,490	46,324
Registration fees	22,940	-	-	-	-	22,940	33,980
Research fees	-	-	-	-	55,650	55,650	56,050
	1,332,115	-	1,188	10,496	58,498	1,402,297	1,296,383
Expenses:							
Amortization	-	56,052	-	-	-	56,052	16,074
Audit and professional fees	14,663	-	-	-	-	14,663	13,781
Bank charges	39,200	-	-	-	-	39,200	41,939
Board	56,871	-	-	-	-	56,871	60,967
Committee (note 12)	255,180	-	-	-	-	255,180	355,685
Courier	673	-	-	-	-	673	708
IT Database system	89,487	-	-	-	-	89,487	13,226
Insurance	4,331	-	-	-	-	4,331	5,556
Bursaries	-	-	-	-	-	-	1,000
Education	655	-	-	-	-	655	34,471
Legal	54,563	-	-	51,216	-	105,779	84,899
Office	20,605	-	-	-	-	20,605	21,791
Printing, stationery and postage	2,231	-	-	-	-	2,231	6,412
Professional development	300	-	-	-	-	300	3,656
Public relations	41,237	-	-	-	-	41,237	11,569
Staff expenses	7,275	-	-	-	-	7,275	4,690
Rent	32,608	-	-	-	-	32,608	30,928
Research contributions	-	-	-	-	11,000	11,000	54,000
Telephone	2,596	-	-	-	-	2,596	3,303
Wages	370,683	-	-	-	-	370,683	280,330
	993,158	56,052	-	51,216	11,000	1,111,426	1,044,985
Excess (deficiency) of revenue over expenses	\$ 338,957	\$ (56,052)	\$ 1,188	\$ (40,720)	\$ 47,498	\$ 290,871	\$ 251,398

See accompanying notes to financial statements.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Statement of Changes in Net Assets

Year ended July 31, 2016, with comparative information for 2015

	Unrestricted	Invested in tangible and intangible capital assets (note 10)	Internally restricted for discipline	Internally restricted for legislation	Internally restricted for research	2016 Total	2015 Total
Net assets, beginning of year	\$ 821,385	\$ 194,791	\$ 151,570	\$ 221,084	\$ 374,336	\$ 1,763,166	\$ 1,511,768
Excess (deficiency) of revenue over expenses	338,957	(56,052)	1,188	(40,720)	47,498	290,871	251,398
Net change in invested in tangible and intangible capital assets (note 10(b))	(5,918)	5,918	-	-	-	-	-
Net assets, end of year	\$ 1,154,424	\$ 144,657	\$ 152,758	\$ 180,364	\$ 421,834	\$ 2,054,037	\$ 1,763,166

See accompanying notes to financial statements.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Statement of Cash Flows

Year ended July 31, 2016, with comparative information for 2015

	2016	2015
Cash provided by (used in):		
Operating:		
Excess of revenue over expenses	\$ 290,871	\$ 251,398
Items not involving cash:		
Amortization	56,052	16,074
Change in unrealized loss (gain) on investments	27,981	(46,448)
	374,904	221,024
Change in non-cash working capital:		
Accounts receivable	(65,450)	(4,515)
Prepaid expenses and deposits	(152)	1,625
Accounts payable and accrued liabilities	(277,836)	368,928
Deferred revenue	(14,680)	53,269
Deferred fees	452,438	415,117
	469,224	1,055,448
Investments:		
Purchase of tangible capital assets	(2,019)	(22,001)
Purchase of intangible capital assets	-	(173,630)
Increase (decrease) in restricted cash and investments	(465,917)	415,117
Purchase of investments	(2,086,413)	-
Proceeds from disposal of investments	-	885,459
	(2,554,349)	1,104,945
Financing:		
Repayment of capital lease obligation	(3,899)	(5,951)
Increase (decrease) in cash and cash equivalents	(2,089,024)	2,154,442
Cash and cash equivalents, beginning of year	3,170,656	1,016,214
Cash and cash equivalents, end of year	\$ 1,081,632	\$ 3,170,656
Non-cash:		
Equipment acquired under capital lease	\$ -	\$ 23,681

See accompanying notes to financial statements.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements

Year ended July 31, 2016

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 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 future costs incurred for legal issues or legislative amendments affecting the profession.

(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, 2016

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 purchase.

(d) Short-term investments:

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

(e) Restricted cash and investments:

Restricted cash and investments consists of cash and fixed income investments and are recorded at fair value.

(f) Tangible and intangible capital assets:

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

Asset	Method	Rate
Furniture, fixtures and computer hardware	Declining balance	30%
Equipment under capital lease	Straight-line	Lease term
Information management and accounting system	Straight-line	4 years

Leasehold improvements are amortized on a straight-line basis over the lease terms.

(g) 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 tangible and intangible capital assets. Actual results could differ from those estimates.

(h) 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 short-term, restricted and unrestricted 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, 2016

2. Significant accounting policies (continued):

(h) 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. Investments

a) Restricted cash and investments:

	2016	2015
Cash	\$ 530,080	\$ 526,711
Money market investments, measured at fair value	165,135	62,364
Fixed income, measured at fair value	3,519,208	3,172,910
	<u>\$ 4,214,423</u>	<u>\$ 3,761,985</u>

b) Long-term investments:

	2016	2015
Fixed income, measured at fair value	\$ 1,602,085	\$ -
Equities, measured at fair value	421,899	-
	<u>\$ 2,023,984</u>	<u>\$ -</u>

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2016

4. Tangible capital assets:

			2016	2015
	Cost	Accumulated amortization	Net book value	Net book value
Furniture, fixtures and computer hardware	\$ 63,980	\$ 51,361	\$ 12,619	\$ 15,578
Leasehold improvements	16,584	10,698	5,886	9,249
	80,564	62,059	18,505	24,827
Equipment under capital lease	23,681	7,462	16,219	20,523
	\$ 104,245	\$ 69,521	\$ 34,724	\$ 45,350

5. Intangible capital assets:

			2016	2015
	Cost	Accumulated amortization	Net book value	Net book value
Information management and accounting system	\$ 173,630	\$ 47,024	\$ 126,606	\$ 170,013

6. Accounts payable and accrued liabilities:

Included in accounts payable and accrued liabilities are government remittances payable of \$9,928 (2015 - \$12,166), which includes amounts payable for GST and payroll related taxes.

7. Related party transactions:

Included in accounts payable is \$17,186 (2015 - \$240,501) due to the British Columbia Chiropractic Association (the "Association"), an entity whose services include the administration of doctors of chiropractic in B.C., relating to the collection of 2016/17 dues. The amount is non-interest bearing and is repayable on demand (paid August 2016).

The College leases premises from the Association in the amount of \$16,045 annually, excluding operating costs, with a commitment until 2018.

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2016

8. Capital lease obligation:

The College leases a photocopier over a term expiring in fiscal year 2020. The following is a schedule of minimum lease payments under fixed rate capital lease.

Total minimum lease payments	\$	18,565
Amount representing interest at 5.5%		(1,892)
		16,673
Less current portion		4,118
	\$	12,555

Future payments required on the capital leases are as follows:

2017	\$	4,951
2018		4,951
2019		4,951
2020		3,712

9. Deferred fees:

In 2008, the registrants of the College approved an increase in annual dues of \$500 per registrant for the support of Chiropractic Education in British Columbia. The fees and related investment income are restricted for this purpose. If the dues are not used for this purpose, they are required to be returned to the registrants. The change in the deferred fees balance is as follows:

	2016	2015
Balance, beginning of year	\$ 3,761,985	\$ 3,346,868
Dues received during the year	524,500	522,755
Investment earnings on contributions	124,605	189,695
Disbursements during the year	(196,667)	(297,333)
Balance, end of year	\$ 4,214,423	\$ 3,761,985

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2016

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

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

	2016	2015
Tangible capital assets	\$ 34,724	\$ 45,350
Intangible capital assets	126,606	170,013
Amounts financed by capital lease	(16,673)	(20,572)
	\$ 144,657	\$ 194,791

(b) Change in net assets invested in tangible and intangible capital assets is comprised of the following:

	2016	2015
Deficiency of revenue over expenses:		
Amortization of tangible and intangible capital assets	\$ (56,052)	\$ (16,074)
Net change in invested in tangible capital and intangible assets:		
Tangible capital assets acquired, net of new capital leases	\$ 2,019	\$ 22,001
Intangible capital assets acquired	-	173,630
Repayments of capital lease obligation	3,899	5,951
	\$ 5,918	\$ 201,582

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2016

11. Trust accounts:

The College administers trust cash and term deposits on behalf of donors, as per the instructions of the donors. The trusts under administration include the following:

	2016	2015
Eva Bartlett Estate:		
Opening balance	\$ 13,712	\$ 13,643
Interest earned	103	69
Scholarships issued	(600)	-
Ending balance	13,215	13,712
Emma Goodrich Estate:		
Opening balance	120,245	119,634
Interest earned	937	611
Ending balance	121,182	120,245
Alumni Reserve Fund:		
Opening balance	27,226	27,087
Interest earned	212	139
Ending balance	27,438	27,226
	\$ 161,835	\$ 161,183

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

12. Committee expenses:

The College's committee expense is comprised of the following:

	2016	2015
Discipline	\$ -	\$ 1,456
Executive	6,137	5,722
Finance and audit	6,927	6,164
Inquiry - external activities	172,810	264,782
Inquiry - internal activities	18,175	20,179
Patient relation	2,587	2,884
Quality assurance	6,663	8,640
Registration	41,881	45,858
	\$ 255,180	\$ 355,685

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Notes to Financial Statements (continued)

Year ended July 31, 2016

13. Financial instruments:

(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 requirements. The College prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

(b) Credit risk:

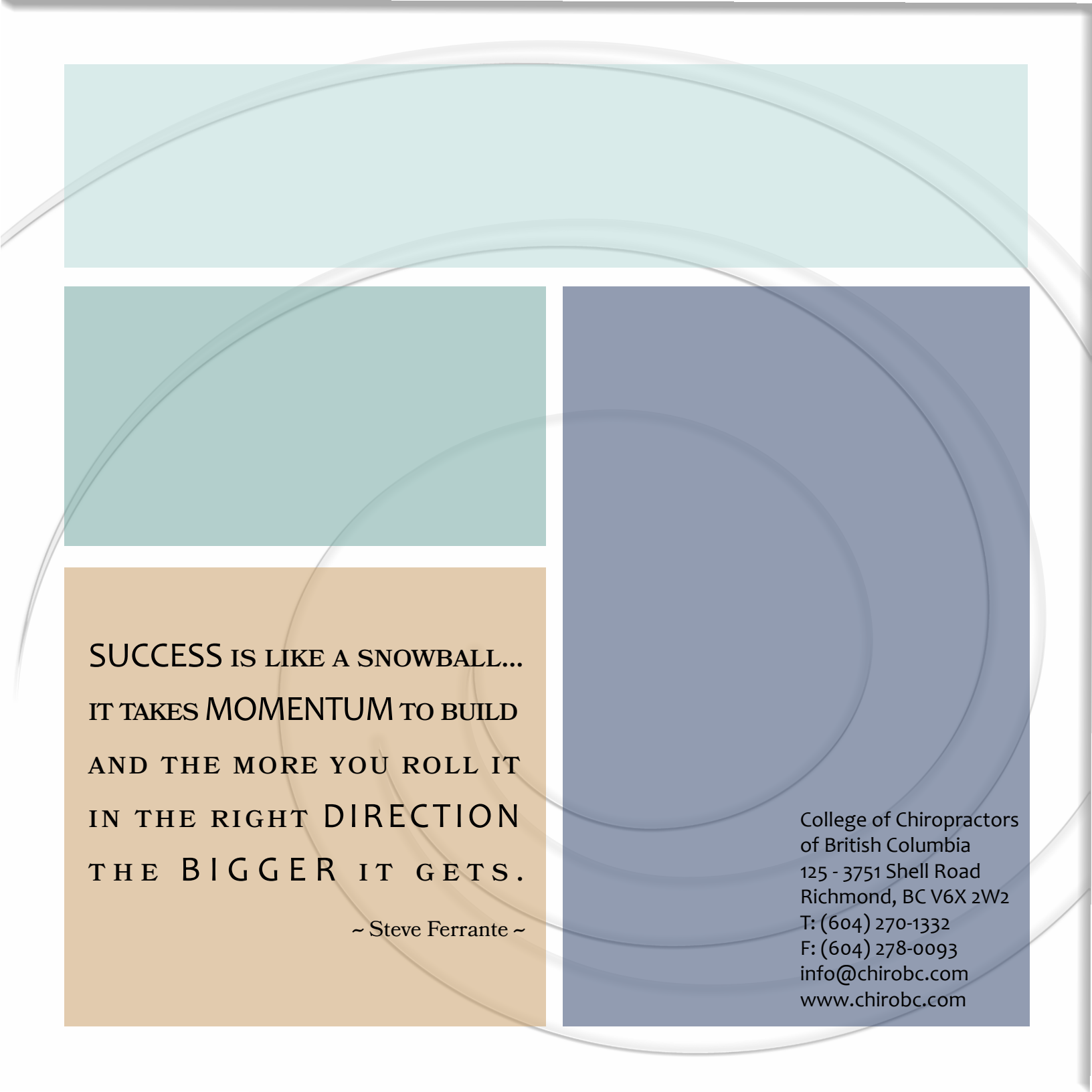
Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The College is exposed to credit risk with respect to the accounts receivable. The College assesses, on a continuous basis, accounts receivable and provides for any amounts that 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.



SUCCESS IS LIKE A SNOWBALL...
IT TAKES MOMENTUM TO BUILD
AND THE MORE YOU ROLL IT
IN THE RIGHT DIRECTION
THE BIGGER IT GETS.

~ Steve Ferrante ~

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