

**87<sup>th</sup> Annual General Meeting  
Meeting Minutes**

Wednesday, December 2, 2020  
10:00 a.m. to 11:30 a.m. (via videoconference)  
Virtual CCBC Zoom Meeting

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1 **1. CALL TO ORDER / OPENING REMARKS**

2 Dr. Johnny Suchdev, Chair of the College Board, welcomed participants to the 2020  
3 College of Chiropractors of British Columbia (CCBC or “The College”) Annual General  
4 Meeting (AGM).

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6 The Chair advised that the meeting was open to the public.

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8 The Chair read aloud a quote from a report titled, *An Inquiry into the Performance of the*  
9 *College of Dental Surgeons of British Columbia and the Health Professions Act*,  
10 highlighting that as a health profession regulator, CCBC’s duty is to serve and protect the  
11 public, and not the profession.

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13 The Chair called the AGM to order at 10:02 a.m., and noted that quorum was reached  
14 with 75 individuals in attendance.

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16 **2. ACKNOWLEDGEMENT OF TERRITORY AND INTRODUCTIONS**

17 **Acknowledgement of Territory**

18 The Chair acknowledged the traditional, ancestral, unceded territories of the Katzie and  
19 Stó:lō First Nations, from which the meeting was chaired. Board Members Dr. Chris  
20 Anderson and Dr. Larissa Juren acknowledged the unceded territories of the  
21 Coast Salish and Secwepemc First Nations respectively. It was recognized that  
22 attendees of the video conference joined the meeting from other Indigenous traditional  
23 territories across BC.

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25 **Introductions**

26 During introduction of the CCBC Board, the Chair thanked Board Members who served  
27 through 2020, and welcomed new Board members. CCBC staff were introduced, and  
28 several guests were acknowledged. It was noted that the Chair’s term on the Board would  
29 conclude upon the adjournment of the meeting.

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31 **Questions**

32 The Chair apologized that the meeting was unable to take live questions, but assured  
33 that questions submitted prior to the AGM would be addressed, and participants could  
34 direct additional questions via email to [info@chirobc.com](mailto:info@chirobc.com).

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36 **Resolutions**

37 The Chair noted that the College was in receipt of no resolutions for this meeting, and  
38 resolutions would not be taken from the floor due to the virtual format of the AGM.  
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40 **3. APPROVAL OF MINUTES – 2019 AGM**

41 It was noted that the 2019 AGM Minutes were circulated electronically prior to the meeting  
42 and were available on the CCBC website.

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44 **It was MOVED**

45 That the 2019 Annual General Meeting Minutes of the College of Chiropractors of BC  
46 (CCBC) be approved as presented.

47 **CARRIED (001/20-21)**

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49 **4. 2020 ANNUAL REPORT**

50 The Chair provided background information on the formation of the CCBC under the  
51 Health Professions Act. It was acknowledged that the CCBC's Registrant base has  
52 expressed a misunderstanding of the duties of the Board. Clarification was provided and  
53 additional comments were offered.

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55 Michelle Da Roza, CCBC Registrar, acknowledged the unceded traditional territory of the  
56 Squamish, Musqueam, and Tsleil-Waututh First Nations, and confirmed that CCBC is  
57 committed to addressing racism and fostering genuine reconciliation with Indigenous  
58 peoples in BC. The Registrar provided comments on the following:

- 59 - The impact of the COVID-19 pandemic on the CCBC including:
- 60 ○ Transitioning to remote operations in mid-March
  - 61 ○ Chiropractors and small businesses adapting to keep patients and community  
62 safe
- 63 - Quality Assurance programs, such as the Practice of Work Program and Mandatory  
64 Ethics Training were developed in the last fiscal year and will be rolled out in 2021
- 65 - The CCBC's Policy process will support the ability to increase transparency with the  
66 design of evidence-based regulatory tools
- 67 - Two rapid research reviews were completed:
- 68 ○ Children under 10 with spinal manipulative therapy, which saw the Board affirm  
69 that no regulatory reaction was required
  - 70 ○ Consideration of the clinical utility of radiographs by chiropractors, which will be  
71 addressed in the CCBC's policy process
- 72 - Enhanced communications with stakeholder surveys and new branding
- 73 - Progress on recommendations outlined in the independent governance report
- 74 - The alignment between the Board and staff on CCBC's mandate and vision
- 75 - The priority to lead and positively influence the Ministry of Health's efforts to  
76 modernize the health profession's regulatory framework.

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78 The Registrar acknowledged the CCBC Board and staff for their support- and dedicated  
79 efforts.

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81 **5. PRESENTATION OF THE FINANCIAL STATEMENTS AND AUDITOR'S REPORT /**  
82 **QUESTIONS**

83 Karen Kesteloo, Chair of the Finance and Investment Committee acknowledged the  
84 territories of the WSÁNEĆ and Lekwungen Peoples. Highlights of the 2019-2020 Audited  
85 Financial Statements included:

- 86 - The Independent Auditors Report, noting CCBC had been issued a clean audit
- 87 - The Statement of Financial Position showed:
- 88 ○ The CCBC's financial health as of July 31, 2020

- 89 ○ Total assets are down \$250,000 from 2019 due to registrants who elected to defer  
90 2020/2021 renewal fees until October; this is reflected on the deferred revenue  
91 line showing the reduction of pre-paid licensing fees
- 92 ○ Net assets have increased overall by approximately \$58,000
- 93 ○ Total net assets of \$3.1 million reflects CCBC's positive financial health
- 94 - The Statement of Operations indicated:
  - 95 ○ Licensing fees are higher than 2019 as they are no longer reduced by the  
96 allocation to Education BC
  - 97 ○ Investment income at \$145,000 is comforting in light of the market uncertainty  
98 ■ The decline from 2019's \$270,000 relates to the reduction of funds available  
99 for investment following the repayment of Education BC
  - 100 ○ A recommended change in presentation of expenses from object to function; to  
101 give a better sense of the costs of significant College operations
  - 102 ○ Expenses increased overall from \$1.6 million to over \$2 million, which was due to  
103 the increased investment in research, additional staffing, and Inquiry Committee-  
104 related costs
  - 105 ○ CCBC ended the year with a small surplus of \$58,709
- 106 - The Statement of Change in Net Assets focuses on:
  - 107 ○ Information on the purpose of each internally restricted fund, provided in Note 2  
108 of the Financial Statements
  - 109 ○ The financial security and stability of the College
- 110 - Statement of Cash Flows indicates operational and investing activity during the year  
111 that reduced cash type holdings.  
112

## 113 6. QUESTION PERIOD ON THE REPORT FROM THE BOARD AND ANNUAL REPORT

114 Questions were received prior to the AGM. Participants were advised that if their  
115 questions were not addressed or if they had additional questions, they could email CCBC  
116 at [info@chirobc.com](mailto:info@chirobc.com). The Board Chair read aloud the questions (Q) and the following  
117 responses (R) were provided:  
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119 Q: *Why did the CCBC choose to review the clinical utility of routine spinal radiograph  
120 by chiropractors?*  
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122 R: Iodination Radiation is not without risk. The CCBC is aware that some registrants do  
123 not use best practices when it comes to imaging patients. It was important to  
124 investigate the issue and determine if regulation was necessary to mitigate the risk  
125 to the public. The Board adopted a process for policy development in June 2020  
126 which reinforces the evidence-informed nature of how decisions are made. This  
127 included consideration of the latest research and if appropriate, appear for public  
128 consultation. Our review of routine spinal radiographs is at the second stage in the  
129 policy process, and a decision in policy amendments will be made in 2021.  
130

131 Q: *Why does the CCBC use rapid research reviews to form policy development? How  
132 is research selected for these rapid research reviews?*  
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134 R: Rapid research reviews are commonly used by health care organizations to gather  
135 information needed to make timely decisions related to health care delivery. The  
136 World Health Organization (WHO) states that rapid reviews are an efficient method  
137 to provide policy makers and health systems stakeholders with relevant and  
138 state-of-the-art evidence. Research reviews conducted on behalf of CCBC used

139 methodology recommended by the WHO. This methodology is clearly spelled out in  
140 each published review and outlines how studies are included or excluded. The  
141 research strategy is quite broad and includes: randomized controlled trials; case  
142 control; cross sectional; diagnostic; and reliability studies. Publications such as  
143 opinion pieces, commentaries, case reports and letters to the editor do not meet the  
144 criteria for rapid reviews.

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146 Q: *What topics are the CCBC planning to investigate with a rapid research review?*

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148 R: The CCBC is in the process of finalizing a review of the non-pharmacological  
149 interventions delivered through telehealth for the management of muscular skeletal  
150 disorders. Temporary telehealth standards were approved earlier this year to  
151 support health care delivery during the pandemic. This review will help to inform a  
152 permanent telehealth policy. Future topics have not yet been decided.

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154 Q: *Why does the CCBC not allow visceral manipulation?*

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156 R: Visceral manipulation is prohibited in Section 9.4 of the Professional Conduct  
157 Handbook. This section includes a definition in the subscript of visceral manipulation:  
158 “manipulation or mobilization by manual or other means of the viscera of the body  
159 or the points of contact between the viscera and their supporting structures within  
160 the body in order to improve viscera position or mobility.” The scope of practice as  
161 defined in the chiropractor’s regulation does not include manipulation of the viscera.

162  
163 Q: *Will we be able to transition all future Board meetings and AGMs to be recorded and  
164 viewable online?*

165  
166 R: The Minutes of Open Board meetings and AGMs are available on the CCBC  
167 website, along with advanced publication of dates and times for each meeting.  
168 Meetings of the Board are typically attended by no more than one to two observers,  
169 whether they are registrants or members of the public. It is difficult to justify the  
170 resources required to record a Board meeting, usually three to four hours in length,  
171 of any audio and video quality suitable for viewing by a small number of persons.  
172 We will continue to ensure members of the public are effectively advised and  
173 informed of the deliberations of the Board.

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175 Q: *Why does the CCBC feel it is necessary to limit chiropractic marketing in this  
176 manner? What evidence is enough to qualify as adequate to remove conditions from  
177 the Efficacy Claims Policy (ECP)?*

178  
179 R: The public’s expectation of the regulator in preventing the spread of misinformation  
180 is extremely high, especially in light of the current pandemic. CCBC takes context  
181 into consideration when reviewing marketing claims. We have to be careful to  
182 eliminate opportunities for misinformation of marketing claims, which may provide a  
183 false sense of benefit to patients and the public. There is no room to allow  
184 misinformation to flourish.

185  
186 The ECP states how items may be included or excluded, and identifies that efficacy  
187 claims that are not supported by acceptable evidence must not be made. We  
188 acknowledge there may be emerging research which might cause the Board to

189 consider the conditions in the policy. Evidence is constantly changing, and  
190 Appendix Nine of the Professional Conduct Handbook (PCH): Acceptable Evidence,  
191 outlines the level of evidence required for advertising health benefits.  
192

193 Q: *What are the expected or potential changes to day-to-day practice with the Board*  
194 *amalgamation, if any?*

195  
196 R: The significant change is that a new multi-profession regulator will take on the role  
197 of regulating the chiropractic profession, among other professions in the public  
198 interest, and CCBC will cease to exist. Looking at the recent amalgamation of nurses  
199 and midwives, or physicians and podiatric surgeons, the practice of these  
200 professions have not changed significantly.  
201

202 Chiropractors should expect that the role of regulating in the public interest will be  
203 taken seriously, which could mean changes to policies and standards to respond to  
204 changes in health care and emerging risks. The modernization recommendations  
205 specifically call out the importance of the profession's specific expertise in the  
206 regulation of health professionals. Although self-regulation is evolving into  
207 professional regulation, there is a broad acknowledgment of the importance of  
208 professional knowledge in the regulation of professionals.  
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210 Q: *Why did the CCBC eliminate billing arrangements? How many complaints did the*  
211 *CCBC receive from patients about billing arrangements? Why was this change ruled*  
212 *out without notice to registrants?*

213  
214 R: The Board reviewed the standards for pre-payments and billing arrangements, and  
215 several changes were made over the years. Members of the profession have spoken  
216 out about this as well. The Board reviewed prepayments earlier this year. It became  
217 evident that some practitioners were linking discounted fees to the billing  
218 arrangement and pre-payment of the fees, and that the arrangement had to be in  
219 place to provide care. That was never the intent of discounting prepayment and/or  
220 billing arrangements.  
221

222 Some patients have advised the CCBC that they felt pressure to enter into a billing  
223 arrangement. This was at a time where they were often in pain, vulnerable, and  
224 seeking care, and some noted they later regretted their decision. The number of  
225 complaints is seldom the primary factor in any decision of the Board. We have seen  
226 that the action of one or a few registrants can become public quickly. As a regulator,  
227 the CCBC exists because the practice of the profession poses risks to the public.  
228 The CCBC is charged with identifying and mitigating these risks by way of regulation.  
229

230 As stated in the public notice, the CCBC believes that any benefit there may be to  
231 patients with the use of billing arrangements is outweighed by the negatives seen in  
232 the complaints and expressions of concern from the public and registrants. Billing  
233 arrangements put some patients at risk for emotional or financial abuse and the  
234 CCBC felt it was necessary to regulate as a result.

235 The CCBC does not control the fees that chiropractors charge for health care  
236 services they provide. The College does not prevent chiropractors from discounting  
237 their fees. Discounts offered when related to a billing arrangement can be viewed as  
238 an incentive to care and this was not the intent of the earlier rules.

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Q: *Why were licensing fees not reduced once the Education in BC project was cancelled?*

R: It was recognized that the face of regulation was changing, and the College needed to meet its obligations as a regulator and increasing public scrutiny. Key to this would be building capacity with a focus on governance, compliance, and safety. Financial projections forecast increasing costs from both inflation and capacity building. At the 2018 AGM, it was pointed out that the cost of regulation had increased by 18.8%. In 2019, the cost had increased another 32% from investment in compliance monitoring and regulatory support to meet the College's mandate.

This year, costs increased by 24%, reflecting investment in research, staff, space and Inquiry Committee-related costs. Timing capacity building expenditures to coincide more closely with the expiry of the Education BC allocation has enabled the College to keep licensing fees constant, ensuring stability and avoiding financial uncertainty.

Q: *Why are registrants given no notice when a policy or issue is being considered by the Board?*

R: The CCBC made a commitment to the public: to be transparent to registrants and key stakeholders when it comes to policy, bylaw, or other changes that could potentially affect the regulation of chiropractic in BC. The Board adopted a process for policy development that reinforces the evidence-informed nature of how decisions are made, including consideration of the latest research, and if appropriate, appear at a public consultation. Matters that are going through public policy development have been communicated broadly. There are cases where urgent action is required to manage a risk or convey information and guidance to registrants. The CCBC will not hesitate to provide urgent information if the situation requires it.

Q: *What is the CCBC's process for budgeting?*

R: The College has a robust budget process that starts in the spring of each year. All functional areas, including the Board and Committees, are solicited for their workplans and objectives for the coming year in alignment with the strategic plan. These are costed out and budget allocations are made within available resources. A first draft of the budget is reviewed and discussed by the Finance and Investment Committee. Any areas needing a deeper look are identified, and other changes recommended if necessary. The Director of Finance presents to the Committee the second draft budget for review, finalization, and recommendation to the Board. The Board will then review the budget for approval at the June Board Meeting.

283 Q: *Why did the CCBC pursue a new brand and website when the organization will*  
284 *cease to exist after amalgamation?*

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286 R: The CCBC's vision is to be a recognized leader in patient-centred,  
287 evidence-informed health profession regulation. The CCBC's current strategic plan  
288 identified improved public trust in the regulator in one of its four strategic goals. It  
289 was important to ensure that the CCBC clearly conveyed its mandate and purpose  
290 to all stakeholders, especially the public, in order to enhance trust, and distance  
291 ourselves from the role of other organizations.

292  
293 The former CCBC logo was at one time a joint organization regulator logo for the  
294 profession nationally. The CCBC needs a strong presence that speaks to the  
295 regulation as we work toward amalgamation. The CCBC website was five years old  
296 and out of date. As a primary source of information, this update was a necessary  
297 cost to ensure information was accessible to the public.

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299 Q: *How much is the partnership with Ontario Tech to produce rapid research reviews,*  
300 *and why was this information not shared with registrants?*

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302 R: The Board approved the collaboration agreement with Ontario Tech as part of the  
303 annual budget approval in  
304 June 2019 and is reflected in those meeting Minutes. \$106,000 was spent in 2019-2020  
305 on this partnership. As per our bylaws, financial statements must be considered at  
306 AGMs. Our audited financial statements and auditors' reports are updated to the  
307 website for public information. The Chair of the Finance and Investment Committee  
308 presented the 2019-2020 audited financials and auditor's report today. Other  
309 regulators and the Ministry of Health have acknowledged the value of this  
310 collaboration to the CCBC's policy development process.

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312 **7. CLOSING REMARKS / ADJOURNMENT**

313 The Chair acknowledged Dr. Larissa Juren and Dr. Hafeez Merani who have greatly  
314 contributed to the CCBC Board over the last three years.

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316 Ken Kramer Q.C., Board Vice-Chair, commended Dr. Johnny Suchdev's leadership and  
317 respect to the Board, staff, registrants, and beyond. Dr. Suchdev was recognized for  
318 enabling the CCBC to take the lead in the health profession.

319  
320 **CONCLUSION**

321 The December 2, 2020 Annual General Meeting of the College of Chiropractors of BC Board  
322 Meeting concluded at 10:46 a.m.

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