



Resilience in a time of uncertainty

BCCNM 2021 ANNUAL REPORT



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About BCCNM

We exist to ensure unshakeable confidence in nursing and midwifery care.

Who we are

We're the British Columbia College of Nurses and Midwives (BCCNM). As a health regulator, our legal obligation is to protect the public through the regulation of five distinct professions—licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, and midwives. Regulation allows BCCNM to set standards for nurses and midwives. These standards ensure the public receives safe, competent, and ethical care.

We exist to ensure unshakeable confidence in nursing and midwifery care. We nurture confident practitioners armed with a clear understanding of their scope and standards. We honour the trust that the public puts in our hands and aspire to create unwavering confidence in their every interaction with nurses and midwives.

Regulation helps protect the public by ensuring nurse and midwife registrants provide care that is safe, competent, and ethical, and meets the standards set by the college.

What we do

It's about trust. We firmly believe British Columbians are entitled to exceptional care. And so, we see the designation of nurse or midwife as a commitment—a commitment that each of our registrants is trained, credible, and ready to support those at their most vulnerable.

We are adaptive and agile. We recognize gaps in competency and address them through meaningful engagement across the professions. We support anti-sexism, anti-racism, decolonization, and reconciliation in progressive and constructive ways.

We define. We set the standards of safe, ethical practice, assess nursing education programs and midwifery education programs, establish requirements for registration with BCCNM, and address complaints about nurses and midwives. We work closely with educators, regulators, government, and other partners to ensure the standards of practice remain current, culturally safe, and person-centred in a world where public needs are constantly evolving.

We protect. We rigorously guard these standards from registration to retirement. Protecting the public, but also protecting the reputation and credibility of registration—and the safe, ethical care that registration stands for.



We uphold. We ensure accountability and consequences for not meeting BCCNM's standards. We use right-touch regulation where it counts—delivered justly and transparently.

Because being passionate about safe, ethical practice isn't only BCCNM's goal.

Safety and ethical practice are at the core of how care is delivered.

They're the goals of every party involved.

The fuel for why we do what we do—regulator, nurse, and midwife alike.

Simply put, quality care matters.

Message from Board Chair, and Registrar & CEO

Collaboration is essential for successful regulation—offering value to public and profession alike. We lead by leaning in to patients, clients, registrants, special interest groups, other regulators, professional associations, and across diverse and marginalized voices. We're not just a rulebook; we're a group of people, inspired and informed by the work of others.

Responding to the COVID-19 pandemic and the overdose crisis

In 2021, B.C. continued to face two public health emergencies: the COVID-19 pandemic and the opioid overdose crisis. While there were moments of triumph and great progress made, the healthcare system and those who worked within it continued to experience extended and widespread strain. We witnessed the extraordinary challenges nurses and midwives faced, both professionally and personally. Once again, nurses and midwives were asked to do more and to work in different ways, with little or no time to adapt.

COVID-19 pandemic

We worked with B.C.'s Provincial Health Officer and the Ministry of Health to help [roll out the province's COVID-19 vaccine program](#), and we expanded the [types of healthcare providers who can provide them](#). To enable RPNs to participate fully in the provincial COVID-19 vaccination program, we [amended the RPN scope of practice relating to immunizations](#). And as the Omicron variant took hold near the close of the year, we helped to recruit additional immunizers for COVID-19 boosters.

We extended temporary emergency registration for nurses and midwives to support the COVID-19 pandemic response.

We also approved [revisions to the RN and RPN prescribing standards](#) to support nurses in making prescribing decisions during a virtual-care encounter when a visual assessment is not possible. These amendments were in direct response to a barrier to care identified by nurses. The amendments enabled a nurse to conduct a virtual assessment of a client in a remote, rural setting who did not have access to video technology.

We lead by leaning in to patients, clients, registrants, special interest groups, other regulators, professional associations, and across diverse and marginalized voices.

Overdose crisis

On July 15, 2021, the Ministry of Mental Health and Addictions and the Ministry of Health released [Access to Prescribed Safer Supply in British Columbia: Policy Direction](#). This policy direction addressed the escalating number of deaths occurring every day in B.C. due to an increasingly toxic illicit drug supply. Prescribing pharmaceutical alternatives (such as hydromorphone) is a harm reduction strategy intended to save lives. It replaces potentially toxic drugs with safer alternatives for those who are vulnerable to illicit drug toxicity events and death.

As a result of this work, [we approved amendments to Nurse Practitioner Opioid Agonist Treatment Prescribing for Opioid Use Disorder standards, limits, conditions](#) to include prescribing of pharmaceutical alternatives for safer supply.

Supporting nurses and midwives working with limited resources

Throughout 2021, nurses and midwives continued to show great compassion for, and dedication to, their clients and patients, and their families.

We heard from nurses who were exhausted, stressed, and concerned about their ability to maintain the standards of nursing practice. They were finding it difficult to provide the optimal care they are used to providing due to circumstances outside of their control. We clarified that registrants follow employer policies and procedures, and we encouraged them to seek out any relevant resources they may have available.

In November 2021, the Nursing Policy Secretariat facilitated a [provincial webinar](#) on working with limited resources in collaboration with BCCNM, the B.C. Nurses' Union, NNPBC, the Provincial Nursing and Allied Health Council, and the Canadian Nurses Protective Society. Presenters shared information and resources—including supports for mental health and wellness—to assist nurses in delivering the best possible care to their patients under extraordinary circumstances.

Regulatory mandate in a polarizing time

The challenges of providing care during the COVID-19 pandemic and the opioid overdose crisis were not new; however, the divided, inflammatory public discourse about vaccines, vaccine passports, public health orders, and the subsequent impact on health professionals was.

We shared guidance for NPs about [valid contraindications and deferrals to COVID-19 vaccinations](#), explained how to [verify a legitimate COVID-19 vaccine exemption or deferral](#), and [issued a warning on the use of ivermectin](#) in the prevention and treatment of COVID-19.

The college was extremely disappointed by the protests that took place around various hospitals in the province on Sept. 1. These events



Working in an environment where resources are limited may cause some nurses or midwives to worry about being reported to the college. We understand that the prospect of a complaint and/or investigation by the college is stressful, but we assure registrants that BCCNM always strives to be fair and balanced in how we handle every complaint. When reviewing and investigating complaints, the standard of care expected of nurses and midwives is always considered in context.

directly interfered with the delivery of care and impacted healthcare workers and staff, healthcare organizations, clients, patients, and others. While BCCNM recognizes Canadians' right to peaceful protest, this was unacceptable behaviour. It was particularly disheartening to see healthcare workers—including nurses and midwives—being threatened and abused, rather than respected and commended for their dedication and sacrifices.

In November, we issued a [public advisory](#) regarding activities of BCCNM registrants who were allegedly agitating against the public health orders in place to deal with COVID-19. While BCCNM nurses and midwives are free to voice their own opinions in a lawful manner, they are not entitled to use a protected title to spread misinformation. We explained that BCCNM could and would take action against registrants whose use of title posed a risk to the public or could bring the professions of nursing or midwifery into disrepute. We assured registrants and the public that we were working with our partners in the healthcare system, including the Ministry of

Health, and taking steps to address such reports.

To nurses and midwives, BCCNM celebrates your efforts—and recognizes your challenges—in delivering safe care in these times. If you would like more information or wish to speak with someone about a practice concern, please contact one of our [regulatory practice consultants](#).

Using a protected title is a privilege, not a right.

Nurse, registered nurse, registered psychiatric nurse, licensed practical nurse, nurse practitioner, and midwife are all protected titles. Only individuals who are BCCNM registrants have the right and privilege to use these titles in B.C.

Dismantling Indigenous-specific racism

BCCNM is driven by our purpose to create unshakeable confidence in nursing and midwifery care. The *In Plain Sight* report published in November 2020 highlighted the extent to which Indigenous-specific racism is embedded in the province's healthcare system. As a result, many Indigenous Peoples do not feel confident or safe when accessing care, which has led to significantly poor health outcomes. This flies in the face of our purpose; as a regulator, there is much we can, and need to do, to disrupt this cycle.

As board members, committee members, staff, and registrants, we each have a role to play—the least of which is ensuring we are educating ourselves on these issues, confronting our own biases, and considering how we can make a positive impact as a nurse, a midwife, or a member of our community.

Whether we're reflecting on last year's accomplishments and challenges or planning for the year ahead, we know that none of it would be possible without many partners: staff, board and committee members, registrants, employers, educators, government, associations, and more.

Thank you all for your continued dedication and resilience to your work and to the work of BCCNM.



Yvonne Savard
BCCNM Board Chair



Cynthia Johansen
BCCNM Registrar & CEO

Our cultural safety & humility journey

Cultural safety and humility isn't a simple aspiration. It is necessarily nuanced and complex. If we are to dismantle the discrimination encountered by Indigenous Peoples in the healthcare system, we must understand with empathy the lasting impacts of colonization. This commitment requires thoughtful engagement with Indigenous communities and self-reflection on our own implicit and explicit biases.

Our people and practices must be welcoming and relevant to all—registrants and the public alike. To get there, we're committed to continued consultation and listening to the experiences of others while recognizing our impact and influence across the professions we regulate.

We're explicitly anti-racist and anti-sexist, and we seek to address power imbalances inherent in the healthcare system by promoting environments free from discrimination. Above all, we aim to develop and maintain respectful processes and relationships grounded in mutual trust. We are **inclusive**.

Constructive disruption: our efforts in 2021

Offering an apology

Indigenous Peoples (First Nations, Métis, and Inuit) have waited too long for their legal rights to be recognized. And they have waited too long for health-system leaders to dismantle the racism that was built into our colonial healthcare system—racism that continues to cause harm to this day. On May 11, 2021, in collaboration with the College of Physicians and Surgeons of BC (CPSBC), the College of Dental Surgeons of BC (CDSBC), and the College of Pharmacists of BC (CPBC), we issued an [apology](#) for our role in perpetuating Indigenous-specific racism within B.C.'s healthcare system. Eleven other B.C. health regulators subsequently issued an apology.

Committing to action

While our apology was an important step, it was even more important that we take meaningful actions to dismantle Indigenous-specific racism in healthcare. BCCNM published [A Constructive Disruption to Indigenous Specific Racism Amongst B.C. Nurses and Midwives - An Action Plan](#) on Sept. 30, 2021, the first National Day of Truth and Reconciliation. The action plan outlines more than 50 steps we will take to address eight of the recommendations from the *In Plain Sight* report.

Developing a new standard for nurses and midwives

Together, BCCNM and CPSBC regulate more than 74,000 nurses, midwives, physicians, and surgeons. Throughout 2021, we worked with CPSBC to develop a new standard. Our work included:

- Initial consultation with Indigenous patients and families, undertaken through the Patient Voices Network
- Initial consultation with registrants, Indigenous Health Offices, and First Nations Health Authority
- Follow-up [consultation](#) with all partners on the first draft of the standard
- A comprehensive literature review:
 - [In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Healthcare \(2020\) \("In Plain Sight"\)](#)
 - Truth and Reconciliation Commission of Canada: Calls to Action (2015) ("TRC Calls to Action")
 - United Nations Declaration on the Rights of Indigenous Peoples (2007) ("UNDRIP")

- Declaration on the Rights of Indigenous Peoples Act, S.B.C. 2019, c. 44. (“DRIPA”)
- Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019)
- B.C. Human Rights Tribunal: Expanding Our Vision: Cultural Equality & Indigenous Peoples’ Human Rights (2020)
- Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice (2011) (Nursing Council of New Zealand)

The draft standard was also used to frame some self-assessment questions for nurses and midwives to complete during registration renewal.

Supporting Indigenous board and committee members

B.C.’s health regulators recognize that having Indigenous Peoples in leadership and decision-making roles in our healthcare system is essential for Indigenous Peoples to reclaim their health and wellness. In 2021, the B.C. Health Regulators (BCHR) worked with Joe Gallagher to develop a community of practice for Indigenous Peoples who hold positions on B.C. health regulatory boards and committees. The aim is to create a supportive community of practice by, and for, Indigenous Peoples. It is also an important step in addressing Indigenous-specific racism as highlighted in the *In Plain Sight* report. Joe Gallagher facilitates the community of practice, which meets monthly.

Learning within

BCCNM has established relationships with two local First Nations people, Syexwáliya, Knowledge Carrier, and Sulksun, Knowledge Keeper, who open and close many of our significant meetings and who otherwise guide our learning journey. We are profoundly grateful that they share their knowledge and ways of being with staff, committee members, and the board.

All board members, committee members, and staff were invited to four virtual learning sessions with guest speakers. **Here is an overview of the sessions:**

ABOUT JOE

Joe, k^wunəməŋ, is a Coast Salish person from Tla’amin Nation. His mother Ann was from Xwe’malxkwu First Nation and his father Norman from Tla’amin Nation. For more than a decade, he worked to address health inequities faced by First Nations people in B.C. and to advance the work in cultural safety and humility as the Chief Executive Officer for the First Nations Health Authority. Joe currently serves as Vice President, Indigenous Health and Cultural Safety with the Provincial Health Services Authority.

- A conversation on the *In Plain Sight* report: An Independent Review of Indigenous-specific Racism in B.C. Health Care with [Harmony Johnson](#)
- Making Space for Trauma and Cultural Humility: A Relational Approach to Regulation with Myrna McCallum, Métis lawyer and host of [“The Trauma-Informed Lawyer”](#) podcast
- Book discussion: [21 Things You May Not Know About the Indian Act](#) with Joe Gallagher
- Two-eyed seeing in healthcare: Exploring how Indigenous knowledge and western medicine can work together with [Dr. Evan Adams](#)

We held information sessions on the *In Plain Sight* report for the board and senior staff. We shared opportunities for staff to participate in the self-guided learning series available through the [Indigenous Relations Academy](#). And our leadership participated in two online learning sessions about cultural safety and humility facilitated by [Nahanee Creative](#).

The 2021 BCHR Symposium focused on cultural safety and cultural humility. All staff, board members, and committee members were encouraged to attend and several of our staff were speakers at the event or involved in its planning.

ABOUT SYEXWÁLIYA

Syexwáliya Ann Whonnock is an Elder and Knowledge Carrier from Squamish Nation and a Knowledge Keeper/Elder Advisor for many organizations including BCCNM. She is also the SFU Indigenous Student Centre Elder In Residence. Syexwáliya has strong Indigenous worldviews and is widely respected and acknowledged for her work, energy, and commitment to her community. At BCCNM, Syexwáliya shares ancestral knowledge and traditional teachings to guide the organization's ongoing journey towards cultural safety and humility.

ABOUT SULKSUN

Sulksun (Shane Pointe) is proud to be a Coast Salish First Nations person. He is a highly respected knowledge keeper and ceremonialist. Sulksun is a knowledge keeper with the First Nations Health Authority and was the knowledge keeper for the investigation leading to the publication of the *In Plain Sight* report. He has worked with many of the B.C. health regulators.

Learning resources for registrants

At registration renewal, BCCNM includes a question for registrants regarding completion of San'yas Training.

BCHR's Cultural Safety & Cultural Humility (CSH) working group has developed a project charter to take a broader review of what CSH training and resources are available for regulated healthcare providers.

Competency matrices, meeting guidelines, and the Code of Conduct for board and committee members were reviewed with a CSH lens resulting in updates including cultural safety and humility as a required competency for new members.

We recently updated our email signatures to better reflect the diversity and languages of our local First Nations communities.

What you can expect from us in 2022

While we are proud of the actions taken thus far, we are committed to doing more.

New standard for registrants

As of the writing of this report, the [new standard, Indigenous Cultural Safety, Cultural Humility, and Anti-Racism, was approved by BCCNM and CPSBC's boards and has taken effect](#). The two colleges are collaborating on [resources](#) to assist registrants in applying the standard. Together, BCCNM and CPSBC are planning a formal ceremony to mark this important milestone in a manner that reflects Indigenous ways of knowing and being.

Continue diverse committee recruitment

With more than 67,000 registrants across the province, BCCNM has a unique opportunity to influence the professions that we regulate and support positive change in the broader healthcare system. This includes condemning racism and discrimination in all its forms and taking a progressive and constructive approach to support anti-sexism, anti-racism, decolonization, and reconciliation. To reflect the diversity of B.C.'s population served by nurses and midwives, we will continue our efforts to diversify committee membership.

In line with the college's commitment to cultural safety and humility practices, relationship-building with Indigenous Peoples and recruitment of Indigenous committee members is already underway. This work is providing learnings that can be applied to building relationships, recruitment, and supports for other marginalized groups.

In 2022, BCCNM will review its complaints investigation process to make it more culturally safe. We are also updating our education program review process to ensure that entry-level competencies regarding CSH and the new standard are incorporated into nursing and midwifery programs. Finally, BCCNM will undertake a cultural safety audit of our bylaws, standards, and policies.

Building diversity, equity, and inclusion

Committee recruitment

We trust B.C.'s nurses and midwives to care for us and our loved ones when we are at our most vulnerable. Every British Columbian has the right to receive safe, ethical care from their nurse or midwife, regardless of race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, and age.

To meet our promise to ensure unshakeable confidence in nursing and midwifery care, BCCNM recognizes its board and committees must function in a way that builds, honours, and maintains public trust. We recognize the importance of having different voices and perspectives contributing to the decision-making process for the regulation of nurses and midwives. Having the appropriate membership composition for college committees is critical to achieving this. We recognize that achieving more diverse representation on committees requires building relationships with:

- Indigenous communities
- Black communities
- Persons of colour
- LGBTQ2S+ communities
- People with lived experience in accommodating/ navigating a spectrum of physical, mental health, or cognitive (dis)abilities
- People from different age groups

For these reasons, we have been working to expand the diversity of committee members through targeted recruitment and retention strategies. Last year, we worked with Joe Gallagher, as well as Dr. Moussa Magassa, to develop a committee recruitment strategy.

We know these efforts will be ongoing and we are grateful for continued engagement with community partners.



Learning within

To support our cultural safety and humility work as well as our broader efforts around equity, diversity, and inclusion, all staff, board members, and committee members completed the [NeuroLeadership Institute's \(NLI's\) DECIDE Unconscious Bias training](#). The program helps individuals to identify and mitigate unconscious bias from our decision-making. The training provided us with a common language to promote discussion of bias across the organization. We now have new tools to build habits to accept, label, and mitigate unconscious bias in the moment by using NLI's SEEDS Model™. Engagement and sustainment efforts are ongoing, and the training will be offered to new staff, board, and committee members.

We were also very pleased to welcome Kai Scott, from [TransFocus Consulting](#), to talk to staff about gender inclusion and the use of pronouns. One outcome of this learning was the opportunity for staff to choose to share their pronouns on their email signatures, which has been adopted by many staff across the college. Last year, our staff Culture Committee created a significant observances calendar to recognize the diverse celebrations and observances in our communities and throughout the world. The information is shared on our intranet every month to promote awareness and provide another opportunity to learn. Staff are encouraged to participate by sharing their own cultural celebration stories and/or days of remembrance.

BCCNM is currently looking into training/facilitation for our leadership team around intersectionality with anti-racism work. We continue to seek out ways to highlight and foster a 'speak-up' culture by valuing and encouraging employees to express their fears, provide their feedback, ask questions, raise concerns, and make suggestions without fear of retaliation or any other kind of harm resulting from speaking up.



We also conducted initial research to get a baseline understanding of the diversity of our staff and management. Staff were invited to complete an anonymous and confidential survey that captured aggregate demographic information, which was then compared against provincial and national data. Overall, the results were encouraging; the diversity of BCCNM staff met or exceeded the provincial and national comparators across most demographic categories. Having said that, we also identified opportunities for improvement: for example, Indigenous Peoples are under-represented. We will continue to track the demographic composition of staff and management, with a view to ensuring that the people who work at the college reflect the diversity of our province.

British Columbia Public Advisory Network (BC-PAN)

BCCNM continued its involvement in the BC Public Advisory Network (BC-PAN) in 2021. Established by some of B.C.'s health regulators, BC-PAN is a public advisory group that comes together to provide the perspective of the public on issues related to healthcare regulation in B.C. Participants come from across the province and bring diverse backgrounds and experiences to ensure broad perspectives are shared.

Due to the COVID-19 pandemic, members participated in six half-day virtual meetings that covered a range of topics:

- Assisting complainants outside of the formal complaint process
- Registrants moving or leaving practice
- Registrants selling or endorsing products/treatments
- Informed consent
- Healthcare professionals treating themselves, family members, or others close to them

The participants' feedback was shared with each of the participating colleges. Their input on these topics helps colleges ensure they incorporate public perspectives into their work, a critical aspect of fulfilling our public protection mandate. At BCCNM, we're committed to integrating public feedback into our work. We're excited to continue our work with BC-PAN and look forward to learning more from our public advisors. Members of the public who are interested in joining the BC-PAN group are encouraged to visit the BC-PAN website (<https://bcpan.ca>) to learn more.



Protecting the public: our mandate in action

One of the most important and challenging aspects of our work is taking action when registrants fail to practise in accordance with their standards. In some cases, registrants' actions present a serious risk to public safety. On May 23, 2021, BCCNM reached consent agreements with Euphemia Guttin ([agreement](#)) and Victoria Weber ([agreement](#)) to resolve complaints about their conduct and competence from 2016–2018 while working as registered nurses in senior leadership roles at the Garth Homer Society in Victoria, B.C. These agreements were reached after a lengthy and complex investigation that spanned approximately three years. The registrants' practising registrations were suspended during this time.

As part of their consent agreements, Ms. Guttin agreed to a 15-month suspension and Ms. Weber agreed to an 18-month suspension as a result of their unprofessional conduct.

For both registrants, 12 months was considered "time served" given the length of time they were suspended while the investigation was underway. Both registrants must complete remedial education prior to a return to practice and both will have limits, conditions, and extensive oversight of their nursing practice for a significant period.



A significant outcome

BCCNM is pleased with the outcome of this case. The significant penalty in the form of lengthy suspensions and subsequent limits and conditions on the registrants' nursing practice post-suspension is in keeping with the serious nature of the registrants' unprofessional conduct. BCCNM is confident that should these registrants breach their professional and practice standards again, this level of oversight will ensure problems are promptly reported to BCCNM so that, if necessary, further action can be taken.

We would like to recognize the considerable time and resources that went into an exceptionally complex investigation. The investigation covered complaints made by three different members of the public, a former employee, as well as two issues that were investigated on the college's own motion. The complainants raised serious concerns about the quality and safety of care delivered to their vulnerable adult family members, with cognitive, intellectual, and/or physical disabilities, who could not effectively advocate on their own behalves.

While BCCNM was pleased with the outcome of our investigation, we took the unusual step of highlighting these agreements as part of meeting our public protection mandate. We also highlighted the significant outcomes to remind all nurses of their obligations to adhere to their Professional and Practice Standards when delivering direct patient care and when working in administrative roles.

Click, scroll, repeat: BCCNM's website is busy

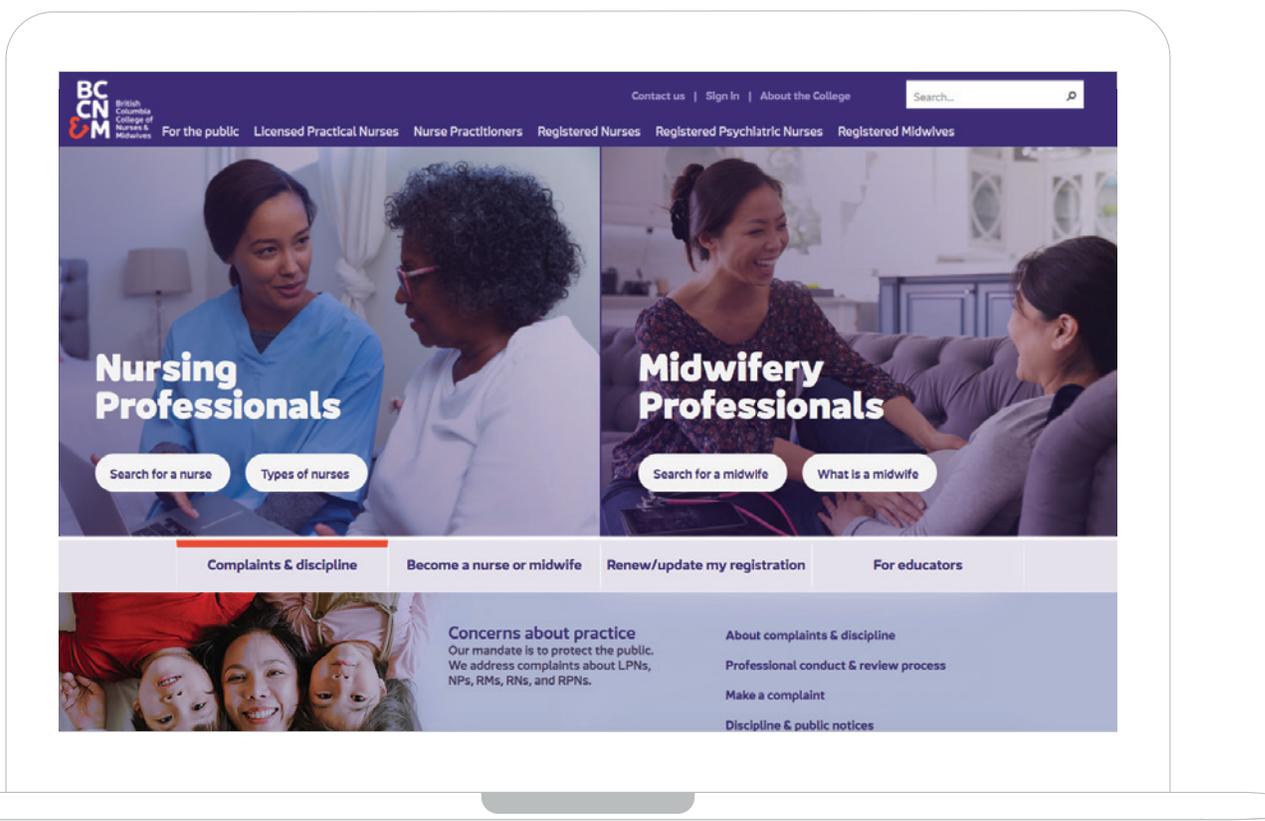
It was a busy year for BCCNM's website. The BCCNM website was launched in December 2020, and it quickly garnered lots of visitors in 2021.

In 2021, there were more than 2.7 million visits to the website, which resulted in 3.8 million page views. The top three pages were the homepage (606,252 page views), sign-in page (223,378 page views), and a public notice page (218,735 page views).

Visitors to our site know we offer a wide array of documents, many that support nurses' and midwives' practice. Of the 221,000 file downloads, our most popular documents were:

- LPN scope of practice standards
- LPN professional standards
- Public notice citation

As we continue to add new content and improve our visitors' experience, we're looking forward to even more web activity in 2022.



Regulation by the numbers

12,335

Initial applications received

57,518

Renewed nurse registrations

410

Renewed midwife registrations

41

Education programs and courses reviewed

1

New program recognized

31

Continued programs recognized

0

Program recognitions withdrawn

1

Programs no longer being offered

2,972

Practice consultations

29,529

Colleagues who provided feedback (MSF)

25

Onsite reviews

1,426

CDS PADS

Controlled prescription program

409

Investigations initiated

373

Investigations completed

Registrant snapshot

 Licensed practical nurse	2020	2021
PRACTISING	13,847	14,364
PROVISIONAL	170	179
NON-PRACTISING	359	360
TEMPORARY EMERGENCY	110	350

 Nurse practitioner	2020	2021
PRACTISING	673	788
PROVISIONAL	11	11
NON-PRACTISING	27	26
TEMPORARY EMERGENCY	Less than 10*	Less than 10

 Registered nurse	2020	2021
PRACTISING**	39,843	41,292
CERTIFIED PRACTICE***	1,238	1,330
PROVISIONAL	395	482
NON-PRACTISING**	1,314	1,293
EMPLOYED STUDENT NURSE	678	1,072
TEMPORARY EMERGENCY	604	1,252

 Registered psychiatric nurse	2020	2021
PRACTISING	3,063	3,202
PROVISIONAL	78	79
NON-PRACTISING	96	96
EMPLOYED STUDENT PSYCHIATRIC NURSE	22	39
TEMPORARY EMERGENCY	Less than 10	18

 Midwife	2020	2021
PRACTISING	311	339
PROVISIONAL	Less than 10	Less than 10
NON-PRACTISING	101	90
STUDENT MIDWIFE	78	84
TEMPORARY EMERGENCY	-	Less than 10

Total	63,034	66,758
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* BCCNM does not provide aggregate data for numbers less than 10. This is to ensure that we minimize any chance of individuals being identified where there is a small population.

** LGNs (Licensed graduate nurses) and non-practising LGNs are included in practising RNs and non-practising RNs, respectively.

*** RN-certified practice must have RN practising status.

2021 BCCNM board members

BCCNM is governed by the BCCNM board, an oversight and decision-making body that ensures the college has the resources, leadership, and strategy to meet BCCNM's mandate to protect the public. The board consists of five registrant members (one from each designation) and five public members.

Colin Bennett, FCPA, FCMA, LL.D (Hon), CA (Hon)

Public board member

Ruth Ringland, MN, NP(F)

Registrant board member

Robert Calnan, RN, BScN, M.Ed

Registrant board member

Yvonne Savard, RPN, RN, BScN, MAED/CI

Chair and registrant board member

Pinder Cheema, QC

Vice Chair and public board member

Madelon Stevens, Non-practising LPN

Registrant board member

Janene Erickson, MPH

Nak'azdli Whut'en

Public board member

Sangeeta Subramanian, BA, MBA

Public board member

Tanya Momtazian, RM, BSc., BMW, MPH

Registrant board member

Richard Turner, B.Ed (Secondary)

Public board member

Fees & expenses

Practising registration fees

The following practising registration fees were payable for the period of March 1, 2021 to March 31, 2022 for LPNs, NPs, RNs, and RPNs; and April 1, 2021 to March 31, 2022 for midwives.

** Nurses paid for 13 months of registration in order to align with the midwives' registration period.*

2021-22 Fees	
DESIGNATION	REGISTRATION FEE
Licensed practical nurse (14 months)	\$514.80*
Nurse practitioner	\$803.88*
Registered nurse	\$558.36*
Registered psychiatric nurse	\$558.36*
Midwife	\$740.95

Where registrant fees went in 2021 vs. 2020 (in the 000s)

Expenses	2020	2021
College Amalgamation	\$1,298	-
Corporate Services*	\$9,327	\$11,887
Facilities**	\$5,379	\$5,055
Inquiry, Discipline, & Monitoring	\$4,779	\$5,229
Registration	\$3,824	\$4,510
Policy & Practice	\$2,708	\$3,016
Executive Office, Strategy & Governance*	\$2,578	\$2,964
Quality Assurance	\$1,372	\$1,410
Nursing Community Assessment Service (NCAS)***	\$1,151	\$1,786
Education Program Review and Entry-level Competencies	\$1,508	\$1,444
Registrant Professional Liability Protection/Insurance	\$218	\$277
Subtotal	\$34,142	\$37,577
Less: Shared Services Recoveries*	-\$552	-\$428
Less: Lease Recoveries**	-\$937	-\$781
Less: NCAS Grants and Related Assessment Fees***	-\$568	-\$1,362
Total Expenses Net of Recoveries	\$32,084	\$35,006

* Shared services recovery are used to offset or lower total corporate services expense and S&G expenses.

** Lease recoveries were to offset total facilities expense.

*** NCAS grants received were to offset total NCAS expenses.

Salary Expenses	2020	2021
College Amalgamation	\$445	-
Corporate Services*	\$5,840	\$7,018
Inquiry, Discipline & Monitoring	\$3,875	\$4,097
Registration	\$2,473	\$2,946
Policy & Practice	\$2,496	\$2,790
Executive Office, Strategy & Governance*	\$1,780	\$1,906
Quality Assurance	\$1,193	\$1,263
Nursing Community Assessment Service (NCAS)	\$727	\$970
Education Program Review and Entry-level Competencies	\$845	\$961
Facilities	\$801	\$907
Total Salary Expenses*	\$20,476	\$22,858

* Excluded contractor costs and recoveries from shared services or government grants.



Expense highlights

Compared to 2020, expenses were higher in 2021; however, they were lower than budget, as was the case in 2020. The pandemic continued to affect the operations of the college. COVID-19 impacted our spending in the following ways:

- We reallocated resources to continue to register temporary emergency registrants and employed student registrants. This expense was partially offset by grant money received from the B.C. Ministry of Health.
- We spent less on travel-related costs by continuing to work remotely.
- Several college projects were deprioritized or delayed because of our own redirected or limited capacity or the capacity and priorities of partner organizations.

The more significant allocation or reallocation of resources were as follows:

- Additional staff were hired to fill vacancies partway through 2020 and into 2021 to address increases in workload.
- Resources were redirected from supporting college amalgamations to addressing a backlog of deferred information system maintenance tasks, system updates, and minor improvements. In addition, more resources were invested to improve information system security in response to the increased risk and incidents of cybercrimes. These information system investments will continue to be a focus for 2022.
- Costs increased for investigations and legal supports, as well as processing requests for information. These expenses were predominately related to complaints and hearings.
- We continued our cultural safety and humility journey started partway through 2020. We engaged a Cultural Safety and Humility Advisor. We provided unconscious bias training for all staff, board, and committee members and completed work on a new registrant standard in collaboration with other B.C. health regulatory colleges.
- The new college board as well as staff began preparations to update the college's vision, regulatory philosophy, and strategy. Related to this, the college invested in documenting the current state of its operations to support anticipated changes coming from a new strategic plan. This effort will continue to be an area of investment for 2022.

2021 Financial statements



Financial Statements of

**BRITISH COLUMBIA COLLEGE OF
NURSES AND MIDWIVES**

And Independent Auditors' Report thereon

Year ended December 31, 2021



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INDEPENDENT AUDITORS' REPORT

To the Board of the British Columbia College of Nurses and Midwives

Opinion

We have audited the financial statements of British Columbia College of Nurses and Midwives ("BCCNM"), which comprise:

- the statement of financial position as at December 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 BCCNM as at December 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 BCCNM 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.

Other Information

Management is responsible for the other information. Other information comprises the information, other than the financial statements and the auditors' report thereon, included in the BCCNM 2021 Annual Report.

Our opinion on the financial statements does not cover the other information and we do not and will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit and remain alert for indications that the other information appears to be materially misstated.

We obtained the information, other than the financial statements and the auditors' report thereon, included in the BCCNM 2021 Annual Report as at the date of this auditors' report.

If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in the auditors' report.

We have nothing to report in this regard.

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 BCCNM'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 BCCNM or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing BCCNM'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 BCCNM'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 BCCNM'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 BCCNM 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.



Chartered Professional Accountants

Vancouver, Canada
April 27, 2022

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Statement of Financial Position

December 31, 2021, with comparative information for 2020

	2021	2020
Assets		
Current assets:		
Cash and cash equivalents	\$ 10,360,391	\$ 6,996,539
Short-term investments (note 3)	649,754	1,043,479
Accounts receivable	864,800	347,845
Current portion of prepaid expenses	955,405	787,204
	<u>12,830,350</u>	<u>9,175,067</u>
Investments (note 3)	16,518,292	11,852,162
Prepaid expenses	350,964	356,180
Tangible capital assets (note 4)	8,639,795	9,556,113
Intangible assets (note 5)	192,947	403,908
	<u>\$ 38,532,348</u>	<u>\$ 31,343,430</u>
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 6)	\$ 2,723,192	\$ 1,784,026
Accrued employment benefits (note 6)	721,125	764,499
Deferred revenue and deposits	14,290,124	10,836,232
Deferred government grants (note 7)	1,508,270	90,000
Current portion of capital lease obligations (note 8)	32,210	28,516
Current portion of deferred lease inducements (note 9)	204,842	213,584
	<u>19,479,763</u>	<u>13,716,857</u>
Capital lease obligations (note 8)	39,164	71,374
Deferred lease inducements (note 9)	3,003,912	3,064,104
	<u>22,522,839</u>	<u>16,852,335</u>
Net assets:		
Investment in tangible capital assets and intangible assets (note 10)	5,552,614	6,582,443
Unrestricted	10,456,895	7,908,652
	<u>16,009,509</u>	<u>14,491,095</u>
Contingent liabilities (note 14)		
Commitments (note 15)		
	<u>\$ 38,532,348</u>	<u>\$ 31,343,430</u>

See accompanying notes to financial statements.

Approved on behalf of the Board:



Chair, Board



Chair, Finance and Audit Committee

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Statement of Operations

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

	2021	2020
Revenue:		
Registration	\$ 31,593,796	\$ 29,424,844
Credentials processing	1,653,215	1,459,389
Examinations	597,736	633,918
Investment income (note 3)	2,298,107	1,217,826
Nursing Community Assessment Service grants and related assessment fees (note 7)	1,362,312	568,394
Lease	780,609	936,829
Cost sharing arrangements	427,545	551,822
Temporary registration grant and other	381,671	66,358
	<u>39,094,991</u>	<u>34,859,380</u>
Expenses:		
Amortization of tangible capital assets and intangible assets	1,144,572	1,286,328
Communications and people	2,826,358	2,519,701
Executive office	1,527,656	1,595,721
Nursing Community Assessment Service program (note 7)	1,786,011	1,150,929
Operations	12,970,666	10,900,124
Regulatory policy and programs	15,608,325	14,190,215
Strategy and governance	1,436,168	982,558
	<u>37,299,756</u>	<u>32,625,576</u>
Excess of revenue over expenses before the undernoted	1,795,235	2,233,804
Other expenses:		
Amalgamation costs (note 11)	-	1,297,769
Registrant insurance and professional liability protection	276,821	218,170
Total other expenses	<u>276,821</u>	<u>1,515,939</u>
Excess of revenue over expenses	<u>\$ 1,518,414</u>	<u>\$ 717,865</u>

See accompanying notes to financial statements.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Statement of Changes in Net Assets

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

	Investment in tangible capital assets and intangible assets (note 10)	Unrestricted	Total
Balance, December 31, 2019	\$ 7,522,052	\$ 6,251,178	\$ 13,773,230
Excess (deficiency) of revenue over expenses	(1,048,564)	1,766,429	717,865
Net change in investment in tangible capital assets and intangible assets	108,955	(108,955)	-
Balance, December 31, 2020	6,582,443	7,908,652	14,491,095
Excess (deficiency) of revenue over expenses	(930,987)	2,449,401	1,518,414
Net change in investment in tangible capital assets and intangible assets	(98,842)	98,842	-
Balance, December 31, 2021	\$ 5,552,614	\$ 10,456,895	\$ 16,009,509

See accompanying notes to financial statements.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Statement of Cash Flows

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

	2021	2020
Cash provided by (used in):		
Operations:		
Excess of revenue over expenses	\$ 1,518,414	\$ 717,865
Items not involving cash:		
Unrealized investment gains	(1,448,146)	(731,235)
Amortization of tangible capital assets	933,611	1,017,844
Amortization of intangible assets	210,961	268,484
Write-off of intangible assets	-	2,044
Lease inducements – step rent	144,651	186,448
Amortization of deferred lease inducements – leasehold improvements	(213,585)	(239,808)
	1,145,906	1,221,642
Changes in non-cash operating working capital:		
Accounts receivable	(516,955)	(135,367)
Prepaid expenses	(162,985)	(26,061)
Accounts payable and accrued liabilities	939,166	525,964
Accrued employment benefits	(43,374)	(230,434)
Deferred revenue and deposits	3,453,892	(4,205,871)
Deferred government grants	1,418,270	(43,331)
	6,233,920	(2,893,458)
Investing:		
Net disposal (purchase) of investments	(2,824,259)	799,730
Purchase of tangible capital assets	(17,293)	(270,194)
	(2,841,552)	529,536
Financing:		
Capital lease principal repayments	(28,516)	(25,209)
Increase (decrease) in cash and cash equivalents	3,363,852	(2,389,131)
Cash and cash equivalents, beginning of year	6,996,539	9,385,670
Cash and cash equivalents, end of year	\$ 10,360,391	\$ 6,996,539

See accompanying notes to financial statements.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements

Year ended December 31, 2021

1. Nature of operations:

British Columbia College of Nurses and Midwives (“BCCNM”) was formed through the amalgamation of the British Columbia College of Nursing Professionals (“BCCNP”) and the College of Midwives of British Columbia (“CMBC”) on September 1, 2020. BCCNM is designated as the regulatory body for nurses and midwives in British Columbia under the Health Professions Act of British Columbia (“HPA”). It is a not-for-profit corporation and, as such, is exempt from income tax.

BCCNM’s legal obligation is to protect the public through the regulation of licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses and registered midwives. This includes setting the standards for entrance into the profession, and for practice and ethics, as well as assessing nursing and midwifery education programs and addressing complaints about BCCNM registrants. As of December 31, 2021, BCCNM had approximately 67,000 registrants.

The BCCNM Board (the “Board”) is the governing body for BCCNM and consists of 10 members. The composition and powers of the Board and the duties of its members are stated in the HPA and in the BCCNM bylaws.

On March 11, 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. This resulted in governments worldwide, including the Canadian federal and provincial governments enacting emergency measures to combat the spread of the virus. As a result of the pandemic BCCNM’s normal operations and financial position were affected in 2021. The situation is dynamic as BCCNM is guided by the Provincial Health Officer directives and guidelines in response to the pandemic.

2. Significant accounting policies:

(a) Basis of accounting:

These financial statements have been prepared by management in accordance with Canadian accounting standards for non-for-profit organizations as recommended by the Chartered Professional Accountants of Canada.

(b) Net assets:

Net assets are comprised of the following:

(i) Unrestricted net assets:

The unrestricted net assets include the revenue and expenses related to BCCNM’s operations.

(ii) Investment in tangible capital assets and intangible assets:

Investment in tangible capital assets and intangible assets is the net book value of BCCNM’s tangible capital assets and intangible assets less the related capital lease obligations and the deferred lease inducements related to leasehold improvements and step rent.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2021 and 2020

2. Significant accounting policies (continued):

(c) Revenue recognition:

Revenue is recognized as it is earned as follows:

- (i) Registration fees are recognized as revenue in the period that corresponds to the registration year to which they relate. Registration fees collected for a future registration year are recorded as deferred revenue.
- (ii) Credentials processing fees are recognized as revenue in the year the completed application is submitted for review.
- (iii) Examination fees received are deferred and recognized as revenue in the year the applicant completes the exam.
- (iv) The Nursing Community Assessment Service grants are externally restricted to cover the deficiency of program assessment fees collected over the program expenses. The grant is recognized as revenue when a program deficiency occurs.
- (v) Lease revenue is recognized over the term of the lease.
- (vi) Cost recoveries are recognized as revenue when the services are provided by BCCNM under the various cost sharing arrangements.
- (vii) All other revenue is recognized when the services are provided or when the goods are delivered if the amount to be received can be reasonably estimated and collection is reasonably assured.

(d) Cash and cash equivalents:

Cash and cash equivalents include cash held in banks and high interest savings accounts which are redeemable at any time for a known amount of cash and are subject to an insignificant risk of changes in value.

(e) Tangible capital assets:

Tangible capital assets are recorded at cost less accumulated amortization. Repairs and maintenance costs are recorded as expenses. Betterments which extend the life of an asset are capitalized. When tangible capital assets no longer fully or partially contribute to BCCNM's ability to provide services, the excess of its carrying amount over its fair value or replacement cost is recognized as an expense in the statement of operations.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2021 and 2020

2. Significant accounting policies (continued):

(e) Tangible capital assets (continued):

Amortization is computed on a straight-line basis over the estimated useful life of the assets as follows:

Asset	Rate
Office furniture	15 years
Equipment	3 - 15 years
Leased equipment	Lesser of lease term and useful life
Leasehold improvements	Lesser of lease term and useful life

(f) Intangible assets:

Intangible assets represent internally customized software and other purchased software. Intangible assets are recorded at cost less accumulated amortization. Direct costs attributable to customizations or modifications of software are capitalized after the technological feasibility has been established. When an intangible asset no longer fully or partially has any long-term service potential to BCCNM, the excess of its carrying amount over its fair value or replacement cost will be recognized as an expense in the statement of operations. Amortization commences when the software is brought into service. Amortization is computed on a straight-line basis over the 2 to 5 years estimated useful lives of the assets.

(g) Employment benefits:

BCCNM accrues all earned but unpaid cash entitlements for severance pay, sick leave, vacation pay and other employment related benefits. Such benefits do not accumulate over the long term.

BCCNM is a participating employer of the Municipal Pension Plan, a jointly trusteed pension plan. The pension plan is a multiemployer plan and as a result, required contributions are expensed as incurred. The plan records accrued liabilities and accrued assets for the plan in the aggregate, resulting in no consistent and reliable basis for allocating the obligation, assets and costs to individual employers participating in the plan.

(h) Leases:

Leases are classified as capital or operating leases. A lease that transfers substantially all of the benefits and risks incidental to the ownership of property is classified as a capital lease. At the inception of a capital lease, an asset and an obligation are recorded at an amount equal to the lesser of the present value of the minimum lease payments and the asset's fair value at the beginning of the lease. Assets related to a capital lease are amortized over the assets' useful lives.

All other leases are recorded as operating leases with lease payments expensed as incurred.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2021 and 2020

2. Significant accounting policies (continued):

(h) Leases (continued):

Deferred lease inducements include financial inducements for tenant improvements to the office spaces, as well as providing free-rent periods and staggered lease payment increases. Amortization of deferred lease inducements is recognized over the initial term of the related lease net of the related lease expense.

(i) Allocation of salaries and benefits:

Salaries and benefits are allocated proportionately on the basis of time spent by each employee on the BCCNM's various program areas.

(j) Financial instruments:

Financial instruments include cash and cash equivalents, investments, accounts receivable and accounts payable and accrued liabilities.

Financial instruments are recorded at fair value on initial recognition. 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. BCCNM has elected to carry its investments, which include government bonds, corporate bonds and notes, and equities, at fair value.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred.

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, BCCNM 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 BCCNM expects to realize by exercising its right to any collateral. If events or circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the carrying value.

(k) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Actual results could differ from management's best estimates as additional information becomes available in the future.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2021 and 2020

3. Investments:

	2021	2020
Government bonds	\$ 2,860,893	\$ 2,514,057
Corporate bonds and notes	2,366,521	1,620,507
Equities	11,940,632	8,761,077
	17,168,046	12,895,641
Less short-term investments	649,754	1,043,479
Long-term investments	\$ 16,518,292	\$ 11,852,162

Government bonds consist of provincial and municipal bonds and bear interest ranging from 1.45% to 3.20% (2020 - 1.45% to 3.26%) with maturities ranging from June 2022 to June 2030 (2020 - June 2021 to September 2025). Corporate bonds and notes bear interest ranging from 1.37% to 4.43% (2020 - 2.19% to 4.39%) and have maturities ranging from June 2022 to June 2034 (2020 – January 2021 to August 2026). Equities consist of Canadian, U.S. and global publicly traded shares.

Investment income is comprised of the following:

	2021	2020
Interest and dividends	\$ 403,653	\$ 392,295
Realized gains on sale of investments	446,308	94,296
Unrealized gains from changes in fair value	1,448,146	731,235
	\$ 2,298,107	\$ 1,217,826

4. Tangible capital assets:

			2021	2020
	Cost	Accumulated amortization	Net book value	Net book value
Office furniture	\$ 1,670,272	\$ 371,196	\$ 1,299,076	\$ 1,410,428
Equipment	1,916,911	976,698	940,213	1,172,983
Leased equipment	158,205	89,288	68,917	97,682
Leasehold improvements	8,117,915	1,786,326	6,331,589	6,875,020
	\$ 11,863,303	\$ 3,223,508	\$ 8,639,795	\$ 9,556,113

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2021 and 2020

5. Intangible assets:

	2021	2020
Cost	\$ 5,032,038	\$ 5,032,039
Accumulated amortization	4,839,091	4,628,131
	\$ 192,947	\$ 403,908

Intangible assets are comprised of an information technology system which is configured and customized for BCCNM's purpose as well as purchased software.

6. Government remittances:

Included in accounts payable and accrued liabilities and accrued employment benefits are government remittances of \$169,798 (2020 - \$26,019) related to payroll and indirect taxes.

7. Deferred government grants:

	2021	2020
Deferred government grants, beginning of year	\$ 90,000	\$ 133,331
Funding received	1,952,994	129,500
Grant revenue recognized (a)	(534,724)	(172,831)
Deferred government grants, end of year (b)	\$ 1,508,270	\$ 90,000

(a) In 2021, Nursing Community Assessment Service ("NCAS") had \$1,786,011 (2020 - \$1,150,929) of expenses, of which \$827,588 (2020 - \$395,563) was funded by assessment fees collected and \$534,724 (2020 - \$172,831) was funded by grants.

(b) At December 31, 2021, deferred government grants are comprised of \$1,498,270 from the Ministry of Health of the Province of British Columbia and Government of New Brunswick for the development of a streamlined Triple Track NCAS and Integrated Referral Process and \$10,000 from the Registered Psychiatric Nurse regulator in Saskatchewan for onboarding of online assessments.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2021 and 2020

8. Capital lease obligations:

BCCNM had entered into various lease agreements for office equipment, with payment obligations as follows:

2022	\$	39,245
2023		39,245
2024		3,080
Total minimum lease payments		81,570
Less implied interest rate of 12.25%		10,196
Present value of minimum lease payments		71,374
Less current portion of capital lease obligations		32,210
Long-term portion of capital lease obligations	\$	39,164

9. Deferred lease inducements:

BCCNM has entered into a lease agreement for office space. As part of these lease agreement, the landlord provided financial inducements for tenant improvements to the office space, as well as providing free-rent periods and staggered lease payment increases.

	2021	2020
Deferred lease inducements, beginning of year	\$ 3,277,688	\$ 3,331,048
Lease inducements – step rent	144,651	186,448
Amortization of deferred lease inducements – leasehold improvements	(213,585)	(239,808)
Deferred lease inducements, end of year	3,208,754	3,277,688
Current portion	204,842	213,584
Long-term portion of deferred lease inducements	\$ 3,003,912	\$ 3,064,104

The unamortized balance will be amortized to income on a straight-line basis until the end of the lease.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2021 and 2020

10. Investment in tangible capital assets and intangible assets:

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

	2021	2020
Tangible capital assets	\$ 8,639,795	\$ 9,556,113
Intangible assets	192,947	403,908
Amounts financed by:		
Capital leases obligations	(71,374)	(99,890)
Deferred lease inducements	(3,208,754)	(3,277,688)
	\$ 5,552,614	\$ 6,582,443

(b) Change in net assets invested in tangible capital assets and intangible assets is calculated as follows:

	2021	2020
Deficiency of revenue over expenses:		
Amortization of tangible capital assets and intangible assets	\$ (1,144,572)	\$ (1,286,328)
Amortization of deferred lease inducement – leasehold improvements	213,585	239,808
Write-off of intangible assets	-	(2,044)
	\$ (930,987)	\$ (1,048,564)
	2021	2020
Net change in investment in tangible capital assets and intangible assets:		
Purchase of tangible capital assets and intangible assets	\$ 17,293	\$ 270,194
Capital lease principal repayments	28,516	25,209
Lease inducements – step rent	(144,651)	(186,448)
	\$ (98,842)	\$ 108,955

11. Amalgamation costs:

Amalgamation costs reflect a combination of incremental spending to continue the amalgamation work that the legacy BCCNP was undertaking, as well as, the amalgamation work to support the amalgamation between BCCNP and CMBC. In 2020, \$645,052 was incurred to combine the registrant databases supporting the four nursing designations. In addition, \$652,717 was incurred for the amalgamation of BCCNP and CMBC, including amounts spent on the transition steering committee, project management, brand development, updating information systems and websites, and external legal support.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2021 and 2020

12. Municipal Pension Plan:

BCCNM and its employees contribute to the Municipal Pension Plan (the "Plan"), a jointly trustee pension plan. The Board of Trustees, representing the plan members and employers, is responsible for administering the plan, including investment of assets and administration of benefits. The Plan is a multi-employer defined benefit pension plan. Basic pension benefits are based on a formula. As at December 31, 2021, the Plan has about 220,000 active members and approximately 112,000 retired members.

Every three years, an actuarial valuation is performed to assess the financial position of the Plan and adequacy of plan funding. The actuary determines an appropriate combined employer and member contribution rate to fund the Plan. The actuary's calculated contribution rate is based on the entry-age normal cost method, which produces the long-term rate of member and employer contributions sufficient to provide benefits for average future entrants to the Plan. This rate may be adjusted for the amortization of any actuarial funding surplus and will be adjusted for the amortization of any unfunded actuarial liability.

The most recent actuarial valuation for the Plan as at December 31, 2018, indicated a \$2.9 billion funding surplus for basic pension benefits on a going concern basis. The next valuation will be as at December 31, 2021, with results available in Fall 2022.

Employers participating in the plan record their pension expense as the amount of employer contributions made during the fiscal year (defined contribution pension plan accounting). This is because the plan records accrued liabilities and accrued assets for the plan in aggregate, resulting in no consistent and reliable basis for allocating the obligation, assets and cost to individual employers participating in the plan.

BCCNM paid \$1,653,026 (2020 - \$1,382,995) for employer contributions to the Plan in 2021.

13. Related party transactions:

Pursuant to the HPA, BCCNM's Board has the authority to set its own remuneration for its members' involvement in BCCNM. The Board has approved both direct compensation and employer salary replacement claim options for its members. The total payments for direct compensation and salary replacement claims for Board members was \$31,165 (2020 - \$72,925).

14. Contingent liabilities:

BCCNM receives notification of claims related to various matters arising in the ordinary course of its business. These matters are at a preliminary stage and their outcome and an estimate of loss, if any, is not determinable. BCCNM has no reason to expect that the ultimate conclusion of any of these matters will have a material adverse impact on its financial position, results of operations or its ability to carry on its business activities.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2021 and 2020

15. Commitments:

BCCNM's total obligations under operating leases for its office space, exclusive of property taxes and other occupancy charges are as follows:

2022	\$ 1,673,528
2023	1,710,442
2024	1,747,356
2025	1,784,271
2026	1,821,185
Thereafter	12,215,284
	<hr/> \$ 20,952,066 <hr/>

16. Financial instrument risks:

BCCNM's activities result in exposure to a variety of financial risks including risks related to credit and market, foreign exchange, interest rate and liquidity.

(a) Credit risk and market risk:

Credit risk is the risk of loss due to the failure of a debtors and tenants to meet their contractual obligations. BCCNM is exposed to credit risk with respect to the cash and cash equivalents, investments and accounts receivable. Market risk is the risk that the fair value or future cash flows of an investment will fluctuate as a result of changes in market prices, whether those changes are caused by factors specific to the individual investment or factors affecting all securities traded in the market. BCCNM limits its exposure to credit risk by placing its cash and cash equivalents and investments with high credit quality governments, financial institutions and corporations in accordance with investment policies adopted by the Board. Risk and volatility of investment returns are mitigated through the diversification of investments in different geographic regions and different investment vehicles. Balances in accounts receivable are generally for shared services with other similar regulatory bodies and are considered to have a low risk of collectability.

(b) Foreign exchange risk:

Foreign exchange risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. BCCNM limits its exposure to foreign exchange risk through its investment policy, which sets a maximum percentage of equity investments that can be held in foreign currencies.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2021 and 2020

16. Financial instrument risks (continued):

(c) Interest rate risk:

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. BCCNM's primary exposure to interest rate risk is with its investments. BCCNM maintains a diversified investment portfolio to manage its interest rate exposure. The interest rates and terms of investments are disclosed in note 3.

(d) Liquidity risk:

Liquidity risk is the risk that BCCNM will not be able to meet its obligations as they fall due. BCCNM maintains adequate levels of working capital to ensure all its obligations can be met when they fall due. Investments are also held in securities that can be liquidated within a few days' notice.

There has been no change to the risk exposures in 2021.