

BCCNM 2023 ANNUAL REPORT

Embracing the journey



Table of contents

About BCCNM.....	3
Message from Board Chair, and Registrar & CEO.....	6
Our cultural safety & humility journey	9
Protecting the public: our mandate in action	12
A new registration pathway for international nurses.....	13
BCCNM's website experiences surging traffic	14
BC-PAN.....	15
Regulation by the numbers	16
Registrant snapshot	17
BCCNM board.....	18
Fees & expenses	19
About the artist: Bert Azak.....	22
Glossary	23
Financial statements	24





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 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.

Our regulatory philosophy

The following principles reflect our regulatory values about how we regulate to protect the public to optimize our impact. They define the essence of our character, providing the lens through which our staff, committees, and board approach the design, delivery, and evaluation of our regulatory programs, tools, processes, and policies.

1. Preventing harms

We believe in preventing harms to patients and the public whenever possible. We seek to reduce harm by being proactive and preventive. To do this, we implement tools and systems to anticipate, assess, and measure risk. When harms occur, we respond and offer registrants help with compliance or, if needed, take further measures.

2. Just and equitable culture

We believe in upholding the rights of Indigenous Peoples as set out in the *United Nations Declaration on the Rights of Indigenous Peoples Act* by understanding and upholding those rights, recognizing the impacts of settler colonialism, practising cultural safety and humility, addressing Indigenous-specific racism, and creating regulatory pathways for Indigenous ways of knowing and being. We believe in justice, equity, diversity, and inclusion in the regulation of health professionals, which means being person-and family-centred in our approach and customizing our work to meet people where they are. We aim to identify, remove, and prevent systemic inequalities for all people.

3. Right-touch regulation

We believe in the right-touch approach of using the minimum regulatory force needed to achieve the desired results. We use the right-touch principles of being proportionate, agile, targeted, consistent, accountable, and transparent. We apply right-touch within a complex system, by bringing deep knowledge, skill, ability, self-reflection, and judgement to every decision we make.

4. Evidence-informed and results-oriented

We believe in seeking, applying, and, when needed, developing information to inform our decision making. We establish performance measures, including process and outcome measures, to evaluate our work and optimize our impact.

5. Collaboration and engagement

We believe that working within a large complex health-care system, we need to collaborate with system partners, including other regulators, because it has the greatest impact in reducing harm to the public. We recognize our regulatory actions are more effective and targeted when we purposefully engage with our partners and the public we serve.

6. Leadership and innovation

We believe, as one of the largest health profession regulators in Canada, we have an important leadership role in protecting the public. We recognize the environment we work within is complex and at times we need to incur risk to innovate and drive regulatory change to prevent harm.



What we do

It's about trust. We firmly believe British Columbians are entitled to exceptional care. And so, we see the title 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 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 registration stands for.

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

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

It's the goal of every party involved, the fuel for why we do what we do—regulator, nurse, and midwife alike. Safe, ethical practice is at the core of how care is delivered. Simply put, confidence in care matters.



Message from Board Chair, and Registrar & CEO

Transformation and change require reflection and introspection of the past and the present, with a focus on shaping the future.

The BC College of Nurses and Midwives (BCCNM) came to life at an extraordinary time, when the world was still wrestling with the first wave of COVID-19. Supporting pandemic response efforts remained a key focus for the regulator in its first two years.

But as an array of effective vaccines paved the way for a return to “normal,” the world and BCCNM started to imagine a post-pandemic future. In the fall of 2022, the college published its first strategic plan to position itself to meet the challenges of regulating within an increasingly complex health-care system. Our strategy paints a broad picture of where we want to be in 2027. To get us there, we have identified some areas requiring sustained investment and diligence over the next five years:

- Anti-racist culture
- Enhanced registrant mobility
- Modernized regulatory programs
- Streamlined processes and systems
- Data-informed decision making
- Empowered staff and leaders
- Regulatory leadership

Delivering on our strategy

With the first year of our five-year plan now behind us, I am pleased to report progress across many of our strategic goals.

Anti-racist culture

Significant harm has been created by a health-care system that is intrinsically racist.

Reconciliation, to us, is about acknowledging this truth and then bridging the gap that exists between learning, understanding, and acting within B.C.'s health-care system.

In 2023, we advanced our reconciliation journey by launching BCCNM's *Commitment to Action 2023-2024: Redressing Harm to Indigenous Peoples in the Health-care System*. This action plan guides our efforts to address, constructively disrupt, and effectively dismantle Indigenous-specific racism, with an overall goal to set right the historical harms in which B.C. health regulators have played a part.

In undertaking this important work, we have strived to honour the Indigenous principle of “Nothing for us, without us.” We are working actively, with focus and intention, to increase Indigenous representation across the college. And we continue to work with and learn from Elders, Knowledge Keepers, artists, consultants, and communities. We are deeply grateful for their wisdom and patience, as we work to decolonize our operations and remove the systemic biases that permeate B.C.'s health-care system.

Enhanced registrant mobility

COVID-19 underscored the urgency of solving a longstanding issue: the shortage of qualified health-care professionals in B.C. On Jan. 31, 2023, with support from the B.C. Ministry of Health, BCCNM and Inspire Global Assessments (formerly NCAS) launched a pilot pathway for **internationally educated nurses (IENs)**, aimed at eliminating months or even years from the application journey, without compromising safety and practice standards. In the ensuing 11 months, the number of application decisions increased by 340%, and the number of IENs approved for registration in 2023 increased by 179% over 2022.

We've identified opportunities to further improve registration processes for IENs. In the meantime, we appreciate the ongoing investments by the provincial government, as well as the dedication of our staff who are advancing this important initiative to make it easier for IENs to enter B.C.'s health workforce in the role best aligned with their current level of competence.

Business transformation

BCCNM is the product of two amalgamations in two years. During this time, efforts to streamline legacy systems and eliminate duplicate processes took a back seat while the new college responded to the pandemic and other emerging government priorities.

In 2023, we engaged with staff across the organization to create a roadmap for transforming our business. Business Transformation (BT) is a multi-year program to **modernize our regulatory programs** with supportive **technology and processes** that will strengthen our ability to efficiently regulate the nursing and midwifery professions in the interest of the public. It is a key driver of our five-year strategy.

BT will involve a shift toward online channels as the primary interaction point, offering more self-serve options for registrants and applicants. Improved

systems and processes for **data management** will support decision-making and drive continuous improvement. BT is also an ideal opportunity for us to embed cultural safety and humility, anti-racism, equity, diversity, and inclusion into our processes. The possibilities are endless, and we are excited for the future!

Fulfilling our mandate

As the largest health regulator in Western Canada, BCCNM is on a journey aimed at enabling and ensuring unbiased, compassionate, and culturally safe and appropriate care for all. Throughout 2023, we balanced our strategic efforts with our ongoing core regulatory work.

Pandemic response wraps up

Much of BCCNM's pandemic-related work involved working closely with the Provincial Health Officer (PHO) to communicate and implement PHO orders and other measures. In 2023, the PHO's pandemic response started to wind down, resulting in the repeal of the order requiring health regulators to record the vaccination status of its registrants. BCCNM also wrapped up Temporary Emergency Registration (TER), which was in place since the start of the pandemic and to support wildfire relief efforts.

While we welcome the end of COVID-19 as a public health emergency, we continue to work closely with the PHO and Ministry of Health to support any new or evolving requirements.

New certified practice designation

The college approved a series of new and amended standards, limits, and conditions to create a new designation of certified practice for opioid use disorder (OUD) for RNs and RPNs. This effort aligns with our commitment to harm reduction and safe supply and is one of the many things we are doing to support the provincial government in providing safe, ethical, and accessible health-care solutions.

Unauthorized midwifery practice

Regulation allows BCCNM to set standards for nurses and midwives to ensure the public receives safe, competent, and ethical care. To hold a reserved title such as “nurse” or “midwife” implies a level of knowledge and skill in managing the health care of a client.

Unauthorized providers create a significant public safety risk. As the provincial regulator, BCCNM is in a position to take action against these individuals. In 2023, we made a concerted effort to address the rising tide of **unauthorized midwifery practice**.

The college recently received numerous reports of tragic outcomes—including death—from people using unauthorized providers. In 2023, we took action against identified unauthorized providers and worked with our health-care partners on a public advisory to raise awareness of the risks that expectant parents face in choosing an unauthorized practitioner. We also reached out to provincial media to help get the message out. The campaign has encouraged others to come forward with reports of unauthorized midwifery practice.

The moral distress experienced by midwives and physicians who provide care after a tragic outcome is significant. As part of protecting the public, we must also consider the impacts on the professionals we and our colleagues regulate.

As parents, we understand the importance of honouring people’s birth choices. B.C.’s registered midwives are committed to centering the birthing parent in decision making and ensuring a safe birth. As a regulator, BCCNM helps to minimize risk to the public by ensuring that pregnant people have the information they need to make informed decisions about their care.

Adopting and transitioning to HPOA

In 2023, BCCNM collaborated with the Ministry of Health and our fellow health regulators to prepare to transition from the *Health Professions Act* (HPA) to the *Health Professions and Occupations Act*

(HPOA) when it comes into effect. While we are still in the early stages, we are confident that the new legislation will strengthen our effectiveness and ensure that the public interest is at the heart of everything we do as a regulator. There is more to come, and we are committed to keeping registrants and the public informed about our progress.

Our people and purpose

This work is only possible with a clear purpose and with committed and compassionate people. People are at the core of everything we do at BCCNM. In 2023, the post-pandemic realities, new and evolving expectations of regulators, and even climate change brought about challenges, uncertainties, and adversities. We are proud of, and grateful for, the nurses and midwives across the province, and our staff, board, and committee members, for going above and beyond every day.

In 2022, we shared that our approach to regulation and delivering on our public protection mandate is achieved through collaboration—*nutsamaht* (we are all one). This was even more true in 2023—so much so that we embraced it as the overarching framework for our organizational values. The spirit of *nutsamaht* is also present in our conversations about health-care delivery with our many health-care partners in B.C. and beyond. We continue to draw insight, inspiration, and perspectives from our partners that inform our everyday work and our strategy.



Tanya Momtazian
BCCNM Board Chair



Cynthia Johansen
BCCNM Registrar & CEO

Our cultural safety & humility journey

BCCNM continued its work this year to eradicate Indigenous-specific racism from the health-care system. In April, we published [Commitment to Action: 2023-24 Redressing Harm to Indigenous Peoples in the Health-care System](#) (the “Redressing Harm plan”). This updated action plan builds on our 2021 *Commitment to Action: Constructive disruption to Indigenous-specific racism amongst B.C. Nurses and Midwives*, and continues to direct our work to address, constructively disrupt, and effectively dismantle systemic Indigenous-specific racism (ISR), with an overall goal to set right historical harms to which B.C. health regulators have contributed.

Our key anchor and guiding principles are the learnings and reflections from the *In Plain Sight* report, the *Declaration on the Rights of Indigenous Peoples Action Plan (DRIPA)*, *Remembering Keegan: A BC First Nations Case Study Reflection*, the *BCPSQC Sharing Concerns* guide, the *Truth and Reconciliation Commission (TRC) Calls to Action*, the *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*, and the upcoming *Health Professions and Occupations Act (HPOA)*, which codifies requirements for health regulators to provide culturally safe care for Indigenous Peoples.

While helping us to develop the plan, Elder Sulksun taught us about the importance of cedar baskets to Coast Salish Peoples. We are embracing the knowledge shared with us by Elder Sulksun and are treating each focus area of the plan as a basket.

Each basket contains the recommendations and actions from the reports referenced above. We will carry these five baskets on our journey and hold the contents within them with great care:

1. Protecting the human rights of Indigenous Peoples in contact with BCCNM and its registrants
2. Addressing the inherent systemic racism within the health-care system
3. Shifting BCCNM's organizational culture to proactively address Indigenous-specific racism
4. Enhancing BCCNM's relationship with Indigenous Peoples
5. Being a champion for change in eradicating Indigenous-specific racism in the health system

The significance of cedar baskets

Cedar baskets are significant to First Nations in many parts of coastal British Columbia and further inland. They are used or have been used for cooking, storing, and transporting food and medicines. Some cedar baskets are woven to serve as baby bassinets. Weavers are so skilled that, if desired, baskets could be woven to be watertight. Regardless of the style or purpose of the basket, they are received as a cherished gift. They are typically made by using the inner bark or roots of the cedar. There are protocols and cultural teachings around the harvesting of these organic materials. For example, the cedar's growth cycle is respected, and the bark or roots are only harvested during certain times of the year.



Our reconciliation work is reflected in everything we do—from policy development, to staff training, to the art in our offices. A core group of staff from each department meets regularly to check in on our reconciliation progress; the BCCNM board receives regular updates, and staff are kept apprised of our progress. It's a team effort, and we are all engaged at the highest levels.

In April, we released the [results](#) of a review of the college's complaints process that focused on making the process more culturally safe for Indigenous Peoples. Recommendations are in three broad areas: process change, relationship building, and mandatory learning. These recommendations were incorporated into the Redressing Harm plan. The Inquiry, Discipline, & Monitoring team is in the process of increasing Indigenous representation within the department to support Indigenous people through the complaints process, help guide the work to embed cultural safety and anti-racism into our processes, and help build partnerships.

May marked the two-year anniversary of BCCNM's joint apology to Indigenous Peoples and communities who have experienced racism while engaging with us and with the health professionals we regulate. We [provided an update](#) on this work. Each college is now on its own journey; we look forward to continuing to collaborate with our regulatory partners in the coming years.

In September, we [provided an update](#) on our progress towards meeting the commitments set out in the Redressing Harm plan. Some of our work has been tied to preparation for the *Health Professions and Occupations Act* (HPOA), but we also advanced several initiatives, including: developing a Speak-up Culture framework for our organization; recruiting more Indigenous board, committee, and staff members; and creating a series of onboarding modules about Indigenous-specific racism in the health-care system and the devastating and ongoing impacts on Indigenous Peoples and communities.



In December, we shared the results of our registrant survey gauging uptake and understanding of the *Indigenous Cultural Safety, Cultural Humility and Anti-racism* practice standard, which BCCNM developed with the College of Physicians and Surgeons of BC and launched in February 2022. Nurses and midwives reported they are becoming more familiar with the standard and want more resources and support from the college to help them on their journeys. We are working on a new registrant-focused learning module for release in 2024 and will continue to support them in applying the standard.

AWARENESS

83%

of respondents were
aware of the standard

75%

read or referenced
the standard

61%

had **not encountered any challenges**
applying the standard to practice

68%

reported it helped them provide more **culturally safe** and **humble care**
for Indigenous patients or communities to varying extents

APPLICATION

Most common applications of the standard:

24%

providing trauma-
informed care

16%

actively educating
themselves and others

14%

creating culturally safe
experiences or environments

Most common reasons why the standard was not helpful:

28%

were already practising with cultural
safety and humility before the standard

12%

have no or very few
Indigenous patients

Nutsamaht—We are one

As our knowledge and understanding grows, we are making a conscious shift away from the language of cultural safety and humility. Instead, we will be using the term Indigenous-specific racism (ISR) and characterizing our work more broadly as Indigenous-specific anti-racism (ISAR).

We will know the health-care system is safe for Indigenous Peoples when they tell us it is. We are not there yet, but our commitment remains steadfast. We pledge to continue our work with open hearts, humility, and in partnership with Indigenous Peoples, Elders, and Knowledge Keepers.

Protecting the public: our mandate in action

Unauthorized practice of midwifery

BCCNM took significant steps to protect the public this past year. In November, we issued a [public advisory](#) about the unauthorized practice of midwifery, which is a growing concern for our organization. We worked closely with our partners across the health-care system to create and share this notice, with the goal of ensuring all pregnant people in B.C. have the information they need to make safe, informed birth choices.

We fully support parents in their right to choose how and when to deliver their baby. Unfortunately, we have received numerous reports of individuals unlawfully practising midwifery by providing prenatal care, attending labours, delivering babies, and managing home births when they are not permitted to do so, with tragic outcomes including death.

We strongly encourage all expectant parents to ensure they understand the risks of choosing an unauthorized provider. Anyone can search BCCNM's online registry to verify whether an individual is currently registered with BCCNM, and the Midwives Association of BC offers an online tool to search for a registered midwife in your area.

Ensuring the public has access to information to make safe, informed choices is one way we meet our public protection mandate. Please reach out to the college to learn more.

CP-ODU

As B.C. entered its seventh year of the overdose crisis, BCCNM's role in the provincial response has continued to expand.

In September 2020, the Provincial Health Officer issued an order temporarily authorizing RNs and RPNs to diagnose and treat a problem substance use condition or substance use disorder, as part of its response to the overdose crisis. In 2023, BCCNM made this authority permanent, creating a new class of Certified Practice for Opioid Use Disorder (CP-ODU). [Effective Nov. 1, 2023](#), RNs and RPNs can become certified to diagnose and treat opioid use disorder (ODU), including prescribing controlled drugs and substances. The new CP-ODU designation also allows these nurses to issue orders to non-certified practice nurses to compound, dispense, and administer drugs and Schedule IA medications for the treatment of ODU.

This new certified practice is part of the provincial response to the ongoing overdose crisis. BCCNM is committed to its role in addressing this crisis, in part with nimble, responsive policy. We recognize and thank our many health-care system partners for their collaboration and expertise during this complex project, in particular, the BC Centre on Substance Use and the Ministry of Mental Health and Addictions.

A new registration pathway for international nurses

Internationally educated nurses (IENs) play an essential role in B.C.'s health-care system, but until 2023, the process for IENs to register in B.C. was difficult. It was long, complicated, and expensive. Applications were taking anywhere from 10 months to almost three years, and in light of the ongoing strain in the health system, something needed to change.

On Jan. 31, 2023, BCCNM, in collaboration with Inspire Global Assessments (Inspire), launched the IEN Pathway, a pilot project to streamline the registration process for nurses educated outside of Canada. The goal: to deliver registration decisions within four to nine months by removing barriers and costs, while maintaining a focus on an applicant's ability to practise safely.

By the end of the year, it was clear that the IEN Pathway was having the intended impact. On average, registration decisions were made within five months, and in much higher volumes than ever before.

How we did it

- BCCNM simplified requirements and expanded the number of approved education credential evaluation providers to increase applicant choice and system capacity.
- Inspire created a new credentialling unit to review language proficiency and education credentials. This unit, along with Inspire's existing competency assessment, consolidates all assessments and reviews to one organization before BCCNM assesses the applicant for registration. This created efficiencies and streamlined the process for applicants.

Internationally educated nurse applicants	2022	2023*	% increase
Decisions rendered	188	715	340%
Approved for registration	288	720	179%

*2023 numbers reflect 11-month period from Jan. 31 to Dec. 31, 2023.

- BCCNM updated its language proficiency requirements that use new language testing benchmarks and allow applicants to use evidence other than language tests to demonstrate language skills.
- Inspire evaluates applicants' current nursing knowledge, skills, and abilities against three health-care professions—registered nurse, licensed practical nurse, and health-care assistant—through a single competency assessment at no additional cost. Using the assessment, applicants can pursue registration in the profession that best matches their current competence so they can work while they are upgrading their skills.
- BCCNM allows eligible applicants from Australia, New Zealand, the United Kingdom, and the United States to bypass the competency assessment requirement, after research conducted by the International Nurse Regulator Collaborative found nursing education and practice in those nations largely comparable with nursing in Canada.
- BCCNM updated its decision-making process to include delegated decision-making authority and the use of precedent-based decision matrices to increase the speed of issuing registration decisions.
- The provincial government provides bursaries and funding that eliminate most fees for applicants.

BCCNM's website experiences surging traffic

BCCNM's website is the college's key platform for sharing information and conducting our work. In 2023, the website garnered more traffic from visitors than ever before. There were more than 5.8 million page views in 2023, a 15% increase over 2022. The province's efforts to attract nurses and midwives to B.C. was a key driver in the increased website traffic.

Visitors downloaded nearly 230,000 forms and documents from BCCNM's site in 2023. The top three downloads were:

- 1. Application for Internationally Educated Nurse Registration form**
- 2. Licensed Practical Nurse Scope of Practice: Standards, Limits, Conditions**
- 3. Registered Nurse Scope of Practice: Scope of Practice: Standards, Limits, Conditions**

User experience research

We're committed to making our website as user-friendly as possible. In the fall of 2023, we recruited a research and design team to evaluate BCCNM's website and engage with our key audiences. As the research continues in 2024, we're looking forward to fine-tuning our website to optimize the user experience. Where possible, we're incorporating recommendations into BCCNM's current website, which is limited by its aging platform. But most of the recommendations will be incorporated into a new website platform as part of BCCNM's Business Transformation initiative. We are aiming to deploy the new site in 2026.

BC-PAN: shaping health profession regulation through public engagement

The BC Public Advisory Network (BC-PAN) brings together a diverse group of public advisors from across the province to engage in discussions on health-care regulation. Selected advisors represent the diversity of B.C.'s population, with a wide range of backgrounds, abilities, and identities. Public advisors participate in BC-PAN meetings and optional ad-hoc engagements. They prepare for discussions by delving into background materials on relevant topics. Through their ongoing involvement, BC-PAN advisors gain a deeper understanding of health regulation in B.C.—a point of pride for BCCNM as part of this public engagement initiative.

In 2023, BC-PAN convened twice. The first meeting focused on the amalgamation of the oral health colleges, that created the BC College of Oral Health Professionals. Advisors were briefed on:

- The implications of amalgamation for the public
- The reasons behind the provincial government's initiation
- Essential information for the public
- The current status of other college amalgamations

In the second meeting, participants:

- Discussed the role of regulators in supporting access to health care without discrimination
- Explored the *Health Professions and Occupations Act* (HPOA), which will replace the current *Health Professions Act*

Insights from these engagement sessions with advisors serve as a valuable resource for college partners. They contribute to validating strategic decisions, conducting research, initiating additional engagement efforts, and sharing input with relevant collaborators.

We look forward to learning more from our public advisors. Members of the public interested in joining BC-PAN can learn more on the BC-PAN website (<https://bcpan.ca>).



Regulation by the numbers

20,982

Initial applications received

61,255

Nurses renewed

423

Midwives renewed

2,293

Practice consultations

75

NP peer reviews

6,661

RNs/NPs receiving feedback through MSF

32,200

Colleagues who provided feedback (MSF)

1,786

Controlled prescription
program pads dispensed

1,046

Case files opened

414

Investigations initiated

314

Investigations completed

Education program review

BCCNM reviews and recognizes B.C. nursing and midwifery education programs and courses required for initial registration as an LPN, RN, NP, RPN, or midwife. The college also reviews and recognizes re-entry to practice programs. After students graduate from a recognized B.C. nursing or midwifery education program, they can apply for BCCNM registration.


In 2023, there were **97** recognized entry-level programs: **49** practical nursing (LPN); **29** baccalaureate nursing (RN); **four** psychiatric nursing (RPN); **four** nurse practitioner (NP); **five** midwifery programs; and **six** certified practice courses. We recognized **two** new programs/courses and conducted **29** reviews of established programs.

Registrant snapshot

 Licensed practical nurse	2022	2023
PRACTISING	14,431	14,844
PROVISIONAL	294	220
NON-PRACTISING	438	454
TEMPORARY EMERGENCY	884	1,220

 Nurse practitioner	2022	2023
PRACTISING	902	1,028
PROVISIONAL	25	20
NON-PRACTISING	23	26
TEMPORARY EMERGENCY	Less than 10*	Less than 10

 Registered nurse	2022	2023
PRACTISING**	41,737	42,719
CERTIFIED PRACTICE***	1,395	1,536
PROVISIONAL	411	707
NON-PRACTISING	1,361	1,401
EMPLOYED STUDENT NURSE	1,101	1,410
TEMPORARY EMERGENCY	2,559	3,220

 Registered psychiatric nurse	2022	2023
PRACTISING	3,276	3,383
CERTIFIED PRACTICE****	-	36
PROVISIONAL	83	71
NON-PRACTISING	110	106
EMPLOYED STUDENT PSYCHIATRIC NURSE	30	84
TEMPORARY EMERGENCY	29	34

 Midwife	2022	2023
PRACTISING	354	392
PROVISIONAL	0	Less than 10
NON-PRACTISING	96	91
STUDENT MIDWIFE	80	95
TEMPORARY EMERGENCY	Less than 10	Less than 10

Total	69,626	73,103
--------------	---------------	---------------

* 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.

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

2023 BCCNM board members

The BCCNM board governs the college. The board is 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 has five registrant members (one from each designation) and five public members.

In 2023, we conducted a board election in accordance with the *Health Professions Act* and the college bylaws for three seats—the licensed practical nurse board position, the nurse practitioner board position, and the registered psychiatric nurse board position. Jenny Damstrom was the successful candidate for the LPN board position. Ashley Gueret was the successful candidate for the NP board position. Tiffany Sayers was the acclaimed candidate for the RPN board position. Their three-year terms began Jan. 1, 2024. Congratulations to Jenny, Ashley, and Tiffany!

2023 board members



Leisa Belanger, CPA, CGA
Public board member



Ruth Ringland, MN, NP(F)
Registrant board member



Pinder Cheema, QC
Vice Chair and
public board member



Yvonne Savard, RPN, RN, BScN, MAED/CI
Registrant board member



Janene Erickson, MPH
Nak'azdli Whut'en
Public board member



Madelon Stevens, Non-practising LPN
Registrant board member



Rose Melnyk
Stuxtéwsemc
Registrant board member (RN)

Sangeeta Subramanian, BA, MBA
Public board member
**photo unavailable*



Tanya Momtazian, RM, BSc., BMW, MPH
Chair and 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 April 1, 2023–March 31, 2024 for LPNs, NPs, RNs, RPNs, and midwives.

2023-24 Fees

DESIGNATION	REGISTRATION FEE
Licensed practical nurse	\$600.24
Registered nurse	
Registered psychiatric nurse	
Nurse practitioner	\$867.42
Midwife	

Where registrant fees went in 2023 vs 2022 (in the 000s)

Expenses	2022	2023
Corporate Services**	\$12,407	\$12,492
Facilities***	\$5,018	\$5,096
Inquiry, Discipline, & Monitoring	\$6,123	\$6,096
Registration & Quality Assurance*	\$6,935	\$7,545
Policy, Practice & Regulatory Learning	\$3,097	\$3,362
Executive Office, Strategy, Governance & Reconciliation	\$2,910	\$3,517
Nursing Community Assessment Service (NCAS)****	\$2,003	\$4,009
Education Program Review and Entry-level Competencies	\$1,260	\$1,058
Business Transformation	\$929	\$4,182
Registrant Professional Liability Protection/Insurance*	\$563	\$351
Nurse Health Program	\$781	
Subtotal	\$42,026	\$47,708
Less: BCCNM grants and recoveries*	(438)	(3,646)
Less: Shared services recoveries**	(444)	(425)
Less: Lease recoveries***	(755)	(725)
Less: NCAS grants and related assessment fees****	(1,766)	(4,988)
Total Expenses Net of Recoveries	\$38,623	\$37,923

*Government grants to offset costs related to temporary emergency registration, IEN Pathway, and other project costs.

**Shared services recoveries were used to offset or lower corporate service expenses.

***Lease recoveries were to offset total facilities expenses.

****Grants for Inspire Global Assessments (formerly the Nursing Community Assessment Service) were to offset the program costs.

Salary Expenses	2022	2023
Corporate Services	\$6,935	\$8,493
Inquiry, Discipline & Monitoring	\$4,436	\$4,661
Registration & Quality Assurance	\$4,971	\$5,592
Policy & Practice	\$2,818	\$2,988
Executive Office, Strategy & Governance	\$1,807	\$2,069
Nursing Community Assessment Service (NCAS)	\$1,166	\$1,722
Education Program Review and Entry-level Competencies	\$884	\$773
Facilities	\$913	\$1,063
Business Transformation	\$93	\$962
Total Salary Expenses*	\$24,024	\$28,323

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



Expense highlights

The college's expenses came in below the estimated budget in 2023, and spending (net of recoveries) decreased compared to 2022. The most significant investments toward advancing the college's strategy were as follows:

- **Implementation of BCCNM's Commitment to Action:** *2023-24 Redressing Harm to Indigenous Peoples in the Health-care System* published in April 2023. Of the actions identified in the plan, here are some highlights:
 - We created and implemented a Speak-up Culture framework for staff.
 - We increased Indigenous leadership on our board and committees.
 - We added a territorial acknowledgement to our main lobby to pay respect to the original caretakers of these lands and recognize their continued stewardship today.
 - To ensure Indigenous people entering the space feel reflected, and to educate settler visitors on First Nations history and the impacts of settler colonialism on First Nations, Inuit, and Métis Peoples, we added Indigenous artwork and information signage throughout the BCCNM office.
 - We created a barrier-free name-changing process for Indigenous registrants reclaiming their names.
 - We continued to offer training and educational opportunities for BCCNM board, committee, and staff members
 - We engaged in a joint review of the *Indigenous Cultural Safety, Cultural Humility & Anti-Racism* practice standard with the College of Physicians and Surgeons of BC.
- **Establishing the foundation for Business Transformation:** Highlights included creating a vision and blueprint for transformation, selecting the technology platform, developing a high-level roadmap to sequence transformation initiatives, as well as initial planning to support implementation of Phase 1 of the transformation.
- **Inquiry, Discipline, & Monitoring (IDM):** Costs to address complaints and conduct investigations and hearings have remained high. In addition, IDM dedicated resources to examining alternate and complimentary pathways and processes to support participants in investigation, including those who self-identify as Indigenous. This work is being evaluated in light of the *Health Professions and Occupations Act*, which will be a significantly more complex legal framework.
- **Health Human Resource continuity:** During the COVID-19 pandemic and B.C. wildfires, BCCNM granted temporary emergency registration (TER) to individuals eligible to assist with the health-system response. To maintain the number of available health-care providers after the end of TER, BCCNM transitioned all TERs living outside of British Columbia to the newly established multijurisdictional registration for LPNs, RNs, and RPNs on Jan. 1, 2024.
- **Opioid crisis regulatory response (PHO, CP-ODU, prescribing authority):** To support the province of B.C. in responding to the opioid crisis, BCCNM established a new certified practice designation specific to treating opioid use disorder. We initiated broader prescribing authority for all nurses holding certified practice.
- **Launch of an Internationally Educated Nurse (IEN) pathway:** With funding provided by the province of B.C., BCCNM and Inspire Global Assessments (formerly the Nursing Community Assessment Service) launched a new registration pathway designed to address lengthy timelines and barriers that IENs experience when pursuing registration in B.C.



About the artist: Bert Azak

As a young boy growing up in Port Edward, Bert was introduced to First Nations art through an elementary school art program, where he learned to draw shapes and how to put those shapes together to create spirit animals. These animal shapes were the cultural identity of his Nisga'a heritage. Bert credits his father and father-in-law, both artists and carvers, with inspiring his own work.

As a teenager, Bert moved to Gitwinksihlkw, his father's original home community in the Nisga'a Territory, Nass Valley in northern B.C. His mother was originally from Gitlaxdamix, so he considers both Gitwinksihlkw and Gitlaxdamix to be his home, and in a much broader perspective, considers the whole Nisga'a Territory as home.

Bert's art took a back seat when he married and started a family. He became involved in local government, working for the First Nations Government Nisga'a Tribal Council (now Nisga'a Lisims Government). He later entered politics as a candidate.

Bert and his family moved to Vancouver in 2000, where he began a new career with Correctional Service Canada, serving in a number of different positions within the prison system for over two decades. In January 2022, he joined Native Education College as Coordinator for the Indigenous Justice Studies Program.

Visit Bert's web page at: <https://bertazak.github.io/portfolio>

Glossary

Principles of Right-Touch Regulation¹

Term	Definition
Equity	Equity recognizes that each person has different circumstances and needs different resources and opportunities to reach an equal outcome.
Evidence	The available body of facts or information indicating whether a belief or proposition is true or valid. Note: Indigenous culture-based approaches or ways of being are considered evidence.
Just (as in Just Culture)	Being fair and reasonable with a focus on identifying system factors that contribute to errors so that changes can be made to improve safety.
Philosophy	A system of principles for guiding practical affairs.
Principle	A fundamental truth or proposition that serves as the foundation for a system of belief or behaviour.
Proportionate	Regulators should only intervene when necessary. Remedies should be appropriate to the risks posed, and costs identified and minimized.
Consistent	Rules and standards must be joined up and implemented fairly.
Targeted	Regulation should be focused on the problem and minimize side effects.
Transparent	Regulators should be open and keep regulations simple and user-friendly.
Accountable	Regulators must be able to justify decisions and be subject to public scrutiny.
Agile	Regulators must look forward and be able to adapt and anticipate change.



¹ Professional Standards Authority. [Right-touch regulation](#). October 2015.

2023 Financial statements



Financial Statements of

**BRITISH COLUMBIA COLLEGE OF
NURSES AND MIDWIVES**

And Independent Auditor's Report thereon

Year ended December 31, 2023

**KPMG LLP**

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

INDEPENDENT AUDITOR'S REPORT

To the Board of 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, 2023
- 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, 2023, 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 "***Auditor's Responsibilities for the Audit of the Financial Statements***" section of our auditor's 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 auditor's report thereon, included in the BCCNM 2023 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 auditor's report thereon, included in the BCCNM 2023 Annual Report as at the date of this auditor's 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 auditor's 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.

Auditor's 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 auditor's 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 auditor's 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 auditor's 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.

A handwritten signature in black ink that reads 'KPMG LLP'. The signature is written in a cursive, stylized font. Below the signature is a horizontal line that starts under the 'K' and ends under the 'P'.

Chartered Professional Accountants

Vancouver, Canada
April 25, 2024

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Statement of Financial Position

December 31, 2023, with comparative information for 2022

	2023	2022
Assets		
Current assets:		
Cash and cash equivalents	\$ 1,641,746	\$ 8,643,877
Short-term investments (note 3)	7,481,230	367,141
Accounts receivable	6,023,706	143,168
Current portion of prepaid expenses	966,088	1,113,222
	16,112,770	10,267,408
Investments (note 3)	18,048,544	16,414,406
Prepaid expenses	350,964	350,964
Tangible capital assets (note 4)	7,382,782	7,854,229
Intangible assets (note 5)	-	15,632
	\$ 41,895,060	\$ 34,902,639
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 6)	\$ 2,839,272	\$ 3,037,808
Accrued employment benefits (note 6)	681,578	560,911
Deferred revenue and deposits	17,110,960	14,918,381
Deferred government grants (note 7)	1,193,529	1,235,233
Current portion of capital lease obligations (note 8)	3,080	36,435
Current portion of deferred lease inducements (note 9)	204,842	204,842
	22,033,261	19,993,610
Capital lease obligations (note 8)	-	3,080
Deferred lease inducements (note 9)	2,772,790	2,906,808
	24,806,051	22,903,498
Net assets:		
Investment in tangible capital assets and intangible assets (note 10)	4,402,070	4,718,696
Unrestricted	12,686,939	7,280,445
	17,089,009	11,999,141
Contingent liabilities (note 14)		
Commitments (note 15)		
	\$ 41,895,060	\$ 34,902,639

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, 2023, with comparative information for 2022

	2023	2022
Revenue:		
Registration	\$ 38,149,771	\$ 33,165,950
Credentials processing	1,748,765	1,827,680
Examinations	346,420	374,385
Investment gains (losses) (note 3)	2,768,791	(862,709)
Nursing Community Assessment Service grants and assessment fees (note 7(a))	4,987,937	1,765,649
Lease	724,756	754,925
Cost sharing arrangements	425,323	444,026
Grants (note 7)	3,509,140	438,000
Other	137,056	106,991
	52,797,959	38,014,897
Expenses:		
Amortization of tangible capital assets and intangible assets	883,663	1,008,900
Communications and people	2,977,687	2,810,663
Executive office	1,414,080	1,597,001
Nursing Community Assessment Service program (note 7(a))	4,009,097	2,002,627
Operations	13,726,181	13,605,056
Regulatory policy and programs	18,061,023	17,415,192
Strategy, governance and reconciliation	2,103,372	1,313,013
	43,175,103	39,752,452
Excess (deficiency) of revenue over expenses before the undernoted	9,622,856	(1,737,555)
Other expenses:		
Business transformation (note 11)	4,181,507	928,704
Registrant insurance and professional liability protection	351,481	563,010
Nurse health program	-	781,099
	4,532,988	2,272,813
Excess (deficiency) of revenue over expenses	\$ 5,089,868	\$ (4,010,368)

See accompanying notes to financial statements.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Statement of Changes in Net Assets

Year ended December 31, 2023, with comparative information for 2022

	Investment in tangible capital assets and intangible assets (note 10)	Unrestricted	Total
Balance, December 31, 2021	\$ 5,552,614	\$ 10,456,895	\$ 16,009,509
Deficiency of revenue over expenses	(804,058)	(3,206,310)	(4,010,368)
Net change in investment in tangible capital assets and intangible assets	(29,860)	29,860	-
Balance, December 31, 2022	4,718,696	7,280,445	11,999,141
Excess (deficiency) of revenue over expenses	(678,821)	5,768,689	5,089,868
Net change in investment in tangible capital assets and intangible assets	362,195	(362,195)	-
Balance, December 31, 2023	\$ 4,402,070	\$ 12,686,939	\$ 17,089,009

See accompanying notes to financial statements.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Statement of Cash Flows

Year ended December 31, 2023, with comparative information for 2022

	2023	2022
Cash provided by (used in):		
Operating:		
Excess (deficiency) of revenue over expenses	\$ 5,089,868	\$ (4,010,368)
Items not involving cash:		
Unrealized investment (gains) losses	(1,482,610)	4,325,360
Amortization of tangible capital assets	868,031	831,585
Amortization of intangible assets	15,632	177,315
Lease inducements - step rent	70,824	107,738
Amortization of deferred lease inducements - leasehold improvements	(204,842)	(204,842)
	4,629,903	1,226,788
Changes in non-cash operating working capital:		
Accounts receivable	(5,880,538)	721,632
Prepaid expenses	147,134	(157,817)
Accounts payable and accrued liabilities	(198,536)	314,616
Accrued employment benefits	120,667	(160,214)
Deferred revenue and deposits	2,192,579	628,257
Deferred government grants	(41,704)	(273,037)
	696,505	2,300,225
Investing:		
Net purchase of investments	(7,265,617)	(3,938,861)
Purchase of tangible capital assets	(396,584)	(46,019)
	(7,662,201)	(3,984,880)
Financing:		
Capital lease principal repayments	(36,435)	(31,859)
Decrease in cash and cash equivalents	(7,002,131)	(1,716,514)
Cash and cash equivalents, beginning of year	8,643,877	10,360,391
Cash and cash equivalents, end of year	\$ 1,641,746	\$ 8,643,877

See accompanying notes to financial statements.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements

Year ended December 31, 2023

1. Nature of operations:

British Columbia College of Nurses and Midwives ("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, 2023, BCCNM had approximately 70,000 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.

2. Significant accounting policies:

(a) Basis of accounting:

These financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations.

(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.

(c) Revenue recognition:

BCCNM follows the deferral method of accounting for contributions. Revenue is recognized as it is earned as follows:

(i) Registration fees are recognized as revenue in the period that corresponds to the registration period to which they relate. Registration fees collected for a future registration period are recorded as deferred revenue.

(ii) Credentials processing fees are recognized as revenue in the year the completed application is submitted for review.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2023 and 2022

2. Significant accounting policies (continued):

(c) Revenue recognition (continued):

- (iii) Examination fees received are deferred and recognized as revenue in the year the applicant completes the exam.
- (iv) Externally restricted grants are initially recognized as deferred revenue when they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. They are recognized as revenue in the year in which the related expenses are incurred or the restrictions have been fulfilled.
- (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.

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

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2023 and 2022

2. Significant accounting policies (continued):

(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.

BCCNM is a participating employer of the Municipal Pension Plan, a jointly trustee 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.

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.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2023 and 2022

2. Significant accounting policies (continued):

(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 in corporate bonds and notes at amortized cost and its investments in pooled fixed income funds and pooled equities funds 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, 2023 and 2022

3. Investments:

In 2022, the Board appointed a new investment manager and revised BCCNM's investment policy, which resulted in a change in the investment portfolio mix and a disposition of investments. The proceeds from the dispositions were re-invested.

	2023	2022
Corporate bonds and notes (a)	7,846,395	1,097,511
Pooled fixed income funds	5,025,053	4,601,295
Pooled equity funds	12,658,326	11,082,741
	25,529,774	16,781,547
Less short-term investments	7,481,230	367,141
Long-term investments	\$ 18,048,544	\$ 16,414,406

(a) Corporate bonds and notes bear interest ranging from 1.50% to 2.52% (2022 - 1.50% to 2.61%) with maturities ranging from April 2024 to April 2025 (2022 - June 2023 to April 2025).

Investment income is comprised of the following:

	2023	2022
Interest and dividends	\$ 1,289,242	\$ 768,849
Realized gains (losses) on sale of investments	(3,061)	2,693,802
Unrealized gains (losses) from changes in fair value	1,482,610	(4,325,360)
	\$ 2,768,791	\$ (862,709)

4. Tangible capital assets:

			2023	2022
	Cost	Accumulated amortization	Net book value	Net book value
Office furniture	\$ 1,670,272	\$ 593,899	\$ 1,076,373	\$ 1,187,725
Equipment	2,202,801	1,293,897	908,904	838,194
Leased equipment	158,205	146,817	11,388	40,153
Leasehold improvements	8,274,627	2,888,510	5,386,117	5,788,157
	\$ 12,305,905	\$ 4,923,123	\$ 7,382,782	\$ 7,854,229

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2023 and 2022

5. Intangible assets:

	2023	2022
Cost	\$ 5,032,038	\$ 5,032,038
Accumulated amortization	(5,032,038)	(5,016,406)
	\$ -	\$ 15,632

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 \$41,711 (2022 - \$42,257) related to payroll and indirect taxes.

7. Deferred government grants:

	Nursing Community Assessment Service (a)	Other	Total
Deferred government grants, beginning of year	\$ 1,235,233	\$ -	\$ 1,235,233
Grant funding received or receivable	4,180,000	3,509,140	7,689,140
Grant revenue recognized	(4,221,704)	(3,509,140)	(7,730,844)
Deferred government grants, end of year (b)	\$ 1,193,529	\$ -	\$ 1,193,529

(a) In 2023, the Nursing Community Assessment Service ("NCAS") had \$4,009,097 (2022 - \$2,002,627) of expenses, of which \$766,233 (2022 - \$1,227,350) was funded by assessment fees collected from applicants, \$1,711,500 (2022 - nil) was funded by assessment fees paid by the Ministry of Health of the Province of British Columbia (the "Ministry of Health") on behalf of applicants, and \$1,531,364 (2022 - \$538,299) was funded by grants. Additional funding was also received / receivable for NCAS deficits incurred in prior years and NCAS expenses to be incurred in future years.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2023 and 2022

7. Deferred government grants (continued):

(b) At December 31, 2023, deferred government grants are comprised of:

- (i) \$666,103 (2022 - \$1,136,408) from the Ministry of Health and Government of New Brunswick for the development of a streamlined Triple Track NCAS and Integrated Referral Process;
- (ii) \$507,426 (2022 - nil) from the Ministry of Health for the development of an Internationally Educated Nurses Pathway to streamline the registration process; and,
- (iii) \$20,000 (2022 - \$31,929) from the Ministry of Municipal Affairs of the Province of British Columbia to enhance fairness and efficiency of the regulatory processes for assessing international credentials.

8. Capital lease obligations:

BCCNM had entered into a lease agreement for office equipment with minimum lease payments in 2024 of \$3,080, which has been recorded as a current liability.

9. Deferred lease inducements:

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

	2023	2022
Deferred lease inducements, beginning of year	\$ 3,111,650	\$ 3,208,754
Lease inducements - step rent	70,824	107,738
Amortization of deferred lease inducements - leasehold improvements	(204,842)	(204,842)
Deferred lease inducements, end of year	2,977,632	3,111,650
Current portion of deferred lease inducements	204,842	204,842
Long-term portion of deferred lease inducements	\$ 2,772,790	\$ 2,906,808

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, 2023 and 2022

10. Investment in tangible capital assets and intangible assets:

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

	2023	2022
Tangible capital assets	\$ 7,382,782	\$ 7,854,229
Intangible assets	-	15,632
Amounts financed by:		
Capital leases obligations	(3,080)	(39,515)
Deferred lease inducements	(2,977,632)	(3,111,650)
	<u>\$ 4,402,070</u>	<u>\$ 4,718,696</u>

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

	2023	2022
Deficiency of revenue over expenses:		
Amortization of tangible capital assets and intangible assets	\$ (883,663)	\$ (1,008,900)
Amortization of deferred lease inducement - leasehold improvements	204,842	204,842
	<u>\$ (678,821)</u>	<u>\$ (804,058)</u>
	2023	2022
Net change in investment in tangible capital assets and intangible assets:		
Purchase of tangible capital assets	\$ 396,584	\$ 46,019
Capital lease principal repayments	36,435	31,859
Lease inducements - step rent	(70,824)	(107,738)
	<u>\$ 362,195</u>	<u>\$ (29,860)</u>

11. Business transformation:

BCCNM was formed through two successive amalgamations in 2018 and 2020 from four legacy colleges. BCCNM has embarked on a business transformation project that is a multi-year investment in regulatory and corporate functions to reflect the benefits of the amalgamations and to achieve the goals in BCCNM's strategic plan. In 2023, BCCNM incurred \$4,181,507 (2022 - \$928,704) of expenses related to its business transformation project.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2023 and 2022

12. Municipal Pension Plan:

BCCNM and its employees contribute to the Municipal Pension Plan (the "Plan"), a jointly trusteesd 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, 2022, the Plan has about 240,000 active members and approximately 124,000 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, 2021, indicated a \$3.8 billion funding surplus for basic pension benefits on a going concern basis. The next valuation will be as at December 31, 2024, with results available in 2025.

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 \$1,846,496 (2022 - \$1,656,233) for employer contributions to the Plan in 2023.

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 \$86,977 (2022 - \$56,806).

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, 2023 and 2022

15. Commitments:

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

2024	1,747,356
2025	1,784,271
2026	1,821,185
2027	1,858,099
2028	1,895,013
Thereafter to 2033	8,462,171
	<hr/>
	\$ 17,568,095

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 funds in high quality investments in accordance with investment policies adopted by the Board. The fixed income investments, including pooled funds, are diversified and consist of government and corporate issues. The classifications and terms of investments are disclosed in note 3.

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.

(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.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

Notes to Financial Statements (continued)

Years ended December 31, 2023 and 2022

16. Financial instrument risks (continued):

(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 2023.

17. Comparative information:

Certain of the comparative prior year information has been changed to conform with the current year's presentation.