

An abstract architectural line drawing in white, orange, and teal on a dark blue background. It features a complex grid of lines and rectangular shapes, some of which are 3D, creating a sense of depth and structure. The lines are thin and precise, forming a framework that suggests a building or a system.

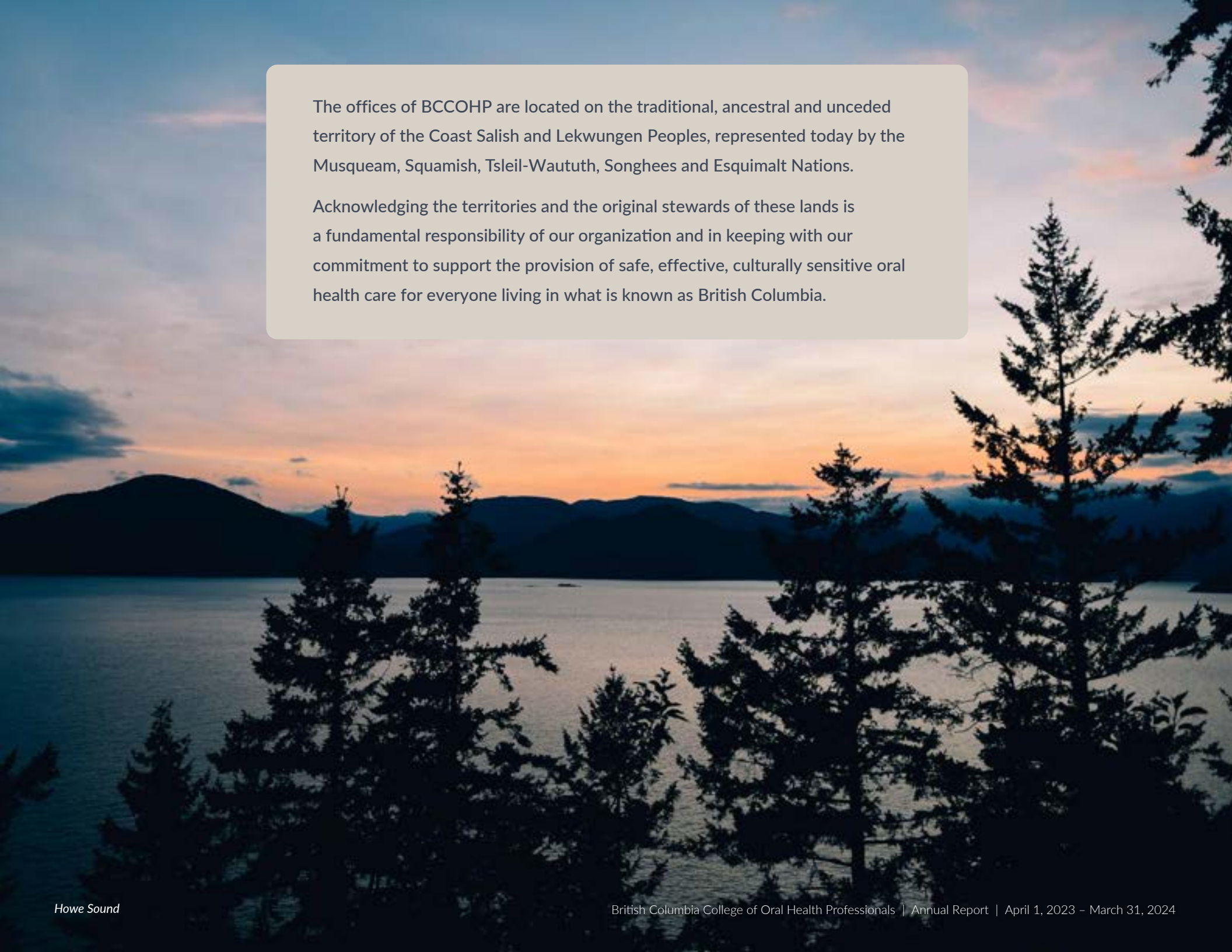
BCCOHP

British Columbia College of
Oral Health Professionals

Annual Report April 1, 2023 – March 31, 2024

FRAMEWORK

FOR THE FUTURE



The offices of BCCOHP are located on the traditional, ancestral and unceded territory of the Coast Salish and Lekwungen Peoples, represented today by the Musqueam, Squamish, Tsleil-Waututh, Songhees and Esquimalt Nations.

Acknowledging the territories and the original stewards of these lands is a fundamental responsibility of our organization and in keeping with our commitment to support the provision of safe, effective, culturally sensitive oral health care for everyone living in what is known as British Columbia.

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Creating a framework for the future

The exercise of pulling together an annual report always serves to remind us how far we have come, and this year was no exception.

This report covers our first full year of operation as a new organization, post-amalgamation. In reading this report, we hope that you will gain a clear sense of who we are and where we are headed as a regulator. As we wrap one year and begin another, we are confident that we are well on our way to realizing our vision of reimagined oral health care oversight.

Our belief that the public will be better served by a single oral health regulator has continued to act as our guiding star as we work to build—piece by piece—a truly new regulatory body that oversees certified dental assistants, dental hygienists, dental technicians, dental therapists, dentists, and denturists in BC.

The 2023-24 year was certainly a learning journey as we continued the work of building a sturdy framework for the future of BCCOHP. Foundational work is not always glamorous, but it is crucial to pave a smooth way forward.

During the second year of BCCOHP, the expertise and enthusiasm of all our partners enabled us to continue our momentum. Thank you to each one of our board and committee members, and our staff team for being dedicated collaborators on this journey. We are also grateful for the engagement of oral health professionals, the public, and other health system partners. Your combined efforts are helping us co-create a resilient, innovative and fit for purpose organization.

It is our shared privilege to lead this journey. We thank you for your support.

Sincerely,



Carl Roy, Board Chair



Chris Hacker, Registrar & CEO

There are three main ways that the BC College of Oral Health Professionals protects the public:



By ensuring
that oral health
professionals are
able to practise
competently



By setting
expectations for the
delivery of safe and
patient-centred oral
health care



By investigating
complaints about
oral health
professionals



VISION

Reimagined oral health care oversight

We draw from a shared legacy and rich diversity of thought to deliver modernized oral health care regulation.



MISSION

Regulatory leadership that collaboratively builds public confidence in the delivery of safe, ethical, team-based oral health care.



VALUES

We put people first

We recognize that the most important resource in delivering our mission is the diversity and knowledge of people.

We do what we say

We are committed to delivering meaningful outcomes for patients and the public, and to being transparent about our work and its impact.

We get it done

We build credibility and trustworthiness through the quality of our regulatory work, while approaching new challenges with openness and curiosity.

We take the long view

Through continuous improvement, we will use our influence to make a positive impact today and in the future.



STRATEGIC FOCUS

Health equity & cultural safety

Incorporate meaningful Indigenous involvement in decision-making, and adopt practices that uphold anti-racism, cultural safety and humility.

Regulatory leadership

Identify the strategic opportunities within regulatory modernization, including the new governing legislation.

Unified regulatory functions

Unify core regulatory functions and professional and ethical standards that protect the public from harm and promote the public interest.

Rolling over to a new strategic plan for 2024-27

While we worked to deliver on our year one strategic plan, we have also been hard at work developing a new strategic plan that rolled out right after the end of the fiscal year.

[Learn more](#)

Continuing the momentum following the official amalgamation in fall 2022, the work of creating a single oversight body for oral health regulation in BC continued in 2023-24 with a renewed focus.

In this second leg of the journey, our work began to build a thoughtful organizational framework that sets us up to be a leading regulator and fully deliver on our strategic plan. This year, we hit three major milestones on this path to becoming *fit for purpose*:

- 1 Orient ourselves** via the development and approval of a three-year strategic direction from the Board (see more below)
- 2 Ensure equitability** across the staff team via a third-party compensation review with oversight from the Board
- 3 Align our thinking** across the organization via the customized tool to support regulatory decision making (learn more on page 7)

Delivering on our inaugural strategic plan

The 2023-24 fiscal year began with the Board's inaugural strategic plan in hand. Approved by the Board in March 2023, our priorities for the coming year were set. The inaugural strategic plan reflected our unique position within the health care system in regulating the oral health team and kept our focus sharp.

This being a foundation-building year, much of the work was completed behind the scenes – including working hard on a new strategic plan to see us through the next three years (which was approved right at the end of the fiscal year at the March 2024 board meeting).

Strategic focus

Our three areas of focus in 2023-24 were:



- Health equity & cultural safety
- Regulatory leadership
- Unified regulatory functions

See the next page for more details and early successes in each area.

In 2023-24, BCCOHP began preparing for the transition from the *Health Professions Act* to the *Health Professions and Occupations Act*.

The new Act contains important changes to the way health profession regulatory colleges fulfill their mandates to protect patients and the public from harm and discrimination. We are confident the new legislation will support our goal to deliver reimagined oral health care oversight.



Progress report on our areas of strategic focus:

Health equity & cultural safety

A foundation is being built to support multi-year projects that will incorporate meaningful Indigenous involvement in decision making, and adopt practices that uphold anti-racism, cultural safety and humility. Key successes this year:

- Completion of a project charter that sets out the elements of our Cultural Safety and Humility Project
- Participation in a BC Public Advisory Network meeting regarding the role of regulators in supporting access to health care without discrimination
- Development of a job description for Director, Reconciliation and Cultural Safety and Humility for recruitment in the next fiscal year
- Creation of an Indigenous Advisory Circle
- Partnering with Shane Pointe (Sulksun), Coast Salish Knowledge Keeper on multiple presentations and events

“Nothing about us without us” is a central tenet and expectation for organizations undertaking the work of decolonization and eliminating Indigenous-specific racism.

Unified regulatory functions

We are undertaking multi-year projects to unify core regulatory functions and establish patient-centred standards that prioritize patient safety and promote the public interest. Key successes this year:

- Making progress on our database migration project to streamline our systems, resulting in service improvements for users
- Kicking off our quality assurance program redevelopment project
- Beginning work to develop one modernized set of standards for oral health professionals. Milestones met in 2023-24 include the approval of a standards development process and the creation and approval of a standards framework

Regulatory leadership

We are undertaking multi-year projects to identify strategic opportunities within regulatory modernization, including a seamless transition to new governing legislation. Key successes this year:

- Formalization of our approach to regulatory decision making through extensive internal consultation
- Building an enterprise risk management system, which includes an organizational risk register
- Assembling an internal project team to prepare for the requirements of the *Health Professions and Occupations Act*
- Continued work to becoming a data-led regulator through our research programs, which provide insights from the public and oral health professionals to inform our regulatory decision making

Regulatory approach

Our approach to regulatory decision making

Every decision we make, big or small, must align with our mandate. At BCCOHP we ask ourselves: *Is our work making a difference? Do we have a clear understanding of our role? Are we consistent? Is our output improving health outcomes, and supporting safe care? Are we putting patients first? Are we managing risks?*

We need to ensure that the answer to these questions is yes, which is why we've developed a robust regulatory approach to decision making. It provides an overview of the work we do and how we approach it, the world in which we operate and our relationship to that world, and how we interact, communicate, and engage.

The regulatory approach prioritizes public safety while being fair, inclusive, and responsive to the needs of a diverse health community. It aims to help members of the public, patients, oral health professionals and other stakeholders understand how we make regulatory decisions and what they can expect from us as a regulator.

Those making the decisions, and those impacted by them, will benefit from having this framework for decision making, because our regulatory decisions will be strong, consistent and defensible.

Regulatory approach

This rigorous approach to decision making is built around: role clarity, principles and actions. Together, these guide regulatory decision making on behalf of the organization.

Role clarity

BCCOHP:

- is a decision maker
- puts patients and the public first
- is objective
- is authoritative
- is part of BC's health care system and contributes to improved health outcomes
- improves health outcomes by managing risk
- improves health outcomes by supporting the delivery of safe care

Principles

Define how we approach our work and inform how we make regulatory decisions.

1. We are aligned with our role
2. We stay firm but fair
3. We focus on risk
4. We put people first

Actions

Reflect and flow from the principles that frame our regulatory approach.

- Culturally safe and humble
- Trauma-informed
- Equitable
- Principle-based
- Proportionate
- Data-informed
- Fair and consistent
- Firm
- Proactive and preventive
- Collaborative
- Enabling
- Transparent

[Learn more about the regulatory approach](#)

Measuring our impact

Becoming a data-led regulator

At BCCOHP, we focus on outcomes for patients and the public by making sure we are risk based, data informed and collaborative. Engagement is a cornerstone of our regulatory work, supporting our commitment to transparency, credibility and continuous improvement.

We are committed to using research and insights from the public and oral health professionals to inform our regulatory decision making.

Engaging with our audiences ensures our efforts are informed by their actual needs, perspectives and experiences.

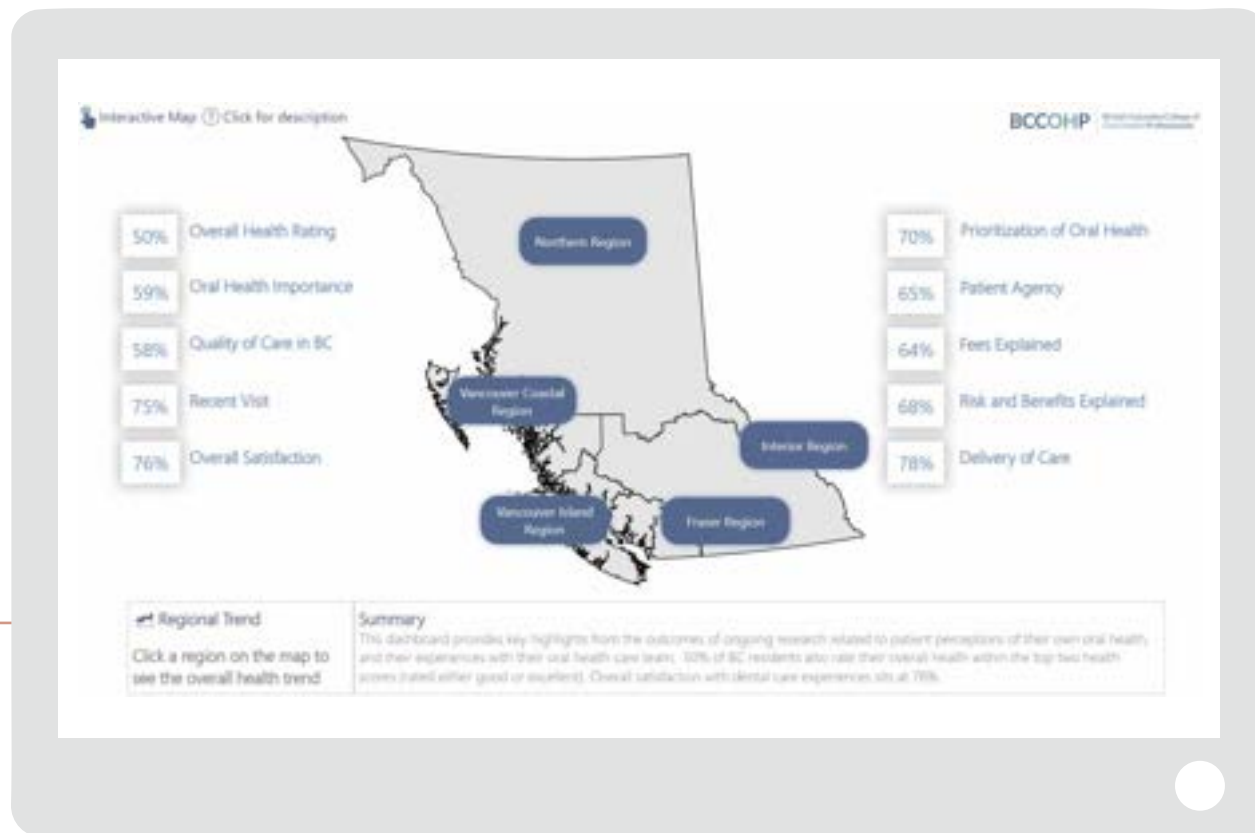
Over the past year, we have built out our approach to engagement by actively involving patients, oral health professionals and other audiences in our processes. By fostering a relational, participatory culture, we gain valuable insights that shape our work.

Measuring the patient experience

The Voice of the Oral Health Patient in BC ("Voice of Patient") research program asks patients and the public directly about their experiences with oral health care and about their perceptions of how it is regulated. The data we collect is used to measure regulatory performance, oral health perceptions, access to care, and the patient experience.

Based on the findings of this research, we created a public-facing dashboard with key highlights related to patient perceptions of their oral health, and their experiences with the oral health team.

[View the dashboard online](#)



Measuring our impact

Measuring oral health professionals' perceptions

Last year, we launched an ongoing research study about the perceptions and insights of the six types of oral health professionals we regulate. The first phase involved an online qualitative panel of oral health professionals. The second phase of this work included a survey of all oral health professionals (informed by the findings of phase 1). The first survey, which was launched in Spring 2023, asked oral health professionals to respond to questions and statements about:



Quality Assurance

94% agreed that continuing education is effective in maintaining competence.
33% felt that their quality assurance program helped identify areas to grow.



Registration/certification and renewal

56% found that registration was easy or very easy and **74%** had no challenges during renewal.
Top challenges: quality assurance requirements and access/login.



Health equity and cultural safety

95% noted some awareness of the history of Indigenous-specific racism in BC and the laws that uphold the rights of Indigenous Peoples.
1/3 have taken part in education/training around cultural safety and humility.



Team-based care

83% of respondents agree or strongly agree that team-based care delivers better health outcomes and **72%** desire to work with other oral health professionals to deliver team-based care.
30% experience challenges or conflicts in delivering team-based care.



Communication preferences

21% contacted BCCOHP (aside from questions about registration/renewal).
Email is the strong preference for communications, regardless of the topic.
Social media is the top recommendation for raising public awareness.

Oral health professionals advisory panel

Over the past year, we've built out a panel of respondents that will be invited to participate in research engagements such as focus groups and online discussion boards.

In 2023, we engaged with the panel for an early consultation on our draft standards framework. These qualitative insights will inform decision making around the development of standards and guidance.

[Learn more or join the panel](#)

To learn more, visit our [webpage](#) or read the [June 2023 findings report](#).

Registration statistics

Map statistics

This map only includes practising registrants and full certified dental assistants.

NORTH (District 2)

Certified dental assistants – 296
Dental hygienists – 235
Dental technicians – 7
Dental therapists – 1
Dentists – 149
Those with certification as a certified specialist – 12
Denturists – 16
Moderate sedation facilities* – 6
Sedation – deep/GA facilities* – 6

VANCOUVER ISLAND (District 5)

Certified dental assistants – 1,082
Dental hygienists – 942
Dental technicians – 45
Dental therapists – 3
Dentists – 586
Those with certification as a certified specialist – 75
Denturists – 48
Moderate sedation facilities* – 33
Sedation – deep/GA facilities* – 10

VANCOUVER (District 4)

Certified dental assistants – 2,010
Dental hygienists – 1,195
Dental technicians – 128
Dental therapists – 0
Dentists – 1,906
Those with certification as a certified specialist – 236
Denturists – 61
Moderate sedation facilities* – 96
Sedation – deep/GA facilities* – 30

**Non-hospital dental facilities confirmed for compliance by BCCOHP for the administration of deep sedation and/or general anesthesia (GA). Moderate sedation facilities are identified and assessments are in progress.*

OUTSIDE BC

Certified dental assistants – 146
Dental hygienists – 76
Dental technicians – 2
Dentists – 139
Those with certification as a certified specialist – 26
Denturists – 10

SOUTHERN INTERIOR (District 3)

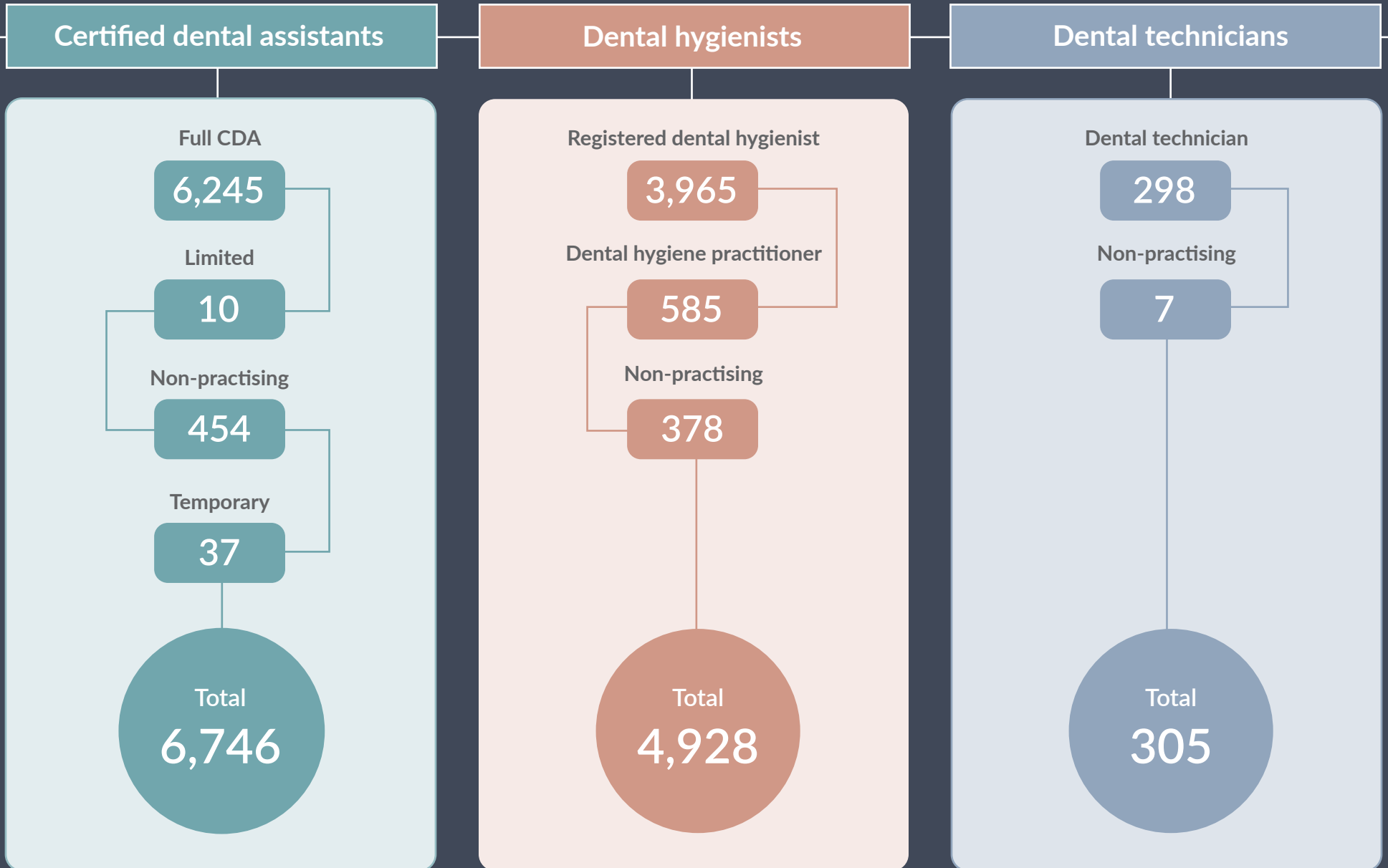
Certified dental assistants – 1,010
Dental hygienists – 717
Dental technicians – 28
Dental therapists – 0
Dentists – 507
Those with certification as a certified specialist – 56
Denturists – 38
Moderate sedation facilities* – 43
Sedation – deep/GA facilities* – 10

FRASER VALLEY (District 1)

Certified dental assistants – 1,748
Dental hygienists – 1,384
Dental technicians – 88
Dental therapists – 0
Dentists – 890
Those with certification as a certified specialist – 104
Denturists – 81
Moderate sedation facilities* – 46
Sedation – deep/GA facilities* – 7

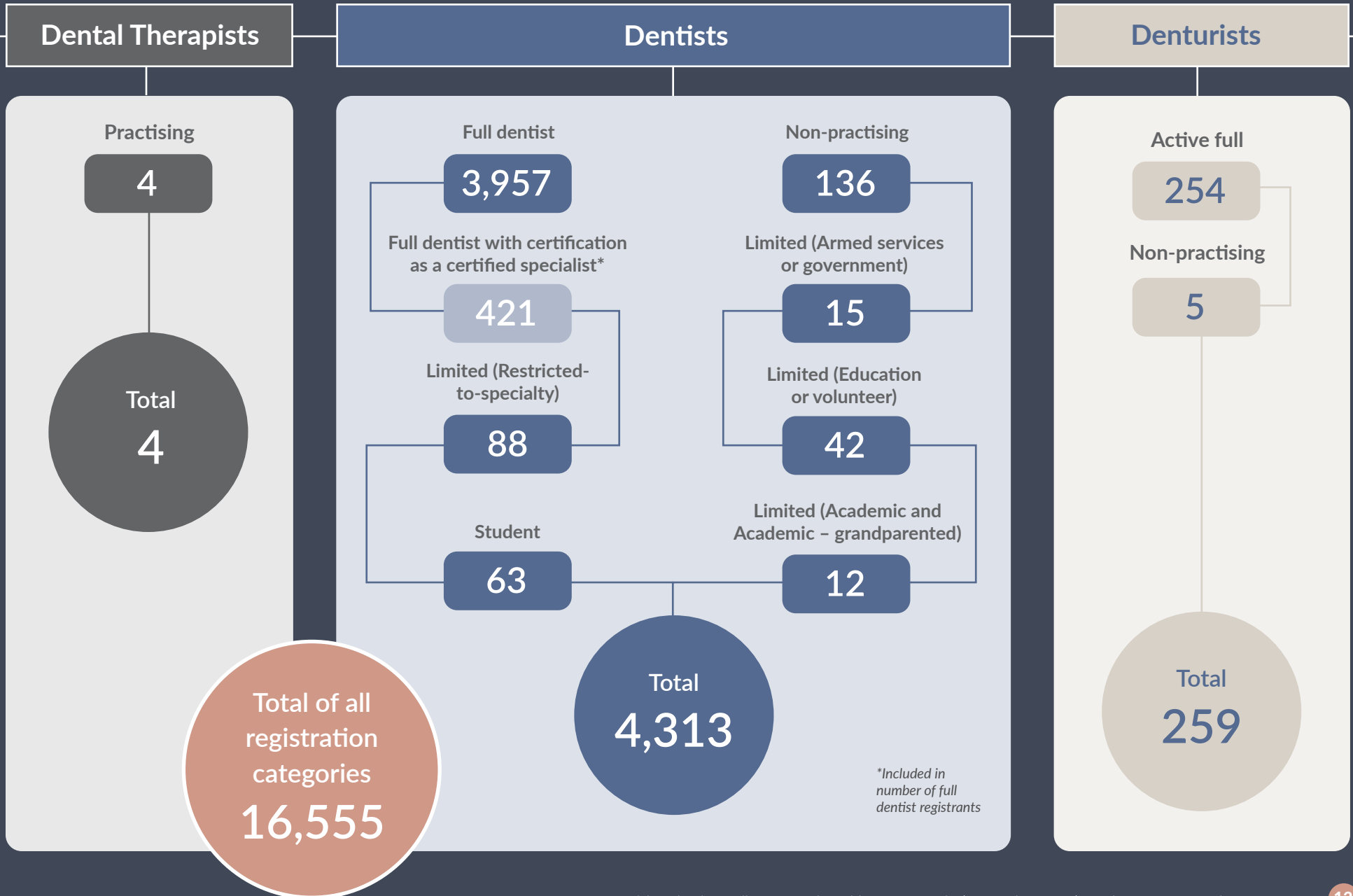
Oral health professional registration categories

As of March 31, 2024



Oral health professional registration categories

As of March 31, 2024



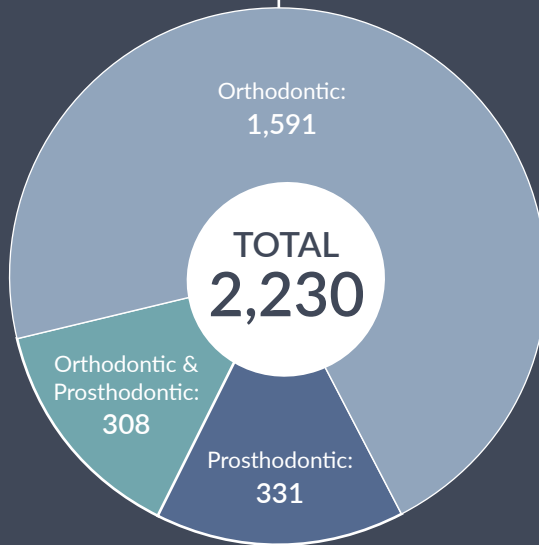
Oral health professional modules and specialties

As of March 31, 2024

Certified dental assistants

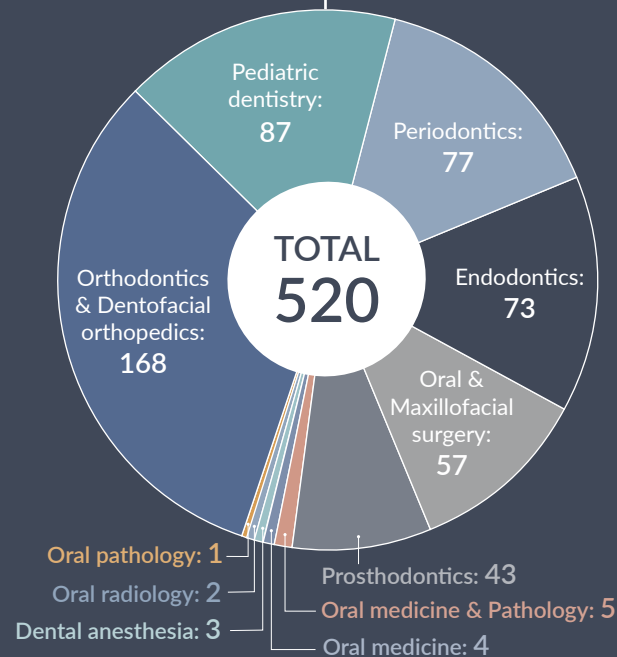
Certified dental assistants who hold:

- Full certification
- Limited certification



Dentists

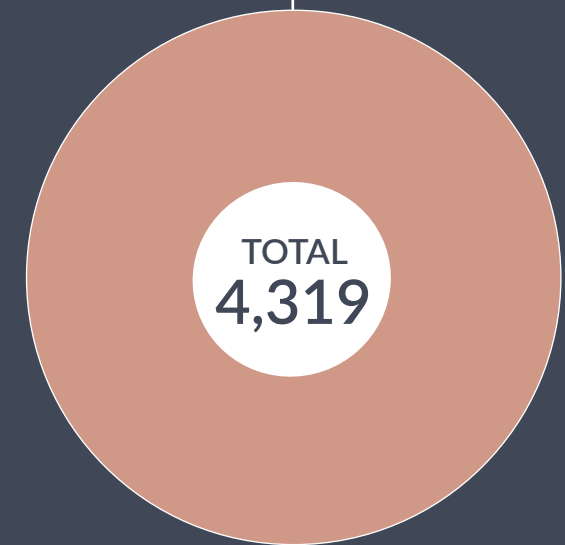
There are a total of **509** Dentists with certification as certified specialists, including **11** with multiple specialties.



Dental hygienists

Dental hygiene registrants and dental hygiene practitioners who hold:

- Certification to administer local anesthesia



Oral health professional demographics

As of March 31, 2024

Certified dental assistants

AGE	Male	Female	TOTAL
30 or under	30	1,351	1,381
31-44	49	2,347	2,396
45-59	13	1,832	1,845
60-74	1	664	665
75+	0	5	5
Total	93	6,199	6,292

Dental hygienists

AGE	Male	Female	TOTAL
30 or under	55	1,016	1,071
31-44	97	1,936	2,034*
45-59	48	1,106	1,154
60-74	11	277	288
75+	0	3	3
Total	211	4,338	4,550

Dental technicians

AGE	Male	Female	TOTAL
30 or under	2	9	11
31-44	37	24	61
45-59	98	26	124
60-74	82	14	96
75+	6	0	6
Total	225	73	298

Dental therapists

AGE	Male	Female	TOTAL
30 or under	0	0	0
31-44	0	0	0
45-59	1	3	4
60-74	0	0	0
75+	0	0	0
Total	1	3	4

Dentists

AGE	Male	Female	TOTAL
30 or under	102	133	235
31-44	801	760	1,561
45-59	901	584	1,485
60-74	592	201	793
75+	92	11	103
Total	2,488	1,689	4,177

Denturists

AGE	Male	Female	TOTAL
30 or under	18	12	30
31-44	58	38	96
45-59	53	24	77
60-74	41	6	47
75+	3	1	4
Total	173	81	254

This gender information reflects the data collected and maintained in BCCOHP's current databases; however, we acknowledge that it does not reflect and respect the diversity of gender identities.

*The gender of one registrant is unknown.

Oral health professional demographics

As of March 31, 2024

Practising and non-practising oral health professionals who identify as Indigenous

Certified dental assistants

202

Dental hygienists

126

Dental technicians

N/A*

Dental therapists

1

Dentists

33

Denturists

N/A*

TOTAL
362

Health professions corporations

A health profession corporation is a company established under the *BC Business Corporations Act*, allowing dentists, dental hygienists and denturists to practise their respective professions. Ownership of a health profession corporation is restricted to dentists, dental hygienists and denturists. They are permitted to practise dentistry, dental hygiene, or denturism exclusively through their designated health profession corporation, provided they hold a valid permit issued by BCCOHP for this purpose.

This year approximately 3,000 dentist Health Professional Corporations (HPC) renewed their corporation permits. This was the first year all dentist owners of HPCs were required to renew these permits with the renewal of their registration. This year, corporation renewals were also linked with registrant annual renewals. The number was significantly smaller last year as it only included corporations that received new permits under the newly amalgamated BCCOHP.

Dentist permits

3,833

Denturist permits

236

Dental hygienist permits

101

TOTAL
4,170

*Following amalgamation, the pre-existing registers from the four legacy colleges ported over to the new organization. As a result, some data is not available.

Responding to complaints

BCCOHP is committed to delivering meaningful outcomes for patients and the public, and to being transparent about our work and its impact. One of the main ways that we protect the public is by investigating complaints about oral health professionals.

BCCOHP reviews and assesses every complaint received and investigates those that raise a concern about an oral health professional's conduct or competence.

The two committees that oversee BCCOHP's complaints and discipline process are the Inquiry Committee and the Discipline Committee. Members of the public make up at least one-third of each committee. Decisions about how to investigate and resolve complaints are made by BCCOHP's Inquiry Committee.

Complaint outcomes

Action	Outcome
Closed with no further action required by oral health professional <i>section 33(6) of the HPA</i>	Dismissed
	Dismissed with practice advice
Closed with remedial action required by oral health professional <i>section 36(1) of the HPA</i>	Letter of agreement
	Directed education agreement
Citation (notice of hearing) <i>Section 37 of the HPA</i>	The disciplinary process results in one of: <ul style="list-style-type: none">• Public hearing• Consent order• Cancellation

Complaints opened

The Inquiry Committee opened 281 complaints for investigation.

Complaints resolved

Almost all complaints are resolved (closed) by the Inquiry Committee, many of which are with the consent of the oral health professional. In serious cases identified as high risk to patients and the public, the Inquiry Committee directs the file to discipline (see below).

249 complaints were resolved (closed) by the Inquiry Committee.

Complaints referred to discipline

A small percentage of complaints result in a disciplinary citation, which is a notice that there will be a public hearing regarding the conduct or competence of an oral health professional. Panels of the Discipline Committee conduct hearings, make findings, determine the appropriate penalty if the findings are adverse, and issue written reasons for decisions. In most cases, discipline matters are resolved prior to a hearing.

The Inquiry Committee directed four disciplinary citations involving four registrants, one of which was resolved by way of a consent order under s. 37.1 of the *Health Professions Act (HPA)*. No discipline hearings were conducted in 2023-24.

Public notice

Five public notices were published. One public notice involved an order for extraordinary action under s. 35 of the *HPA*, which was resolved by way of a consent agreement.

[View public notices](#)

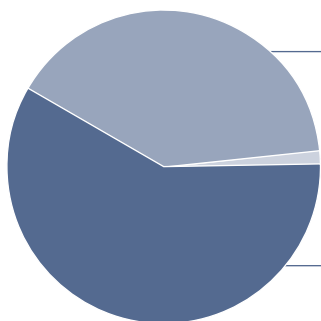
Complaint statistics

Complaints opened and closed

Files Opened - 281



Files Closed - 249



No Further Action

146

Referred to Discipline

3

Remedial Action Taken

100

Open complaints

369

files were open as
of March 31, 2024

Who receives complaints?

Oral Health Professional	Opened	Closed
Dentist	257	220
Denturist	9	13
Dental hygienist	9	10
Certified dental assistant	6	6
Dental therapist	0	0
Dental technician	0	0
TOTAL	281	249

How long does it take to resolve complaints?

249

files were closed
between April 1, 2023,
and March 31, 2024

Average age of closed files:

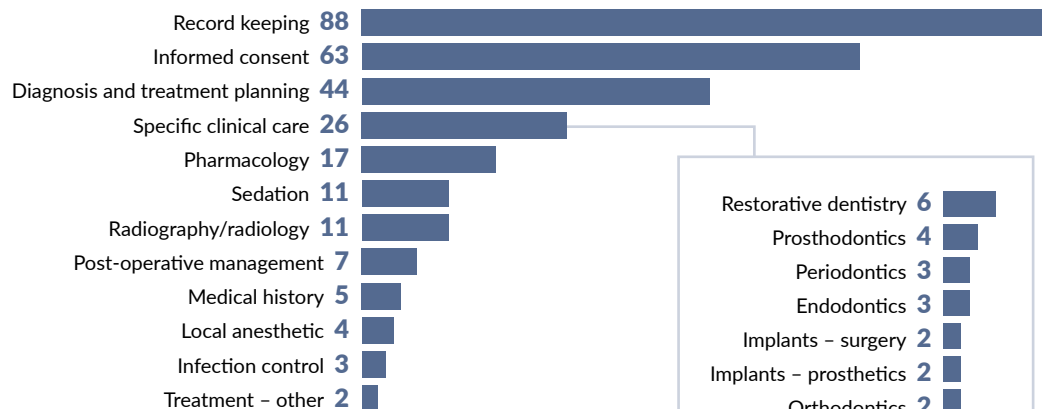
384 days
(~13 months)

Complaints closed: Concerns by topic

April 1, 2023 to March 31, 2024

Each closed complaint included one or more issues of concern identified in the investigation.

Clinical
281



Conduct
171



Sexual misconduct and boundary violations

Some of the complaints that we receive are allegations of boundary violations and sexual misconduct towards patients and staff. Boundary violations can include unwanted touching and inappropriate communication.

- 6 new boundary and sexual misconduct complaints opened this year
- 12 boundary and sexual misconduct complaints closed this year
- 17 total number of open boundary and sexual misconduct complaints

Fitness to practise

If an oral health professional experiences a physical or mental health issue that could reasonably affect their capacity to deliver safe patient care, a health file may be opened to assess their ability to practise safely. If necessary, appropriate support and guidance will be provided to help them navigate a pathway towards safe practice.

Health files for April 1, 2023 to March 31, 2024:

Opened 7
Closed 8

As of March 31, 2024, there were 47 health files open.

Health Professions Review Board complaint matters

The **Health Professions Review Board (HPRB)** was established by the provincial government to provide an independent review of certain decisions made by BC's health regulators on appeal by the complainant and/or the oral health professional. There are two types of review for complaint matters:

Disposition

Complainants who are dissatisfied about the outcome and/or the investigation of their complaint can apply for a review. The review will look at whether BCCOHP's investigation was adequate, and whether its decision was reasonable.

23 applications for HPRB review relating to complaint outcomes/dispositions.

Timeliness

Either the complainant or oral health professional can ask for a review if BCCOHP is unable to resolve the complaint within the anticipated time period.

7 applications for HPRB review in the delay of investigation completion (timeliness).

HPRB file breakdown

249 complaint decisions reviewable by HPRB

23 applications for HPRB review of complaint file decision (regarding 22 dentists, one dental hygienist)

7 delayed investigation applications

1 registration review application (regarding one dentist)

BCCOHP received the final decisions outlined below from the HPRB with respect to Inquiry Committee matters:

11 HPRB decisions confirming adequate investigations and reasonable decision (regarding ten dentists, one dental hygienists)

2 HPRB decisions of inadequate investigations and unreasonable dispositions; referred back to Inquiry Committee

1 dismissal due to complainant failure to provide submissions

HPRB decisions are available online at www.hprb.gov.bc.ca/decisions.

Public members



Carl Roy BOARD CHAIR



Patricia (Pat) Dooley



Julie Akeroyd



Rachel Ling

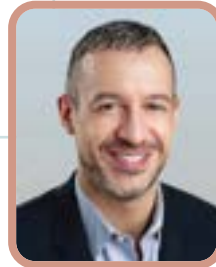


Marion Erickson



Shirley Ross

Oral health professional members



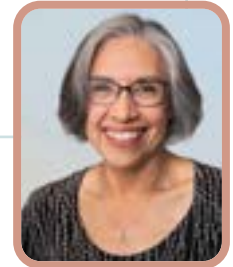
Dr. Alexander N. Hird
REGISTRANT BOARD MEMBER
(DENTIST)



Amandeep Singh
REGISTRANT BOARD MEMBER
(DENTAL TECHNICIAN)



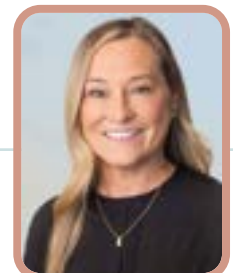
Cathy Larson
CERTIFIED DENTAL ASSISTANT
BOARD MEMBER



Elizabeth (Lise) Cavin
REGISTRANT BOARD MEMBER
(DENTAL HYGIENIST)



Kim Trottier
REGISTRANT BOARD MEMBER
(DENTAL THERAPIST)



Michelle Nelson
REGISTRANT BOARD
MEMBER (DENTURIST)

Organizational structure

BCCOHP has a staff of over 80 people who manage the organization's daily operational activities according to the strategic direction set by the college's board and committees. The organizational structure is illustrated in the graphic on this page. The outer rings depict our layers of accountability, beginning with the Registrar/CEO and extending outward to the public.



* **Professional Practice comprises:** Quality Assurance; Sedation, General Anesthesia & Non-Hospital Dental Facilities; and Professional Advisors

BCCOHP's committees are established by the Board and filled by the Nomination and Appointment Committee. Currently at BCCOHP, we have 10 committees organized into three types: regulatory, professional standards and Board committees.*

Committee membership includes public members and oral health professionals. Our committees are comprised of individuals who reflect the importance of diversity, gender equality, professional experience, knowledge and skill.

**Note that this committee structure will change when the provincial government repeals the Health Professions Act (HPA) and replaces it with the Health Professions and Occupations Act (HPOA).*

Discipline

Complaint matters that cannot be resolved at the Inquiry Committee stage result in a referral to the Discipline Committee for disciplinary action including a notice of a public hearing under the *Health Professions Act*.

Members

- Dr. Suzanne Carlisle, Dentist (Chair)
- Carol Williams, Public Member (Vice-Chair)
- Jennifer Aarestad, Dental Hygienist
- Maria Dulce C. Cuenca, Public Member
- Dr. Karl Denk, Dentist
- Dr. Amaninder Dhaliwal, Dentist
- Dr. Anita Gadzinska-Myers, Dentist
- Dr. Lina Jung, Dentist
- Dr. David Y. Khang, Dentist
- Dr. David Lawson, Dentist
- Dr. Alexander Lieblich, Dentist
- Dr. Brendan Matthews (DVM), Public Member
- Paul McKivett, Public Member
- Emerald Murphy, Public Member
- Samantha Nicholl, CDA
- Dr. Anshika Taneja, Dentist

Inquiry

The Inquiry Committee oversees investigations and the consent resolution of complaints in accordance with the *Health Professions Act*.

Members

- Dr. Jonathan Adams, Dentist (Chair)
- Dr. Robert Elliott, Dentist (Vice-Chair)
- Dr. Nariman Amiri, Dentist
- Denise Beerwald, Dental Hygienist
- Dr. Anthony Bellusci, Dentist
- Dr. Preet Bhatti, Dentist
- Kathleen Bradley, Public Member
- Dr. Georgina Georgeson, Dentist
- Dr. Ahmed Hieawy, Dentist
- Michael Lai, Dental Hygienist
- Carson Law, Denturist
- Cindy McCaw, CDA
- Seth McDonough, Public Member
- Michael MacDougall, Public Member
- Thelma O'Grady, Public Member
- Monica Racz, CDA
- Carol Roberts, Public Member
- Dr. Karim Seddik, Dentist
- Dr. Jonathan Suzuki, Dentist
- John Taylor-Wilson, Public Member
- Marg Vandenberg, Public Member
- Alfred Woo, Public Member
- Dr. Linda Xing, Dentist

Quality Assurance

The Quality Assurance Committee is responsible for developing, administering and maintaining the program that promotes continuing competence for oral health professionals.

Members

- Dr. David Vogt (PhD), Public Member (Chair)
- Danielle Ayotte, Dental Hygienist
- Angus Barrie, Dental Technician
- Brett Collins, Public Member
- Dr. Nour Chahwan, Dentist
- Dr. Paula Hayden (EdD), Public Member
- Ruth Lunn, Dental Hygienist
- Daniela Michel, Dental Hygienist
- Pardis Mosanen-Mozaffari, CDA
- Mandana Namazi, Public Member
- Dr. Adam Pite, Dentist
- Moe Sarwari, Denturist
- Tamera Servizi, Dental Hygienist

Registration

The Registration Committee is responsible for granting registration and certification. The committee reviews and monitors the policies, procedures and provisions for registration and certification in the best interest of the public, and decides whether to approve or deny non-routine applications for initial registration, annual renewal and reinstatement.

Members

- Sofia Crosby-Coulson, CDA (Chair)
- Dr. Stephanie Bortolussi, Dentist
- Susan Graham, Public Member
- Dr. Paula Hayden (EdD), Public Member
- Dr. Caroline Jiang, Dentist
- Dr. Zul Kanji (EdD), Dental Hygienist
- Stacy MacAulay, Denturist
- Jade MacDonald, Dental Hygienist
- Roberta Mowatt, CDA
- Dr. Farah Shroff (PhD), Public Member
- Sherry Priebe, Dental Hygienist
- Charlene Thiessen, CDA
- Dr. Robert Whiteley (PhD), Public Member

Sedation & General Anesthesia

The Sedation and General Anesthesia Committee assesses the compliance of registrants and dental facilities with the sedation and general anesthesia standards.

Members

- Dr. Tobin Bellamy, Dentist (Oral Surgeon) (Chair)
- Dr. Brian Chanpong, Dentist (Dental Anesthesiologist) (Vice-Chair)
- Dr. Dean Burrill (MD, Anesthesiologist), Public Member
- Dr. Jason Chen, Dentist (Oral Surgeon)
- Dr. Jason Choi, Dentist (Oral Surgeon)
- Dr. Kanu Grewal, Dentist (Pediatric Dentist)
- Brendan Gribbons (P.Eng., M.Eng., Biomedical Engineer), Public Member
- Dr. Kerim Ozcan, Dentist (Oral Surgeon)
- Dr. Eleanor Reimer (MD, Anesthesiologist), Public Member
- Leon Xu (P.Eng., Biomedical Engineer), Public Member
- Dr. Sepehr Zahedi, Dentist (Dental Anesthesiologist)

Patient-Centred Care

The Patient-Centred Care Committee establishes a patient relations program to seek to prevent professional misconduct, reviews standards and guidance from the patient perspective, and develops and oversees public interest initiatives.

Members

- Brad Daisley, Public Member (Chair)
- Jessy Dame, Public Member
- Dr. Alisa Edmond, Dentist
- Dr. Irena Mota, Dentist
- Dr. Roxana Rahmanian (MD), Public Member
- Dr. Salima Shivji, Dentist
- Cynthia Shore, Public Member
- Shelly Sorensen, Dental Hygienist

Standards & Guidance

The Standards and Guidance Committee develop, manage and review BCCOHP's standards and guidance documents, and establish working groups to develop and revise documents based on subject matter.

Members

- Dr. Ben Balevi, Dentist (Chair)
- Christine Chore, Dental Hygienist
- B. Lynn Dowsley, Public Member
- Ann English, Public Member
- Dr. Mark Fogelman, Dentist
- Eugene Shmitsman, Denturist
- Dr. Robert Whiteley (PhD), Public Member

Nomination and Appointment

The Nomination and Appointment Committee determines the required knowledge, skills, expertise and diversity required for committee members. The goal of the committee is to recommend members with the required skills, knowledge and experience to make decision-making at the College more streamlined and effective.

Members

- Sabina Reitzik, CDA (Chair)
- Dr. Chris Callen, Dentist
- Melanie Crombie, Public Member
- Barb Hambly, Public Member
- Cathy Larson, CDA, Board Member
- Rachel Ling, Public Member, Board Member

Finance, Audit and Risk

The Finance, Audit and Risk Committee's mandate is to assist the Board in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, the audit process, internal control systems and risk management.

Members

- Julie Guenkel CPA, Public Member (Chair)
- Julie Akeroyd, Public Member, Board Member
- Emily Chan, CPA, Public Member
- Thomas Chan, CPA, Public Member
- Dr. Alexander Hird, Dentist, Board Member
- Melanie Maracle, Public Member

Governance and Human Resources

The Governance and Human Resources Committee is responsible for reviewing BCCOHP policies on governance and human resources and making recommendations to the board for the development of the same. They are also responsible for the evaluation and improvement of the function and performance of the board and board members and job performance of the registrar.

Members

- Pat Dooley, Public Member, Board Member (Chair)
- Shirley Ross, Public Member, Board Member
- Barbara Quinn, Public Member
- Guangbin Yan, Public Member

Consolidated financial statements

Period ended March 31, 2024

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Independent auditors' report to the Board

TO THE BOARD OF BRITISH COLUMBIA COLLEGE OF ORAL HEALTH PROFESSIONALS

Opinion

We have audited the consolidated financial statements of British Columbia College of Oral Health Professionals (the "College"), which comprise:

- the consolidated statement of financial position as at March 31, 2024;
- the consolidated statement of operations for the year then ended;
- the consolidated statement of changes in net assets for the year then ended;
- the consolidated statement of cash flows for the year then ended; and
- the notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the College as at March 31, 2024, 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 Consolidated Financial Statements* section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the consolidated financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 these consolidated 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 consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the College to express an opinion on the financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

We 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.

Smythe LLP

Chartered Professional Accountants
Vancouver, British Columbia
July 25, 2024

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Consolidated statement of financial position

Approved on behalf
of the Board:



Board Chair



Board Member

March 31

	2024	2023
Assets		
Current		
Cash and cash equivalents	\$ 14,328,665	\$ 12,609,670
Temporary investments (note 5)	8,034,365	9,197,621
Accounts receivable	233,372	207,351
Prepaid expenses and deposits	479,828	335,620
	23,076,230	22,350,262
Capital assets (note 6)	5,669,288	5,874,935
Deferred charges	12,837	15,606
	\$ 28,758,355	\$ 28,240,803
Liabilities		
Current		
Accounts payable and accrued liabilities	\$ 1,164,858	\$ 890,676
Due to other professional bodies (note 7)	47,244	217,802
Deferred revenue	10,586,318	10,118,149
	11,798,420	11,226,627
Net Assets		
Unrestricted		
Operating	7,130,751	6,577,898
College Place Joint Venture	(185,303)	78,037
Invested in capital assets	5,669,288	5,874,935
Internally restricted		
Joint venture preservation	402,923	383,689
Contingency reserve	3,259,708	3,158,650
HPA enforcement - legal	681,785	907,639
Health and monitoring fund	783	33,328
	16,959,935	17,014,176
	\$ 28,758,355	\$ 28,240,803

See notes to consolidated financial statements

Consolidated statement of operations

	Unrestricted Funds			Internally Restricted Funds					
	Operating	College Place Joint Venture	Invested in Capital Assets	Joint Venture Preservation	Contingency Reserve	HPA Enforcement - Legal	Health and Monitoring Fund	Year Ended March 31, 2024	Seven-Month Period Ended March 31, 2023
Revenues									
Certification and registration fees	\$10,791,229	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,791,229	\$ 6,251,419
Application fees	941,817	-	-	-	-	-	-	941,817	365,008
Interest and miscellaneous (note 5)	737,660	-	-	-	101,058	-	-	838,718	285,515
Rental		637,684	-	-	-	-	-	637,684	348,905
Permit and renewal fees, facility assessment and other	590,509	-	-	-	-	-	-	590,509	262,185
	13,061,215	637,684	-	-	101,058	-	-	13,799,957	7,513,032
Expenses									
Salaries and benefits	9,446,954	-	-	-	-	-	-	9,446,954	4,768,082
General and administrative (note 8)	1,419,942	-	-	-	-	-	-	1,419,942	986,232
Consulting fees	724,326	-	-	-	-	-	-	724,326	236,626
Building occupancy (note 10)	-	524,582	-	-	-	-	-	524,582	323,088
Committees	408,298	-	-	-	-	-	-	408,298	193,265
Honorariums	284,760	-	-	-	-	-	-	284,760	184,565
Meetings and travel	261,400	-	-	-	-	-	-	261,400	305,284
Professional fees	250,485	-	-	-	-	-	-	250,485	367,206
Loss on disposal of assets	345	1,774	-	-	-	-	-	2,119	-
Amortization of deferred charges (note 10)	-	7,790	-	-	-	-	-	7,790	7,474
Amortization of capital assets	-	197,345	174,555	-	-	-	-	371,900	236,986
	12,796,510	731,491	174,555	-	-	-	-	13,702,556	7,608,808
Restricted fund expenses									
HPA Enforcement - legal	-	-	-	-	-	225,854	-	\$ 225,854	129,935
Health and monitoring fund	-	-	-	-	-	-	32,545	\$ 32,545	17,514
	-	-	-	-	-	225,854	32,545	258,399	147,449
Excess (deficiency) of revenues over expenses for year	\$ 264,705	\$ (93,807)	\$ (174,555)	\$ -	\$ 101,058	\$ (225,854)	\$ (32,545)	\$ (160,998)	\$ (243,225)

See notes to consolidated financial statements

Consolidated statement of changes in net assets

	Unrestricted Funds			Internally Restricted Funds						
	Operating	College Place Joint Venture	Invested in Capital Assets	Joint Venture Preservation	Contingency Reserve	HPA Enforcement - Legal	Health and Monitoring Fund	Year Ended March 31, 2024	Seven-Month Period Ended March 31, 2023	
Balance, Beginning of Year	\$ 6,577,898	\$ 78,037	\$ 5,874,935	\$ 383,689	\$ 3,158,650	\$ 907,639	\$ 33,328	\$ 17,014,176	\$ 17,182,819	
Excess (deficiency) of revenues over expenses for year	264,705	(93,807)	(174,555)	-	101,058	(225,854)	(32,545)	(160,998)	(243,225)	
Capital asset purchases	(85,253)	(83,119)	168,372	-	-	-	-	-	-	
Capital asset disposals	345	1,774	(2,119)	-	-	-	-	-	-	
Amortization of capital assets	-	197,345	(197,345)	-	-	-	-	-	-	
Other capital adjustments (note 10)	113,829	(7,072)	-	-	-	-	-	106,757	74,582	
Contributions to Joint Venture Preservation	-	(19,234)	-	19,234	-	-	-	-	-	
Interfund transfers	259,227	(259,227)	-	-	-	-	-	-	-	
	552,853	(263,340)	(205,647)	19,234	101,058	(225,854)	(32,545)	(54,241)	(168,643)	
Balance, End of Year	\$ 7,130,751	\$ (185,303)	\$ 5,669,288	\$ 402,923	\$ 3,259,708	\$ 681,785	\$ 783	\$ 16,959,935	\$ 17,014,176	

See notes to consolidated financial statements

Consolidated statement of cash flows

	Year Ended March 31, 2024	Seven-Month Period Ended March 31, 2023
Operating activities		
Deficiency of revenues over expenses	\$ (160,998)	\$ (243,225)
Items not involving cash		
Amortization of capital assets	371,900	236,986
Amortization of deferred charges	7,790	7,474
Loss on disposal of capital assets	2,119	-
	220,811	1,235
Changes in non-cash working capital		
Accounts receivable	(26,021)	68,691
Prepaid expenses and deposits	(144,208)	234,064
Deferred charges	(5,021)	(9,679)
Accounts payable and accrued liabilities	274,182	340,047
Due to other professional bodies	(170,558)	217,802
Deferred revenue	468,169	4,742,093
	396,543	5,593,018
Cash provided by operating activities	617,354	5,594,253
Investing activities		
Sale (purchase) of investments, net	1,163,256	3,298,763
Purchase of capital assets	(168,372)	(213,345)
Capital adjustment (note 10)	106,757	74,582
Cash provided by investing activities	1,101,641	3,160,000
Inflow of cash	1,718,995	8,754,253
Cash and cash equivalents, beginning of year	12,609,670	3,855,417
Cash and cash equivalents, end of year	\$ 14,328,665	\$ 12,609,670

See notes to consolidated financial statements

Year Ended March 31, 2024

1. NATURE OF OPERATIONS

British Columbia College of Oral Health Professionals (the "College") was formed to serve the public by regulating oral health professionals, including certified dental assistants, dental hygienists, dental technicians, dental therapists, dentists, and denturists. The College protects the public by ensuring that oral health professionals are able to practise competently, by setting expectations for the delivery of safe and patient-centred oral health care and by investigating complaints about oral health professionals.

The College is a not-for-profit organization established under the *Health Professionals Act* and is exempt from income tax under section 149(1)(c) of the *Income Tax Act* (Canada).

2. COMBINATION

Effective September 1, 2022, in alignment with the Government of British Columbia's recommendations for modernizing the health profession regulatory system, the four oral health regulators College of Dental Hygienists of British Columbia ("CDHBC"), College of Dental Surgeons of British Columbia ("CDSBC"), College of Dental Technicians of BC ("CDTBC"), and College of Denturists of British Columbia ("CDBC") amalgamated and combined their operations. The new College was named British Columbia College of Oral Health Professionals.

The primary reason for the combination was to streamline the operations of the four colleges to improve performance, efficiency, and effectiveness of the regulatory framework in line with the Government of British Columbia's recommendation to modernize the health profession regulatory system.

3. SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the College were prepared in accordance with Canadian accounting standards for not-for-profit organizations ("ASNPO") and include the following significant accounting policies:

(a) College Place Joint Venture (the "Joint Venture")

The College accounts for its 70% interest in the Joint Venture by proportionately consolidating the Joint Venture in these financial statements. All transactions between the College and the Joint Venture are eliminated on consolidation.

(b) Revenue recognition

- (i) Certification and registration fees are recognized as revenue in the fiscal year to which they relate. Deferred revenue represents such amounts received in advance of the year to which they relate.
- (ii) Application fees are recognized as revenue when payment is received.
- (iii) Permit and renewal fees, facility assessment, and other revenues include Health Profession Corporate permit and renewal fees, facility assessment fees, administration, and reinstatement fees. Health Profession Corporate permit and renewal fees are recognized in the fiscal year which they relate. Facility assessment and other revenues are recognized as revenue when services have been rendered and billed.
- (iv) Rents earned through the College's 70% interest in the Joint Venture on a month-to-month basis are recognized as they become due. Rents from leases with rent steps are accounted for on a straight-line basis over the term of the lease. The difference between the contractual amounts due and the straight-line rental revenue recognized is recorded as accounts receivable or deferred revenue.
- (v) Interest revenue is recognized based on the passage of time according to the terms of the instrument giving rise to the revenue.

(c) Net assets

(i) Unrestricted

Unrestricted net assets represent cumulative excess of revenues over expenses since inception, net of amounts recorded in the below categories, and are segregated between the operations of the College and the Joint Venture.

Operating

Revenue and expenses for operations and administration are reported in the operating fund.

3. SIGNIFICANT ACCOUNTING POLICIES (Continued)

(c) Net assets (Continued)

(i) Unrestricted (Continued)

College Place Joint Venture

Revenue and expenses from operations of the property situated at 1765 West 8 Avenue, Vancouver, BC, where the College has a 70% interest are reported in the College Place Joint Venture fund.

(ii) Invested in capital assets

Invested in capital assets represents cumulative amounts spent on capital assets, net of amounts amortized, less any outstanding debt used to finance capital asset additions. The balance in this account is not available for spending unless the College was to dispose of its capital assets.

(iii) Internally restricted

Joint Venture Preservation Fund

Represents amounts set aside for future projects related to the building. This fund is comprised of the Joint Venture's Repairs and Maintenance Reserve Fund and the College's Joint Venture Preservation Fund.

Contingency Reserve Fund

Represents amounts set aside for unanticipated or unbudgeted expenses which are consistent with the objectives of the College. Any disbursements from the Contingency Reserve Fund require a special resolution of the Board.

HPA Enforcement - Legal Fund

Represents amounts set aside to fund legal and related costs for discipline hearings, judicial reviews of complaints and discipline processes, investigation and prosecution of illegal/unauthorized practice matters, and challenges to registration decisions.

Health and Monitoring Fund

Represents amounts set aside to cover a number of possible contingencies, including Independent Medical Evaluation ("IME") and assessment expenses, support of registrants suffering from health conditions, and legal expenses for health and monitoring related human rights claims.

(d) Cash and cash equivalents

Cash and cash equivalents include investment savings accounts and term deposits with a maturity period of three months or less from the date of acquisition or those that are cashable at any time.

3. SIGNIFICANT ACCOUNTING POLICIES (Continued)

(e) Temporary investments

Temporary investments consist of guaranteed investment certificates carried at cost plus accrued interest and marketable securities, money market mutual funds, and fixed income investments carried at fair market value.

(f) Amortization

Capital assets are recorded at historical cost less accumulated amortization. Amortization is provided on the basis of estimated useful lives at the following annual rates:

British Columbia College of Oral Health Professionals

Building	- 25 years straight-line
Office renovations	- 10 years straight-line
Office furniture and equipment	- 10 years straight-line
Computer equipment	- 3 years straight-line

College Place Joint Venture

Building	- 25 years straight-line
Office furniture and equipment	- 10-20% declining balance

(g) Impairment of long-lived capital assets

Capital assets are tested for impairment whenever events or changes in circumstances indicate that their carrying amount may not be recoverable.

An impairment loss is recognized when the carrying amounts of these assets exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposition. The impairment loss is measured as the amount by which the carrying amount of the capital assets exceeds fair value.

(h) Use of estimates

The preparation of these consolidated financial statements in conformity with ASNPO requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Significant estimates include the useful lives and impairment of capital assets, accrual of liabilities, and recoverability of accounts receivable. While management believes these estimates are reasonable, actual results could differ from those estimates and could impact future results of operations and cash flows.

3. SIGNIFICANT ACCOUNTING POLICIES (Continued)

(i) Deferred charges

Commission costs relating to the leasing of rental units and tenant inducements are amortized over the terms of the leases to which they relate.

(j) Financial instruments

The College initially measures its financial assets and liabilities at fair value, except for certain non-arm's length transactions. The College subsequently measures all its financial assets and financial liabilities at amortized cost, except for investments in equity instruments, money market mutual funds and fixed income investments that are quoted in an active market.

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of any write-down would be recognized in the statement of operations. In the event a previously recognized impairment loss should be reversed, the amount of the reversal is recognized in the statement of operations provided it is not greater than the original amount prior to write-down.

For any financial instrument that is measured at amortized cost, the instrument's cost is adjusted by the transaction costs that are directly attributable to their origination, issuance, or assumption. These transaction costs are amortized into operations on a straight-line basis over the term of the instrument. All other transaction costs are recognized in operations in the period incurred.

Financial assets measured at amortized cost include cash and cash equivalents and accounts receivable.

Financial assets measured at fair market value include temporary investments.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities and due to other professional bodies.

4. FINANCIAL INSTRUMENTS

(a) Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation.

The College's financial assets that are exposed to credit risk consist of cash and cash equivalents, accounts receivable, and temporary investments. The risk associated with cash and investments is minimized as cash and investments are placed with major financial institutions and an insured credit union. The risk associated with accounts receivable is minimal.

4. FINANCIAL INSTRUMENTS (Continued)

(b) Interest rate risk

Interest rate risk consists of two components:

- (i) To the extent that payments made or received on the College's monetary assets and liabilities are affected by changes in prevailing market interest rates, the College is exposed to interest rate cash flow risk.
- (ii) To the extent that market rates differ from the interest rates on the College's monetary assets and liabilities, the College is exposed to interest rate price risk.

The College is not exposed to significant interest rate risk due to the short-term nature of its financial assets and liabilities.

(c) Liquidity risk

Liquidity risk is the risk that the College will encounter difficulty in meeting obligations associated with financial liabilities.

The College is exposed to this risk mainly in respect of its accounts payable, accrued liabilities, and due to other professional bodies. Cash flow from operations provides a substantial portion of the College's cash requirements. Additional cash requirements are provided by the College's reserves.

(d) Currency risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate due to changes in foreign exchange rates.

The College held investments valued at \$22,296 (2023 - \$14,585) denominated in US dollars at their Canadian dollar equivalent.

(e) Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate due to changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market.

The College is subject to other price risk through its publicly traded instruments and fixed income investments recorded at fair value. The College monitors and limits concentration levels of its investments.

5. TEMPORARY INVESTMENTS

Temporary investments are represented as follows:

	2024	2023
Guaranteed investment certificates	\$ 5,811,550	\$ 7,106,316
Money market funds	1,579,278	1,209,718
Canadian equity	360,281	652,950
Foreign equity	188,339	130,645
Canadian other investment	11,044	27,952
Foreign other investment	83,873	70,040
	\$ 8,034,365	\$ 9,197,621

The cost of the investments at year end is \$7,788,615 (2023 - \$9,195,442).

Guaranteed investment certificates held by the College have an effective interest rate of 2.00% to 5.61% (2023 - 1.98% to 5.08%) per annum and mature between April 2024 to January 2025.

For the year ended March 31, 2024, total unrealized gain on fair market value changes of the College's investments was \$238,272 (seven-month period ended March 31, 2023 - \$166,327).

6. CAPITAL ASSETS

	Cost	Accumulated Amortization	2024	2023
Land	\$ 2,249,961	\$ -	\$ 2,249,961	\$ 2,249,961
Buildings	5,828,312	3,795,313	2,032,999	2,254,877
Office renovations	1,892,417	1,766,983	125,434	165,974
Office furniture and equipment	3,996,511	2,738,935	1,257,576	1,198,462
Computer equipment	172,398	169,080	3,318	5,661
	\$ 14,139,599	\$ 8,470,311	\$ 5,669,288	\$ 5,874,935

The College has determined there are no indications of impairment.

7. DUE TO OTHER PROFESSIONAL BODIES

The amounts due to other professional bodies represents grants payable to the Canadian Dental Regulatory Authorities Federation and the Commission on Dental Accreditation of Canada in furtherance of national initiatives in support of the BCCOHP's regulatory mandate. These amounts are unsecured, non-interest-bearing and remitted to these professional bodies once per year.

8. GENERAL AND ADMINISTRATIVE EXPENSES

	Year Ended March 31, 2024	Period Ended March 31, 2023
Office	\$ 842,992	\$ 520,306
Electronic transaction costs	286,091	253,231
Printing and publications	123,380	118,298
Staff development	97,141	55,618
Equipment repairs and maintenance	48,722	25,100
Miscellaneous	21,616	13,679
	\$ 1,419,942	\$ 986,232

9. CONTINGENCY

A notice of Civil claim against the College was filed in February 2022. The claim seeks a determination regarding whether the plaintiff has a beneficial interest in the property located at 1765 West 8 Avenue. At the current stage, the likelihood of any loss is not determinable.

10. COLLEGE PLACE JOINT VENTURE

The College Place Joint Venture was formed to own and operate the property situated at 1765 West 8 Avenue. The title to this property is held in trust by 1765 West 8 Avenue Holdings Ltd. The Joint Venture provides premises for the College and the 30% investor, the College of Pharmacists of British Columbia ("CPBC"). The Joint Venture also rents space in the building to third parties.

The following summarizes the financial position and results of the Joint Venture:

	March 31, 2024		March 31, 2023	
	Entire Amount	College's 70%	Entire Amount	College's 70%
Capital assets	\$ 4,951,607	\$ 3,466,125	\$ 5,117,322	\$ 3,582,125
Other assets	176,372	123,461	622,183	435,528
Liabilities	84,632	59,242	(191,821)	(134,275)
Net Assets	\$ 5,212,612	\$ 3,648,828	\$ 5,547,684	\$ 3,883,378
Revenues from third parties	\$ 910,977	\$ 637,684	\$ 682,158	\$ 477,511
Amortization of capital assets	(281,921)	(197,345)	(151,596)	(106,117)
Other expenses	(763,065)	(534,146)	(472,231)	(330,562)
	\$ (134,009)	\$ (93,807)	\$ 58,331	\$ 40,832
Cash flows resulting from				
Operations	\$ 377,393	\$ 264,175	\$ 291,675	\$ 204,173
Investing	(116,206)	(81,344)	(238,331)	(166,832)
Financing	-	-	-	-
	\$ 261,187	\$ 182,831	\$ 53,344	\$ 37,341

The cash requirements of the Joint Venture are met through cash calls as required from the College and CPBC. Excess cash is distributed to the College and CPBC as cash flow permits.

Because each investor's proportionate share of space occupied in the building is not consistent with their proportionate interest in the Joint Venture, the difference between the College's share of occupied space and interest in the Joint Venture is accounted for as a capital adjustment to the Operating Fund in the consolidated statement of changes in net assets.

11. COMPARATIVE FIGURES

Certain comparative figures were reclassified to conform to the presentation adopted in the current year.

Questions? Get in touch
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