

ALBERTA COLLEGE AND ASSOCIATION OF CHIROPRACTORS

2020/21 ANNUAL REPORT TO GOVERNMENT



PATIENT CHARTER OF RIGHTS

The Alberta College and Association of Chiropractors (ACAC) is committed to patient-centered care and believes chiropractic patients have the right to:

- Be treated with courtesy, dignity, and respect.
- Receive chiropractic care:
 - without discrimination and based solely on their health condition and
 - without the requirement of long-term care contracts or the participation or attendance of other family members.
- Provide or refuse consent to treatment at any time.
- Participate in decisions regarding their chiropractic care.
- Receive from the individual providing care, clear information about:
 - their diagnosis, prognosis, and the proposed treatment plan.
 - other options for care.
 - any significant risks to the proposed treatment plan and other options.
- Receive ongoing, clear updates about their progress, and if appropriate, a referral or recommendation for alternate treatment.
- Know the identity and professional status of any individual providing care to them.
- Withdraw from care at any time.
- Consult with or seek care from any other health-care practitioner, including another chiropractor.
- Access their treatment records.
- Have their personal and health information protected from disclosure and understand when and why health information may be disclosed.
- Refuse to participate in any research project, clinical training program, or data-gathering process.
- Choose to pay per session for services rendered or agree to another payment option.
- Request and receive an itemized, detailed explanation of charges for services rendered.
- Receive a refund for any fees paid in advance within seven business days of a formal request.

ACAC STRATEGIC IMPERATIVES

ACAC Council identified four key areas to focus the direction of our efforts:

1. The Council: ACAC will provide clear, stable, and purposeful governance.
2. The Public: ACAC will relentlessly pursue public protection and increase the public trust.
3. The Regulated Members: ACAC will be the trusted organization that is the over-riding, regularly accessed resource for practitioners to elevate their competence and connectivity.
4. The Stakeholder Community: ACAC will actively work to build trust with, and influence, stakeholders.

Within each of these key areas we have outlined several initiatives for action, and we have aligned this plan with our 2017/2018 Strategic Imperatives that have guided our efforts to date.

MISSION STATEMENT

The Alberta College and Association of Chiropractors is dedicated to advancing the chiropractic profession by:

1. Regulating the profession in a manner that supports quality care and upholds public trust.
2. Furthering awareness and understanding of the benefits of chiropractic care among Albertans.
3. Fostering positive member engagement.

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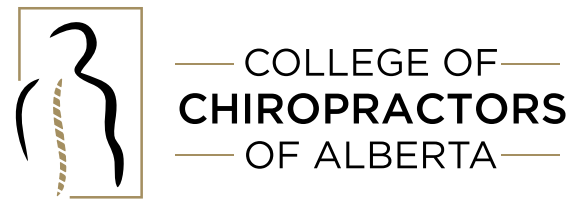
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ALBERTA CHIROPRACTIC IS EVOLVING

Effective December 1, 2021, the Alberta College and Association of Chiropractors will separate into two single-mandate organizations — the College of Chiropractors of Alberta and the Chiropractic Association of Alberta.



The College of Chiropractors of Alberta will serve to protect the public through regulatory compliance and licensing.

Visit us December 1 at
theccoa.ca



Chiropractic
Association
of Alberta

The Chiropractic Association of Alberta will serve to promote and advocate for chiropractic care, the profession, and our members.

Visit us December 1 at
albertachiro.com

CHAIR AND CEO MESSAGE

It is our pleasure to present the last annual report of the Alberta College and Association of Chiropractors (ACAC) to the Government of Alberta and the Minister of Health, as required by the *Health Professions Act*, and directed by ACAC Council.

As our operational year began, the ACAC remained steadfast in its commitment to public protection, promoting the benefits of chiropractic, and advancing the profession. The ACAC actioned updated protocols and practice resources for clinics and strategic marketing to inform Albertans that visiting their chiropractor was good for their wellbeing and a safe place for care, even in a pandemic.

The guiding document, the *ACAC COVID-19 Pandemic Practice Directive*, served as the foundation for chiropractors to reopen their clinics safely, and keep them open to serve patients. We are also justifiably proud that our pandemic document was used, in whole or in part, by other health profession regulators and provincial chiropractic regulators as a guide in developing their own pandemic practice directives. It is something to celebrate.

Confronted by so many challenges from so many angles can make optimism difficult. However, we carry considerable hope for the future of our regulated profession, and the future College and Association.

ACAC Council progressed on significant policy and regulatory measures this past year, strengthening our commitment to public safety and advancing our goal of being a leading regulator. This included adding record-keeping as a required annual training component to professional competency, approving new practice directives, ongoing engagement with other regulated health professions and public health officials, and committing to the development of a future-facing regulatory framework built around the pillars of public protection and professional competence.

Looking to continue excellence, Council approved changes to the election process of nominating regulated members to vacant Council positions, implementing a competency/skills matrix framework for prospective nominations; revising the size of Council to five regulated members and five public members appointed by the Government of Alberta and continuing our learnings to be a better governance organization.

In response to other legislative changes, the ACAC focused on meeting Bill 46 requirements to a standalone professional association and single mandate profession regulator. This process will be complete on December 1, 2021. Additionally, the College has begun a review and updating of Code of Ethics, Standards of Practice, and Bylaws.

The future College of Chiropractors of Alberta is well-placed to uphold the legacy enhanced by the Alberta College and Association of Chiropractors of public protection and professional competence as a single mandate regulator for the chiropractic profession in Alberta.

Respectfully submitted,

Dr. Brad Kane, C. Dir.
Chair

Sheila J. Steger, C. Dir.
CEO

MESSAGE FROM THE PUBLIC MEMBERS

Alberta's health profession colleges exist to protect the public. The Alberta College and Association of Chiropractors (ACAC) regulates the chiropractic health profession and sets standards to ensure Albertans receive safe, competent, and ethical care. ACAC Council is the health profession governing body composed of chiropractors, elected by their peers, and public members appointed by the Government of Alberta.

We are proud to represent Albertans, and their interests, as public members of ACAC Council. We provide a critical public-oriented perspective and work with regulated chiropractic members on Council to ensure decisions and actions are in the best interest of Albertans.

Over the last year, the ACAC adapted operations to support safe and effective practice and care to Albertans in response to both an unprecedented pandemic and changed government requirements for regulated health professions.

Government legislation passed in 2020 brought significant changes to how health professions regulate and run. It included the requirement for fully one-half of the voting members — of a council, a complaint review committee, and a hearing tribunal — be public members. Further, legislation mandated the separation of college and association functions in joint organizations.

As directed by the *Health Professions Act*, Colleges must carry out their activities and govern their regulated members in a manner that protects and serves the public interest. We are confident in reporting the Alberta College and Association of Chiropractors continues to meet this requirement, even in the face of the challenges brought by the COVID-19 pandemic.

We would like to express our gratitude to the ACAC management and staff, for their exceptional work and dedication over the past year. As we look forward, the work to modernize practice requirements and policies will further enhance patient safety, care, and professional competence. We are also excited to welcome two new public members soon, to continue representing the public interest on ACAC Council.

Alethea Austin
Public Member

Patricia Pelton
Public Member

Karen Reschke
Public Member



WHO WE ARE AND WHAT WE DO



WHO WE ARE

Founded in 1917, the Alberta College and Association of Chiropractors (ACAC) is both a regulatory body and professional association that has regulated chiropractors under Alberta legislation since 1923. The ACAC is committed to protecting the public, ensuring accountability, and improving Albertans' health and well-being within the legislative framework of the *Health Professions Act* (HPA).

Self-regulation is a privilege granted in the public interest and for the public good, and the ACAC is committed to governing in a manner that respects this privilege.

WHAT WE DO

The ACAC accomplishes its regulatory role of protecting the public and patients in accordance with the *Health Professions Act* by:

1. Registering Alberta Doctors of Chiropractic.
2. Establishing a Code of Ethics, Standards of Practice, Bylaws, and other practice guidelines.
3. Establishing, monitoring, and evaluating professional, clinical, and ethical standards.
4. Investigating complaints and initiating disciplinary proceedings when necessary.
5. Establishing a continuing professional competency program for all members.

In Canada, chiropractors must:

- Complete at least seven years of post-secondary education, including a four-year academic program at an accredited chiropractic college.
- Treat patients in a supervised clinic setting during their final two years of education.

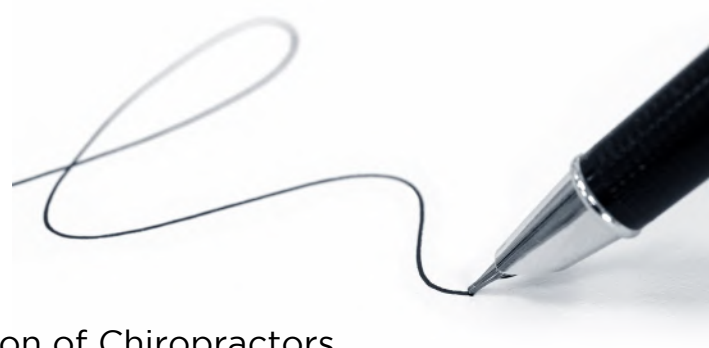
Additionally, to be a chiropractor in Alberta, doctors must:

- Pass the national clinical competency examination.
- Maintain professional competency through approved seminars and courses.

The main form of treatment chiropractors deliver is called an “adjustment”—a non-invasive procedure consisting of a precise, directed movement to help relieve pain and discomfort and restore range of motion.

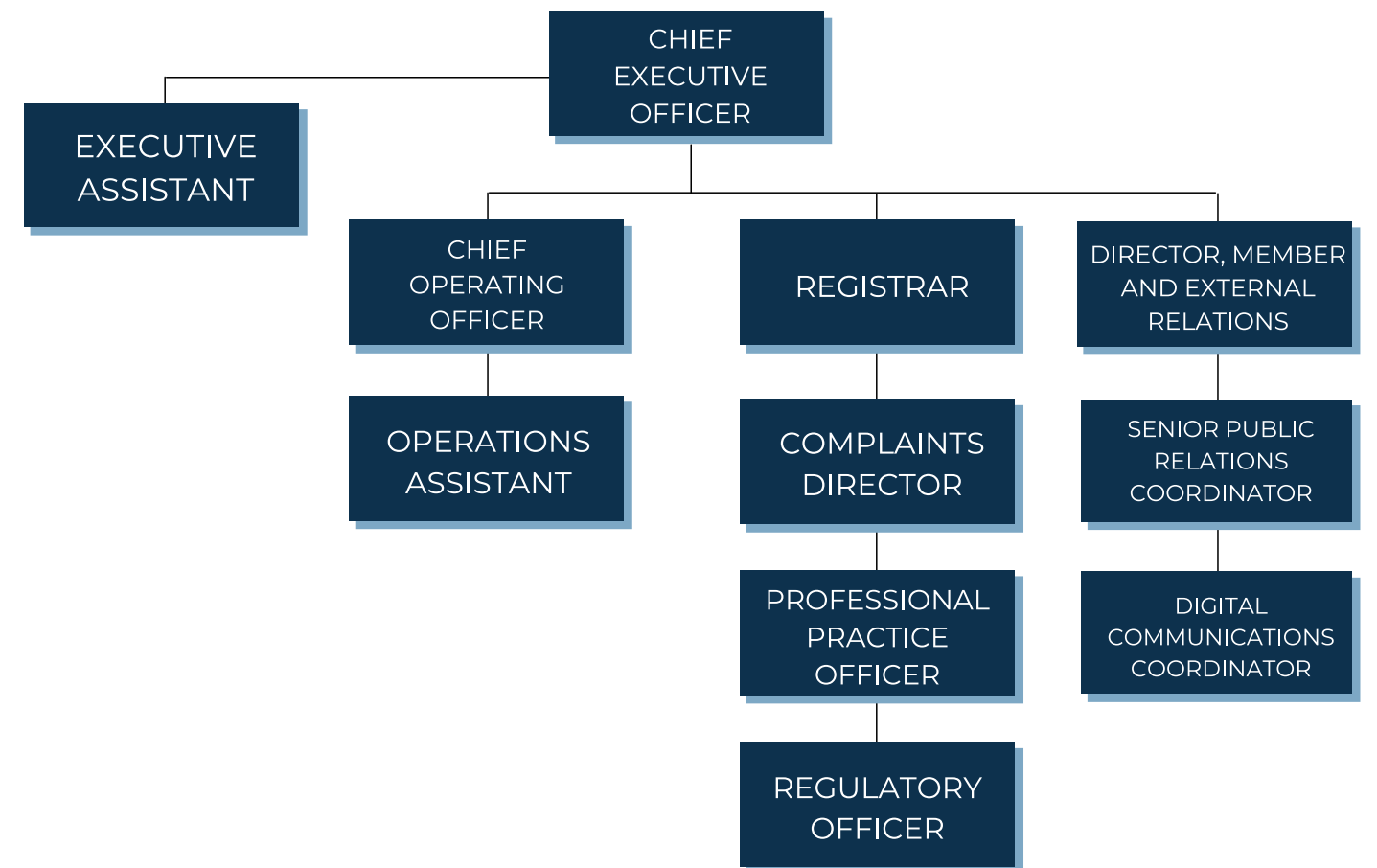
Some chiropractors may also use other therapies such as x-ray, laser, acupuncture, massage, heat, ultrasound, shock-wave therapy, and traction. A chiropractor is authorized to make a direct referral to any medical specialist for consultation and/or treatment when appropriate.

The professional association activities are committed to promoting the value of chiropractic to Albertans. Dedicated to helping Albertans live healthier lives, the association promotes the effectiveness and benefits of chiropractic care; provides information and materials to increase awareness and knowledge of chiropractic and general good health; sponsors and facilitates chiropractic research; and develops and promotes public service programs to benefit Albertans' health.



STAFF DIRECTORY

as of June 30, 2021



APPROVALS UNDER SECTION 27 OF THE HPA

On April 30, 2007, approval was granted by the Government of Alberta for the ACAC to continue as a joint organization, with the following conditions related to the establishment of a fee guide and fee negotiation activities:

- That the ACAC establish a Fee Negotiation Committee (FNC) to carry out these functions independently of the regulatory functions of the ACAC.
- That members of the FNC be precluded from serving as Registrar, Complaints Director, Hearings Director, or as a member of Council, the Competence Committee, the Registration Committee, or in any similar capacity within the College.
- That the FNC report to Council only for the purpose of providing information.

PROFESSIONAL FEES AND FEE NEGOTIATION

The ACAC does not receive public funding for the general provision of chiropractic services. As such there are no negotiations required or undertaken with the Government of Alberta. In July 2012, a subsidized fee for Alberta seniors was introduced by the government and the amount of the annual subsidy was determined by the Minister of Health.

Fees are set for provision of services for Workers' Compensation Board (WCB) patients, as well as Albertans who qualify for care under the Diagnostic and Treatment Protocols Regulation (DTPR). The WCB does not negotiate fees with its service providers but rather sets fees based on their review of industry benchmarks. Fees for treatment under the DTPR are set by the Superintendent of Insurance and providers, including the ACAC, can submit information for consideration in the establishment of these fees.



ACAC COUNCIL INFORMATION

The ACAC is governed by a Council composed of elected, regulated members and government-appointed public members. Public members provide a critically necessary public-oriented perspective and ensure decisions and actions made by Council are in the best interest of Albertans. The Chair of Council is elected by sitting Council members.

Council is responsible for making decisions that best serve the public interest and ensure the quality of chiropractic care in Alberta. This is achieved by defining and implementing a Code of Ethics, Standards of Practice, and Bylaws.

COUNCIL COMMITTEES

Finance and Audit Committee

Ms. Patricia Pelton, Finance and Audit Chair
Dr. Jamila Abdulla
Dr. Peter Shipka

Governance Committee

Dr. Kirsten Baxter, Governance Committee Chair
Dr. Zara Brayer
Ms. Patricia Pelton
Ms. Karen Reschke

Nominating Committee

Ms. Karen Reschke, Nominating Committee Chair
Dr. Kirsten Baxter
Dr. Zara Brayer

2020-2021 COUNCIL



Dr. Brad Kane
Chair



Dr. Kirsten Baxter
Vice Chair



Dr. Jamila Abdulla



Dr. Zara Brayer



Dr. Jason Hollingsworth



Dr. Peter Shipka



Ms. Alethea Austin
Public Member



Ms. Patricia Pelton
Public Member



Ms. Karen Reschke
Public Member



MAJOR INITIATIVES AND GOVERNANCE

MAJOR INITIATIVES AND GOVERNANCE

2020-2021 brought significant change and challenge for the Alberta College and Association of Chiropractors. While maintaining momentum and focus on safe-guarding and enhancing the care Doctors of Chiropractic provide to patients across Alberta, the ACAC altered course to meet new government legislation and requirements, all throughout the ongoing COVID-19 pandemic.

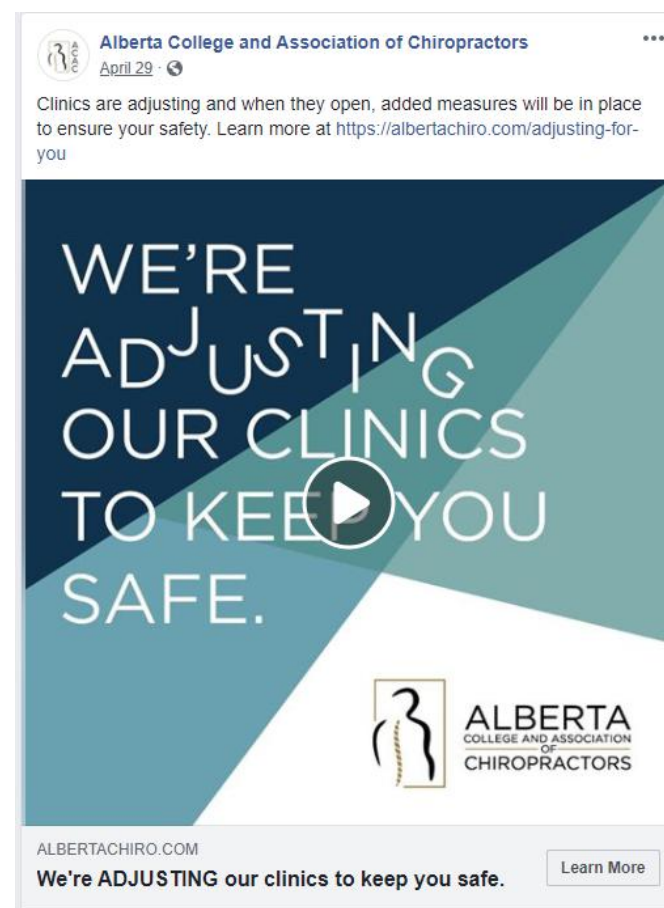
Supporting the profession through the pandemic

With the continuing COVID-19 pandemic, the ACAC remained engaged with public health officials and government to provide guidance and standards to support members in their practices, and to provide chiropractors' experiences to public health officials for consideration in their pandemic response.

Communication increased in frequency with members, providing accurate and clear guidance on operations and safe practices. Members received weekly COVID-19 updates on government announcements, provincial requirements, and clarity for practicing safely.

Continuing member engagement virtually

Like many other organizations, the ACAC held the 2020 annual general meeting virtually. This provided an accessible means of connecting with members while maintaining safety. Virtual monthly member meetings were also set up, providing an opportunity for members to hear directly from ACAC leadership and to ask questions about current issues and activities.



Adapting to legislative and policy changes

Bill 30: Changes to College Council governance

With the passage of *Bill 30: the Health Statutes Amendment Act, 2020*, the ACAC and all other regulated health profession colleges were required to have 50 per cent public membership on their Councils, complaint review committees, and hearing tribunals that regulate and discipline health professionals by March 31, 2021.

With this change, ACAC Council reviewed and made changes to bylaws and governance, including resetting the composition of Council to five regulated chiropractic members, elected by their peers, and five public members, appointed by the Government of Alberta.

Council welcomed one new Public Member, Alethea Austin, in April 2021 and look forward to welcoming additional public members following government appointment.

Additionally, ACAC Council adopted the implementation of a competency/skills matrix in its nomination process to assist in identifying and developing regulated members seeking a position on Council. This same assessment will be provided to Alberta Health to assist them in identifying public members for appointment to Council in the future.

Bill 46: Separating joint association and colleges, renewing regulatory requirements

A second major legislative change in the past year was the passage of Bill 46, which brought additional changes to the *Health Professions Act*, including the separation of regulatory colleges and professional associations, and the requirement for updated regulatory standards and Codes of Ethics to ensure patient safety.

Preparing to meet Bill 46 requirements became a key Council initiative. A project plan was developed, and sufficient supports provided, including establishing the Inaugural Board Committee to develop a new chiropractic association. As a result, the ACAC is on

track to complete the separation of the college and association functions with the establishment of the College of Chiropractors of Alberta and Chiropractic Association of Alberta on December 1, 2021, well ahead of the legislated deadline.

For the regulatory College, work has already begun to review, revise, and add — as appropriate — standards of practice and regulatory requirements for chiropractors practicing in the province to meet or exceed legislated competency, care, and safety parameters. This will continue through the 2021-22 year.



REGULATORY OVERVIEW



REGISTRAR'S MESSAGE

Over the past year, the Alberta College and Association of Chiropractors (ACAC) and its regulated members responded with resolve and excellence to the challenges of practicing in a pandemic while upholding our mandate of protection of the public. Regulated members demonstrated unfaltering commitment and dedication to act in the best interest and safety of patients and staff, all while providing safe and effective care, resulting in the ability for chiropractors to begin this operational year with clinics open and serving the public.

During the 2020-2021 renewal year, Albertans experienced a second and third pandemic wave and saw restrictions and practice requirements change to meet the hazards imposed by COVID-19. Regulated members adapted their practices every time to adhere to these requirements successfully and to the benefit of the health of Albertans across the province.

We celebrate the high professional standards that were upheld by regulated members and their staff in support of the public response to the pandemic.

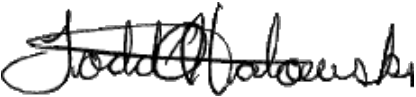
Despite the difficulties brought on by the pandemic, the ACAC continued to strive towards enhancing and furthering professional development. The Continuing Competence Committee identified a gap in the quality of record-keeping — the impact of which, while not often immediately seen, lowers the quality of care that patients receive overall. To address this issue, the Continuing Competence Committee provided recommendations to Council for a record-keeping course, which was adopted. The impact of this requirement has already resulted in positive reception from regulated members and increased competency in the record-keeping of patient files.

The College is also working with government toward a solution for a lack of provisional registration for graduates waiting to complete their national exams. Over the last year, many chiropractic graduates interested in practicing in Alberta were unable to complete the clinical practice portion of their exams. The result of this was the loss of new chiropractors to Alberta, and a delay in the career of these future health-care providers. With this problem identified, the College hopes to address it with the inclusion of a new registration category for supervised practice.

Lastly, the ACAC has been very focused on executing the requirements of Bill 46 to review and update the regulatory framework that all Alberta chiropractors abide by. We look forward to improving the guidance and requirements members abide by in their practices, and the benefits patients will experience from this.

While there is plenty of work to do and a level of uncertainty remains from the pandemic, I am confident that the College and Alberta's chiropractors are ready to meet the challenges ahead — and succeed.

Regards,



Dr. Todd Halowski

REGISTRATION REVIEWS

There were no registration reviews by Council.

National licensing examination

To be licensed as a chiropractor in Alberta, registrants must pass the Canadian Chiropractic Examining Board (CCEB) examination.

The CCEB is responsible for the development, delivery, and administration of three exams:

- Component A – Chiropractic Knowledge
- Component B – Clinical Decision Making
- Component C – Clinical Skills Demonstration

The CCEB held their second largest examination ever in September 2020 while meeting all public health measures. Unfortunately, due to the pandemic, CCEB could only administer the Component C examination once. This cancellation of their other examinations delayed the ability of potential registrants to complete all their requirements for inclusion on the ACAC general register.

Recertification is available upon the request of a province for those practitioners who have previously received a CCEB Certificate. The CCEB certification process is the same for all candidates whether they are graduates of Canadian, American, or international schools.

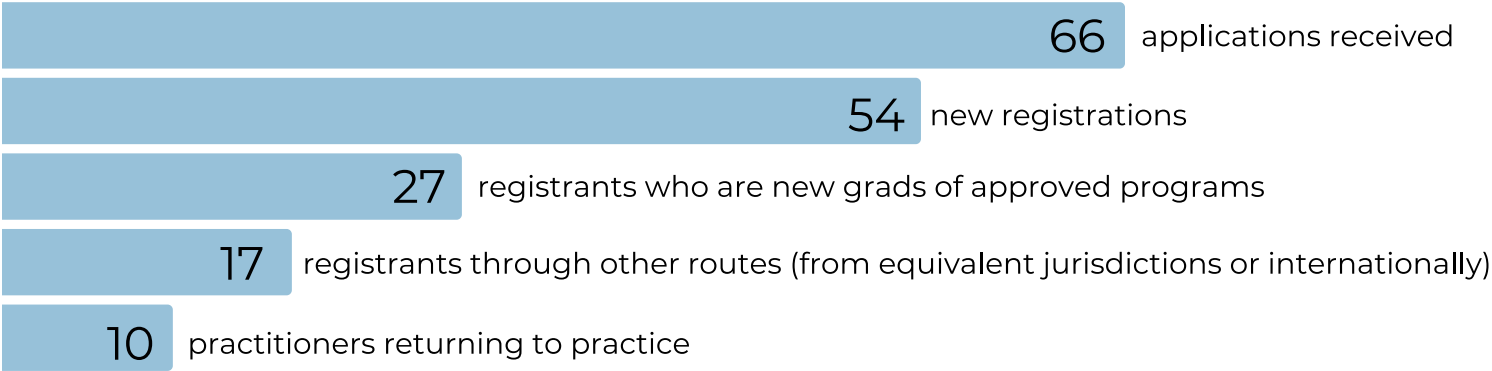
Candidates must be currently attending or have graduated from a DC program that has either been accredited by a Council on Chiropractic Education International (CCEI) member agency or approved by a Canadian Provincial Chiropractic Regulatory Board. There is a limit of four attempts at any exam.

STATISTICS

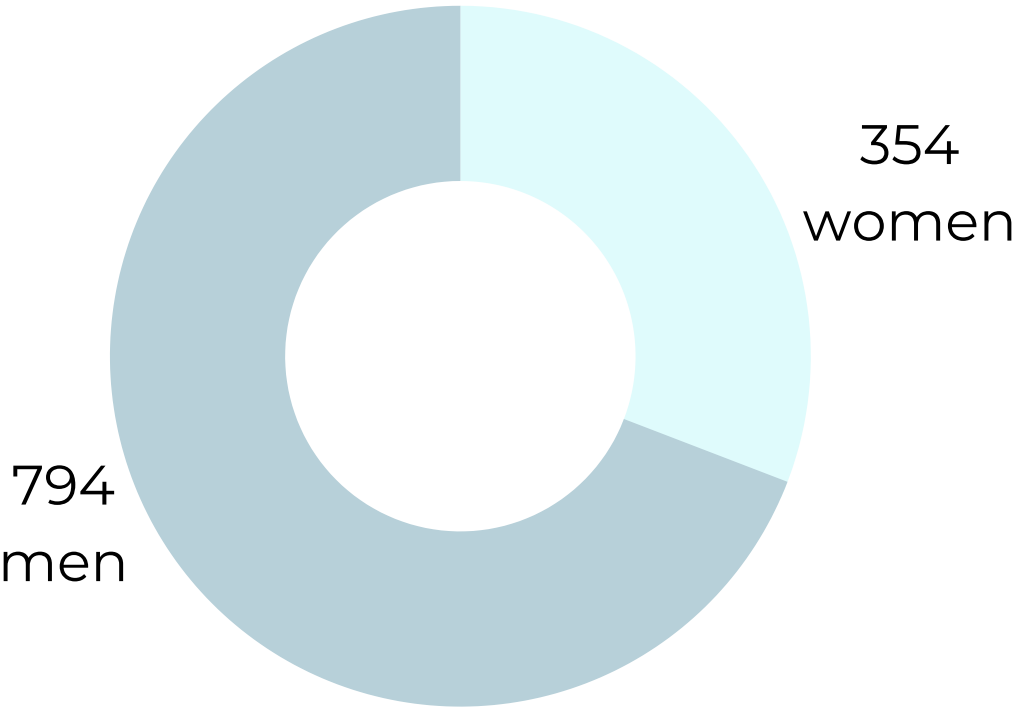
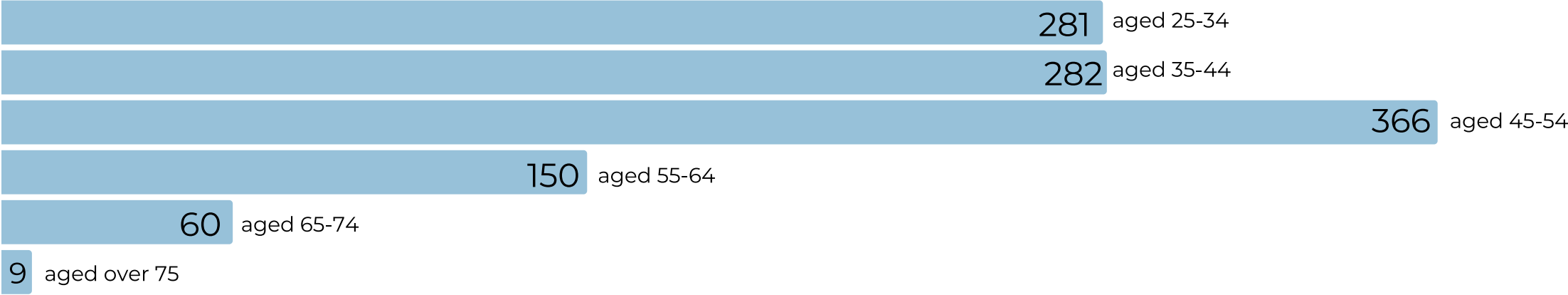
Regulated members



New registrations



Age



Courtesy registration





CONTINUING COMPETENCE PROGRAM

The ACAC’s Continuing Competence (CC) program follows the provisions of the Chiropractic Regulations, ensuring a program of professional development and a program that conducts practice visits are in place. The CC program goals are to help members maintain professional and clinical competency, learn and apply new techniques and approaches, and enrich knowledge of emerging health care and chiropractic needs while maintaining professional standards.

In addition to regular CC requirements, all members were required to complete the Alberta Federation of Registered Health Professionals Trauma-informed Training course. This addition was made in support of Bill 21 and is now a key component for members to renew their practice permits.

PROGRAM OPERATIONS

To maintain their registration, ACAC members must successfully complete 24 CC credits annually (July 1- June 30). The CC program is continually evaluated and modified as health-care environments and patient needs change.

There is also a mandatory record-keeping course for all ACAC members. This program was delivered to members starting in the 2020-2021 renewal year and now must be completed yearly as a requirement of their renewal.

PRACTICE VISIT PROGRAM

The practice visit program evaluates minimum Standards of Practice required of all members and supports an appropriate level of quality assurance in our profession. All facilities used by Alberta chiropractors must meet the ACAC requirements, and all practices and procedures used in practice must be consistent with ACAC requirements and approved Standards of Practice.

ACAC members are subject to a self-submission practice visit every three to four years. The practice visit takes the form of a self-submission package of specified information. Members who practice in more than one facility are required to provide a submission for each facility.

Number of practice visits conducted during reporting period **371**

This renewal year, 22 per cent of practice visits conducted required remedial visits. The original practice visits identified that things like:

- physical exam findings were insufficiently recorded
- failing to connect the presenting complaint to the diagnosis
- physical exam findings did not support the diagnosis with the appropriate orthopedic or neurological diagnosis, or
- exam findings were not established to support a diagnosis

Other identified issues included the lack of communication around a treatment plan, failing to clearly inform the patient of the modality of care, frequency of care, duration of care, and when and how their condition will be reassessed.

Number of remedial practice visits from reporting period **62**

When a report to the Continuing Competence Committee identifies a failure, that report is shared with the member, highlighting the practice deficiencies and how to address them. As a follow up, members who fail their self-submission practice visit must complete another remedial practice visit in one year. If they fail their remedial practice visit, the member is referred to a coaching call with the Clinical Advisor and a member of the Continuing Competence Committee. The coaching call is to review deficiencies and to define minimal acceptable performance. This year, nine members were referred to a coaching call.

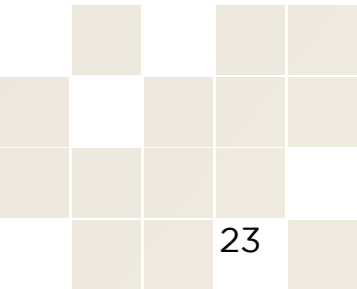
Outcomes of practice visits as a part of Continuing Competence

Number of reviews conducted **371**

Number of remedial practice visits from period **62**

Number of members referred to coaching call **9**

Number of members referred to discipline **0**





RADIATION HEALTH AND SAFETY

As regulated members can practice the x-ray modality, the ACAC has an X-ray Quality Assurance Program (QAP) self-submission review process. The self-submissions are composed of a sampling of patient x-rays and quality assurance forms from the members' x-ray facilities. The purpose of reviewing member radiographs is to ensure members meet standards for radiographic image production and to ensure patient exposure is clinically relevant and as low as reasonably possible.

56 *total QAP reviews*

51 *initial reviews*

5 *remedial reviews (all passed)*

PATIENT RELATIONS PROGRAM

The ACAC Patient Relations Program, established by provisions of the *Health Professions Act*, “include(s) measures for preventing and addressing sexual abuse of and sexual misconduct towards patients by regulated members”. The patient relations program also strives to support patients who are the victims of sexual abuse or sexual misconduct by regulated members. To educate regulated members, college staff, councils, and hearing tribunals, the College requires all parties to participate in trauma-informed training, annually.

The College received three complaints of sexual misconduct or abuse during the 2020-2021 renewal year. One member of the public accessed the Patient Relations Program in the 2020-2021 membership year.

HEARINGS

Three hearings were held during the reporting period.

Member Name: Dr. Robert Kariatsumari

Nature of complaint: Professional Misconduct

Violations: Unprofessional conduct as defined in s. 1(1) (pp) of the Health Professions Act (“HPA”), contravention of one or more of the following: ACAC Standards of Practice 3.1 – Informed Consent, 6.1 – Professional Boundaries with Patients, and ACAC Code of Ethics Article A5: Informed Choice of and Consent for Treatment.

Finding: Guilty

Member Name: Dr. Pardip Athwal

Nature of complaint: Professional Misconduct

Violations: Unprofessional conduct as defined in s. 1(1) (pp) of the Health Professions Act (“HPA”), contravention of one or more of the following: ACAC Standards of Practice 5.3 – Custodianship of Health Records, and 5.4 – Health Records Retention.

Finding: Guilty

Member Name: Mr. Ronald Latch (Former member as of October 31, 2019)

Nature of complaint: Sexual Abuse

Violations: Unprofessional conduct as defined in s. 1(1) (pp) of the Health Professions Act (“HPA”), contravention of one or more of the following: ACAC Standards of Practice 6.6 – Sexual Abuse, 6.7 – Sexual Misconduct, 6.8 – Conviction of Criminal Code Offences, 6.1 – Professional Boundaries with Patients, ACAC Code of Ethics Principle 2 – Non-Maleficence (Do No Harm), Principle 3 – Beneficence, Article C1 – Support of Self-Regulation of the Profession, and Article D1 – Recognition of Responsibilities to Society.

Finding: Guilty

Zero hearings were closed to the public.

APPEALS

There were no discipline appeals to Council during the 2020-2021 reporting period.

COMPLAINTS AND DISCIPLINE

COMPLAINTS RECEIVED

- 16 new complaints received this year
- 10 complaints still open
- 18 complaints closed/disposed of during the year
- 1 complaint carried over from previous years

SOURCES OF COMPLAINTS

- 12 from the public
- 4 from the ACAC

TYPE/NATURE OF COMPLAINT

- 2 sexual misconduct
- 1 sexual abuse
- 1 billing
- 12 professional misconduct

DISPOSITION OF COMPLAINTS

- 0 members dealt with under Section 118
- 4 complaints referred to a hearing
- 3 hearings held
- 9 complaints referred to an investigation
- N/A complaints referred to ACR
- 7 complaints dismissed, redirected elsewhere, or resolved informally

SEXUAL ABUSE OR MISCONDUCT

College name	Alberta College and Association of Chiropractors		
Reporting period	July 1, 2020 - June 30, 2021	Since April 1, 2019	
	Related to sexual abuse	Related to sexual misconduct	Total
Number of complaints	1	2	5
Number of people who accessed the funds	0	1	2
Amount of money disbursed	\$0.00	\$6,041.90	\$13,1140.00

COMMITTEES, TRIBUNALS AND VOLUNTEERS

Investigators

Dr. Leslie Aldcorn	Dr. Eugene Kong	Dr. Allan MacDonald	Dr. Robert Tenhove
Dr. Gordon Burns	Dr. David Labchuk	Dr. Laura McDonnell	Dr. Sarah Wu
Dr. Kenneth Butler	Dr. Adam Lynes	Dr. C. Alan Poytress	
Dr. Christopher Hankins	Dr. Todd Lynes	Dr. Michael Stewart	

Registration Committee

Dr. David Linford, Chair	Dr. Natalie Carrington	Dr. Leslie Davidson	Dr. Josline Hampson
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Awards Committee

Dr. Candice Hueppelsheuser	Dr. Dianna Martens
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Inaugural Board Committee

Dr. Natalie Carrington, Co-chair	Dr. Jacqueline Boyd	Dr. Elaine Screaton
Dr. Kelly Fleck, Co-chair	Dr. Dale Macdonald	Dr. Anna Winner
Dr. Jennifer Adams-Hessel		

Hearing Tribunal and Complaints Review Committee (CRC)

Dr. Leslie Aldcorn	Dr. Megan Harris	Dr. C. Alan Poytress	Dr. Michael Stewart
Dr. Gordon Burns	Dr. Adam Lynes	Dr. Martin Sich	Dr. Robert Tenhove
Dr. Kenneth Butler	Dr. Allan MacDonald	Dr. Warren Smistad	Dr. Sarah Wu
Dr. Christopher Hankins	Dr. Dianna Martens	Dr. Darrell Smith	Dr. Jeana Yaeck

Continuing Competence Committee

Dr. Christopher Anderson, Chair	Dr. Kathryn Pedden	Dr. Bronwen Stevens-Samuel
Dr. Aurora Ongaro	Dr. Derek Pyper	

Clinical Advisors

Dr. Christopher Anderson	Dr. Tara Guthrie	Dr. Randall McLeod	Dr. Kathryn Pedden
Dr. Maher Audeh	Dr. Alim Kara	Dr. David Mueller	Dr. Derek Pyper
Dr. Ayesha Ebrahim	Dr. Karyn Klut	Dr. Frederick Murray	Dr. Michelle Takeuchi
Dr. William Farrell	Dr. Julian Lim	Dr. Aurora Ongaro	Dr. Robert Tenhove
Dr. Moe Gebera	Dr. Robert Lu	Dr. David Opresnik	Dr. Stephen Zwart

FINANCIALS



TO THE MEMBERS OF ALBERTA COLLEGE AND ASSOCIATION OF CHIROPRACTORS

Opinion

We have audited the financial statements of Alberta College and Association of Chiropractors (the ACAC), which comprise the statement of financial position as at June 30, 2021, and the statements of operations, changes in net assets and cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the ACAC as at June 30, 2021, and the results of its operations and cash flow for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO).

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 report. We are independent of the ACAC in accordance with 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.

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 ASNPO, 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 the ACAC'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 ACAC or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the ACAC'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 these 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 the ACAC'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 ACAC'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 the ACAC 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.

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.

A handwritten signature in blue ink, appearing to read 'BSM' followed by a horizontal line.

Bruce MS Mahon Professional Corporation
Chartered Professional Accountants

Edmonton, Alberta
September 17, 2021



Statement of Operations

For the year ended June 30, 2021

	2021	2020
REVENUE		
Membership dues	\$ 3,148,248	\$ 3,593,220
Investment income and other <i>(Schedule 1)</i>	177,387	96,009
Regulatory recovery charges	124,909	164,728
Administration recovery charges	22,491	25,303
X-Ray registration fees and other income	15,275	5,731
	\$ 3,488,310	3,884,991
EXPENSES		
Marketing costs	984,928	1,378,177
Administration personnel costs	701,475	624,649
Regulatory department personnel costs	536,083	494,859
Bank charges and merchant fees	164,182	29,841
Professional fees and computer support	158,511	140,546
Complaints and discipline	153,631	170,567
Building maintenance and operations	151,458	137,158
Council operations and development	118,183	132,147
Practice review and continuing competency	109,474	52,272
Amortization	98,144	84,992
Communications and member services	83,028	84,533
Other regulatory costs	57,755	61,789
Clinical practice guideline development	56,050	55,335
Office and supplies	56,105	64,914
Bad debts	22,250	-
AGM and executive meetings	21,288	52,713
X-Ray program costs	4,557	1,865
Scholarship grants and awards	2,000	2,000
	\$ 3,479,102	3,568,357
EXCESS OF REVENUE OVER EXPENSES FROM OPERATIONS	9,208	316,634
OTHER EXPENSES		
Loss on disposal of assets	-	(15,186)
Bill 46 implementation costs	(40,988)	(62)
	(40,988)	(15,248)
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	\$ (31,780)	\$ (301,386)

Statement of Changes in Net Assets

Year Ended June 30, 2021

	2020 Balance	Revenue	Expenses	Transfers	2021 Balance
UNRESTRICTED	\$ 988,832	\$ 3,473,035	\$ (3,417,389)	\$ (6,280)	\$ 1,038,198
INVESTED IN PROPERTY AND EQUIPMENT	1,003,244	-	(98,144)	20,509	925,609
INTERNALLY RESTRICTED					
Capital and building reserve	669,732		-	(214,229)	455,503
Risk management reserve	910,500		-	(200,000)	710,500
Association reserve			-	625,000	625,000
Regulatory reserve	550,000		-	-	550,000
Advocacy reserve	225,000		-	(225,000)	-
	2,355,232		-	(14,229)	2,341,003
EXTERNALLY RESTRICTED					
X-Ray registration reserve	32,269	15,275	(4,557)	-	42,987
2021 TOTAL	\$ 4,379,577	\$ 3,488,310	\$ (3,520,090)	-	\$ 4,347,797


	2020 Balance	Revenue	Expenses	Net Transfers	2020 Balance
2020 TOTAL	\$ 4,078,191	\$ 3,884,991	\$ (3,583,605)	-	\$ 4,379,577


Statement of Financial Position

June 30, 2021

	2021	2020
ASSETS		
CURRENT		
Cash	\$ 5,330,081	\$ 2,108,249
Accounts receivable	20,600	25,917
Prepaid expenses	69,309	110,222
	5,419,990	2,244,388
PROPERTY AND EQUIPMENT <i>(Note 3)</i>	925,609	1,003,244
LONG TERM RECEIVABLES	8,800	41,500
INVESTMENTS (Cost \$1,633,933; 2020 - \$1,867,711)	1,875,239	2,012,760
	\$ 8,229,638	\$ 5,301,892
LIABILITIES		
CURRENT		
Accounts payable <i>(Note 4)</i>	\$ 385,364	\$ 159,370
Government remittances payable	20,344	20,959
Wages and benefits payable	7,366	17,636
Prepaid dues <i>(Note 5)</i>	3,468,767	724,350
	3,881,841	922,315
NET ASSETS		
Unrestricted	1,038,198	988,832
Invested in property and equipment	925,609	1,003,244
Internally restricted	2,341,003	2,355,232
Externally restricted	42,987	32,269
	4,347,797	4,379,577
	\$ 8,229,638	\$ 5,301,892

ON BEHALF OF COUNCIL

 Council Member

 Council Member

Statement of Cash Flow

Year Ended June 30, 2021

	2021	2020
OPERATING ACTIVITIES	\$ (31,780)	\$ 301,386
Revenue over expenses		
Items not affecting cash:		
Amortization of property and equipment	98,144	84,992
Loss on disposal of property and equipment	-	15,186
(Gain) on disposal of investments	(56,998)	(119,587)
Unrealized (gains) losses on investments	(96,257)	91,854
	(86,891)	373,831
Changes in non-cash working capital:		
Accounts receivable	5,317	(25,917)
Long term receivables	32,700	(41,500)
Accounts payable	225,996	(182,516)
Deferred revenue	-	(253,800)
Prepaid expenses	40,913	(88,506)
Government remittances payable	(615)	(364)
Wages benefits payable	(10,270)	13,172
Prepaid dues	2,744,417	(2,457,318)
	3,038,458	(3,036,749)
Cash flow from (used by) operating activities	2,951,567	(2,662,918)
INVESTING ACTIVITIES		
Purchase of property and equipment	(20,509)	(136,075)
Purchase of investments	(1,281,978)	(1,159,830)
Proceeds from sale of investments	1,572,752	1,132,792
Cash flow from (used by) investing activities	270,265	(163,113)
INCREASE (DECREASE) IN CASH	3,221,832	(2,826,031)
Cash - beginning of year	2,108,249	4,934,280
CASH - END OF YEAR	\$ 5,330,081	\$ 2,108,249

Notes to Financial Statements

Year Ended June 30, 2021

1. NATURE OF ORGANIZATION

The Alberta College and Association of Chiropractors (ACAC) is a provincial non-profit organization operating programs, supporting research, coordinating education, regulatory functions and strategic activities on behalf of its members. ACAC was established by the *Health Professions Act* in 2007.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements were prepared by management in accordance with Canadian accounting standards for not-for-profit organizations.

A summary of the significant accounting policies used in these financial statements are set out below.

Net assets

The Unrestricted Fund accounts for ACAC’s administration, regulatory, council and committee activities as well as conventions and seminars. Certain unrestricted research is also accounted for in this fund.

The Invested in Property and Equipment Fund reflects the purchase, sale and amortization of property and equipment.

The Capital and Building Reserve Fund has been established to support and preserve the value of ACAC’s building and equipment.

The Risk Management Reserve Fund has been established to build a reserve of funds intended to mitigate and manage risk management issues for ACAC. Risk management includes but is not limited to legal matters, insurance matters, cyber security, scope of practice and other similar matters.

The Regulatory Reserve Fund has been established to uphold ACAC’s regulatory mandate as required by the *Health Professions Act*. Regulatory costs include but are not limited to staff, program development, training, complaints, discipline and counseling requirements.

The Advocacy Reserve Fund has been established to support advocacy for the advancement of the profession including but not limited to scope of practice, inclusion in third party insurance and other similar matters.

The Association Reserve Fund reports resources that were approved by Council to be transfered to a new association external to ACAC in fiscal 2022.

The X-Ray Registration Reserve Fund reports resources used for the administration of the Accredited X-Ray Quality Assurance program of ACAC.

From time to time, Council may impose certain restrictions on fund balances. These amounts are presented on the statement of financial position, statement of operations and the statement of changes in net assets as internally restricted funds. These internally restricted amounts are not available for other purposes without approval of Council.

Investments

Portfolio investments are stated at fair market value. The investment income or loss based on the changes in fair market value is reflected in the period incurred.

Measurement uncertainty and use of estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amount of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Significant estimates include providing for amortization of property and equipment and provision for doubtful accounts and contingencies. Actual results could differ from those estimates.

Revenue recognition

ACAC follows the deferral method of accounting for contributions.

- Membership dues are recognized in the year to which they apply. Membership fees received in advance are recorded as prepaid dues.
- Application fees are recognized as revenue when application fees are collected.
- Other investment income is recognized as revenue when earned.
- Cost recoveries and fines related to professional conduct activities are recognized when the amount of recoveries can be measured and collection of the recoveries is reasonably assured. Recoveries with payment plans that extend beyond the next fiscal year are shown as long term receivables.

Income taxes

ACAC is a non-profit organization under the Income Tax Act and therefore is not subject to either Federal or Provincial income tax.

Property and equipment

Property and equipment is recorded at cost less accumulated amortization. ACAC calculates amortization on its property and equipment using the following methods and rates

Land		non-depreciable
Building	40 years	straight-line method
Computer equipment	3 years	straight-line method
Furniture and fixtures	5 years	straight-line method
Database development	5 years	straight-line method
Website	3 years	straight-line method

Only six months of amortization is provided on equipment acquired during the year. No amortization is provided on equipment disposed of during the year.

Property and equipment is tested for impairment when conditions indicate that either the full or partial amount of the asset no longer has long-term service potential to ACAC. If such conditions exist, an impairment loss is measured at the amount by which the carrying amount of the asset exceeds its residual value.

3. PROPERTY AND EQUIPMENT

	Cost	Accumulated amortization	2021 Net book value	2020 Net book value
Land	\$ 250,000	\$	\$ 250,000	\$ 250,000
Buildings	968,032	433,694	534,338	558,539
Computer equipment	77,936	65,144	12,792	25,023
Furniture and fixtures	56,761	51,151	5,610	15,030
Website	19,691	10,994	8,697	15,260
Database development	204,357	90,185	114,172	139,392
	\$ 1,576,777	\$ 651,168	\$ 925,609	\$ 1,003,244

Amortization provided in the current year totaled \$98,144; (2020 - \$84,992)

4. ACCOUNTS PAYABLE

	2021	2020
Trade accounts payable and accrued liabilities	\$ 137,639	\$ 91,870
Dues collected on behalf of other organizations	247,725	67,500
	\$ 385,364	\$ 159,370

5. PREPAID DUES

	2021	2020
Balance, beginning of year	\$ 724,350	\$ 3,181,668
Amounts recognized as revenue in the year	(724,350)	(3,181,668)
Amounts received in the year for the following year	3,468,767	724,350
	\$ 3,468,767	\$ 724,350

Prepaid dues are amounts received by members in advance for the upcoming registration year and are generally due by June 30.

During the 2020 fiscal year, due to issues related to COVID-19, the ACAC agreed to delay the collection of member dues until September 30, 2020. The members had the option to pay anytime between June 2020 and September 2020 and still been considered registered for the 2021 year. Amounts paid before June 30 for the following year are recognized as prepaid dues.

6. TRANSFERS AND RESTRICTIONS

During the year, ACAC approved the following inter-fund transfers:

	2021	2020
Property and Equipment		
From Unrestricted Fund	\$ 20,509	\$ 136,075
Capital and Building Reserve		
To Association Revenue	(200,000)	-
To Unrestricted Fund	(14,229)	(103,002)
	(214,229)	(103,002)
Risk Management Reserve		
To Association Reserve	(200,000)	-
Association Reserve		
From Capital and Building Reserve	200,000	-
From Risk Management Reserve	200,000	-
From Advocacy Reserve	225,000	-
	625,000	-
Advocacy Reserve		
To Association Reserve	(225,000)	-
	\$ 6,280	\$ 33,073

7. COMMITMENTS

ACAC has committed to various agreements including an office equipment lease, software maintenance agreement and consulting contracts as follows:

Commitment payment schedule:

2022	\$ 111,983
2023	35,061
2024	29,130
	\$ 176,174

ACAC has also entered into a contract for a building upgrade in the amount of \$105,000 which will be completed in fiscal 2022 and will be funded from the Capital and Building Reserve Fund.

8. FINANCIAL INSTRUMENTS

ACAC is exposed to various risks through its financial instruments. Financial Instruments are financial assets or liabilities where, in general, ACAC has the right to receive cash or other financial assets from another party or ACAC has the obligation to pay another party cash or other financial assets. ACAC’s financial instruments consist of cash, accounts receivable, investments, and accounts payable. The following analysis provides a measure of the risks as of June 30, 2021.

Credit risk

Credit risk arises from the potential that a counter party will fail to perform its obligations. The carrying value of ACAC’s main financial assets represents the maximum credit risk to which the organization is exposed. ACAC believes that its accounts receivable credit risk is limited because the amount of accounts receivable outstanding from third parties at any one time is spread across a range of persons and default on any one receivable would have a minor impact on the overall operations of ACAC.

Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. ACAC considers that it has sufficient liquid assets and reserve funds to ensure that funds are available to meet its current and long-term financial needs, at a reasonable cost.

Market risk

Market Risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency rate risk, interest rate risk and other price risk. ACAC is exposed to market risk on its investment portfolio. The market price of the investments may vary due to changes in the economic and market environment, the money policy of the central banks, and the demand and supply of the market of the respective investment. To limit this risk ACAC holds a professionally managed and diversified investment portfolio, thereby minimizing concentration risk as well.

Currency risk

Currency risk is the risk to the company’s earnings that arise from fluctuations of foreign exchange rates and the degree of volatility of these rates. ACAC is exposed to currency risk on its foreign currency investments which are subject to fluctuations and variations that are not under control of ACAC, but other external factors. Should these currency fluctuations be severe, they may have a material impact on the valuation of the underlying securities.

9. ACCOUNTING POLICY CHANGE

During fiscal 2021, ACAC changed its accounting policy related to amortization on its property and equipment from the declining balance method to the straight line method. This accounting policy change was applied prospectively and did not have a significant impact on ACAC financial statements.

10. LEGISLATION CHANGE

On November 5, 2020, the Minister of Health introduced to the Legislative Assembly of Alberta Bill 46, which mandates the separation of regulatory colleges and their functions and oversight from professional associations. The Bill received Royal Assent of December 9, 2020. Mixed college and association operations must separate themselves within 18 months of the coming into force of this Bill.

ACAC Council established the Inaugural Board Committee to establish a new association external to ACAC. In support of this mandate, Council has approved the internal restriction of \$625,000, moved from various existing internally restricted funds, to a new association fund. These amounts will be transfered to the new association once it is established in fiscal 2022.

Once the new association is operational and has assumed the association functions, a pro-rata amount of the fiscal 2022 annual operating budget specific to association functions will also be paid to the stand-alone association.

ACAC will undergo a name change once it has moved to a single mandate regulatory organization. The new name will be the College of Chiropractors of Alberta.

11. COVID-19

In March 2020, the World Health Organization declared a global pandemic due to the novel coronavirus (COVID-19). The situation is constantly evolving, and the measures put in place are having multiple impacts on local, provincial, national and global economies.

Management is uncertain of the effects of these changes on its financial statements and believes that any disturbance may be temporary; however, there is uncertainty about the length and potential impact of the disturbance.

As a result, we are unable to estimate the potential impact on the ACAC’s operations as at the date of these financial statements.

12. COMPARATIVE FIGURES

Some of the comparative figures have been reclassified to conform to the current year’s presentation.

Investment Income and Other (Schedule 1)
Year Ended June 30, 2021

	2021	2020
INVESTMENT INCOME (EXPENSES)		
Realized gain on investments	\$ 56,998	\$ 119,587
Unrealized gains (losses) on investments	96,257	(91,854)
Investment income	46,863	49,353
Bank interest	7,963	37,866
Foreign exchange gains (losses)	(8,055)	3,372
Investment advisor fees	(22,639)	(22,315)
	\$ 177,387	\$ 96,009



ASSOCIATION ACTIVITIES

ASSOCIATION ACTIVITIES

As a joint regulatory college and professional association, the ACAC regulates the chiropractic health profession, works to increase awareness and understanding of the benefits of chiropractic, supports chiropractors, and promotes chiropractic care to the public and stakeholders.

This Association report highlights major initiatives over the past year to support the ACAC’s overall mission and strategic imperatives. These efforts focused on being agile, responsive, and transparent with members by providing resources and supports to help them in their practice and with their patients. It also focused on promoting the value and benefit of chiropractic care in a safe, professional, competent environment to everyday Albertans.

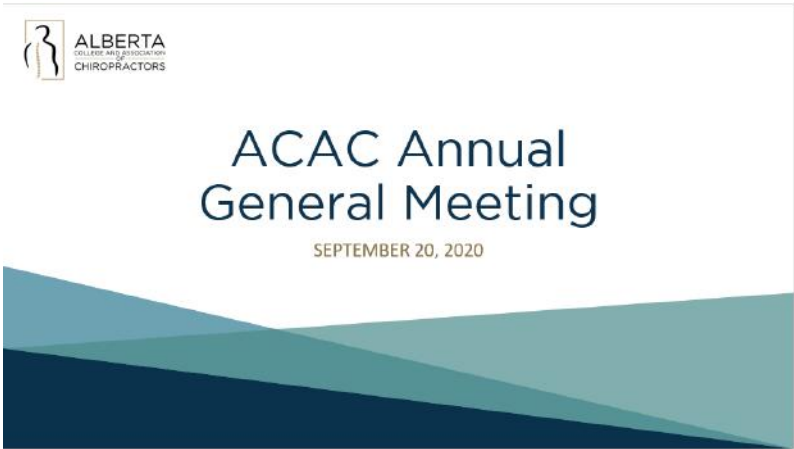
SUPPORTING AND ENGAGING OUR MEMBERS

Driven by an organizational aim to enhance the relationship with members and more effectively engage government and external stakeholders, the ACAC revamped the marketing and communications function and refocused it toward member and external relations. This more clearly articulated the actions of a profession and advocacy association and will be foundational to the work of the new Chiropractic Association of Alberta.

With the pandemic affecting normal operational activities with and for members, in place of in-person interactions, the ACAC approached member engagement and outreach in creative ways. These included Virtual Monthly Member Meetings using Zoom; weekly updates with information on COVID-19 initiatives, responses, and actions for members; initiating ThoughtExchanges for member consultation and responding to an identified issue of mental health and wellbeing supports for chiropractors and their staff; as well as the normal InTouch and Notices to Members.

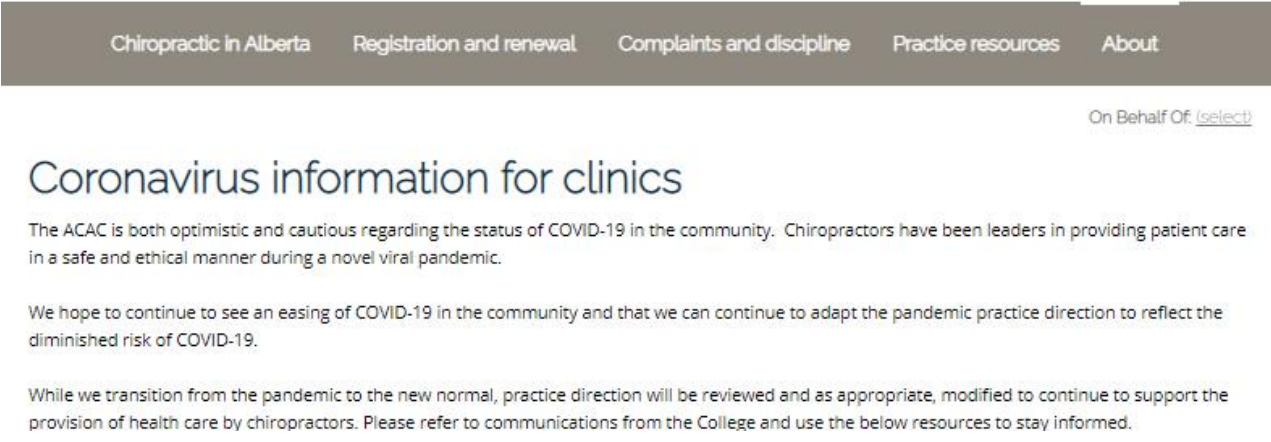
Hosting our first-ever virtual AGM

The pandemic did not allow for an in-person annual general meeting, as a result, the ACAC held its 2020 AGM virtually, for the first time ever. Using Zoom video conferencing, the September 20, 2020, AGM had more than 180 members in attendance.



Providing essential COVID-19 information

The ACAC developed and populated a COVID-19 information hub for members with helpful resources and information. This included clinical resources, business resources, all COVID-related communications, and more. This page was regularly checked and updated to ensure members were receiving the most accurate and up-to-date information.





Updated patient and clinic resources

In the summer of 2020, the Alberta government engaged stakeholders in the insurance, legal, and medical communities regarding potential reforms to Alberta’s automobile insurance system. The Alberta College and Association of Chiropractors participated in these discussions.

Following that engagement, in October 2020, government introduced several automobile insurance reform measures. As a result, the Association developed clear, digestible handouts and pamphlets for chiropractors to supply their patients related to Motor Vehicle Accidents (MVA). These documents explained a patient’s rights including what steps to take after an MVA, how billing works, and the right to choose where they receive care.

After a motor vehicle accident, there are many important things to do—but most important of all is ensuring you receive the care you need.

 Treatments are billed directly to your insurance company. When you notify your chiropractor that your injury is a result of a motor vehicle accident that occurred within the last 10 days, your chiropractor will submit the forms to your insurance company for your treatment. You do not need to submit receipts for

 Your insurance cannot dictate what provider or clinic you choose for your care. While your insurance company may suggest a preferred provider for your consideration, you get to decide what provider or clinic to see for your care. If you feel like your claim adjuster is pushing you to go to a specific provider or

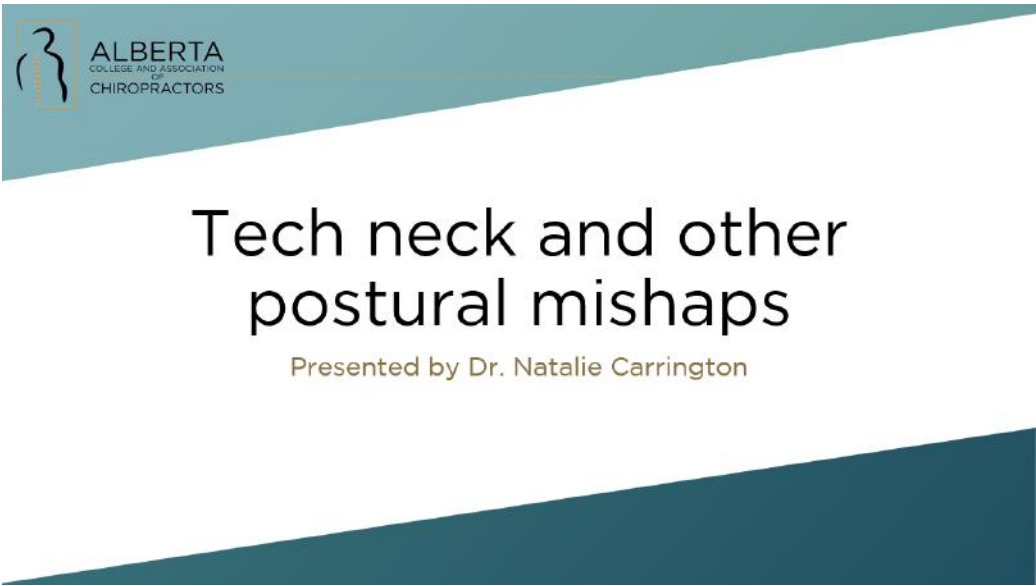
PROMOTING INTERPROFESSIONAL RELATIONSHIPS IN THE HEALTH-CARE COMMUNITY

Attending interprofessional events provides the Association an opportunity to build relationships and spark connectivity with other health-care professions. While many events were cancelled due to COVID-19, some events continued virtually. This year, the Association hosted virtual booths at two major events to speak about the benefit and value of chiropractic care, with the support of member volunteers who ran seminars or answered questions about chiropractic.

Alberta Medical Students’ Conference and Retreat

The Alberta Medical Students’ Conference and Retreat (AMSCAR) is a two-day event that features educational sessions and networking opportunities for more than 200 medical students from the Universities of Alberta and Calgary. This sponsorship is part of the ACAC’s ongoing efforts to build a positive understanding of chiropractic with medical students and set the foundation for building interprofessional relationships and integrated health care in their future practice.

There were three key chiropractic touchpoints during the conference. The first was a brief presentation to conference attendees on *the value of chiropractic care in the provision of patient-centred, integrated health care*, from Dr. Greg Kawchuk of the University of Alberta. Dr. Natalie Carrington reprised her popular presentation from last year’s conference on *Tech Neck and Other Postural Mishaps*, and Dr. Tamara McDonald represented chiropractors during the Sponsor and Vendor fair, where students were able to learn facts about the profession and ways chiropractic treatment benefits patients.



CMCC OpportUnity event

The Canadian Memorial Chiropractic College’s *Practice OpportUnity* is an annual panel and tradeshow aimed at introducing chiropractic students to the profession and professional organizations like the ACAC.

The ACAC attended virtually to promote the benefits of practicing in Alberta. With nearly 500 students, faculty, and chiropractors registered, *Practice OpportUnity* provides an invaluable networking, information-sharing, and trade show experience.

Students who entered the virtual booth were able to access relevant documents and learn about the work the College and Association does to regulate and promote the profession in Alberta. A live chat and video forum was available for students to ask

questions that were important to them, such as details about the jurisprudence exam, provisional licensing, and ACAC government advocacy.

With the requirements of Bill 46 separating the college and association functions of joint regulatory bodies, the initiatives and activities noted above may be resident within the new Chiropractic Association of Alberta starting December 1, 2021.



ASSOCIATION VOLUNTEERS

- | | | |
|------------------------|-------------------|---------------------|
| Dr. Natalie Carrington | Dr. Shawn King | Dr. Taylor Cooksley |
| Dr. Blaine Bugg | Dr. Jill McKinnon | Dr. Jason Dick |
| Dr. Nicole Fox | Dr. Aaron Todd | Dr. Tamara McDonald |



EXTERNAL REPORTS

DR. WALTER HERZOG, UNIVERSITY OF CALGARY

Dr. Walter Herzog is a full professor in the Faculties of Kinesiology, Medicine, Engineering and Veterinary Medicine, and the Director of the Human Performance Laboratory at the University of Calgary. Dr. Herzog's research is focused on musculoskeletal biomechanics with emphasis on molecular mechanisms of muscle contraction, bone, joint, and muscle health, and the biomechanics of cervical spinal manipulation, including the stresses and strains and associated risks for injury experienced by vertebral arteries during chiropractic neck manipulations.

We had another excellent year with our chiropractic research. Much of our research centered on projects of my doctoral student and chiropractor, Dr. Lindsay Gorrell, who defended her PhD thesis, *Musculoskeletal biomechanical and electromyographical responses associated with spinal manipulation*, in November 2020.

Lindsay finalized research on vertebral artery dissection/stroke using three-dimensional movement analysis of the head and C1-C7 and measuring the forces and segmental elongations of the vertebral artery during spinal manipulative therapy. Thanks to Drs. Bruce Symons and Ryan Carter for their help. She also finalized study reflex responses associated with neck and back spinal manipulations in patients. Thanks to Dr. Phil Conway for his help.

Lindsay is an engaged community member and provided the following services: mentor in Kinesiology Mentorship for Support Program; mentee in Kinesiology Mentorship for Support Pilot Program; sessional instructor, Human Anatomy and Physiology I & II; and facilitator of Anatomy Labs, Advanced Technical Skills Simulation Laboratory (ATSSL), Cumming School of Medicine.

Lindsay and I presented our latest research, *Mechanical response of human vertebral arteries to ex-vivo failure testing*, at the Canadian Society for Biomechanics meeting in Montreal.

Lindsay is now doing post-doctoral training at Balgrist University Hospital in Zurich.

Articles published or under review:

- Gorrell, Conway, Herzog. *Reflex responses of neck, back and limb muscles to high-velocity, low-amplitude manual cervical and upper thoracic spinal manipulation of asymptomatic individuals*. Journal of

Manipulative and Physiological Therapeutics 42 (8): 572-581. DOI: 10.1016/j.jmpt.2018.11.025.

- Gorrell, Conway, Jinha, Herzog. *Differences in biomechanical and electromyographic characteristics of successful vs. unsuccessful manual high-velocity, low amplitude spinal manipulation in an asymptomatic population*. Chiropractic and Manual Therapies (submitted)
- Gorrell L, Onasch F, Conway P, Herzog W. *Electromyographic responses associated with high-velocity, low-amplitude manual cervical and upper thoracic spinal manipulations of individuals with mechanical neck pain — a descriptive study*. Journal of Bodywork & Movement Therapies (submitted)

This year, we started a new project in collaboration with my colleague Dr. V. Joumaa, developing a pre-clinical model of back muscle weakness and will be studying the effects of back muscle weakness on the development of back pain and structural changes to vertebral bodies, intervertebral discs, muscles, ligaments, and facet joints.

We are organizing an international exchange with a chiropractor from Brazil interested in pursuing post-graduate studies and training with us. We accepted Nathan Boone, DC, into our MSc program for September 2021.

I also continue to work as editorial board member for the Journal of the Canadian Chiropractic Association, Journal of Manipulative and Physiological Therapeutics, and Chiropractic & Manual Therapies.

I would like to thank the ACAC and the CCRF for their continued support of our chiropractic research.

DR. GREG KAWCHUK, UNIVERSITY OF ALBERTA

Dr. Greg Kawchuk is a tenured full professor in the Faculty of Rehabilitation Medicine at the University of Alberta. Dr. Kawchuk's research is focused on creating personalized (precision) approaches for the prevention, diagnosis, and treatment of back problems.

Highlights

Over the pandemic, we had some successes to celebrate. First and foremost, James Lemieux, a DC from Edmonton, graduated from our lab with his MSc. Not only did Dr. Lemieux defend his thesis successfully; he also published a number of papers including one in the prestigious journal, PLoS One. We were also fortunate to formally launch the GLA:D Back program, which is fully available to DCs.

Current Research

SMT causes changes in DNA expression (NIH)

This year, we published novel data showing that spinal manipulation changes genetic expression within intervertebral discs in a porcine model. These changes appear to be related to certain genes associated with skeletogenesis and inflammation.

Optimizing spinal manipulation (NIH)

Our data collection in this NIH trial of 238 participants is now complete and has produced four papers so far. From these, we now know that combining spinal manipulation with multifidus activating exercises produces superior results compared to manipulation alone and that we can now better predict who will respond to these interventions.

Texture Analysis of MRI images in persons with and without low back pain (UAlberta)

Analysis techniques we have developed to evaluate image texture were able to distinguish between MRIs of those with and without back pain. This work may elevate the importance of imaging to a new level in clinical applications.

GLA:D Back (CIHR, ACAC)

The GLA:D Back program has now been launched officially throughout Alberta. This evidence-based program uses group-based education and exercise classes to help patients with persistent or recurrent low back pain.

CARL (Global)

The Chiropractic Academy of Research Leadership held its first gathering using the innovative Virbela platform. Mentored by Drs. Jan Hartvigsen, Jon Adams, and myself, we anticipate bringing our most recent group of 14 early career researchers together in early 2022.

Publications (3/14 highlighted here ranging in impact factor from 1.437 to 5.820)

- Repetitive in vivo manual loading of the spine elicits cellular responses in porcine annuli fibrosi. PLoS One. 2021
- Texture analysis in the classification of T2-weighted magnetic resonance images in persons with and without low back pain. J Orthop Res. 2020
- Optimization of Spinal Manipulative Therapy Protocols: A Factorial Randomized Trial Within a Multiphase Optimization Framework. J Pain. 2021
- The effect on clinical outcomes when targeting spinal manipulation at stiffness or pain sensitivity: a randomized trial. Sci Rep. 2020

I would like to give a big thank you to the members of the ACAC for their continued and generous support of my research program. Please feel free to drop by the lab anytime for a tour!

CANADIAN CHIROPRACTIC EXAMINING BOARD

While the COVID-19 global pandemic has continued to create disruption for over a year, the Canadian Chiropractic Examining Board (CCEB) has remained as adaptive as is practical, and responsible, given the magnitude of the role the CCEB examination plays in support of public protection.

In June 2020, only three months after the start of significant public health restrictions in Canada, the CCEB met with our members and the provincial regulators to share that we had secured a remote proctoring solution for the written components of the CCEB examination. We were committed to seeking a solution that maintained our need for psychometric excellence and exam security. Thus, we elected to use a real-time, live-proctored, remote experience: the gold standard in remote testing security.

The CCEB has now leveraged remote proctoring to conduct approximately 1,000 individual examinations and it has proved to be an extremely reliable and secure method of testing the written examination components. As a result, the CCEB Board of Governors unanimously approved the inclusion of remote proctoring as an administration tool of the CCEB, beyond the immediate public health crisis.

Throughout 2020 and 2021, the CCEB has continued to work to secure permission to administer our Component C Objective Structured Clinical Examinations (OSCE) in-person in various jurisdictions across Canada. The CCEB conducted three OSCE administrations in 2020, with no limits placed on applicant numbers.

Unfortunately, 2021 has proved to be even more challenging. The winter Component C exam was cancelled, and the spring administration was moved to July. We have remained committed to creating capacity for all applicants. Despite the challenging circumstances, the CCEB administered 1,375 individual examinations and issued 378 CCEB certificates in 2020, as compared to a total of 1,452 individual examinations administered and 389 certificates issued in 2019. We remain hopeful that 2021 will end as positively.



CANADIAN CHIROPRACTIC MEMORIAL COLLEGE

The Canadian Chiropractic Memorial College (CMCC) is providing its academic program and workplace virtually while repairing and upgrading the facility for safety, comfort, and education; planning on a full return to campus.

Pandemic restrictions forced every room to be used for technique labs when lab sizes were reduced from 50 to 10.

Enrolment remains stable. No students left the program because of the pandemic. The entering class for 2021 is full after conducting video interviews with over 600 applicants.

CMCC replaced its learning management system with a more user-friendly platform that allows integration with other technologies, vital during the pandemic.

Upcoming plans include rebuilding the former pool area for academic support facilities. Current repairs include replacing the entrance wheelchair ramp, replacing aging rooftop HVAC units, and remediation of the lecture hall drainage system.

The GLA:D program for osteoarthritis was delivered virtually, allowing approval for public funding for two CMCC clinics. Clinic externships have expanded into more provinces. Year III students began transitioning to clinics by working with interns and clinicians on telehealth visits with patients.

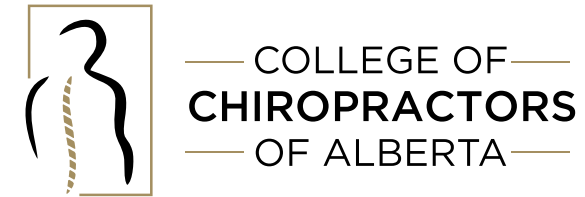
An agreement with KITE Research Institute, at the Toronto Rehabilitation Institute, provides CMCC with access to a new state-of-the-art TRI laboratory, and many patients with complex pain syndromes, with an opportunity to interact with a broad range of expert researchers and clinicians.

An articulation agreement with University of New Brunswick established a pathway for UNB students to earn their four-year undergraduate degree and DC degree in only seven years. CMCC plans to do this with other universities across Canada.

CMCC's pandemic planning led to a complete lack of transmission of coronavirus infection between students or from a patient to any person on campus, avoiding any shutdowns, and successfully graduating students without delay in June 2020 and 2021.

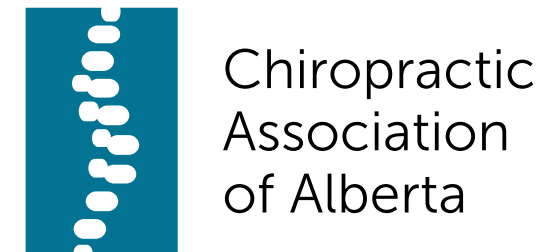
CMCC's biennial research report, available on our website, demonstrates the faculty's excellent track record, with consistent publication of 55 or more papers each year on a wide variety of study areas.

Thank you to ACAC members for your ongoing support of CMCC's building fund.



The College of Chiropractors of Alberta will serve to protect the public through regulatory compliance and licensing.

Visit us December 1 at
theccoa.ca



The Chiropractic Association of Alberta will serve to promote and advocate for chiropractic care, the profession, and our members.

Visit us December 1 at
albertachiro.com



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