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Nursing in the Public Interest

CRNBC is the regulatory body for registered nurses and nurse practitioners in British Columbia. CRNBC receives its authority from the Government of B.C. through the Health Professions Act.

CRNBC’s legal obligation is to protect the public through the regulation of registered nurses and nurse practitioners. The College meets this obligation by:

- setting standards for practice and registration,
- supporting registrants to meet practice and registration renewal standards, and
- acting if standards are not met.

CRNBC is dedicated to helping registrants carry out this mandate of public protection and, together with them, maintaining the public’s trust in the profession.

Nursing in British Columbia has been a self-regulating profession since 1918. Regulation helps to protect the public by ensuring that professional care or service received by the public is provided by competent and ethical individuals who meet the standards society views as acceptable.

Through CRNBC, registered nurses, as a group of professionals, have the authority and responsibility for self-regulation and to govern the practice of registered nursing. In turn, the College is responsible for registering and regulating registered nurses and nurse practitioners.

Registered nurses and nurse practitioners in B.C. participate in self-regulation through the election of registrants to the CRNBC Board (the Board also includes members of the public), participation in annual general meetings, membership on CRNBC committees, providing input into standards development and participating in other activities of the College.
MANDATE
To ensure that all individuals seeking entry to practice and maintaining registration are competent and ethical professionals. The College does this by setting standards, supporting registered nurses to meet standards and acting if standards are not met.

VISION
A trusted and valued leader in nursing regulation

PURPOSE
Protecting the public by effectively regulating registered nurses and nurse practitioners

PRINCIPLES
We fulfill our purpose in the public interest in accordance with the following principles:

Integrity: Doing what is right in a fair and transparent way

Accountability: Taking responsibility for our decisions and actions

Excellence: Bringing creativity, innovation and a focus on quality to what we do

Exceptional Service: Delivering easily accessible, knowledgeable, proactive and responsive service

People-focused: Being thoughtful, respectful and considerate

Engagement: Working and learning with others to achieve the best possible results

Stewardship: Managing resources wisely now and for the future
The terms competent and ethical, trusted and valued, protecting the public and effective regulation are at the core of CRNBC’s mandate, vision and purpose. This past year, in conjunction with developing a new three-year strategic plan for 2011-2013, CRNBC developed a vision statement, replaced its mission statement with a purpose statement and established a set of principles to guide the College in fulfilling its purpose to protect the public by effectively regulating registered nurses and nurse practitioners. You will find CRNBC’s vision, purpose and principles on page 3 of this annual report.

In 2012, CRNBC will celebrate the centenary of nursing regulation in B.C. Helen Randal, Sharley Bryce Brown and the other 66 nurses who met in a church basement in New Westminster in 1912 to set the groundwork for nursing regulation in the province might not have foreseen their Graduate Nurses Association evolving into a bargaining unit, association and regulatory body for nurses, and then into an association and a regulatory body, and finally into a regulatory body only. However, they would have recognized the necessity for these changes to take place. When these nurses met that September day in 1912, they knew that the Victorian era was on its last legs and that times were changing. They had a vision for nursing in B.C. as a self-regulating profession and understood that being self-regulating meant that their members and their organization had to have the public’s trust. That meant putting the public first and foremost in the way regulation is carried out. For nearly 100 years, protecting the public has been the mandate of B.C.’s registered nurse regulator as it has been and continues to be for all health profession regulators in the province.
Message from the
Board Chair and Registrar/CEO

To meet its mandate of public protection, CRNBC carries out foundational work related to registration and renewal, standards of practice, supporting registrants to meet standards, and governance. Most of this work is guided by legislation – primarily the B.C. Health Professions Act and Nurses (Registered) and Nurse Practitioners Regulation, but also other provincial and federal legislation such as the labour mobility legislation.

In 2010, the Board developed a new strategic plan for 2011-2013 with the following strategic goals effective March 1, 2011:

• Regulatory approaches are appropriate, effective and support competent and ethical nursing practice
• CRNBC’s work is integral to the competent and ethical practice of registered nurses and nurse practitioners
• Interprofessional collaboration is advanced at individual and organizational levels
• CRNBC is a high-performing organization

CRNBC has undertaken a project to develop a regulatory philosophy and framework that will be in place in 2012. We will be looking at best practice approaches to regulation in Canada and internationally. We will also be considering trends and issues that will drive health professions regulation in the future. We will be consulting with stakeholders to find out what they think about various approaches to regulation and what their expectations are regarding regulation.

When this project is complete, the Board will consider and decide upon a regulatory philosophy and framework that will guide decision-making and provide rationale for programs and services offered by CRNBC within its legislative scope. The philosophy and framework will inform the underlying beliefs associated with decisions made by the College and future decision-making.

CRNBC is continuously exploring ways to strengthen and enhance nursing regulation to meet its mandate of public protection. CRNBC’s work in 2010/11 was diverse and we sought innovative ways to address this work. We have found ways to reduce the time it takes for new applicants to become registered. We have held meaningful discussions with the Canadian Nurses Association and the Association of Registered Nurses of British Columbia to determine the best way for CRNBC to withdraw as a member of CNA and ensure that B.C. registered nurses have a voice at the national level. We have made governance and organizational changes to make CRNBC more functional and responsive to the demands of the public, government, registrants and technology.

We are cognizant of the many regulatory challenges ahead. We believe that being proactive will enable us to meet these challenges head-on while fulfilling our legal obligation to protect the public through the regulation of registered nurses and nurse practitioners in British Columbia.
2007-2010 Strategic Focus

A HIGH-PERFORMING, VALUE-DRIVEN, SERVICE-ORIENTED ORGANIZATION

Strategic Goals:
• Develop Human Resource Infrastructure
• Improve Internal Systems and Processes
• Develop Customer Service Plan

WELL-INFORMED AND ACTIVELY ENGAGED STAKEHOLDERS

Strategic Goals:
• Contemporize Registrant Support and Engagement
• Strengthen Government Relations
• Enhance Employer Engagement

LEADERSHIP IN CANADIAN HEALTH PROFESSIONS REGULATION

Strategic Goals:
• Lead National Assessment Service
• Implement Best Practice in Regulation
• Collaborate with Provincial and National Partners
2010/11 In Review

In addition to carrying out the foundational work that CRNBC undertakes in accordance with provincial legislation, the CRNBC Board, committees and staff continued to work towards the advancement of the strategic goals established in 2007. These goals were for a three-year period.

Throughout the year, CRNBC worked to: process online applications and renewals more expeditiously, including upgrading its registration systems; provide support to registrants to meet Standards of Practice through online resources and learning tools; enhance data management systems to improve business performance and meet legal requirements associated with the Health Professions Review Board, which requires extremely detailed information when a review of a CRNBC decision is undertaken.

CRNBC collaborated throughout the year with other nursing and health care organizations as well as with nursing employers and the provincial government to realize its goals related to collaborating and strengthening relationships with key stakeholders.

CRNBC exhibited its leadership in regulation by leading the National Nursing Assessment Project and the Jurisdictional Collaborative Process to Revise Entry-level Registered Nurse Competencies. The National Nursing Assessment Project is aiming to develop a single set of registration requirements for all Canadian nursing regulators and establish a national assessment service to be used by nursing regulators across Canada to carry out the processes necessary to determine eligibility for registration of internationally-educated nurse applicants. The Jurisdictional Collaborative Process is seeking to harmonize RN entry-level competencies among Canadian nursing regulators.

In addition, CRNBC was a founding member of a new organization, the Canadian Council of Registered Nurse Regulators (see page 8).

The following highlight some of CRNBC’s accomplishments and activities in 2010/11.

GOVERNANCE STRUCTURE

Bylaw amendments to provide for a new governance structure for CRNBC came into effect April 1, 2010. Under this new structure the size of the Board is 14 members (nine elected registrants and five government-appointed). All registrant board members (urban, rural and at-large members) are elected at large to a three-year term of office. The board chair and vice-chair are appointed by the Board to a one-year renewable term of office. In October 2011, Pam Ratner was appointed Board Chair and Lorraine Grant was appointed Board Vice-chair.

CRNBC Board
http://www.crnbc.ca/crnbc/Board/members/Pages/Default.aspx

CRNBC Bylaws
2010/11 In Review

CRNBC-CNA RELATIONSHIP
CRNBC’s Board decided in April to initiate a withdrawal of CRNBC’s jurisdictional membership in the Canadian Nurses Association (CNA). This decision was made following an extensive consultation and review to evaluate CRNBC’s relationship with CNA.

This project was necessitated because of the incompatibility between CRNBC’s and CNA’s respective mandates and functions since CRNBC’s establishment in 2005 as a health professions college under the B.C. Health Professions Act.

In compliance with CNA policy, registrants at the 2010 CRNBC Annual General Meeting were asked to vote on a resolution authorizing the College to submit a written resignation to CNA. The resolution was defeated by a vote of 40 to 29. Following the Annual General Meeting, the Board advised CNA that CRNBC remained committed to withdrawing its membership from CNA and hoped this could be achieved through a consensual process.

CRNBC and CNA discussed options for ending CRNBC’s jurisdictional membership in CNA. CRNBC, CNA and the newly-formed Association of Registered Nurses of B.C. (ARNBC) began discussing a mechanism for representation for B.C. registered nurses at CNA.

CRNBC-CNA Relationship

COUNCIL OF RN REGULATORS
CRNBC became a founding member in 2010 of a new organization, the Canadian Council of Registered Nurse Regulators. The purpose of the Council is to promote excellence in regulatory practice, and serve as a national forum and voice regarding interprovincial/territorial, national and global regulatory matters for nursing regulation. The council is open to all provincial and territorial registered nurse regulatory bodies.

NEW ASSOCIATION FUNDING
Recognizing that there is an opportunity for a new RN association to establish itself to meet the professional needs and interests of B.C.’s registered nurses that are not currently being met in the province, CRNBC provided one-time funding of up to $153,000 to the RN Network of BC to incorporate as an association and to build a business case to inform this need.

STRATEGIC PLAN FOR 2010-2013
In 2010, the Board approved a new three-year strategic plan for 2010-2013 that includes a purpose, vision and principles for the College. The purpose, vision and principles are printed on page 3 of this annual report.

Effective March 2011, CRNBC’s strategic goals are:

• Regulatory approaches are appropriate, effective and support competent and ethical nursing practice
• CRNBC's work is integral to the competent and ethical practice of registered nurses and nurse practitioners

• Interprofessional collaboration is advanced at individual and organizational levels

• CRNBC is a high-performing organization

**Strategic Plan**
https://crnbc.ca/CRNBC/StrategicPlan/Pages/Default.aspx

**2011-12 BUDGET**
In December 2010, the Board approved a budget for the fiscal year 2011/12 of approximately $17.9 million. The Board also approved a registration fee for 2011/12 of $423 per practising RN registrant. Fees for other categories of registration were increased pro rata, except for student registration fees which changed to $100. The Board also approved changes to assessment fees, application fees, examination fees and reinstatement fees.

**STANDARDS OF PRACTICE**
CRNBC Standards of Practice assist registrants to provide competent and ethical care by setting the requirements for practice. The following Standards of Practice were new, revised or deleted with approval of the Board in 2010/11:

- *Appropriate Use of Titles by Nurses Practice Standard – revised*

**2011/12 Operating Budget**

![Pie chart showing the distribution of the 2011/12 budget]
2010/11 In Review

Confidentiality Practice Standard – revised and renamed Privacy and Confidentiality

Consent Practice Standard – revised

Dispensing Medications Practice Standard – revised

Medication Inventory Management Practice Standard – new. A document entitled Nurse-Managed Medication Inventory: Information for Employers was also published to provide employers with information they need to enable registered nurses and nurse practitioners to meet the College’s standards for dispensing and for managing a medication inventory.

Medication Administration Practice Standard – revised

Scope of Practice for Nurse Practitioners: Standards, Limits and Conditions – revised to replace the three scope of practice documents that were developed in 2005 for each of the three streams of nurse practitioner practice (family, adult, pediatric).

Self-employed Nurse Practice Standard – deleted, as requirements for registrants are set out in existing Standards of Practice, CRNBC Bylaws and other CRNBC documents.

CRNBC continued to participate with other nursing regulatory bodies across Canada in a working group to develop national professional standards for registered nurses. Draft five of the National Professional Regulatory Standards document was distributed to each jurisdiction for review in May and June 2010. After further discussions and consultation with stakeholders, it became evident that the purpose for which standards are used across the country are currently too varied to make national standards a reality at this time. As a result, the project to develop national nursing standards was put on an indefinite hold.

Standards of Practice
https://crnbc.ca/Standards/Pages/Default.aspx

QUALITY ASSURANCE PROGRAM

CRNBC’s Quality Assurance Program for Registrants promotes high practice standards through a proactive approach to improving nursing practice. Its three parts — reflection, assessment and support — help registrants learn, assess their own practice and, ultimately, improve their practice.

Quality Assurance Program for Registrants
https://crnbc.ca/QA/Pages/Default.aspx

MULTISOURCE FEEDBACK PILOT PROJECT

Continuing Competence is part of CRNBC’s Quality Assurance Program for Registrants. An additional process to obtain feedback about a registrant’s professional performance using multisource feedback is being pilot tested. In 2010/11, registrants in clinical practice were invited to participate in phase one of the Multisource Feedback Pilot Project in order to evaluate the use
of multisource feedback as a tool to assess the professional performance of registrants.

**Multisource Feedback Pilot Project**
https://crnbc.ca/Registration/ContCompetence/Pages/QAPilotProject.aspx

**ANNUAL GENERAL MEETING**
CRNBC held its Annual General Meeting on June 25, 2010 at the Fairmont Hotel Vancouver. A total of 101 registrants registered to attend the AGM, either in person or by audio webcast.

A resolution authorizing the College to submit a written resignation to the Canadian Nurses Association resolution was defeated by a vote of 40 to 29. See CRNBC-CNA Relationship on page 8. A late resolution calling for CRNBC to suspend its participation in the National Council of State Boards of Nursing and the Canadian Council of Registered Nurse Regulators was defeated by a vote of 50 to 19. Resolutions to the AGM are advisory to the Board.

**Annual General Meeting**
http://www.crnbc.ca/crnbc/Board/agm/Pages/Default.aspx

**LABOUR MOBILITY AND NURSE PRACTITIONERS**
CRNBC was granted an extension to its exemption for nurse practitioners under the Labour Mobility Act. This allows CRNBC to maintain its current registration requirements for nurse practitioners until September 30, 2011, including the requirement for nurse practitioner applicants to pass the clinical exam (OSCE). This extension enables CRNBC to continue working with provincial/territorial counterparts to resolve outstanding concerns about the differences in nurse practitioner occupational standards across Canada.

**Labour Mobility**
https://crnbc.ca/crnbc/Announcements/2010Announcements/Pages/LabourMobilityAct.aspx

**PERINATAL NURSES GROUP DISSOLVED**
The Board approved a request from the Perinatal Nurses Professional Practice Group to dissolve as a CRNBC professional practice group.

**STUDENT REGISTRATION**
Bylaw amendments were approved to establish employed student registration as a class of CRNBC registrants. Any student who wishes to work as an employed student nurse is required to be a registrant of CRNBC and follow CRNBC’s Employed Student Nurses policy. The amendments also removed registration for students who are learners and provided for grandparented student registration as a class of registrant. Only students who were registrants of CRNBC immediately prior to March 1, 2011 are eligible to hold grandparented registration with CRNBC until they graduate.

**Student Registration**
http://www.crnbc.ca/Registration/StudentNurseApp/Pages/Default.aspx
Resources and Services

AWARDS

CRNBC’s Awards Program enables registrants to recognize and honour colleagues who demonstrate excellence in relation to the CRNBC Professional Standards for Registered Nurses and Nurse Practitioners. The following registrants received Awards of Excellence in 2010:

Award of Distinction
David Byres, Rose Perrin, Margot Wilson

Excellence in Nursing Administration
Dr. Patricia M. Coward, Edwina Houlihan, Linda Sawchenko, Sharon Shewella, Brenda Uhrynuk

Excellence in Nursing Education
Valerie Campbell, Marilyn Chapman, Shannon Handfield, Lorill Harding, Joanne Jones, Jack Lan, Jeanette Murray, Donna Quail, Cathy Roberts, Meaghan Thumath

Excellence in Nursing Practice
Beatrice (Betty) Da Silva, Karen Forsberg, Annie Lau, Eileen MacDonald, Heather Mak, Gail Malenstyn, Patty Phillips, Lauren Wolfe

Excellence in Nursing Research
Maureen Little, Dr. Martha Mackay, Dr. Fay F. Warnock, Dr. Sabrina Wong

Award of Advocacy
Rosemarie Riddell

Rising Star Award
Kelly Lee, Thalia Martens

COMMUNICATION

Email is CRNBC’s primary way of notifying registrants and others (e.g., employers) of information pertaining to the regulation of registered nurses and nurse practitioners. Seventy-six electronic newsletters and messages were emailed to registrants in 2010/11. Some of these emails were sent to all registrants and some were sent to groups of registrants for which the information is most pertinent (e.g., nurse practitioners, registrants with CRNBC-certified practice designation)

CRNBC published the following electronic newsletters in 2010/11:

- An email newsletter with information about regulatory changes that impact nursing practice was sent to all registrants eight times in 2010/11. Each issue was also posted on the CRNBC website.

- Board Highlights was published after each CRNBC board meeting to provide an overview of decisions made by the Board. It was emailed to CRNBC registrants on the Professional Resource Network, CRNBC committee members, participants of the College’s Professional Support Program and Student Representative Program as well as to other stakeholders. Each issue was also posted on the CRNBC website.

- Two issues of NP News were emailed to nurse practitioners to inform them of changes to legislation, policies, and standards, limits and
Resources and Services

conditions that impact their practice. Both issues were posted on the CRNBC website.

• Regulation Matters is a quarterly e-newsletter that was emailed to employers of registered nurses and nurse practitioners. It included timely information about nursing regulation and issues relating to the mandate of CRNBC that may have an impact on employers.

As decision support tools are revised to reflect changes in best practice, registrants with CRNBC-certified practice designation received an email update with a summary of key changes. These updates are also posted on the College’s website.

Email messages were sent to registrants in 2010/11 to inform them about registration renewal and to encourage them to participate in the College’s pilot project to evaluate the use of a multisource feedback tool to assess the professional performance of registered nurses.

In 2010, a review of social media tools was conducted and it was determined that social media would not, at this time, deliver sufficient return on investment.

EDUCATION PROGRAM REVIEW

CRNBC approves competencies for entry-level nursing practice and education. The entry-level competencies are used by CRNBC in the review and recognition process for entry-level and re-entry nursing education programs and courses.

Recognition is the status granted by the CRNBC Board to a nursing education program or course that meets the standards of academic or technical achievement and the qualifications required for registration with CRNBC as a registered nurse or nurse practitioner.

Nursing education programs include: baccalaureate nursing education programs that prepare graduates for initial registration as registered nurses; graduate or post-graduate nursing education programs that prepare graduates for initial registration as nurse practitioners; and re-entry programs that prepare graduates who have been out of practice for several years to become eligible for registration and re-enter practice as registered nurses or nurse practitioners.

Course refers to qualifying course that prepare graduates for registration when the entry-level nursing education program they completed outside B.C. is not equivalent to a recognized entry-level nursing education program for registered nurses or nurse practitioners in B.C.

Graduates of education programs recognized by CRNBC are eligible to take the registration examination and proceed in the registration process with CRNBC.

See the Education Program Review Committee report on page 19.

EXAMINATIONS

To become registered in B.C., applicants must demonstrate that they possess the essential knowledge necessary for practice by successfully completing an examination.
In 2010/11, 1,732 candidates wrote the Canadian Registered Nurse Examination. This includes 212 repeat writers. Of the 1,248 B.C. graduates who wrote the examination for the first time, 93.3% passed. Of the 272 candidates who graduated from schools of nursing outside of B.C. and wrote the examination for the first time, 68.8% passed.

Of the 64 nurse practitioner candidates who participated in the objective structured clinical examination (OSCE), 55% passed. Of the 45 nurse practitioner candidates who wrote the American Nurses Credentialing Centre (ANCC) examination, 95% passed.

**LEARNING AND DEVELOPMENT**

CRNBC provides individual registrants and health care organizations with accessible learning opportunities to assist them in understanding and applying the CRNBC Standards of Practice. These activities also support registrants to focus on reflection and growth planning in order to support their professional development.

Currently, four web learning modules (Clinical Decision Making, Understanding the Scope of RN Practice, Communications, Documentation) and an online tutorial (Collaborating to Resolve Professional Practice Problems) are available. Together, they were visited more than 20,000 times in 2010/11. CRNBC planned to offer four blended learning courses in 2010/11 with associated workshops in different regions of the province. Blended learning courses incorporate selected learning modalities (e.g., self-directed learning, web conferences and skill building/application workshops) to increase participants’ accessibility and maximize learning opportunities. Due to high demand, a fifth course was offered. All five blended learning courses were sold out with a total of 200 registrants participating.

**LIABILITY INSURANCE**

CRNBC practising registrants continued to be provided with liability insurance in 2010/11 through the CRNBC Captive Insurance Corporation.

**LIBRARY**

CRNBC’s Helen Randal Library provides web-based and hard copy resources and reference services to support registrants in all areas of nursing practice. Registrants logged into the CINAHL nursing literature database 13,440 times searching for clinical and professional issues journal articles in 2010/11 and 6,528 books and audiovisual resources were circulated to registrants throughout B.C. Library staff responded to 12,066 reference questions.

**NURSE VERIFICATION**

CRNBC’s online nurse verification provides registrants, employers and members of the public with convenient 24/7 access so they can get up-to-date information on the status of registrants’ registration. Online nurse verification is now the standard for registrants, employers and members of the public to check on a registrant’s registration status. More than 83,000 visits were made in 2010/11 to CRNBC’s verification webpage.
Resources and Services

**PRACTICE SUPPORT**
Nursing practice consultants and advisors work on a confidential basis to assist registrants to resolve professional practice problems and workplace issues affecting their ability to meet CRNBC’s Standards of Practice. In 2010/11, 3,194 individual and 71 group consults were provided by CRNBC staff. More than two-thirds of the consults were with registrants providing direct care and clinical support. Registrants working in acute and community care were the largest users of the consultation service. Most consultations related to standards in general and RN scope of practice.

Practice support staff also delivered 281 education sessions with a total of 5,203 participants. Documentation was the most popular topic.

**PROFESSIONAL CONDUCT**
Assistance is available to registrants, employers, other health professionals and the public who are concerned about the practice or conduct of a nurse. Whatever the nature of a concern or complaint, it is taken seriously and first priority is given to the public interest and public protection.

Many complaints are resolved through an informal process. If a complaint cannot be resolved through this process and CRNBC receives a written formal complaint about a registrant’s nursing practice, the complaint is considered by the Inquiry Committee. See the Inquiry Committee report on page 21.

**PROFESSIONAL SUPPORT PROGRAM**
CRNBC’s Professional Support Program (PSP), formerly called the Workplace Representative Program, is a provincial network of registrants who volunteer their time to represent CRNBC in the workplace. PSP representatives promote good nursing practice by providing information about CRNBC’s programs and services, and helping other registrants understand and use the Standards of Practice. In 2010/11, 298 health care organizations partnered with CRNBC in the program. This included 613 representatives and 273 management liaisons.

PSP representatives were invited to participate in one of six interagency meetings held in different regions of the province in 2010. Topics discussed included: the Professional Standards as a framework for collaborating during challenging situations; confidentiality; and documentation.

The program marked its twenty-fifth anniversary in 2010.

**PUBLICATIONS**
CRNBC publishes a variety of publications related to registration and professional nursing practice. These publications include in-depth information to support registrants in their practice and individuals applying for registration with CRNBC.

CRNBC also publishes decision support tools. These evidence-informed resources are used by registered nurses with CRNBC-certified practice designation to guide the assessment, diagnosis and treatment of client-specific clinical problems.
Resources and Services

Decision support tools set out the activities that are included in the specific certified practice.

Publications are available for download at no charge from the College website www.crnbc.ca. CRNBC publications are regularly revised to reflect changes affecting registrants' practice and new publications are often published.

REGISTRATION

Anyone wanting to practise as a registered nurse or nurse practitioner in British Columbia must have current practising registration with CRNBC. CRNBC registrants are required to renew their registration each year.

Number of Registrants as of February 28, 2011

<table>
<thead>
<tr>
<th>Category</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN - Practising</td>
<td>35,114</td>
<td></td>
</tr>
<tr>
<td>RN - Practising with Conditions</td>
<td>226</td>
<td></td>
</tr>
<tr>
<td>RN - Non-practising</td>
<td>2,790</td>
<td></td>
</tr>
<tr>
<td>RN - Suspended Non-practising</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioner - Practising</td>
<td>172</td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioner - Non-practising</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>LGN - Practising</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>LGN - Practising with Conditions</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LGN - Suspended - Non-Practising</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LGN - Non-practising</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>2,212</td>
<td></td>
</tr>
<tr>
<td>Student - With Conditions</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>40,712</td>
<td></td>
</tr>
</tbody>
</table>

To become registered, an applicant must meet all of CRNBC’s registration requirements, including passing the registration examination. Applicants who do not meet all of the registration requirements may be granted provisional registration. This allows them to work while they continue to meet certain outstanding registration requirements. Applicants granted provisional registration are assigned specific conditions that must be met in order to be eligible for practising registration. When these conditions have been met, provisional registration is automatically converted to practising registration. Of the 1,984 registrants who received provisional registration in 2010/11, 1,431 had their provisional registration converted to practising registration.

Overall, the number of applications for initial registration continued to fall. CRNBC processed 2,015 applications in 2010/2011 compared to 2,601 in 2009/10 and 2,823 in 2008. While the number of B.C. graduates applying for initial registration rebounded in 2010 after falling in 2009 from 2008 levels, the number of applicants educated outside of B.C. was lower than in 2009.

Number of Initial Applications Processed

<table>
<thead>
<tr>
<th>Category</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.C. Graduates</td>
<td>1,101</td>
<td>1,219</td>
</tr>
<tr>
<td>Canadian Graduates (other than B.C.)</td>
<td>679</td>
<td>544</td>
</tr>
<tr>
<td>International Graduates</td>
<td>527</td>
<td>252</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,307</td>
<td>2,015</td>
</tr>
</tbody>
</table>
Some new applicants for registration may be required to undergo a substantially equivalent competency (SEC) assessment. This assessment provides nurses who received their professional nursing education outside of Canada an opportunity to demonstrate their professional knowledge, skills and abilities. A total of 451 applicants completed a SEC in 2010/11.

**STUDENT REPRESENTATIVE PROGRAM**

CRNBC’s Student Representative Program is a provincial network of students in nursing education programs who volunteer their time to represent CRNBC in their educational institutions. The overall objective for the program is to support volunteer student representatives to build a foundation for professional practice.

In 2010/11, 364 student representatives and faculty liaisons were involved in the program. Of this number, 180 were students who joined the program in 2010/11. Student representatives meet regularly and participate in activities such as sharing CRNBC resources with fellow students and informing students about CRNBC’s Standards of Practice. A survey of faculty liaisons in 2010/11 found that they are satisfied with their role in the program and the resources available to them from CRNBC to support their role.

**WEBSITE WWW.CRNBC.CA**

www.crnbc.ca is the primary source of information about CRNBC and resources for registrants. Information about the work of the College and regulation of registered nurses and nurse practitioners is readily available to registrants and the public on the website.

The website includes questions and answers to assist registrants with practice issues related to topics such as administering and dispensing medications, medication inventory management, confidentiality, documentation, private practice, client relationships, communicable diseases, and duty to provide care.

Resources, which are revised and updated regularly to ensure that information available to registrants is current, are available for downloading from the website.

Each year, registrants use the website to renew their registration and individuals wishing to apply for CRNBC registration can access information about the registration process and retrieve application forms from the website. Anyone with a concern or complaint has the option of contacting CRNBC directly or submitting a concern to CRNBC via the website.
2010/11 Board

CRNBC’s Board comprises members elected by registrants and government-appointed members. The Health Professions Act requires that at least one-third of all board members be public representatives.

**Pam Ratner, Chair**  
Professor and Associate Director, Systems and Strategic Development, School of Nursing, University of British Columbia

**Lorraine Grant, Vice-chair**  
Retired Executive Director, Prince George Community Foundation

**Carolyn Brown**  
Self-Employed Health Care Manager, Terrace

**Stephanie Buckingham**  
University-College Professor, Vancouver Island University

**Barb Crook**  
Health Services Administrator, Mackenzie and District Hospital and Health Centre

**Chilwin Cheng**  
Lawyer; President, Cheng & Company, Legal Process Solutions; President, Paradigm Shift Solutions

**Eleanor Elston**  
Home Support Manager, Beacon Community Services

**Ana-Maria Hobrough**  
Senior Director, Campus Based Fundraising, University of British Columbia

**Gwen Herrington**  
Community Liaison Nurse, Northern Health

**Sharry Hodgson**  
Rural Nurse Educator, Penticton Regional Hospital

**Christina Hutchinson**  
Director of Care, Amica at West Vancouver

**Pearl Pacheco**  
Nurse Advisor, WorkSafeBC; Sexual Assault Nurse Examiner, Surrey Memorial Hospital

**Barbara Thompson**  
Former Pharmacy Manager, Riverview Hospital

One public representative vacancy at February 28, 2011
Statutory Committees

Certified Practices Approval Committee

As of March 31, 2010, all CRNBC registrants who carry out activities that have been identified as certified practice must be certified by CRNBC. CRNBC registers RNs in one of three certified practice categories: RN First Call; Reproductive Health; or Remote Nursing.

RNs who wish to be registered with CRNBC certified practice designation must successfully complete an education program approved by CRNBC.

The Certified Practices Approval Committee approves decision support tools (DSTs) and reviews certified practice education programs, including competencies, course development and delivery, and exit evaluation, and makes recommendations to the Board. It also reviews and recommends policies and procedures pertaining to certified practice to the Board.

The committee held six meetings in 2010/11. Decision support tools in all three areas of certified practice – remote, reproductive and RN First Call – were reviewed and new DSTs were approved. The core competencies for RN First Call and contraceptive management were reviewed and minor revisions recommended to the Board for approval. The committee also revised policies for developers of DSTs and streamlined the procedures for approving DSTs. Two education programs were reviewed with no substantial changes made to either.

COMMITTEE MEMBERS
Cynthia Clark (Chair), Karen Jewell (Vice-chair), Chris Bowman, Sheila Early, Karen Irving, Edna McLellan, Shannon O'Brien

 Discipline Committee

Committee members work in panels of three to conduct hearings. After a hearing of the evidence, the committee makes decisions about a registrant's professional conduct and the disciplinary action required to address the conduct in question.

The committee reviewed two files and held one hearing in 2010/11, with the decision pending at the end of the 2010/11 reporting period.

COMMITTEE MEMBERS
Donna Saltman (Chair), Barbara Thompson (Vice-chair), Melanie Basso, Heather Cook, Donna Daines, Ana-Marie Hobrough, Bob Johnstone, Charleen Phelps, Kathy Yeulet

Education Program Review Committee

This committee reviews nursing education programs and courses required by applicants for registration and makes recommendations about
whether the Board should recognize them for the purpose of registration, and any terms or conditions of recognition.

### Number of Nursing Education Programs Reviewed

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse Programs</td>
<td>3</td>
</tr>
<tr>
<td>Nurse Practitioner Programs</td>
<td>1</td>
</tr>
<tr>
<td>Re-entry Programs</td>
<td>3</td>
</tr>
</tbody>
</table>

In 2010/11, the committee carried out a review of the Education Program and Course Review Policies. It included consultation with 56 stakeholders from nursing practice and education. On the recommendation of the Education Program Review Committee, the Board approved revisions to the nursing education standards with related indicators used to review and recognize entry-level and re-entry registered nurse and nurse practitioner education programs, as well as qualifying courses. The revised nursing education standards and indicators are in effect as of May 1, 2011.

### COMMITTEE MEMBERS

Landa Terblanche (Chair), Elizabeth Elliot (Vice-chair), Shelagh Brennan, Marion Briggs, Diana Campbell, Lois Felkar, Claudette Kelley, Sandra Kioke, M. (Star) Mahara, Paul Madak, Cheryl Segaric, Pamela Thorsteinsson

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### Finance and Audit Committee

This committee advises the Board on financial administration matters and recommends policies to the Board with respect to the financial affairs of CRNBC. It also advises the Board on issues pertaining to the audit and proposes the annual budget.

The committee reviewed the Board’s financial policies and made recommendations, which the Board approved. Recommendations included:

- establishing a restricted capital project fund
- establishing that operating fund net assets be maintained at an amount of not less than 10% (rather than two months) of the current year’s budget
- having the Board acknowledge that the operating fund balance, which in May 2010 was less than two months of the current year’s operating budget, was in violation of the Board’s policy
- having the College’s investment portfolio (fund performance) reviewed at least semi-annually instead of annually.

The committee recommended to the Board an operating budget for 2011/12 of approximately $17.9 million. The committee further recommended an increase in the practising registered nurse registration fee for 2011/12 by $53 with consequential pro rata increases to other
categories of registration fees, except students. It also recommended changes to assessment fees, application fees, examination fees and reinstatement fees.

**COMMITTEE MEMBERS**

Christina Hutchinson (Chair), Donna Saltman (Vice-chair), Famella Altejos, Eleanor Elston, Lorraine Grant, Ana-Maria Hobrough, Joel Whittemore

**Inquiry Committee**

Committee members work in panels of three to review complaints about registrants that are received by CRNBC and investigate the complaint when warranted. Following an investigation, the committee makes decisions about a registrant’s professional conduct.

The Inquiry Committee has authority to request a registrant to consent to a reprimand or undertake or consent to remedial action as specified by the committee. It also has authority to issue a citation for a hearing by the Discipline Committee.

During an investigation or pending a hearing of the Discipline Committee, the Inquiry Committee may set limits and conditions on the practice of the registrant in question or suspend the registrant’s registration if such action is deemed necessary to protect the public.

The committee reviews and makes decisions regarding a registrant’s compliance with and fulfillment of terms, limits or conditions on the registrant’s practice.

The committee held 56 panel meetings by teleconference in 2010/11 and reviewed 187 written complaints, 115 of which warranted further investigation. These complaints yielded a total of 308 concerns.

**Number of Complaints Received with Respect to:**

- Professional Competence: 162
- Professional Misconduct: 88
- Professional Incapacity: 44
- Criminal Charge/Conviction: 14

The committee issued one citation for a hearing and approved 144 consent agreements signed by registrants to resolve complaints. The consent agreements had the following effects on the registration of these registrants:

- Conditions on registration: 98
- Suspension from practising registration: 41
- Suspension followed by conditions: 3
- Reprimand: 2
- Termination: 0

The committee also reviewed the requests of 47 registrants at the conclusion of their agreements. Forty-two agreements were concluded as the Inquiry Committee determined the undertakings
were met. Five agreements were not concluded as the Inquiry Committee determined the undertakings in the agreements had not been met.

A registrant or complainant may request the Health Professions Review Board to review a decision of the Inquiry Committee. Between March 1, 2010 and February 28, 2011, two requests for review were resolved through mediation, eight were either dismissed or resolved, and 13 were ongoing. In 2010/11, 12 new discipline-related requests for review were submitted to the Health Professions Review Board.

**COMMITTEE MEMBERS**

Chris Ondrik (Chair), Ana-Marie Hobrough (Vice-Chair), Robyn Austin, Kasandra Bonn, Robert Halliday, Patricia (April) O’Brien, Tracey Rannie, Jeffrey Sparling, Eunice (Natalie) Wheatley

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**Nominations Committee**

This committee implements the election procedures established by the Registrar/CEO. Committee members review nominations received and determine whether the nominations submitted comply with eligibility requirements. All reasonable efforts are used to obtain at least one candidate for each vacant elected board position. Each year, the committee presents a ticket of nominations to the Board Chair and the Registrar/CEO for approval.

The committee met three times between April 2010 and June 2010 to identify strategies and to review nominations received for three board positions: at-large board member; rural board member; urban board member. The 2010 ticket of nominations was presented to the Board Chair and Registrar/CEO for approval in early June 2010: three nominations for the at-large board position; two nominations for the rural board position; no nominations for the urban board position.

Election ballots were mailed in late June 2010 for the two contested positions. The ballot count was held in August 2010 and election results were posted on the CRNBC website.

**2010 ELECTION RESULTS**

**At-Large Board Member**

Eleanor Elston – three-year term

**Rural Board Member**

Barb Crook – three-year term

**Urban Board Member**

In accordance with the College’s Bylaws, the Board appointed Sharry Hodgson of Summerland to the uncontested position of urban board member.

The committee met four times between November 2010 and February 2011 to identify nominations strategies and to review any nominations received. At the close of nominations on February 4, 2011, one nomination was submitted for one of the two urban board member positions. Four nominations were received for the two rural board member positions. No nominations were received for the at-large board member position.
The committee extended the nominations deadline to February 22, 2011 for those positions for which no nominations were received. At the close of the extended deadline, all board member positions were filled. The Committee presented the 2011 ticket of nominations to the Board Chair and the Registrar/CEO on February 23, 2011.

In accordance with the CRNBC Bylaws, the three-year and four-year terms of office for the two rural board member positions and the two urban board member positions were selected by random draw by CRNBC’s election trustee on February 24, 2011.

2011 ELECTION RESULTS
At-Large Board Member
Gwen Herrington – three-year term

Rural Board Members
Colleen Hay – four-year term
Mary Kjorven – three-year term

Urban Board Member
Anne Gavey – three-year term

COMMITTEE MEMBERS
Eileen Maloney-White (Chair), Andrea Ram (Vice-chair), Gail Bremer

Nurse Practitioner Examination Committee
This committee directs the development and administration of the objective structured clinical examination (OSCE) and scores the OSCE and written nurse practitioner registration examinations. The committee held five meetings in 2010/11 to consider and render decisions on the examinations.

The committee also reviewed 14 rescore requests. Four were changed from fail to pass.

COMMITTEE MEMBERS
Bob Johnstone (Chair), Lynn Guengerich (Vice-chair), Michelle Bech, Jacky Behr, Nancy Cho, Isobel Dawson, Gloria Joachim, Charmaine Lingard, Sue Peck, Lorine Scott

Nurse Practitioner Standards Committee
This committee develops and recommends to the Board the Scope of Practice Standards, Limits and Conditions in accordance with Section 9 (3) of the Nurses (Registered) and Nurse Practitioners Regulation.

Following a five-year review, the committee recommended, and the Board approved, a revised Scope of Practice for Nurse Practitioners:
Standards, Limits and Conditions, effective March 13, 2011. It replaced the three scope of practice documents that were developed in 2005 for each of the three streams of nurse practitioner practice (family, adult, pediatric).

The committee also recommended, and the Board approved: removing all limits and conditions on physician referral; limits and conditions to enable nurse practitioners to carry out certain activities that were previously prohibited; the addition of diagnostic laboratory and imaging tests; and changes in prescribing authority for some drugs.

COMMITTEE MEMBERS
Monica Gregory (Chair), Mia Chorney (Vice-chair), Steven Broughton, Chilwin Cheng, Laurianne Jodouin, Mona Kwong, Kelly McInerney, Karen McLoughlin, Erica Purves, Barb Radons, Keith Stothers, Erin Wilson

Registration Committee

This committee reports on and approves policies with respect to registration of applicants for student, provisional and initial registered nurse and nurse practitioner registration as well as for renewal, conversion and reinstatement of current and former registrants. Policies are then presented to the Board for review and feedback. In circumstances not covered by the Health Professions Act or the College Bylaws or policies, the committee reviews applications for registration and decides whether or not an applicant is eligible.

The committee met 19 times in 2010/11 to consider and render decisions on 150 files.

Applicants who are refused registration by the Registration Committee may request a review by the Health Professions Review Board. Of the 27 registration-related requests for review submitted to the Health Professions Review Board, four were resolved through mediation, 10 were either dismissed or resolved, and 13 were ongoing as of February 28, 2011.

COMMITTEE MEMBERS
Lorraine Grant (Chair), Judith Hazel (Vice-chair), Chilwin Cheng, Diane Clements, Marti Harder, Nancy Gregson, Eileen Goudy, Landon James, Barb Thompson
Other Committees

Awards Committee

The Awards Committee is responsible for recommending names of registrants to the CRNBC Board to receive CRNBC Recognition Awards and recommending nominations for the CRNBC and Canadian Nurses Association Memorial Books and external awards. The committee establishes the nomination procedures and provides recommendations to the CRNBC Board pertaining to Recognition Program policies.

The committee held one meeting in 2010 to receive and screen nominations for the 2011 CRNBC Nursing Excellence Awards and make a recommendation to the Board regarding acceptance of the nominations. The committee also made recommendations, which the Board accepted, to amend award criteria, clarify award policies and remove the honorary registrant award as CRNBC does not have this category of registration.

COMMITTEE MEMBERS

Shannon Shah (Chair), Linda McGowan (Vice-chair), Charlotte Nelson

Board Review Panel

The Board Review Panel considers requests for review of registrant eligibility to take a registration examination.

The panel held three meetings and granted 18 requests for a fourth writing of the Canadian Registered Nurse Examination (CRNE) and two requests for a fourth taking of the objective structured clinical examination (OSCE). The panel also granted one request for a fifth writing of the CRNE and one request for a sixth writing of the CRNE.

COMMITTEE MEMBERS

Stephanie Buckingham, Barb Crook, Eleanor Elston, Gwen Herrington, Sharry Hodgson, Lorraine Grant, Barb Thompson
College of Registered Nurses of British Columbia
Consolidated Financial Statements
For the year ended February 28, 2011

Contents

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To the Registrants of  
College of Registered Nurses of British Columbia  

We have audited the accompanying financial statements of the College of Registered Nurses of British Columbia ("CRNBC") which comprise the Consolidated Statement of Financial Position as at February 28, 2011 and the Consolidated Statements of Operations and Changes in Net Assets and Cash Flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management’s Responsibility for the Financial Statements  
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, 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.

Auditor’s Responsibility  
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation of the financial statements 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 entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion  
In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of CRNBC as at February 28, 2011 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.
### College of Registered Nurses of British Columbia
#### Consolidated Statement of Financial Position

<table>
<thead>
<tr>
<th></th>
<th>Operating Fund</th>
<th>Capital Fund</th>
<th>Captive Insurance Fund</th>
<th>February 28 2011</th>
<th>February 28 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and short-term</td>
<td>$12,267,024</td>
<td>-</td>
<td>$3,571,208</td>
<td>$15,838,232</td>
<td>$14,422,105</td>
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<td>investments (Note 1)</td>
<td>$14,422,105</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>21,648</td>
<td>351,753</td>
<td>558,758</td>
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<tr>
<td>Due from other Funds</td>
<td>(449,015)</td>
<td>104,000</td>
<td>345,015</td>
<td>-</td>
<td></td>
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<tr>
<td>Income taxes recoverable</td>
<td>-</td>
<td>-</td>
<td>117,908</td>
<td>117,908</td>
<td>75,900</td>
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<tr>
<td>Prepaid expenses</td>
<td>57,919</td>
<td>-</td>
<td>18,900</td>
<td>76,819</td>
<td>92,559</td>
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<tr>
<td><strong>Total</strong></td>
<td>12,206,033</td>
<td>104,000</td>
<td>4,074,679</td>
<td>16,384,712</td>
<td>15,149,322</td>
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<tr>
<td><strong>Investments (Note 1)</strong></td>
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<td>-</td>
<td>759,085</td>
<td>9,197,751</td>
<td>7,004,141</td>
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<tr>
<td><strong>Capital assets (Note 2)</strong></td>
<td>-</td>
<td>3,446,462</td>
<td>-</td>
<td>3,446,462</td>
<td>3,844,894</td>
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<tr>
<td><strong>Total</strong></td>
<td>8,438,666</td>
<td>3,446,462</td>
<td>759,085</td>
<td>12,644,213</td>
<td>10,849,035</td>
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<tr>
<td><strong>Total assets</strong></td>
<td>$20,644,699</td>
<td>$3,550,462</td>
<td>$4,833,764</td>
<td>$29,028,925</td>
<td>$25,998,357</td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and</td>
<td>$1,788,806</td>
<td>-</td>
<td>$36,380</td>
<td>$1,825,186</td>
<td>$1,414,007</td>
</tr>
<tr>
<td>accrued liabilities</td>
<td>$</td>
<td>$36,380</td>
<td>$1,825,186</td>
<td>$1,414,007</td>
<td></td>
</tr>
<tr>
<td>Premium tax payable</td>
<td>-</td>
<td>16,898</td>
<td>16,898</td>
<td>10,434</td>
<td></td>
</tr>
<tr>
<td>Accrued sick, vacation</td>
<td>647,898</td>
<td>-</td>
<td>-</td>
<td>647,898</td>
<td>556,802</td>
</tr>
<tr>
<td>and severance</td>
<td></td>
<td>-</td>
<td>-</td>
<td>647,898</td>
<td>556,802</td>
</tr>
<tr>
<td>Deferred revenue and</td>
<td>16,376,227</td>
<td>-</td>
<td>-</td>
<td>16,376,227</td>
<td>13,778,858</td>
</tr>
<tr>
<td>grants</td>
<td></td>
<td>-</td>
<td>-</td>
<td>16,376,227</td>
<td>13,778,858</td>
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<tr>
<td>Capital leases payable</td>
<td>-</td>
<td>97,024</td>
<td>-</td>
<td>97,024</td>
<td>100,347</td>
</tr>
<tr>
<td>current portion (Note 3)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>97,024</td>
<td>100,347</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18,812,931</td>
<td>97,024</td>
<td>53,278</td>
<td>18,963,233</td>
<td>15,860,448</td>
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<tr>
<td>Capital leases payable (Note 3)</td>
<td>-</td>
<td>179,978</td>
<td>-</td>
<td>179,978</td>
<td>209,845</td>
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<tr>
<td>Reserve for unpaid and future claims (Note 4)</td>
<td>-</td>
<td>-</td>
<td>1,189,000</td>
<td>1,189,000</td>
<td>1,018,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18,812,931</td>
<td>277,002</td>
<td>1,242,278</td>
<td>20,332,211</td>
<td>17,088,293</td>
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<tr>
<td><strong>Net Assets</strong></td>
<td>1,831,768</td>
<td>3,273,460</td>
<td>3,591,486</td>
<td>8,696,714</td>
<td>8,910,064</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>1,831,768</td>
<td>3,273,460</td>
<td>3,591,486</td>
<td>8,696,714</td>
<td>8,910,064</td>
</tr>
<tr>
<td>Equity in capital assets</td>
<td>-</td>
<td>3,273,460</td>
<td>3,273,460</td>
<td>3,534,702</td>
<td>3,591,627</td>
</tr>
<tr>
<td>Equity in Captive</td>
<td>-</td>
<td>3,591,486</td>
<td>3,591,486</td>
<td>3,591,627</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,831,768</td>
<td>3,273,460</td>
<td>3,591,486</td>
<td>8,696,714</td>
<td>8,910,064</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>$20,644,699</td>
<td>$3,550,462</td>
<td>$4,833,764</td>
<td>$29,028,925</td>
<td>$25,998,357</td>
</tr>
</tbody>
</table>

**Contingent liability (Note 7)**

Approved by:

_____________________________  ______________________________
Board Chair  Chair, Finance and Audit Committee

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements
## College of Registered Nurses of British Columbia
### Consolidated Statement of Operations and Changes in Net Assets

For the year ended February 28

<table>
<thead>
<tr>
<th></th>
<th>Operating Fund</th>
<th>Capital Fund</th>
<th>Captive Insurance Fund</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>professional registration</td>
<td>$13,721,675</td>
<td>-</td>
<td>-</td>
<td>$13,721,675</td>
<td>$12,645,976</td>
</tr>
<tr>
<td>student registration</td>
<td>78,846</td>
<td>-</td>
<td>-</td>
<td>78,846</td>
<td>271,371</td>
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<tr>
<td>Credentials processing</td>
<td>370,727</td>
<td>-</td>
<td>-</td>
<td>370,727</td>
<td>574,803</td>
</tr>
<tr>
<td>Examinations</td>
<td>1,176,615</td>
<td>-</td>
<td>-</td>
<td>1,176,615</td>
<td>1,174,980</td>
</tr>
<tr>
<td>Investment income</td>
<td>385,241</td>
<td>-</td>
<td>36,393</td>
<td>421,634</td>
<td>680,287</td>
</tr>
<tr>
<td>Advertising</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>53,766</td>
</tr>
<tr>
<td>Project grants</td>
<td>30,872</td>
<td>-</td>
<td>-</td>
<td>30,872</td>
<td>225,136</td>
</tr>
<tr>
<td>Sundry (Note 5)</td>
<td>186,308</td>
<td>-</td>
<td>(88,677)</td>
<td>97,631</td>
<td>58,692</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>15,950,284</td>
<td>-</td>
<td>(52,284)</td>
<td>15,898,000</td>
<td>15,685,011</td>
</tr>
</tbody>
</table>

| **Expenditures**    |                |              |                         |       |         |
| Executive office    | 1,321,815      | -            | -                       | 1,321,815 | 1,023,090 |
| Finance and corporate services | 2,451,465 | - | - | 2,451,465 | 2,134,388 |
| Human Resources     | 617,575        | -            | -                       | 617,575 | 552,552 |
| Practice support (Note 5) | 2,532,007 | - | - | 2,532,007 | 2,514,662 |
| Regulatory services | 3,550,004      | -            | -                       | 3,550,004 | 4,283,736 |
| Policy              | 1,171,051      | -            | -                       | 1,171,051 | 986,359 |
| Education services  | 1,425,240      | -            | -                       | 1,425,240 | 1,569,801 |
| and communication   | -              | 10,805       | -                       | 10,805 | 10,769  |
| CNA affiliation fees| 1,926,277      | -            | -                       | 1,926,277 | 1,843,042 |
| Amortization        | -              | 755,099      | -                       | 755,099 | 680,484 |
| Captive insurance (Note 5) | contribution | 180,000 | - | (180,000) | - |
| premium             | 326,155        | -            | (326,155)               | -     | -       |
| Captive administration expenses (Note 5) | - | - | 129,583 | 129,583 | 107,879 |
| Reserve for unpaid and future claims | - | - | 171,000 | 171,000 | 72,000 |
| Nurse Practitioners insurance cost | - | - | 75,450 | 75,450 | 74,290 |
| **Total Expenditures** | 15,501,589 | 765,904 | (130,122) | 16,137,371 | 15,853,052 |

| **Excess (deficiency) of revenue over expenditures before other items** | 448,695 | (765,904) | 77,838 | (239,371) | (168,041) |

| Interfund transfers for Capital assets | (279,410) | 279,410 | - | - | - |
| Equipment lease payments | (121,252) | 121,252 | - | - | - |
| Dividends declared | - | 104,000 | (104,000) | - | - |
| Income taxes (Note 6) | - | - | 26,024 | 26,024 | (19,697) |

### Excess (deficiency) of revenue over expenditures for the year

| 48,033 | (261,242) | (138) | (213,347) | (187,738) |

### Net assets, beginning of year

| 1,783,735 | 3,534,702 | 3,591,627 | 8,910,064 | 9,097,805 |

### Net assets, end of year

| $1,831,768 | $3,273,460 | $3,591,486 | $8,696,717 | $8,910,067 |

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.
# Consolidated Statement of Cash Flows

For the year ended February 28

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess of revenues over expenses</td>
<td>$(213,347)</td>
<td>$(187,738)</td>
</tr>
<tr>
<td>Add Items not involving cash:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization of capital assets</td>
<td>755,099</td>
<td>680,486</td>
</tr>
<tr>
<td>Reserve for unpaid and future claims</td>
<td>171,000</td>
<td>72,000</td>
</tr>
<tr>
<td>Change in unrealized investment (gains) losses</td>
<td>$(270,116)</td>
<td>55,620</td>
</tr>
<tr>
<td></td>
<td>442,636</td>
<td>620,368</td>
</tr>
<tr>
<td>Changes in working capital items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts receivable</td>
<td>207,005</td>
<td>(314,166)</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>15,740</td>
<td>28,110</td>
</tr>
<tr>
<td>Income taxes recoverable</td>
<td>(42,008)</td>
<td>(33,083)</td>
</tr>
<tr>
<td>Accounts payable and accrual liabilities</td>
<td>411,179</td>
<td>632,812</td>
</tr>
<tr>
<td>Premium tax payable</td>
<td>6,464</td>
<td>(2,412)</td>
</tr>
<tr>
<td>Deferred revenue and grants</td>
<td>2,597,369</td>
<td>864,746</td>
</tr>
<tr>
<td>Accrued sick, vacation, and severance</td>
<td>91,096</td>
<td>2,532</td>
</tr>
<tr>
<td>Net cash generated through operating activities</td>
<td>3,729,481</td>
<td>1,798,907</td>
</tr>
</tbody>
</table>

| **Cash flows from investing activities** |         |         |
| Purchase of investments, net | (4,563,277) | (477,246) |
| Purchase of capital assets | (279,410) | (1,613,794) |
| Net cash used in investing activities | (4,842,687) | (2,091,040) |

| **Cash flows from financing activity** |         |         |
| Capital lease principal repayments | (110,447) | (133,369) |

| **Net increase in cash and equivalents** | (1,223,653) | (425,502) |
| **Cash and cash equivalents, beginning of year** | 9,488,192 | 9,913,694 |
| **Cash and cash equivalents, end of year (Note 1)** | $8,264,539 | $9,488,192 |

## Supplementary Information

Non-cash financing and investing activities

- Capital assets acquired by way of capital leases, net | $77,257 | $291,168

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.
College of Registered Nurses of British Columbia  
Summary of Significant Accounting Policies  

February 28, 2011

Operations

Pursuant to the Health Professions Act, the College of Registered Nurses of British Columbia ("CRNBC") is a corporation consisting of the members of the board and registrants of CRNBC. CRNBC Board is composed of 9 elected registrants and 5 public representatives appointed by Government. CRNBC acts to serve and protect the public through the regulation of registered nurses, nurse practitioners and licensed graduate nurses in British Columbia.

CRNBC Captive Insurance Corporation ("Captive") is a subsidiary of CRNBC. Captive issues a professional liability and commercial general liability insurance policy covering the registrants of CRNBC as well as CRNBC, Captive, and their directors and officers. CRNBC practicing registrants and student registrants are provided with liability insurance through Captive while providing nursing services that constitute the practice of nursing in accordance with provincial legislation and CRNBC Standards of Practice. Coverage is limited to $1 million (per claim and in aggregate) for professional liability claims for all practicing registered nurses, licensed graduate nurse registrants and student registrants. Nurse practitioners are covered separately under a policy underwritten by a commercial insurer for up to $5 million (per claim and in aggregate). Coverage also includes general liability claims involving property damage or bodily injury up to $2 million (per claim and in aggregate).

Financial Statement Presentation

These consolidated financial statements include the accounts of CRNBC and Captive. Balances and transactions between Captive and CRNBC have been eliminated on consolidation. In order to more clearly reflect the various divisions, a fund accounting basis of presentation has been adopted as follows:

(a) Operating Fund

The Operating Fund reflects assets, liabilities, revenues and expenditures relating to the general operations of CRNBC. Included are contributions to the capital fund to purchase capital assets and to make lease payments.

(b) Capital Fund

The Capital Fund reflects all of the capital assets of CRNBC and the related financing of those capital assets including contributions received in the year from the Operating Fund. Expenditures directly relating to capital assets such as consulting fees, training and support are expensed in the Capital Fund.

(c) Captive Insurance Fund

Captive Insurance Fund reflects the assets, liabilities, revenue and expenditures of Captive.

Internally Restricted Funds, if any, represent Operating Funds that have been appropriated by CRNBC's Board for specific purposes.
Future Accounting Pronouncements

Recent accounting pronouncements that have been issued but are not yet effective, that may impact CRNBC are as follows:

**Future Direction of Standards for Not-for-Profit Organizations**

The Accounting Standards Board has approved a new framework for the new accounting standards for not-for-profit organizations that is based on existing Canadian GAAP and incorporates the 4400 series of standards which apply to not-for-profit organizations. The new standard is effective for years beginning January 1, 2012. Early adoption is permitted. Not-for-profit organizations also have the option of adopting International Financial Reporting Standards.

Revenue Recognition

Revenue is recognized as it is earned in accordance with the following:

- Registration fee revenues are recognized as revenue of the Operating Fund in the period that corresponds to the registration year to which they relate. Registration fees are recorded as receivables at the time a registrant registers for the following year with the amount being deferred as appropriate.

- Credentials processing revenue is recognized as revenue in the year fees are received.

- Grants received are deferred and recognized as revenue in the year in which the related expense occurs.

- Examination fees received are deferred and recognized as revenue in the year the applicant completes the exam.

- Investment income is recognized as revenue in the year earned and includes gains and losses resulting from changes in the fair market value of investments.

- All other revenues are recognized in the year earned.

Insurance premiums received by Captive in respect of the policy coverage period are allocated between insurance premium revenue and contributed surplus. Insurance premiums are recognized as revenue by Captive over the respective coverage period.
Use of Estimates

The financial statements of CRNBC have been prepared by management in accordance with Canadian generally accepted accounting principles. The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. The most significant areas requiring management estimates and assumptions included the estimate of useful lives of capital assets for calculating amortization, the reserve for unpaid and future claims, the allocation of salary expense to the appropriate programs, the fair market value of investments, and the estimate of the staff severance liability. Actual results could differ from management’s best estimates as additional information becomes available in the future. The financial statements have, in management’s opinion, been properly prepared using careful judgment within reasonable limits of materiality and within the framework of the accounting policies summarized above.

Financial Instruments

Financial assets and financial liabilities are initially recognized at fair value and are subsequently accounted for based on their classification. The classification depends on the purpose for which the financial instruments were acquired and their characteristics. Financial assets classified as available for sale are recorded at fair value. Except in very limited circumstances, the classification is not changed subsequent to initial recognition. The fair value of a financial instrument on initial recognition is the transaction price, which is the fair value of the consideration given or received. Subsequent to initial recognition, fair value is determined by using valuation techniques which refer to observable market data. Transaction costs related to instruments classified as available for sale are expensed as incurred. All transactions related to financial instruments are recorded on a settlement date basis.

CRNBC classified its cash and cash equivalents and long-term investments as available-for-sale. As a result, they are carried in the Consolidated Statement of Financial Position at fair value with changes in fair value recognized in the Consolidated Statement of Operations.

Financial instruments other than cash and cash equivalents and long-term investments are recorded at cost. The fair value of other financial instruments are considered to approximate their carrying value due to their short term nature.
Capital Assets

Capital expenditures are capitalized and recorded at cost less accumulated amortization. Amortization is based on the estimated useful life of the assets as follows:

- Building: 5% diminishing balance basis
- Building improvements: 20% straight line basis
- Office furniture and equipment: 10% straight line basis
- Electronic office equipment: 33% straight line basis
- Switchboard equipment: 20% straight line basis
- Custom developed software: 20% straight line basis
- Other software: 50% straight line basis

Allocation of General Support Expenses

CRNBC incurs a number of general support expenses that are common to the administration of CRNBC. CRNBC allocates certain general support expenses among the various programs as follows:

- Salaries and wages: proportionately on the basis of time spent by each employee on each of the programs
- Internal printing: based on the measured consumption attributable to each of the programs

Cash and Cash Equivalents

Cash and cash equivalents include investments having a maturity date of three months or less from the date of purchase.

Assets Under Capital Lease

Assets under capital lease are recorded at the present value of the minimum lease payments at the inception of the lease. Amortization is provided over the period of the lease.

Accrued Sick, Vacation and Severance Pay

CRNBC accrues all earned but unpaid cash entitlements for severance pay, sick leave and vacation pay.

Income Taxes

CRNBC is exempt from income tax under Section 149(1)(l) of the Canadian Income Tax Act. Captive is subject to income tax and income taxes are accounted for using the taxes payable method.
1. Cash and Investments

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Captive</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Market</td>
<td>Market</td>
</tr>
<tr>
<td></td>
<td>Insurance</td>
<td>Value</td>
</tr>
<tr>
<td>Operating Fund</td>
<td>Market</td>
<td>Market</td>
</tr>
<tr>
<td>Cash</td>
<td>$ 7,258,225</td>
<td>$ 1,006,314</td>
</tr>
<tr>
<td>Mutual funds</td>
<td>4,002,015</td>
<td>2,356,289</td>
</tr>
<tr>
<td>Government bonds</td>
<td>5,176,123</td>
<td>263,024</td>
</tr>
<tr>
<td>Corporate bonds and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>notes</td>
<td>4,269,327</td>
<td>704,666</td>
</tr>
<tr>
<td></td>
<td>20,705,690</td>
<td>4,330,293</td>
</tr>
<tr>
<td>Less cash and short-term</td>
<td>12,267,024</td>
<td>3,571,208</td>
</tr>
<tr>
<td>investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term investments</td>
<td>$ 8,438,666</td>
<td>$ 759,085</td>
</tr>
</tbody>
</table>

Government bonds consist of provincial and municipal bonds and bear interest ranging from 1.75% to 10.00% (2010 - 2.75% - 10.75%) with maturities ranging from July 2011 to December 2016. Corporate bonds and notes bear interest ranging from 2.93% to 5.16% (2010 - 3.60% to 6.25%) and have maturities ranging from July 2011 to January 2017. Mutual funds consist of money market funds which are redeemable at any time.

2. Capital Assets

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost</td>
<td>Accumulated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amortization</td>
</tr>
<tr>
<td>Land</td>
<td>$ 450,000</td>
<td>$ -</td>
</tr>
<tr>
<td>Building</td>
<td>3,752,943</td>
<td>2,611,886</td>
</tr>
<tr>
<td>Building improvements</td>
<td>635,502</td>
<td>426,441</td>
</tr>
<tr>
<td>Office furniture and</td>
<td>645,617</td>
<td>473,445</td>
</tr>
<tr>
<td>equipment</td>
<td>331,653</td>
<td>303,572</td>
</tr>
<tr>
<td>Electronic office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>under capital lease</td>
<td>674,189</td>
<td>402,292</td>
</tr>
<tr>
<td>Switchboard equipment</td>
<td>173,030</td>
<td>173,030</td>
</tr>
<tr>
<td>Software</td>
<td>2,493,012</td>
<td>1,318,818</td>
</tr>
<tr>
<td></td>
<td>$9,155,946</td>
<td>$5,709,484</td>
</tr>
</tbody>
</table>
3. Capital Leases Payable

CRNBC has entered into various lease agreements for photocopiers and computer equipment.

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obligations under capital lease</td>
<td>$277,002</td>
<td>$310,192</td>
</tr>
<tr>
<td>Less amounts due within one year included in current liabilities</td>
<td>97,024</td>
<td>100,347</td>
</tr>
<tr>
<td></td>
<td>$179,978</td>
<td>$209,845</td>
</tr>
</tbody>
</table>

The future minimum lease payments for the next five years are as follows:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$109,598</td>
</tr>
<tr>
<td>2012</td>
<td>81,811</td>
</tr>
<tr>
<td>2013</td>
<td>61,556</td>
</tr>
<tr>
<td>2014</td>
<td>50,622</td>
</tr>
<tr>
<td>2015</td>
<td>25,311</td>
</tr>
<tr>
<td></td>
<td>328,898</td>
</tr>
<tr>
<td>Less: imputed interest at 3.25% - 7.25%</td>
<td>51,896</td>
</tr>
<tr>
<td></td>
<td>$277,002</td>
</tr>
</tbody>
</table>

During the year, the interest expense on capital leases totaled $10,805 (2010 - $10,768).

4. Reserve for Unpaid and Future Claims

Captive has adopted a policy to accumulate a reserve for claims incurred during a particular fiscal year (including claims not reported) and any future claims based on amounts determined by qualified independent actuaries. An actuarial valuation of the claims liabilities of Captive was last performed by an independent actuary in a report completed in 2011 for the year ended February 28, 2011. The net reserve for unpaid claims and future claims was estimated at $1,189,000 (2010 - $1,018,000).
5. Related Party Transactions

Related party transactions not disclosed elsewhere in these financial statements are as follows:

(a) During the year CRNBC paid Captive $506,155 (2010 - $506,896) in respect of contributed surplus ($180,000) and insurance premiums ($326,155).

(b) Sundry revenue includes administrative fees totaling $88,677 (2010 - $82,281), including GST, charged to Captive.

(c) During the year, Captive declared a dividend of $104,000 (2010 - $152,000) to CRNBC of which $nil (2010 - $152,000) was recontributed to Captive to acquire additional shares.

These transactions are in the normal course of operations and are measured at the exchange value (the amount of consideration established and agreed to by the related parties).

6. Income Taxes

Income taxes for Captive are net of refundable taxes of $34,667 (2010 - $62,110).

7. Contingent Liability

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

8. Allocated Expenses

Salaries and wages and internal printing expenses are allocated as follows:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive office</td>
<td>$ 665,655</td>
<td>$ 533,081</td>
</tr>
<tr>
<td>Finance and corporate services</td>
<td>741,363</td>
<td>800,655</td>
</tr>
<tr>
<td>Human Resources</td>
<td>323,363</td>
<td>317,916</td>
</tr>
<tr>
<td>Practice Support</td>
<td>2,163,995</td>
<td>2,126,180</td>
</tr>
<tr>
<td>Regulatory Services</td>
<td>2,231,801</td>
<td>2,260,259</td>
</tr>
<tr>
<td>Policy</td>
<td>860,807</td>
<td>740,631</td>
</tr>
<tr>
<td>Education services and communication</td>
<td>1,070,843</td>
<td>1,085,318</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 8,057,827</td>
<td>$ 7,864,040</td>
</tr>
</tbody>
</table>
9. Financial Instrument Risks

CRNBC, through its financial assets and liabilities, is exposed to various risks. The following analysis provides a measurement of those risks at February 28, 2011.

(a) Credit Risk and Market Risk

Credit risk is the risk that CRNBC will incur a loss due to the failure by its debtors to meet their contractual obligations. Financial instruments that potentially subject CRNBC to significant concentrations of credit risk consist primarily of cash and cash equivalents, long-term investments and accounts receivable. Market risk is the risk that the value of an investment will fluctuate as a result of changes in market prices, whether those changes are caused by factors specific to the individual investment or factors affecting all securities traded in the market. CRNBC limits its exposure to credit risk by placing its cash and cash equivalents and short-term investments with high credit quality governments, financial institutions and corporations in accordance with investment policies adopted by the Board. Risk and volatility of investment returns are mitigated through the diversification of investments in different geographic regions and different investment vehicles.

(b) Foreign Exchange Risk

Foreign exchange risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. CRNBC is not exposed to foreign exchange risk as all financial instruments are denominated in Canadian dollars.

(c) Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. CRNBC is not exposed to interest risk on its capital leases payable as lease payments are fixed to the end of the lease term. The interest rates and terms of cash and cash equivalents and long-term investments are as disclosed in Note 1.

(d) Liquidity Risk

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

10. Comparative Amounts

Certain comparative amounts have been restated to conform with current year presentation.