



# CMCC

Canadian Memorial Chiropractic College

## 2016-2017 annual report Hitting the mark



## **Our Vision**

An academic institution recognised for creating leaders in spinal health

## **Our Mission**

Deliver world class chiropractic education, research and patient care



CMCC is dedicated to pursuing innovation in education, research and patient care. In this way, the institution effectively prepares its students to become tomorrow's leaders in spinal health.

CMCC's achievements this year demonstrate the success of this approach in paving the way toward increased collaboration with other health care professions, and helping to define the profession within the changing Canadian health care landscape.

# A message from the Chair of the Board and President



David Gryfe, DC  
Chair



David Wickes, DC, MA  
President

Welcome to the 2016-2017 annual report, a look back on the year's developments and the results of the hard work of employees, students, supporters, and volunteers at CMCC.

With more than 750 undergraduate and 15 graduate students enrolled in our programs, the campus remains a vibrant community and we continue to attract our alumni to visit and remain engaged. Our signature events, including Backs in Motion, Homecoming and BackSwing were rousing successes. For the second time, CMCC was an invited participant in Toronto's Doors Open event which brought hundreds of interested visitors to our campus. Of course, with education at the core of our existence, we were delighted to graduate 190 new chiropractors in June at our Convocation ceremony held at the Roy Thompson Hall. In August, we welcomed almost 200 new students to CMCC who had succeeded in being selected from more than 600 qualified applicants from across Canada and abroad.

As is illustrated throughout this report, CMCC hit the mark in many ways. Our Board of Governors formally approved the new 2017-2021 Strategic Plan and we

embarked on a path to achieve its ambitious strategies spread over six themes of excellence. Our quest for the enhancement of learning through technology was highlighted by the expansion of our web-based testing platform to most courses in Years I and II, the implementation of a digital portfolio system, and the acquisition of a sophisticated digital virtual dissection table (Anatomage®) – the first in Ontario and one of only four in Canada. CMCC became one of the inaugural members in SIM-one, the Canadian Network for Simulation in Healthcare. Our researchers were able to conclude patient recruitment into our neck pain study, the largest clinical trial ever conducted at CMCC and receiving the largest grant to Canadian chiropractic researchers from the US National Institutes of Health.

This year also saw the successful conclusion of the active campaign to fund the endowed McMorland Family Research Chair in Mechanobiology. Having reached the target goal of a combined \$3.5 million in cash donations and pledges, we have now redirected our fundraising efforts to other projects to enable us to lessen our reliance on tuition revenue. All of us at CMCC are grateful for the support we receive from our friends and alumni that helps us accomplish our goals.

# Hitting the mark

In 2016-2017, CMCC's Board of Governors approved a new strategic plan for CMCC for 2017 to 2021. The plan was created based on six strategic themes that were identified through a consultative process in which CMCC community members were encouraged to provide feedback on planning priorities.

A comprehensive plan, it sets a new framework for the institution's next phase of growth and development. It reinforces the CMCC Mission, enables the achievement of the CMCC Vision and supports its Core Values. The plan was prepared in consultation with members of the Board of Governors, employees and students. The


year-long process included the establishment of six interdivisional working groups comprised of more than 60 individuals who met throughout the year to define strategies and tools to measure progress for each area of excellence. The final plan was submitted by the President in spring and approved by the CMCC Board of Governors in April 2017.

This report provides an overview of the 2016-17 year through these strategic themes and examines the progress made toward the institution's mission to deliver world class chiropractic education, research and patient care.

The six strategic themes are:

- I. Excellence in Teaching and Learning**
- II. Excellence in Support and Service for Students and Employees**
- III. Excellence in Clinical Care**
- IV. Excellence in Collaboration and Communication**
- V. Excellence in Institutional Leadership and Management**
- VI. Excellence in Research, Scholarship and Innovation**





# Excellence in support service for students and employees

CMCC continues to expand its base of mental health literacy among employees and students through the Mental Health First Aid (MHFA) program, an initiative of the Mental Health Commission of Canada. Over 130 employees have been trained as mental health first responders; and with the addition of Ms. Karen Rice, Student Success Counsellor, as a trainer, cohorts of student interns have begun to participate in the training. This has been an ongoing collaboration between the Divisions of Student Services, Human Resources, and Clinical Education, which is helping to diversify our capacity to address health concerns among members of our community including our clinical patient population.

“It’s okay to talk” was launched in September of 2016, identifying students and employees who have received MHFA training so that individuals in need may reach out to them to seek support.

Following the student Sexual Experiences and Attitudes Survey (SEAS) in 2016, a community town hall provided an opportunity to discuss how to prevent sexual violence in our community. The ideas generated from the town hall have been carried forward to the Working Group on Sexual Violence which has been tasked with developing response protocols and policy.

# Excellence in collaboration and communication

## **Giving Tuesday**

CMCC initiated a new social media crowdfunding opportunity with a view to creating new donations within the annual giving stream, and leveraging the visibility of the national Giving Tuesday campaigns run by many not for profit organizations. In this first year, over \$8K was raised from 63 donors.

## **ChiroConnect**

Following Practice Opportunity in 2016, the Director, Development and Clinic Advancement began offering his services to connect chiropractors across the country with graduating students and graduates from the last three years. The objectives of this pilot program are to provide a networking opportunity for new and experienced chiropractors, create stewardship opportunities and potentially, to encourage those who have benefitted to give back to CMCC. To date, seven

associates have been placed and five practices have been sold with at least 24 additional associate positions and nine practices for sale made available.

## **Web Relaunch**

Preparing to relaunch cmcc.ca during this time period, CMCC began investigating new internet platforms to replace its outdated site and after researching different solutions, decided on implementing a dotCMS platform for its usability, ease of integration with other systems and economic viability.

## **Collaborations**

### ***University of Winnipeg***

CMCC continued discussions with the University of Winnipeg Faculty of Science, working toward an

articulation agreement while the first advanced entry application for the DC program through the Kinesiology pathway was received in January.

Discussions with local chiropractic partners around increasing capacity for professional mentorship in Winnipeg are ongoing.

### ***The UOIT-CMCC pathway***

Advanced entry application numbers from UOIT students are growing. Five students began their DC program studies in fall 2017. The Convocation of the Class of 2018 will mark the first graduation of a student entering through this pathway.

### ***The University of Southern Denmark***

The opportunities anticipated with



our cooperative agreement with Southern Denmark University (SDU) are beginning to be realized. Currently a CMCC Clinical Sciences resident is in Denmark to access Danish population-based data to

explore back pain in adolescents, working closely with SDU and CMCC faculty. Additional research proposals involving CMCC faculty and adjunct faculty are also under consideration.



# Excellence in teaching and learning

## Undergraduate Admissions

A series of innovative changes to CMCC recruitment strategies were reflected in positive outcomes for enrolment. These changes included a shift to behaviour-based interviewing, the use of a web-based video interview platform, and the calculation of an admissions score that allows for the use of broad-based criteria to find the best fit students for the program. The quality and quantity of the applicant pool reflected success of the new process.

Using a benchmark from 2012, before these changes were initiated, and comparing them to the recruitment process in 2016, we find a 17.5% increase in applications to the Doctor of Chiropractic program. Also noted were:

- an increase of the average GPA from 3.04 to 3.16
- 90% of applications received to the Class of 2021 were eligible for admission

- 87% of applicants offered an admissions interview completed it (5% over 2012), demonstrating an increase in the applicant commitment to CMCC.

## CMCC Graduate Studies

Enrollment in the Chiropractic Residency programs remained robust at 15 students. A collaborative effort between the Division of Graduate Studies and the Division of Student Services resulted in a restructure of the program and appropriate credit weighting of the courses to make these commensurate with a master's level program.

## Implementing Technology

ExamSoft®, a digital software platform used for examinations was in use for Years I and II during the 2016-17 year. Results have been very favourable and in time, the platform will be integrated into all years of study. ExamSoft®

provides many benefits to both faculty and students. As an electronic only resource, it reduces waste, provides instant feedback and makes it easier for faculty to integrate feedback into the curriculum.

A study on the use of ePortfolio strategies and solutions was initiated during this academic year and plans are now in place for its integration in the next academic year. The ePortfolio solution selected will be integrated into the existing Learning Management System (KIRO) resource site for students. This will eliminate the need for students to use external platforms to develop their portfolios as well as improve the ease of marking portfolios for faculty. Students will be able to retain their portfolios when they graduate to begin their careers.

## Curriculum Development

### *Clinical Biomechanics*

This course has been revamped to



include an 11-hour lecture series on ergonomics and to better integrate with anatomy subjects.

### ***Foundations of Spinal Manipulation and Manual Therapies***

A new course has been developed that focuses on fundamental and clinical evidence for modern theoretical models by which spinal manipulative therapy exerts its clinical effects, while evaluating research.

### ***Integrated Chiropractic Principles and Practice***

This new course replaces two former CPP courses and incorporates an online module in entrepreneurship, developed in partnership with the Centennial College of Applied Arts and Technology, to further develop students' understanding of the business of chiropractic. It will cover some of the basic elements of starting a business and include these subjects: attributes of an entrepreneur and self-assessment, market research of customers and competitors, startup budget, tax and law, and business ethics.

Offered through hybrid delivery, the course makes use of lectures, small group work and online material delivered through a new e-format known as Lean Campus. It will run through Years I to III.

### ***Rehabilitation***

CMCC is now providing students in all three years with both lectures and labs in rehabilitation. The courses have been expanded to improve relevance and include practical labs

in each year to remain consistent with best evidence and to provide students with enhanced skills.

### ***Research***

Modifications to research courses in the curriculum increase the emphasis on critical appraisal of clinical literature without requiring a literature synthesis project. Students and faculty with special research interests will still have the option of continuing with original research through elective courses.

### ***Exit competencies and business planning***

The undergraduate curriculum committee made several key revisions to the Graduate Exit Competencies for the Doctor of Chiropractic Program.

Additionally, the Year IV business course will be removed and replaced with Entrepreneurship, an online course developed with the Centennial College of Applied Arts and Technology, covering all the business materials recently incorporated into the Years I to III CPP courses. The online format ensures learners are able to work at their own pace and avoids the need for evening lectures on campus. Students will continue to have access to these modules once they leave CMCC.

### ***Formal Assessment***

CMCC's first formal Assessment Plan was completed this summer, providing a comprehensive listing and discussion of major programmatic assessments made throughout the DC degree program.

Over the past two years, a content map was developed, cataloguing all topics and conditions/procedures taught within the curriculum, including where and when content is delivered. To date over 2,500 topics and 6,000 conditions/procedures have been catalogued.

From this, the Undergraduate Curriculum Committee is developing a framework to inform decisions ensuring that the content and learning strategies are relevant to the needs of current students and future professionals. Over the next three years, the curriculum will be reviewed through this framework to ensure that it is current, incorporates best evidence, and has only necessary redundancies.

### ***Faculty Development***

Ensuring CMCC clinicians remain at the forefront of knowledge within the profession, a clinician curriculum has been designed to provide training on a number of topics including skills within the following areas:

- Evidence-based practice
- Knowledge translation
- Clinical education and evaluation
- Chiropractic intervention and manual therapy
- Diagnostic imaging
- Risk management: privacy legislation and record keeping
- Physical and mental health first aid
- Business concepts and ethical practice building
- Interprofessional communication and education

# Excellence in clinical care

## Integration

St. Michael's Hospital Department of Family and Community Medicine and its Academic Family Health Team (AFHT) was recognized as a leading practice model by the World Health Organization – Integrated, People-Centred Health Services (IPCHS) in May. The team is part of a comprehensive program that includes specialists in income support, chiropractic, psychology and acupuncture services, a legal literacy program and a committee dedicated to addressing the key determinants of health.

## Innovation

Increasingly, CMCC is turning to technology in order to improve

accuracy and effectiveness of data.

As an example of technological innovation, CMCC now delivers the x-ray reading clerkship in a digital format. Interns can review images on screen in the x-ray reading room, using software that allows for better interpretation using tools including magnification, contrast, etc. From a clinical perspective, images can be shared with interns and clinicians on the clinic floor so they can be reviewed with patients. The reports are saved to their patient files for clinical use.

## Community Outreach

CMCC has shared a partnership with the social agency Toronto People with AIDS Foundation (PWA) since

the creation of its chiropractic clinic now housed in the Sherbourne Health Centre. In July of 2016, CMCC participated for the third year in the PWA annual Friends for Life Bike Rally. This bike rally is the most important fund raising event conducted by PWA in order to support its ability to provide services to people in Toronto living with HIV and AIDS. Eight interns and two supervising clinicians provided chiropractic care to cyclists completing the ride from Toronto to Montreal. This is the second year that CMCC has been awarded major sponsorship status for this event, which allows significantly more public exposure and visibility for CMCC. The Bike Rally provided the eight interns with considerable on site experiences totaling 232 treatments.



# Excellence in institutional leadership and management

## Environmental Stewardship

CMCC is working hard to reduce its environmental impact both through increased energy efficiency and a greater diversion rate. Our recyclable capture rate (the percentage of recyclables that have been captured out of the trash system) increased by 31% between 2016 and 2017 (growing from 56% in 2016 to 87% in 2017). Continuing to reduce our environmental footprint is an ongoing priority.

## Administrative Leadership

With the retirement of Dean Lenore Edmunds at the end of the 2016-17 academic year and the decision by Dr. Silvano Mior to step away from the leadership team to concentrate on research activities, the CMCC Executive Leadership Team continued its review of the organizational structure and implemented a reorganization of duties and responsibilities in line with CMCC's Mission and Vision.

A decision was made to create a new position — Vice President, Academic — to oversee both undergraduate and graduate programs.

Additionally, the creation of a new role, Associate Vice President, Institutional Advancement and Communications, will ensure more seamless service to alumni and members, through the combination of the Division of Alumni Relations, Development, and Marketing and Communications.



# Excellence in Research, Scholarship and Innovation

## Streams

Following the organizational changes, the CMCC division of research was reorganized into two major streams in 2016 with the life sciences labs under the direction of Dr. Brian Budgell and the Human Performance Laboratory under the direction of Dr. Samuel Howarth.

CMCC faculty continue to be very productive in grant submissions, seeking over \$2 million in grant applications for five projects this past year. In March 2017, CMCC learned it had been successful in winning four of the five grants totaling just under \$500,000. During this period CMCC also announced an Internal Research Competition to support faculty in the development of new research. A portion of \$10,000 will be made available to winning projects.

## CDPR

The UOIT-CMCC Centre for Disability Prevention and Rehabilitation

(CDPR), continues to have national and international reach. Projects include: the Global Spine Care Initiative, with international collaborators producing six manuscripts; Canadian Armed Forces, completion of Phase I qualitative study; Neck Pain Diagnosis and Assessment, created guidelines accepted by the government in France; WHO – ICF for manual medicine, ongoing multicenter trial and scoping review; and UOIT-CMCC Mental Health and Wellness Study, exploring mental health in students.

In addition, there are numerous projects with CMCC faculty and graduate students, as well as UOIT graduate students. Between 2012 and 2017, CDPR has been awarded \$5.2 million, completed 16 grants/agreements, and published over 75 manuscripts. Such productivity continues to strengthen the national and international reputation of the UOIT-CMCC CDPR.

## Patents

This year, trademarks for Force Sensing Table Technology (FSTT™) and Human Analogue Mannequin (HAM™) have been successfully registered in Canada and in Australia, with the US patents pending. Canadian patents have also been obtained for the software programs connected with each of these technologies with a view to making them available to interested chiropractic institutions internationally.

## Achievements

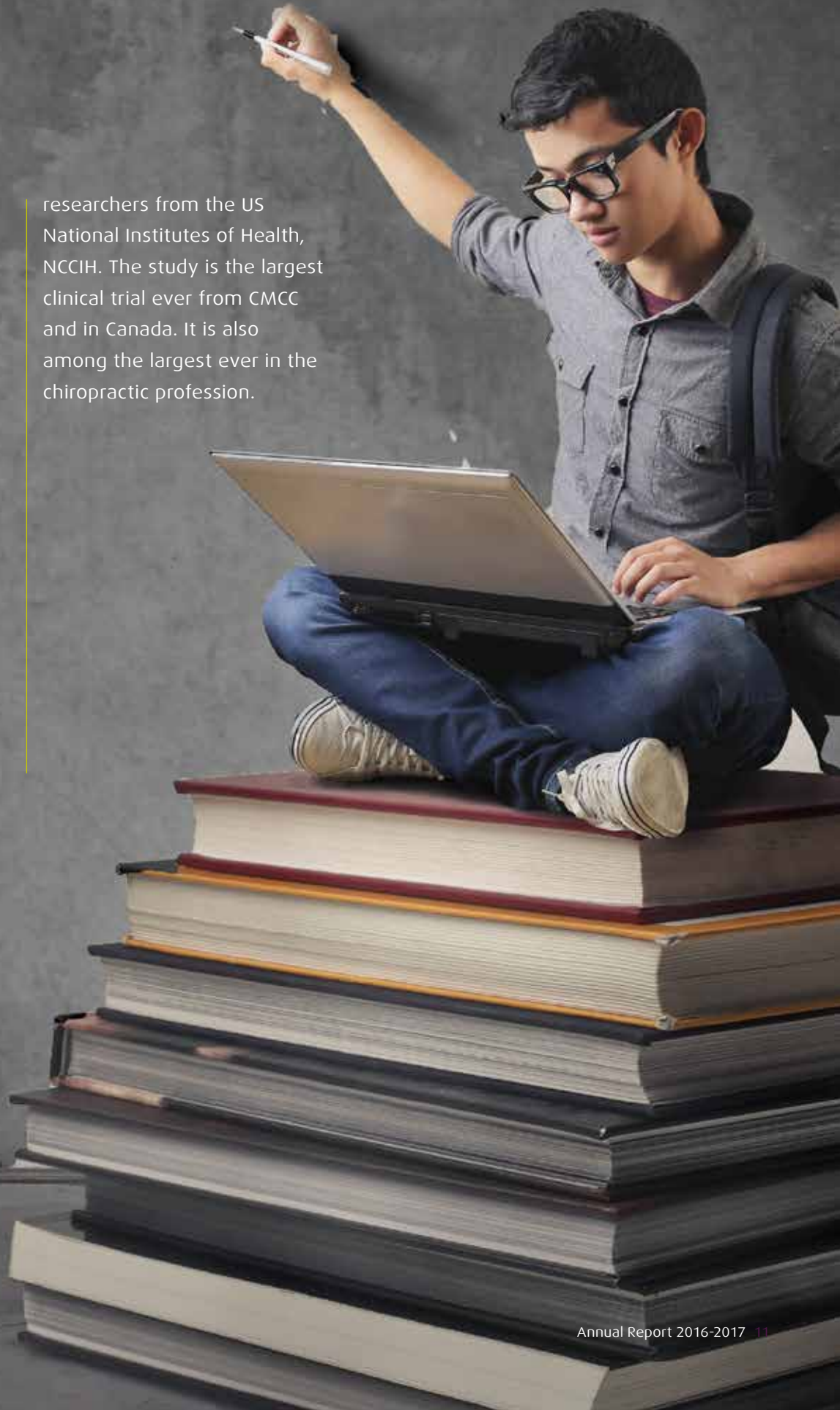
Research productivity, as measured by published manuscripts and conference presentations, remained high. A total of 55 manuscripts attributed to CMCC were published in peer-reviewed journals, and during this period, a total of 56 presentations were made by CMCC researchers.

Researchers and faculty received 18 awards and honours.

Dr. Deborah Kopansky-Giles served on the Executive Committee of the International Coordinating Council of the Global Alliance and worked on the WHO Healthy Ageing Background paper on Musculoskeletal Health and Ageing.

The CMCC Neck Pain Study (Dr. Vernon – PI, Drs. Triano and Tibbles – Coinvestigators) successfully reached its necessary sample size — 319 subjects — and recruitment ended on September 22. This was the largest ever grant to Canadian chiropractic

researchers from the US National Institutes of Health, NCCIH. The study is the largest clinical trial ever from CMCC and in Canada. It is also among the largest ever in the chiropractic profession.



# CMCC Members 2016–2017

Dr. David E. Abbott	Dr. Farahikhte Ashhadi- Somehsaraei	Dr. Donald M. Berry	Dr. Michael R. Brosseau	Dr. Robert C. Carson
Dr. Melanie S. Abbott- Cambridge	Dr. Adib Ashraf	Dr. Stevan M. Betts	Dr. Lee W. Brotherston	Dr. W. Elmor Carson
Dr. Sean Y. Abdulla	Dr. Miriam M. Assayag	Dr. Bakshish A. Bhayee	Dr. Kenneth D. Brough	Dr. Elizabeth I. H. Carter
Dr. Omar A. Abdulsattar	Dr. Peter J. Asselbergs	Dr. Nilav M. Bhowmik	Dr. Peter Brouwer	Dr. Sharon E. Carter
Dr. Sajad Abolghasem	Dr. Daniella Astorino	Dr. Peter D. Biamonte	Dr. Roger Browett	Dr. John David Cassidy
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Dr. Gary L. Adams	Dr. Alexandre Axenov	Dr. Robert N. Bilow	Dr. Porter M. Brown	Dr. Peter Cauwenbergs
Dr. Vincent Adams	Dr. Jayne Lee Ayube	Dr. Ronald W. Bilsky	Dr. Suzanne L. Brown	Dr. Gordon D. Chadwick
Dr. Jennifer A. Adams- Hessel	Dr. Ayla Azad	Dr. Mark Bird	Dr. Terry F. Brown	Dr. Elaine Chagnon
Dr. Bruce Adamson	Dr. Johannes Baarbe	Dr. John H. Bjarnason	Dr. Philip T. Browne	Dr. Dennis W. Chambers
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Dr. Judy Adler	Dr. Carmel Bachar	Dr. Barbara A. Blacker	Dr. Paul Bruno	Dr. Amy Chan
Dr. Ida Aghigh	Dr. Mitchell M. Badz	Dr. Mark J. Blau	Dr. Riley W. P. Brydges	Dr. Cynthia J. Chan
Dr. Mohammed Agyemang	Dr. Nikhil N. Bair-Patel	Dr. Steven G. Blenkarn	Dr. R. Ian Buchanan	Dr. Kenny K. S. Chan
Dr. Sardar Ahmad	Dr. Melvine Baird	Dr. David J. Blitzer	Dr. Brian S. Budgell	Dr. Rudi S. L. Chan
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Dre Yvette Albert	Dr. Dana K. Ball	Dr. Peter Bodnar	Dr. Rene A. Bureau	Dr. George Chiaravalloti
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Dr. Antonio Anziano	Dr. Jeffrey Belgue	Dr. Sara L. Brand	Dr. Robert J. Cannon	Dr. Michael J. Columbus
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		Dr. Mitchell G. Broser		Dr. Samuel J. Cooper

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Dr. Jocelyn A. Cox	Dr. Ryan R. Desjardins	Dr. Donald J. Elder	Dr. Katelyn J. Foster	Dr. Annie M. Gervais
Dr. Stephanie J. Crawford	Dr. Pavneet K. Dhaliwal	Dr. Richard Elder	Dr. Justin Fowler	Dr. Logan P. Gerwing
Dr. Andrew C. Cregg	Dr. Marc J. Di Nardo	Dr. A. Ronald Elford *	Dr. Bryanna C. E. Fox	Dr. Scott D. Gignac
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Dr. Gerald N. Crooks	Dr. Lisa L. Dickson	Dr. K. Bruce Elliott	Dr. Edward Frame	Dr. J. Stephen Gillis
Dr. Philip Croutch	Dr. Mark D. Dickson	Dr. Chad M. R. Ellis	Dr. Robert S. Frankl	Dr. Pala Gillis
Dr. Michelle L. Cruickshank	Dr. June Dies-Keys	Dr. Laura Ellison	Mr. Allan M. Freedman	Dr. Susan Gillis-Lawson
Dr. Nicole S. Cruickshanks	Dr. Richard N. Dietrich	Dr. Nadine Ellul	Dr. Kenneth Freer	Dr. Paul C. Gilmore
Dr. Brian D. Cruise	Dr. James DiGiuseppe	Dr. Barry E. Embree	Dr. Elsie L. Frickey	Dr. Dominic Giuliano
Dr. Michael B. Cruise	Dr. Kevin Dinsmore	Dr. James K. Emmett	Dr. Paul D. Friesen	Dr. Debra M. Glaser
Dr. Ian D. Culbert	Dr. Sarah Dion	Dr. Glenn R. Engel	Dr. Angelo Frisina	Dr. Arnie Glatte
Dr. Denis Cyr	Dr. Nataliya Dmytriv	Dr. Shawn Engell	Dr. Axel Fritz	Dr. Robert Glavan
Dr. Kevin M. D'Angelo	Dr. Fred T. Dobson	Dr. Amber Enns	Dr. Jennifer L. Frohlich	Dr. Lynn A. Glazier-Goldie
Dr. Justin T. D'Anna	Dr. Henry Dobson	Dr. Rudolf Enns	Dr. Bernard Fruitman	Dr. Arlene Gleadhill
Dr. Janet L. D'Arcy	Dr. Stephen J. Doholis	Dr. Trevor Erdie	Dr. Teresa H. Fujimoto	Dr. Brian Gleberzon
Dr. Sophia A. da Silva-Oolup	Dr. Michael Domanko	Dr. Ruth E. Erhardt	Dr. Melanie S. Furtado	Dr. Dana M. Gleeson
Dr. Theodore Dahinden	Dr. Julianne Donato	Dr. William W. Errico	Dr. Ryan B. Fyfe	Dr. Daniel S. Gleeson
Dr. Darrell J. Dailey	Dr. Brian M. Donbrook	Dr. Thomas J. Erskine	Dr. Phyllis Gabel	Dr. Rodman L. Gleeson
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# Financial strength

Supporting the delivery of patient focused world class chiropractic education, research and health care

CMCC continues to demonstrate solid financial performance. Since moving into its new facility in 2004, CMCC has managed its resources to meet the needs of an evolving curriculum, introduce new and innovative teaching and learning technologies, sustain a vibrant and engaged campus community of teachers, researchers and learners, at the same time as actively working to retire the debt associated with its new campus, and build general reserves and endowment funds to meet the future needs of the institution.

CMCC will fully retire its facility-related term debt by 2019. As the debt has been reduced, so too have the associated carrying costs of this debt, allowing these funds to be

redirected toward enhancing the student experience.

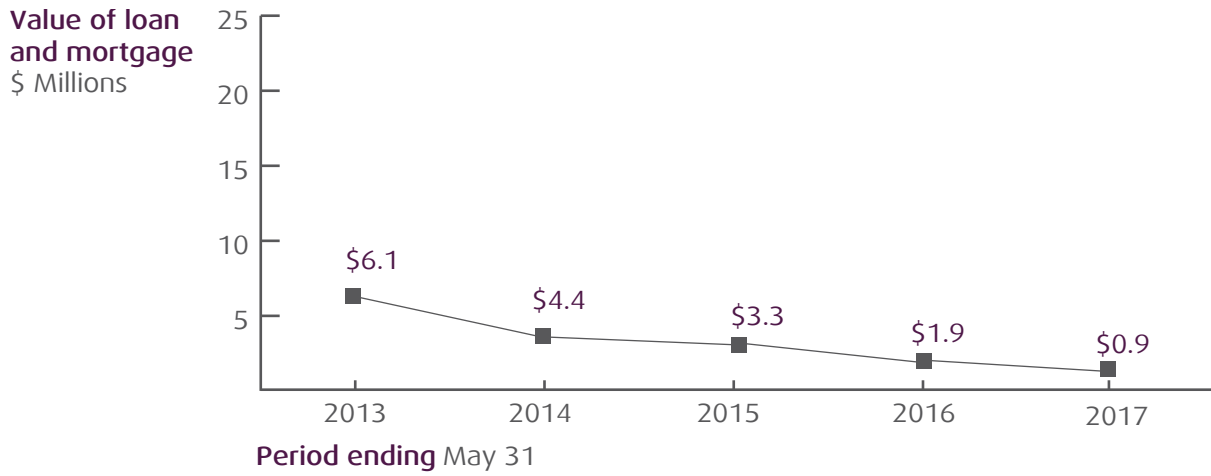
The current ratio, indicative of liquidity and CMCC's ability to pay short-term obligations, increased in the year ending May 31, 2017 as compared to the previous year, reflective of positive operating results. The debt to equity ratio continued to decrease as CMCC retires its debt in accordance with its obligations.

The capital remaining after paying off outstanding liabilities is growing (Fund Balances). CMCC has been able to strengthen its financial future by building general reserves and endowment funds to meet the future needs of the institution.

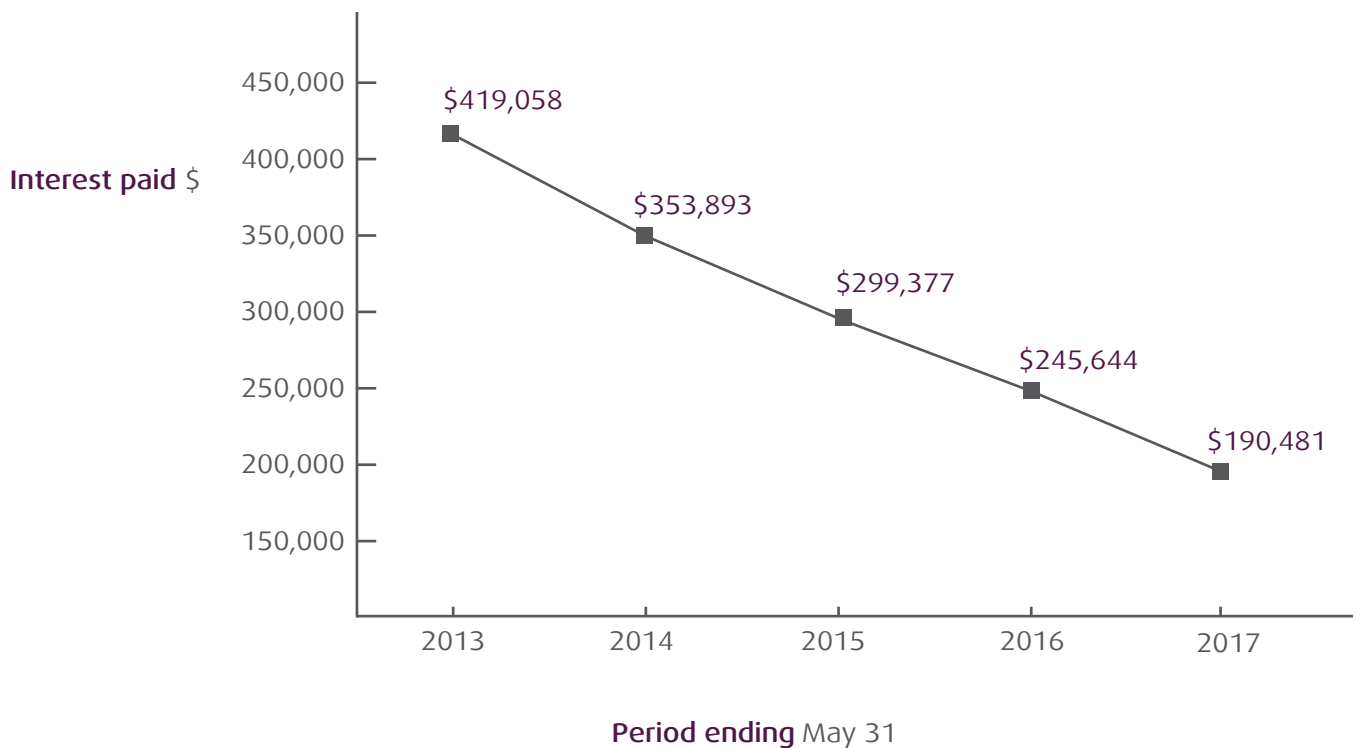
Tuition and student fees continue to be the largest source of revenue for CMCC, however we continue to prioritize the generation of non-tuition revenue sources to mitigate the rising costs of recruiting and retaining a qualified workforce, as shown by CMCC's largest expenditure – Salaries & Benefits - to deliver our program in an innovative fashion, while retaining the rigour and uncompromising standards for which we are known.



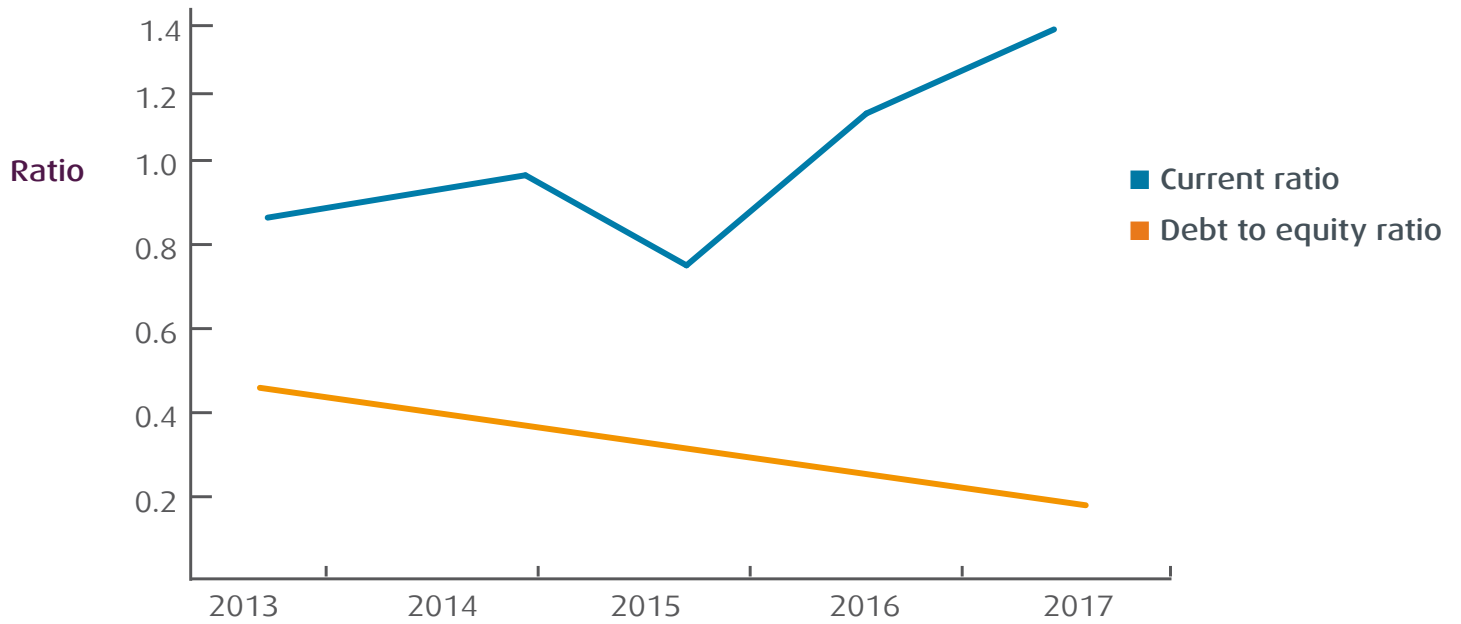
# Long Term Debt Repayment



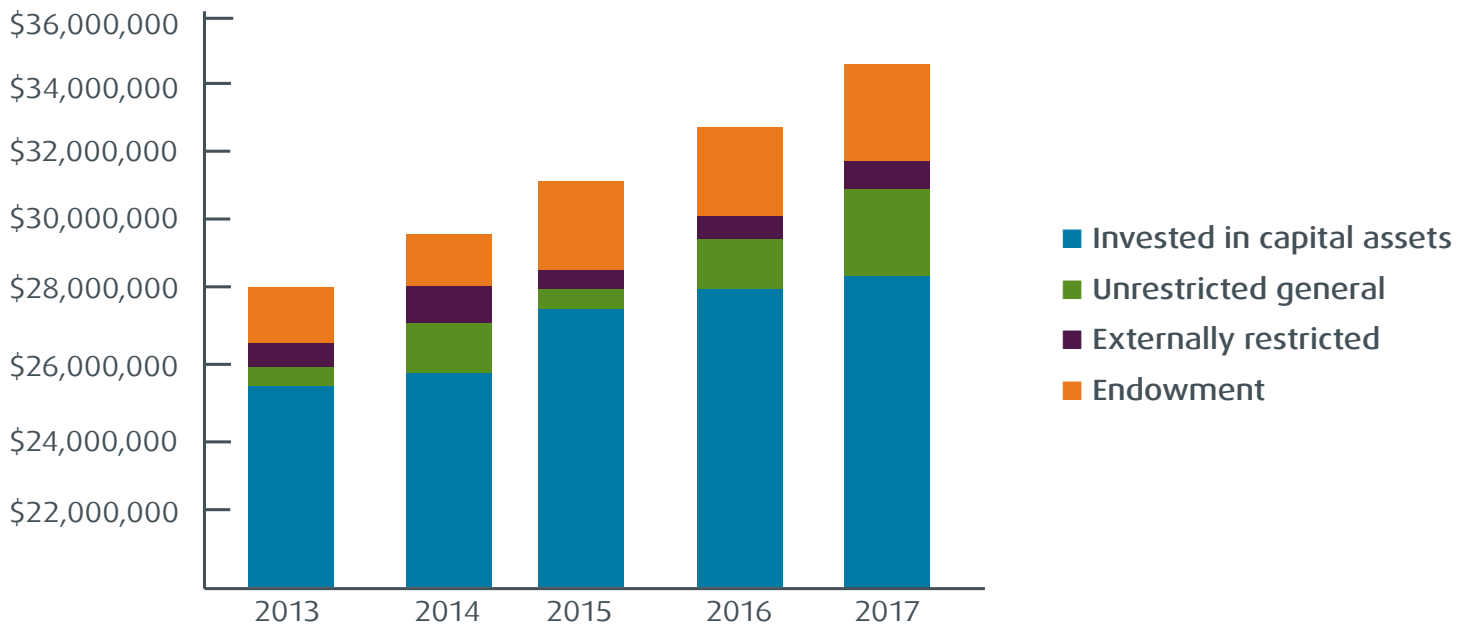
# Interest Expense on Long Term Debt



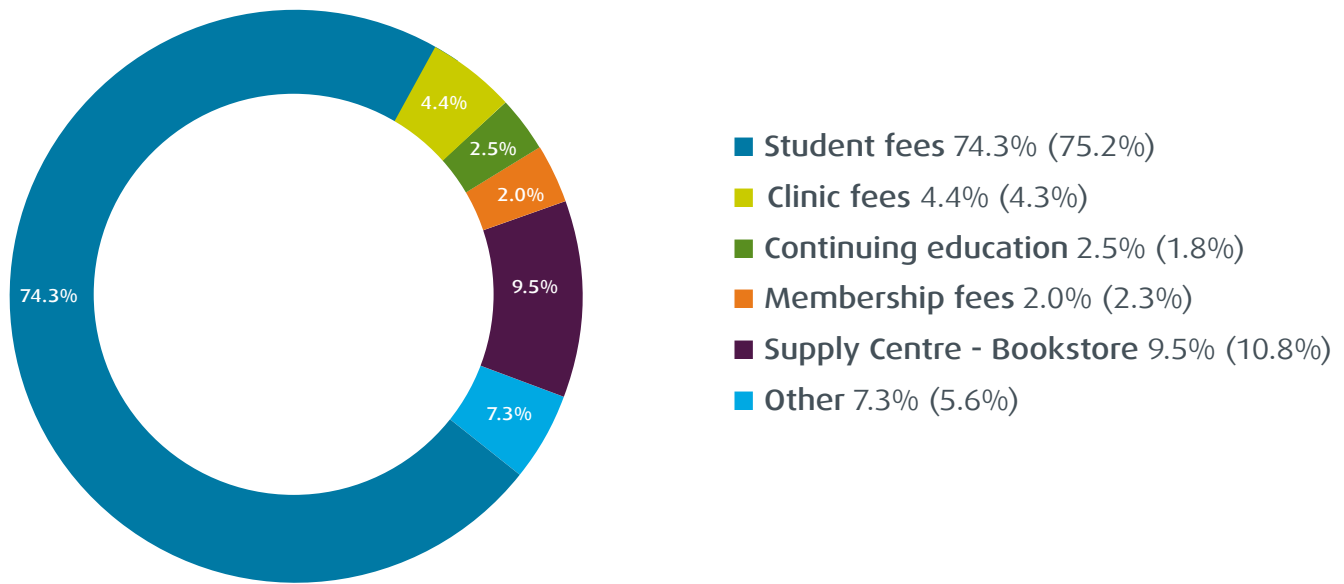
## Key Financial Indicator Trends



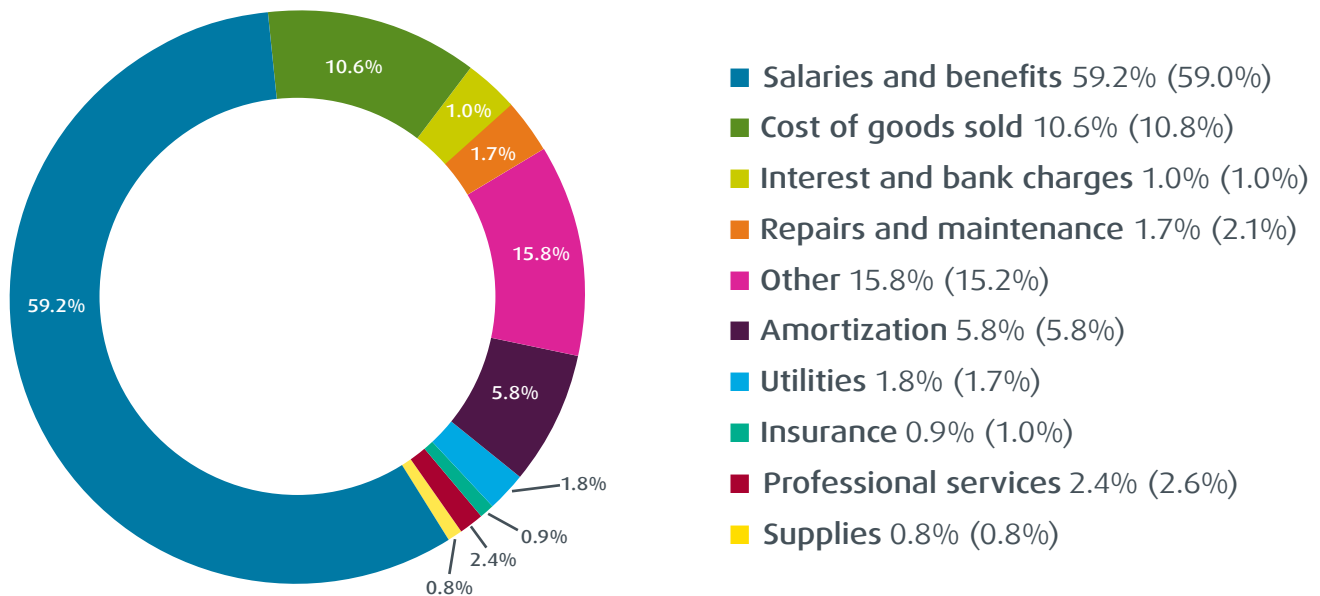
## Growth in Funds (Equity)



## Sources of Operating Revenue 2017 (2016)



## Operating Expenses by Category 2017 (2016)





## Understanding the financial statements

A set of condensed financial statements follows for the period of June 1, 2016 to May 31, 2017 which provide a reporting of CMCC's financial results. Following is a brief description of each statement.

### **Condensed statement of financial position**

Describes the overall financial position or health of the organization. It itemizes assets and liabilities including deferred contributions and fund balances, and a net worth of \$35.3 million.

### **Condensed statement of operations and changes in fund balances**

States the sources of revenue and expenses for the General, Restricted and Endowment funds. This statement identifies that the

General Fund was enhanced by the generation of an excess of operating revenues over expenses of \$1,596,092 (2016 - \$1,008,743).

The fund balances reflect the accumulated surpluses of the General, Restricted and Endowment funds. These represent the net worth of each fund as reflected in the Condensed Statement of Financial Position. Fund balances are created by the excess of revenues over expenditures and interfund transfers. The Restricted Funds received from the Capital Campaign were used directly to reduce the loan and mortgage debt, and the Governors' Club funds were allocated to the purchase of new technologies to enhance student learning both in and outside of the classroom.

### **Condensed schedule of continuity of restricted funds**

Describes a summary of the increase in funds, investment income earned, expenses and interfund transfers of each one of the restricted funds. CMCC's restricted funds are the Canadian Chiropractic Historical Association (CCHA); Governors' Club; Research; Capital Campaign Building; and, Scholarship, Bursary, and Other Trust funds.

### **Condensed statement of cash flows**

Describes sources and uses of cash throughout the year. During the 2017 fiscal year, the major source of cash was generated from operating activities, \$3.4 million. Major uses of cash were the scheduled repayment of debt, \$1.0 million, capital asset additions, \$928,272 and the purchase of investments, \$715,730.

# Condensed Statement of Financial Position

May 31, 2017 with comparative information for 2016

	2017	2016
<b>Assets</b>		
Current assets:		
Cash	\$ 1,471,366	\$ 793,778
Cash in trust	1,131,722	1,318,233
Accounts receivable	240,491	338,064
Inventories	290,616	309,224
Prepaid expenses and other	561,492	670,796
	<u>3,695,687</u>	<u>3,430,095</u>
Investments	7,280,191	6,235,951
Capital assets	29,546,527	30,037,456
<b>Total Assets:</b>	<b>\$ 40,522,405</b>	<b>\$ 39,703,502</b>
<b>Liabilities and Fund Balances</b>		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 3,313,799	\$ 3,430,540
Fees paid in advance	366,055	692,778
Current portion of loan payable	921,144	921,144
Current portion of mortgage payable	-	74,282
	<u>4,600,998</u>	<u>5,118,744</u>
Loan payable	19,704	940,848
Deferred contributions related to capital assets	167,598	225,823
Deferred derivative liabilities	482,439	635,909
<b>Total Liabilities:</b>	<b>5,270,739</b>	<b>6,921,324</b>
Fund balances:		
Invested in capital assets	28,433,521	27,866,388
General	2,909,104	1,716,887
	<u>31,342,625</u>	<u>29,583,275</u>
Restricted (Schedule)	673,338	569,520
Endowment	3,235,703	2,629,383
Total restricted	3,909,041	3,198,903
<b>Total Fund Balances:</b>	<b>35,251,666</b>	<b>32,782,178</b>
<b>Total Liabilities &amp; Fund Balances:</b>	<b>\$ 40,522,405</b>	<b>\$ 39,703,502</b>

Audited financial statements may be requested by members through the President's Office.



Dr. David Gryfe, Director



Dr. Richard Mercier, Director

# Condensed Statement of Operations and Changes in Fund Balances

Year ended May 31, 2017 with comparative information for 2016

	General Fund		Restricted Funds (Schedule)		Endowment Fund	
	2017	2016	2017	2016	2017	2016
Revenue:						
Tuition fees	\$ 18,151,958	\$ 18,000,396	\$ -	\$ -	\$ -	\$ -
Student fees	424,761	384,680	-	-	-	-
Clinic fees	1,104,397	1,045,245	-	-	-	-
Continuing Education	628,979	438,600	-	-	-	-
Donations	30,660	43,262	248,344	222,020	293,115	278,795
Investment Income	164,888	125,216	12,374	9,355	124,225	83,962
Membership fees	510,758	555,187	-	-	-	-
Other	1,284,447	1,234,790	-	-	-	-
Research grants	-	-	241,173	414,214	-	-
Supply Centre and Bookstore	2,386,819	2,649,915	-	-	-	-
Unrealized gains (losses) on derivative and investments	325,366	(31,220)	13,738	(8,884)	142,976	(81,955)
	<b>25,013,033</b>	<b>24,446,071</b>	<b>515,629</b>	<b>636,705</b>	<b>560,316</b>	<b>280,802</b>
Expenses:						
Undergraduate Education	9,013,607	8,548,709	-	-	-	-
Administration	8,189,803	8,380,830	-	-	-	-
Graduate Education and Research	2,993,664	3,160,718	153,154	187,074	-	-
Building Services	1,677,479	1,738,920	-	-	-	-
Amortization	1,351,907	1,362,507	-	-	-	-
Interest	190,481	245,644	-	-	-	-
Fundraising	-	-	13,795	16,860	-	-
Awards	-	-	11,885	5,754	23,715	7,415
	<b>23,416,941</b>	<b>23,437,328</b>	<b>178,834</b>	<b>209,688</b>	<b>23,715</b>	<b>7,415</b>
Excess of revenue over expenses	1,596,092	1,008,743	336,795	427,017	536,601	273,387
Fund balances, beginning of year	29,583,275	27,936,078	569,520	818,375	2,629,383	2,318,577
Interfund transfers	163,258	638,454	(232,977)	(675,872)	69,719	37,419
Fund balances, end of year	<b>\$ 31,342,625</b>	<b>\$ 29,583,275</b>	<b>\$ 673,338</b>	<b>\$ 569,520</b>	<b>\$ 3,235,703</b>	<b>\$ 2,629,383</b>



# Condensed Schedule of Continuity of Restricted Funds

Year ended May 31, 2017 with comparative information for 2016

2017	CCHA Fund	Governors' Club Fund	Research Fund	Capital Campaign Building Fund	Scholarship, Bursary and Other Trust Funds	Total
Restricted Funds, beginning of year	\$ 7,024	\$ 5,235	\$ 281,458	\$ -	\$ 275,803	\$ 569,520
Increase in funds	3,600	94,525	252,190	131,402	21,539	503,256 <sup>(1)</sup>
Investment income earned	65	278	-	-	12,031	12,374
	10,689	100,038	533,648	131,402	309,373	1,085,150
Scholarships, awards and other expenses	(250)	(12,390)	(153,154)	(3,106)	(9,935)	(178,835)
	10,439	87,648	380,494	128,296	299,438	906,315
Interfund transfers:	4,000	(70,000)	(36,681)	2,289	(2,000)	(102,392)
Capital Campaign Building Fund to General Fund	14,439	17,648	343,813	130,585	297,438	803,923
Restricted Funds, end of year	\$ 14,439	\$ 17,648	\$ 343,813	\$ -	\$ 297,438	\$ 673,338

<sup>(1)</sup> The total increase in funds of \$503,256 less unrealized gains of \$13,738 less research grants of \$241,173 is \$248,344 which is presented as restricted fund donations in the Statement of Operations and Changes in Fund Balances.

2016	CCHA Fund	Governors' Club Fund	Research Fund	Capital Campaign Building Fund	Scholarship, Bursary and Other Trust Funds	Total
Restricted Funds, beginning of year	\$ 5,173	\$ 11,306	\$ 544,423	\$ -	\$ 257,473	\$ 818,375
Increase in funds	5,200 <sup>(2)</sup>	55,063 <sup>(2)</sup>	414,214	140,454 <sup>(2)</sup>	21,303 <sup>(2)</sup>	636,234
Investment income earned	50	191	-	-	9,114	9,355
	10,423	66,560	958,637	140,454	287,890	1,463,964
Scholarships, awards and other expenses	(3,399)	(11,325)	(187,074)	(4,687)	(12,087)	(218,572)
	7,024	55,235	771,563	135,767	275,803	1,245,392
Interfund transfers:	-	(50,000)	(490,105)	2,469	-	(537,636)
Capital Campaign Building Fund to General Fund	7,024	5,235	281,458	138,236	275,803	707,756
Restricted Funds, end of year	\$ 7,024	\$ 5,235	\$ 281,458	\$ -	\$ 275,803	\$ 569,520

<sup>(2)</sup> The total increase in funds for these restricted funds of \$222,020 is presented as restricted fund donations in the Statement of Operations and Changes in Fund Balances.

# Condensed Statement of Cash Flows

Year ended May 31, 2017 with comparative information for 2016

	2017	2016
Cash provided by (used in):		
Operating activities:		
Excess of revenue over expenses:		
General Fund	\$ 1,596,092	\$ 1,008,743
Restricted Funds	336,795	427,017
Endowment Fund	536,601	273,387
Items not involving cash:		
Amortization of capital assets	1,351,907	1,362,507
Loss on disposal of capital assets	67,294	-
Amortization of deferred contributions related to capital assets	(78,251)	(82,292)
Unrealized (gains) losses on financial instruments and investments	(482,080)	122,060
Change in non-cash operating working capital	(217,979)	(229,964)
	<b>3,110,379</b>	<b>2,881,458</b>
Financing activities:		
Contributions received for the purchase of capital assets	20,026	7,560
Repayment of loan payable	(921,144)	(921,144)
Repayment of mortgage payable	(74,282)	(471,402)
Decrease in cash in trust	186,511	317,814
Decrease in bank overdraft	-	(93,888)
	<b>(788,889)</b>	<b>(1,161,060)</b>
Investing activities:		
Capital asset additions	(928,272)	(498,020)
Purchase of investments	(715,630)	(428,600)
	<b>(1,643,902)</b>	<b>(926,620)</b>
Increase in cash	677,588	793,778
Cash, beginning of year	793,778	-
Cash, end of year	\$ 1,471,366	\$ 793,778
Supplemental cash flow information:		
Interest paid	\$ 190,481	\$ 245,644

# Board of Governors

June 1, 2016 – May 31, 2017

## Executive

Dr. David Gryfe	Chair
Dr. Rahim Karim	Vice-Chair
Dr. Richard Mercier	Secretary-Treasurer
Dr. Mark Labrecque	Past Chair
Dr. Mark Perett	Executive Member
Dr. Greg Woolfrey	Executive Member

## Provincial Representatives

Dr. Richard Cronk	British Columbia
Dr. Kevyn Kristmanson	Saskatchewan
Dr. Lisa Lirette	New Brunswick
Dr. Richard Mercier	Québec
Dr. Mary-Irene Parker	Nova Scotia
Dr. Mark Perrett	Manitoba
Dr. Catherine Straus	Ontario
Dr. Kent Stuber	Alberta
Dr. Greg Woolfrey	Newfoundland and Labrador

## Members at Large

Dr. David Gryfe	Ontario
Dr. Sunyatta Guild	Ontario
Dr. Rahim Karim	Ontario
Dr. Mark Labrecque	Saskatchewan

## Public Members

Dr. Ron Bordessa	British Columbia
Mr. Richard Fox	Ontario
Dr. Scott Haldeman	California
Dr. Noah Levine	Ontario
Dr. Murray Schneider	Alberta
Mr. Ernie Wolkin	Ontario

## Board Members Emeriti

Dr. Ron Brady	Saskatchewan
Dr. Doug Brown	Ontario
Dr. Vincent Sinclair	Ontario

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## Board Liaison

Ms. Margaret McCallen

# Administration

June 1, 2016 – May 31, 2017

## President

David Wickes, DC, MA

## Vice President, Administration and Finance

Brenda Smith, BA, CPA, CA

## Vice President, Research & External Relations

Silvano Mior, DC, FCCS(C), PhD

## Dean, Clinics

Anthony Tibbles, BSc (Hons), DC, FCCS(C)

## Dean, Undergraduate Education

Lenore Edmunds, BA, MEd

## Associate Vice President, Student Experience & Registrar

Chris McGrath, BA (Hons), MEd



# CMCC

Canadian Memorial Chiropractic College

## 2016–2017 Annual Report

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6100 Leslie Street, Toronto, Ontario M2H 3J1

Telephone: 416 482 2340 [www.cmcc.ca](http://www.cmcc.ca)

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