



ALBERTA COLLEGE OF
MEDICAL DIAGNOSTIC AND
THERAPEUTIC TECHNOLOGISTS

ANNUAL REPORT
2015





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PRESIDENT AND CEO/REGISTRAR'S MESSAGE

Leadership message

On May 1, 2005, our professions were proclaimed under the *Health Profession Act* (HPA) as one of 29 self-regulating health professions—truly a landmark year for our MRT/ENP professions! Ten years later we are proudly celebrating our accomplishments. Throughout 2015, the College celebrated its 10 year anniversary in April and hosted a special reception in Calgary where members and special guests toasted to 10 years of self-regulation!

New Code of Ethics

In accordance with HPA, the College developed and approved a new Code of Ethics to guide member professional practice and decision making. The Code supports members in upholding practice and professional integrity, and public trust. Regulated members use the Code in conjunction with College's Standards of Practice, regulatory requirements and workplace policies to guide ethical considerations and decision making.

Evolution of practice

Technology is a constant driver of change and the College endeavours to respond to the ever-changing regulatory and practice environments.

Position statements outline how the College will approach various situations and clarifies ambiguities for members. Last year, we undertook a review and updated two position statements to reflect current and ongoing practice.

Enhanced practice programs ensure members have the appropriate competence and authorization to provide safe and effective services and to work to their full scope of practice. In 2015, we implemented new enhanced practice authorizations to enable members to better contribute to efficient care for Albertans.

Fostering and strengthening relationships

The College is committed to informing and supporting government-led initiatives. Alberta Health deemed our College as a natural fit for regulating sonographers based on the consistencies and parallels of our medical radiation and electroneurophysiology technology specialties. The Diagnostic Medical Sonographers (DMS) task force continues to collaborate with Alberta Health to amend the HPA and College Regulations to support DMS regulation under our College.

With a long term view to human resource planning, as many in the current workforce are ready for retirement, the College is advancing the dialogue enabling internationally-trained healthcare workers to help maintain steady supply of healthcare service to Albertans. The College has collaborated with Alberta Health Services (AHS) and the Northern Alberta Institute of Technology to develop a Clinical Assessment Instrument to explore the pathway for internationally-trained radiological technologists to practice in Alberta.

Collaboration through our role with the Alliance of Medical Radiation Technologists Regulators of Canada provides the opportunity to develop, promote and evaluate common standards between jurisdictions and promote standardised regulatory policies and procedures. Partnerships with the Canadian Association of Medical Radiation Technologists (CAMRT) and the Canadian Board of Registration of Electroencephalograph Technologists remain vital to our College's mission. All of which, provide opportunities for shared funding and broad thinking on setting standards in the public interest.

Underpinning all College's activities is a shared vision, amongst Council and staff, of efficient and effective operations. Particular attention was paid to finding new and better member

ABOUT THE COLLEGE

engagement opportunities such as launching an online member Continuing Competence Program (CCP) platform and a Regulation Education Module. We also expanded member and stakeholder communication and engagement via social media—and saw an a 170% engagement increase via Facebook and 70% increase via Twitter.

Council

Council is deeply cognizant of its role in embodying the privilege of self-regulation.

In 2015, Council met five times and held an Annual General Meeting in Calgary. As Council is responsible to ensure fiscal stability for the coming year and build organizational capability for the future, it approved a \$10 registration fee increase for 2016. Throughout the year Council focused on on-going governance excellence and welcomed a new public member. The election of three new practitioners to Council in 2015 allows members to continue shaping the College's work.

As the College steps into its next decade, we are confident we have built a strong foundation for the future and as always continue to be proud of our many contributions to quality healthcare for Albertans.

Julie Ritchie, MRT(NM)
Council President

Kathy Hilsenteger, MRT(T), ACT, CAE®
CEO/Registrar

The Alberta College of Medical Diagnostic and Therapeutic Technologists exists so the public is assured of receiving safe, competent, ethical diagnostic and therapeutic care by a regulated and continually advancing profession.

In granting the profession the privilege of self-regulation through the College, Albertans demonstrate trust that medical radiation technologists (MRTs) and electroneurophysiology technologists (ENPs) can regulate themselves in the public interest.

Trust and accountability

With this privilege and trust comes accountability. The College has a proud history of demonstrating to the public that MRTs and ENPs are skilled professionals, accountable for safe practice standards and responding when concerns about practice are raised. The College works to guide and support technologists in meeting their accountability for quality care. Individual technologists, by embracing that accountability, are the core of self-regulation.

Alberta healthcare professionals

Highly educated and skilled, MRTs/ENPs provide specialized health services that are most often unique to our professions. As professionals they are ultimately accountable for the quality of their patient care and medical diagnostic and therapeutic services.

MRTs/ENPs are guided by the College's Standards of Practice, which represent the expected essential level of performance for regulated members and reflect delivery of high quality, effective, safe and ethical patient care. They also abide by the College's Code of Ethics which represents the profession's vision of practice in the public's interest and guides them in upholding professional integrity and public trust.

THE PROFESSIONS WE REGULATE

Delivering vital healthcare services to Albertans

MRTs/ENPs are highly technical, medical specialists play a pivotal role in modern healthcare by providing sophisticated, targeted and highly effective medical diagnostic and therapeutic services.

COLLABORATING TO HELP PATIENTS

MRTs/ENPs collaborate with a variety of healthcare professionals to provide the highest standard of patient care. To do this, MRTs/ENPs use complex, state-of-the-art technology to 'look inside a patient's body' and produce detailed medical images that help diagnose and assess numerous injuries, diseases and health conditions. MRTs also use complex technology to plan and administer targeted cancer treatment.

REGULATION

To practice legally in Alberta, MRTs/ENPs must be registered with the College and obtain a practice permit. To do so, they must meet or exceed the College's education and practice standards and pass a national certification exam. To maintain their permit, they must adhere to the College's Standards of Practice and Code of Ethics, participate in the CCP and renew their permit annually. Registration and regulation ensures that MRTs/ENPs are qualified to practice and that Albertans receive safe, ethical and competent medical diagnostic care and therapeutic services.

EDUCATION, KNOWLEDGE AND EXPERTISE

MRTs/ENPs use sophisticated technology to provide medical diagnostic and therapeutic services. All registrants must have graduated from an approved program: Canadian MRT programs are accredited through the Canadian Medical Association (CMA) Accreditation Services with ENP programs accredited by the College. Regardless of the route, the education and training for both professions is intensive, highly technical and specialized – ranging from two to four years and includes: human anatomy, physiology, patient exam technique, care and safety. For those roles that involve radiation and radioactive materials, education/training emphasizes radiation use and safety.

Entry-to-practice education plays a pivotal role in MRTs/ENPs providing safe and effective care while maintaining high technical standards; however, ongoing professional learning solidifies this knowledge and ensures that technologists sustain this safe and competent practice.

NUCLEAR MEDICINE TECHNOLOGISTS...

use radioactive substances to both obtain images, via camera systems, which reveal how the patient's body functions to help with health diagnoses and assess treatment response and allow targeted radioactive treatment of specific diseases.

ELECTRONEUROPHYSIOLOGY TECHNOLOGISTS...

record the electrical activity of the brain to help diagnose abnormalities such as epilepsy and stroke; test the response of the nervous system to stimulation; and monitor the spinal cord during surgery to ensure that the surgery being performed is not causing harm to the patient's nerves.

RADIATION THERAPISTS...

are technically involved at every level of radiation therapy for cancer treatment, from planning to administering therapeutic doses, with a focus on patient care and monitoring of well-being.

MAGNETIC RESONANCE TECHNOLOGISTS...

use magnetic resonance imaging technology to produce extremely clear, detailed images of a patient's tissues and organs to identify soft tissue issues (e.g., nerve, muscle) and detect abnormalities like cancer.

RADIOLOGICAL TECHNOLOGISTS...

produce images of body structures through common procedures such as a chest x-ray, mammography and computed tomography and through more specialized areas of practice that involve looking at blood vessels (angiography) and assisting in operating room procedures.

COUNCIL, COMMITTEES AND BRANCHES

As of December 2015

COUNCIL (PICTURED BELOW)

President: Julie Ritchie, MRT(NM)

Vice-President: Kelly Sampson, MRT(T)

Nancy Belley, MRT(MR)

Marek Draszka, MRT(NM)

William Gene, ENP

Cindy Humphries, MRT(R)

Kyla MacLachlan, MRT(R)

Pamela Paterson, MRT(T)

Registrar: Kathy Hilsenteger, MRT(T), ACT, CAE®

Public members: Alan Dugas*, John Jossa
and Colleen Wilson. *Alan not pictured below.

COLLEGE COMMITTEES

Registration Committee

Martin Sherriff, MRT(MR), Chair

Janelle Duquette, MRT(T)

Abbi Langedahl, MRT(R)

Nikolay Lopatik, MRT(R)

Linda O'Hara, MRT(R)

Cynthia Palmaria, MRT(T)

Travis Stroh, MRT(R)

Nominating Committee

Cindy Humphries, MRT(R), Chair

Alefiyah Gulamhusein, MRT(NM)

Pamela Paterson, MRT(T)

Awards Committee

Sabrina Forth, MRT(NM), Chair

Kathy Dudycz, MRT(R)

Darlene Ireland, MRT(R), MRT(MR)

Amanda Jacques, MRT(T)

Competence Committee

Jessica Cherwick, ENP, Chair

Donna Bosse, MRT(R)

Lisa Garnett, MRT(R)

Richard Hayashi, MRT(T)

Lisa Holmes, MRT(R)

Jason Livingstone, MRT(R)

Jonathan Looi, ENP

Jennifer Petrohay, MRT(NM)

Cuong Ta, MRT(MR)

Janice Wicks, MRT(NM)

Hearing Tribunals/Complaint Review

Phyllis Banister, MRT(NM)

Marlene Chambers, MRT(R)

Brian Chwyl, MRT(T)

John Clapp, MRT(R)

Melinda Dolhan, MRT(R)

Christy McIntyre, MRT(NM)

Complaints Director

Kathy Hilsenteger, MRT(T), ACT, CAE®

Hearings Director

Pam Armitage

BRANCHES

Branches are groups of College members who share common interests including, but not limited to: geographic location, scope of practice and/or professional interests. Branches were established to promote professional growth, development and networking.

Branch Chairs

Peace Country Branch

Nancy Babineau, MRT(R) (Grande Prairie)

Tunde Bodi, MRT(R) (Fort McMurray)

Edmonton Branch

Kathy Dudycz, MRT(R)

Parkland Branch

Jeff Christenson, MRT(R)

Calgary Branch

Chantal McGeough, MRT(MR)

Southern Alberta Branch

Kaitlyn Svistovski, MRT(T)

ENP Branch

Angie Sarnelli, ENP



PROFESSIONAL CONDUCT AND COMPLAINTS

One of the many ways we protect Albertans

Complaints are a normal part of any service environment; medicine and healthcare is no exception. In fact, complaints can be more prevalent in healthcare given the stress, emotions, wait times, sensitivity and health issues involved.

The College's complaint management function is vital to our commitment to safe, ethical and competent patient care. Even with high standards of practice, professionalism and patient care, complaints can happen (e.g., long wait times, misunderstanding, misperception). Regardless of outcome, complaints are a valuable learning tool for the College and its members, and help make patient care and medical diagnostic and therapeutic services even better.

OUR COMPLAINT PROCESS

The College takes all complaints seriously and manages each in an objective, fair and confidential process to ensure fairness to all involved. While the College has a legal authority (under HPA) to investigate and administer complaints, we do not have authority to compensate complainants or require members or their employers to do so. Also, we can only investigate complaints about our members. We have no jurisdiction over other health professionals, hospitals/health care facilities or wait times.

COMPLAINTS 2015

Number of complaints carried over from 2014	1
Number of new complaints in 2015	4
Total	5
Number of complaints dismissed	2
Number of complaints resolved	3
Number of complaints referred to hearings	0
Number of complaints appealed	1
Number of complaints still open	0
Section 118 incapacity assessments	0
Professional Conduct Hearings Held – open	0
Professional Conduct Hearings Held – closed	0

	BACKGROUND	OUTCOME
2014 carry over	Member suspended by employer due to conduct that in employer's opinion was unprofessional conduct. This matter was treated as a complaint with employer treated as complainant.	HPA Section 55(2) provides that complaints director, with complainant and investigated person's consent, may attempt to resolve complaint. Consent was given to resolve complaint through an alternative undertaking, rather than a hearing. Matter was resolved in 2015.
1	Public complaint was received alleging unprofessional conduct by a regulated member.	Complaint was investigated and was dismissed on basis that there was insufficient evidence to indicate that the conduct constituted 'unprofessional conduct' in the circumstances. Complainant applied for a review of the complaint dismissal. The complaint review committee reviewed in accordance with HPA Section 68 and confirmed insufficient evidence of unprofessional conduct.
2 and 3	Member given letter of warning by employer because of conduct that in the employer's opinion was unprofessional conduct. Member was suspended by employer due to conduct that in the opinion of the employer was unprofessional conduct. Both matters treated as complaints, with employer treated as complainant.	HPA Section 55(2) provides that the complaints director, with complainant and investigated person consent, may attempt to resolve the complaint. Consent was given to resolve complaints through an alternative undertaking, rather than a hearing. Both matters were resolved.
4	Complaint received from a regulated member alleging unprofessional conduct by a regulated member.	Complaint investigated then dismissed due to insufficient evidence that the conduct constituted 'unprofessional conduct' in the circumstances.

PUBLIC MEMBERS' REPORT

Providing public involvement in self-regulation

PUBLIC MEMBERS' ROLE

There are three public members appointed by the provincial government to assist the College and the professions it regulates. We protect the public by providing independent and objective input to Council to help ensure Albertans receive safe, competent medical imaging, radiation therapy and electroneurophysiology services.

Public member input helps the College balance members' values and interests with the public's values and interests. This in turn helps the College to act fairly, adhere to statutory and/or legal requirements and develop and foster appropriate professional standards. It is an honour and a privilege for us to represent the public and to serve the Alberta College of Medical Diagnostic and Therapeutic Technologists in this capacity.

CURRENT MEMBERS

The College's current public members are:

- Colleen Wilson (Medicine Hat), serving until July 2017,
- John Jossa (Medicine Hat), first term ends July 2017 and
- Alan Dugas (Edmonton), recently appointed for 18 month term.

COUNCIL COMPOSITION

In addition to three public members, Council has eight regulated members (at least one regulated member from each speciality). Successful candidates for these Council positions are announced at the Annual General Meeting following an online nomination and election process.

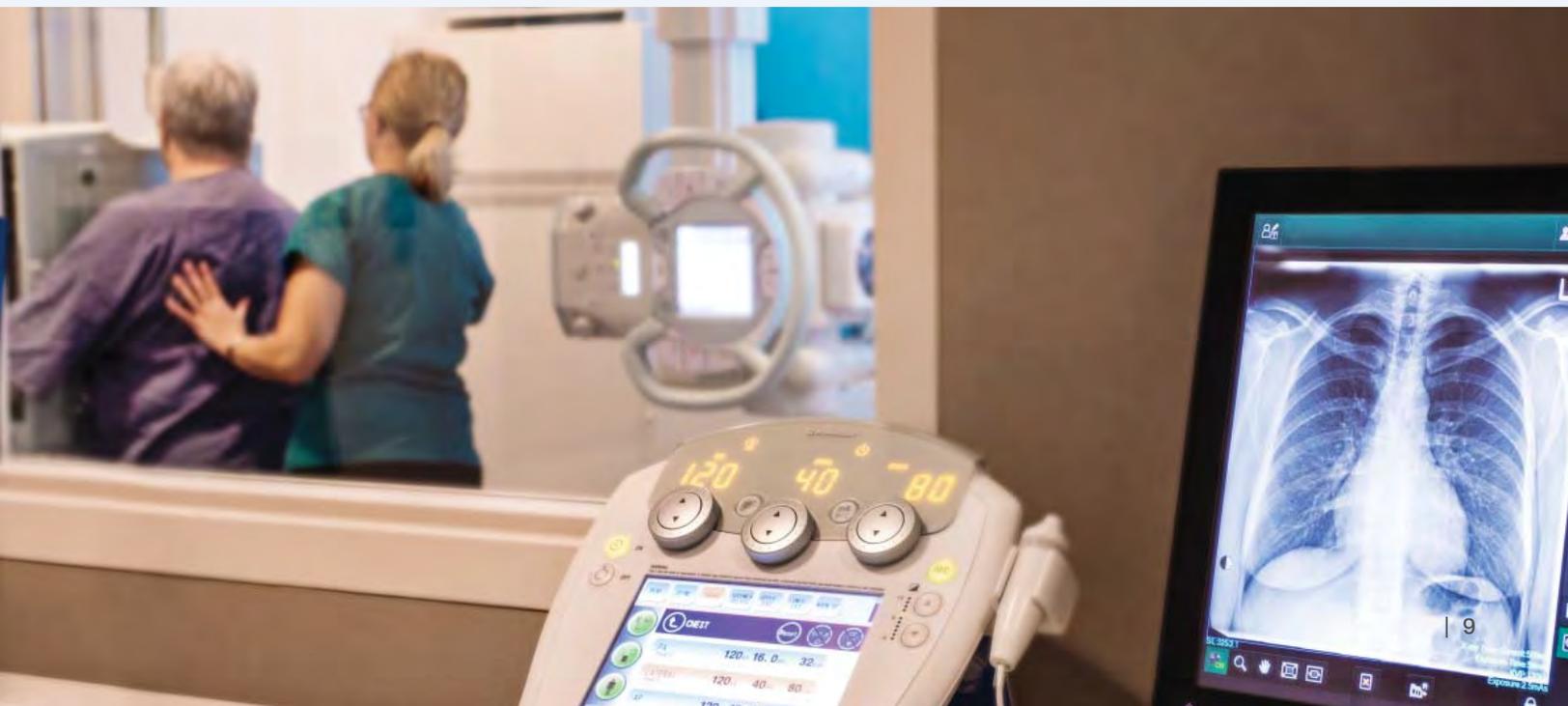
COMMITMENT TO EXCELLENCE

As public members, we are impressed with member enthusiasm and competence as well as the College's CEO and staff. The College is a conscientious and fiscally responsible organization that serves Albertans with a high degree of professionalism and dedication.

It is our privilege to serve.

Respectfully submitted,

Colleen Wilson, John Jossa and Alan Dugas



CONTINUING COMPETENCE PROGRAM

Helping ensure high practice standards

The College administers a CCP, as mandated by HPA, to help its members maintain and enhance their professional capabilities. The program's cycle, that runs September 1 - August 31 of the following year, helps the College assess, support and ensure competent practice and continued professional learning and development.

PROGRAM REQUIREMENTS

To renew their practice permit each year, members must complete a reflective practice review that includes a:

- self-assessment of practice
- personal learning plan
- CCP activity record outlining and reflecting on a minimum 24 hours of learning (for members registered for complete cycle)

As a result of the 2014 CCP review, the self-assessment framework aligns with the College's Standards of Practice. Members use the self-assessment to develop a personal learning plan (learning objectives for the current CCP cycle). At least one learning objective must be met through a learning activity. Members are also required to document their learning activities and include a self-reflection on how the activity will/has, impacted their professional practice.

Mandatory online compliance

In March 2015, the College introduced a new online platform (My CCP) that allows members to record all aspects of their CCP electronically. This system closely mirrors the paper documentation that members are familiar with. Effective September 1, 2015, use of the online platform became mandatory for all full members.

CCP COMPLIANCE

Member CCP compliance is monitored by the College's Competence Committee. Each fall, the committee audits a random selection of members' reflective practice reviews. In 2015, 204 members (9% of regulated members) were audited, and confirmed that members were compliant with the program. The College will continue to monitor the audit sample size to ensure it adequately represents its membership.

Description	CCP Cycle				
	2011	2012	2013	2014	2015
CCP participants (approximately)	2020	2075	2166	2259	2272
Percentage selected for audit	6%	6%	7%	8%	9%
Number selected for audit	121	125	152	182	204
Cancelled audits	3	1	3	2	4
Number audited	118	124	149	180	200
Successful initial audit	96	95	127	163	192
Number requiring remedial work	22	29	22	17	8
Number forwarded to complaints director for non-compliance	0	0	0	0	0
Average number of CCP hours submitted	NC	34.8	45.1	47.8	39.2*

NC - not collected

*Calculation based on online submissions

REGISTRATION COMMITTEE REPORT

Reviewing registration applications referred by Registrar

An overview of internationally trained applications reviewed by the Registration Committee is provided below.

The Registration Committee is responsible for making decisions regarding applications for registration referred to it by the Registrar. In 2015, the committee met six times to assess applications as follows:

- 30 applications were deferred to successful completion of other requirements such as providing proof of language proficiency and the certification exam.
- 2 applicants were required to provide more information in order to be considered for registration.
- 2 Canadian trained applicants were referred to the Registration Committee by the Registrar; both were granted practice permits with conditions.

APPLICATIONS REVIEWED

An overview of internationally trained technologists' applications reviewed by the Registration Committee is provided below:

SPECIALTY APPLICATIONS	NUMBER	APPLICANT AND COUNTRY OF ORIGIN
Radiological	25	Egypt (1), Gaza, Palestine (1), Germany (1), India (3), Iran (1), Jamaica (1), Nigeria (7), Republic of the Philippines (5), Scotland (1), South Africa (1), United Kingdom (2), Zimbabwe (1)
Magnetic resonance	3	Australia (1), Republic of the Philippines (2)
Nuclear medicine	1	Germany (1)
Radiation therapy	2	South Africa (1), United Kingdom (1)
Electroneurophysiology	1	Russia (1)
TOTAL	32	

One Registration Committee decision was appealed; Council upheld the Registration Committee's decision.

APPLICATION PROCESSING TIME

The Registration Committee continues to provide registration decisions within a minimum of two weeks and maximum of 18 weeks from the time a completed application is received. This time-frame is affected primarily by the length of time required to receive all the documentation required to consider the application complete. Once an application is complete, it is forwarded to the next Registration Committee's meeting. Every effort is made to accommodate applicant requests for expediting this process.



KEY ACCOMPLISHMENTS 2015

Serving members and Albertans

MEMBER SUPPORT AND SERVICES

- New user friendly online platform, powered by Skilsure®, for members to record CCP activities launched. It enables electronic document submission and evaluation.
- Distributed promotional materials to Alberta practice sites to promote awareness of professions in support of MRT/ENP Weeks.
- Presented awards highlighting member professionalism and achievement to 24 individuals.
- Supported recent MRT graduate's participation in CAMRT Leadership Development Institute.



REGISTRATION

- Updated and launched user friendly version of the online Regulation Education Module, an entry-to-practice requirement.
- Based on a best practice review, the Registration Committee expanded its list of acceptable credential evaluation providers so that parallels Citizenship and Immigration Canada.
- Answered over 100 licensing/registration inquiries. Processed over 2,300 permit renewals.
- Received and processed 250 registration applications from out-of-province and new Alberta graduates.
- Assessed 32 internationally educated applicants to determine registration eligibility.
- Contributed to Health Human Resource Planning through data collection and sharing with Canadian Institute for Health Information.
- Presented outreach sessions to prospective graduates at the Northern Alberta Institute of Technology (NAIT) and Southern Alberta Institute of Technology (SAIT), and the Alberta School of Radiation Therapy.
- Responded to over 50 member and employer professional practice inquiries.
- Audited 130 registrants to ensure currency of practice hours compliance and 340 registrants for professional liability insurance compliance.

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

- Delivered successful 2015 ACMDTT/AHS Annual General Conference with 275 delegates attending. Speakers, volunteers, sponsors and delegates come together to share knowledge, exchange ideas, reconnect with old colleagues and meet new ones.
- Supported member continuing education by College's continued collaboration with Branches. Collaboration enables affordable, high quality member education and networking opportunities. Branches offered four education days throughout Alberta.
- Offered two online continuing education courses and new Regulation Education Module.



COLLABORATION AND PARTNERSHIPS

- Completed design of a collaborative project with NAIT and AHS to implement IERT clinical assessments and bridging placements. Project is envisioned to play a vital role in sustaining Alberta's healthcare system by utilizing IERTs coming to Alberta.
- Taskforce (ACMDTT/Alberta Diagnostic Sonographers Association) continue to lay policy development groundwork to prepare for integrating sonographers under our regulatory umbrella when province implements legislative changes.
- Participated in Alliance of Medical Radiation Technologists Regulators of Canada goals to further advance MRT regulation, standards, regulatory issues and patient care via education and support to other provinces seeking self-regulation.
- Agreements with national certification bodies (CAMRT and CBRET) initiated/updated to ensure exams are defensible relative to identified competency based profession entry requirements.
- Participated on Alberta Federation of Regulated Health Professions (AFRHP) executive leadership team to facilitate collective and collaborative action on HPA and other legislation or issues that may impact regulation.
- Partnered with Foreign Qualifications Recognition Program—Alberta government strategy to improve processes that bring skilled immigrants into Alberta's workforce.
- Participated in AFRHP's Continuing Competence Interest Group—brings individuals responsible for College competence programs together for networking and education.



COMPETENT, ETHICAL PRACTITIONERS

- Developed and approved new Code of Ethics to guide member practice and decision making. The Code represents the professions' vision of practice in the public interest.
- Amended 'Technologists Practicing as PACS or RIS Administrators' position statement to 'Technologists Practicing in the Field of Information Management' to be inclusive of all MRTs utilizing information systems.
- Stakeholder review of 'MRI Technologists Interpreting Orbit X-rays' position statement confirmed it reflected current practice.
- Implemented College's newly revised Standards of Practice as the basis for self-assessment in the CCP.
- Reported to Health Canada on three year research project to study effectiveness of all bridging, remedial and clinical experience options for improving IERT certification exam pass rates.
- Completed annual audit to confirm member CCP compliance. Audit showed 96% of members received satisfactory letters while 4% required further remediation.
- Additional authorization program approvals:
 - Venipuncture for Covenant Health
 - Amalgamated previously approved NAIT Health Sciences programs into one and reassessed NAIT's Continuing Education Venipuncture Program.
 - Province-wide venipuncture program for AHS.
 - Bladder ultrasound training program for AHS Community Oncology.
 - Reassessed College's breast ultrasound program.
- Approved RCA Diagnostics' enhanced practice program for enhanced gastrointestinal fluoroscopy.
- Participated in Phase II of CMA's Conjoint Accreditation program approval process for NAIT's medical radiologic technology program.
- Participated as observer on CMA program approval site visits for NAIT and SAIT's diagnostic medical sonography programs.

REGISTRATION AND MEMBERSHIP STATISTICS

The College is responsible for ensuring that an individual practicing as a MRT/ENP in Alberta is qualified to do so. The College adopts competencies and sets criteria that anyone applying to the College must meet to qualify for initial registration and to maintain their annual registration.

	APPLICATIONS		REGISTRATIONS	
	2014	2015	2014	2015
1) New graduates:				
1.1) Alberta programs	81	81	87	87
1.2) Out of province programs	24	24	16	16
2) Practitioners from other provinces	33	33	23	23
3) Internationally educated practitioners starting practice in Canada	8	8	6	6
4) Alberta practitioners returning to practice	102	102	101	101
Total	248	248	233	233

The College did not deny registration to any completed applications in 2015.

TABLE 1: REGULATED MEMBERS	2011	2012	2013	2014	2015
• Single specialty:					
Radiological	1441	1486	1525	1554	1567
Radiation therapy	183	188	191	197	195
Nuclear medicine	223	231	246	245	243
Magnetic resonance	126	155	159	169	172
Electroneurophysiology	47	54	53	57	57
Total single specialty	2020	2114	2174	2222	2234
• Multiple specialties:					
Radiological/magnetic resonance	45	46	45	45	43
Nuclear medicine/magnetic resonance	8	6	4	4	3
Radiation therapy/magnetic resonance					1
Radiological/magnetic resonance/nuclear medicine	1	1	1	1	1
Total regulated members with multiple specialties	54	53	50	50	48



TABLE 2: NON-PRACTICING MEMBERS	2011	2012	2013	2014	2015
• Single specialty:					
Radiological	66	82	91	90	112
Radiation therapy	9	8	8	3	6
Nuclear medicine	21	29	16	12	22
Magnetic resonance	8	8	9	9	9
Electroneurophysiology	4	3	3	3	3
Multiple specialties	5	4	5	2	3
Total non-practicing single specialty	113	134	132	119	155
Courtesy registration			2	0	0

TABLE 3: PRACTICE PERMITS WITH CONDITIONS	2011	2012	2013	2014	2015
Enhancement conditions:					
• Ictal SPECT Injection	7	8	12	13	13
• CT and Contrast Media (previously reported as PET/SPECT/CT and contrast media)	41	46	62	68	73
• Intraoperative monitoring	5	3	2	5	5
• Needle authorization	N/A	4	2	2	3
• Venipuncture	332	355	380	426	478
• Breast ultrasound	12	11	12	13	14
• Bladder ultrasound				16	21
• Prostate ultrasound				5	6
• MR in radiation therapy			1	1	1
• Quantitative CT			0	2	1
• Medication administration		14	27	34	36
• Enhanced GI fluoroscopy (new in 2015)					4
Total permits with enhancements	397	441	498	585	655
Total permits with restrictions	3	15	12	14	18

Total practice permits renewed	2260
Total practice permits resigned and cancelled	143



COLLEGE AWARDS

Recognizing member excellence



TECHNOLOGIST/THERAPIST AWARDS

- **ACMDTT Honorary Life Membership Award**
Lisa Hill
- **Professional Excellence in Leadership Award**
Runell Viray, MRT(R)
- **Professional Excellence in Patient Care Award**
Stacey Allan, MRT(T)
- **Excellence in Professional Collaboration Award**
'OASIS Clinic - Cross Cancer Institute' Ashley Belbeck, MRT(T);
Amy Driga, OT; Dr. Jill Turner; Elisha Andrews, NP; Dr. Ericka Wiebe
- **Carol Van Velzer Memorial Award**
Priscilla Basi, ENP; Sabiha Kamani, ENP
- **Herbert M. Welch Memorial Award**
Wendy Martin-Gutjahr, MRT(R)
- **Joan Graham Award**
Priscilla Basi, ENP
- **George C. Hall Invitational Address**
Susan Fawcett MRT(T)
- **Past President's Award**
Wendy Read, MRT(T)



STUDENT AWARDS

Scholastic awards

- **Dr. Marshall Mallett Scholastic Award in Radiological Technology**
Amanda Hamilton
- **Scholastic Award in Nuclear Medicine Technology**
Kerri Robinson
- **Scholastic Award in Magnetic Resonance Technology**
Jordan Muth
- **Scholastic Award in Radiation Therapy**
Kelsey Colburn

Student leadership awards

- **Student Leadership Award in Radiological Technology**
Nicole Yakimec
- **Student Leadership Award in Magnetic Resonance Technology**
Tremayne Peart
- **Student Leadership Award in Radiation Therapy**
Andrew Cardona

- **CAMRT Leadership Development Institute Award**
Tremayne Peart
- **Student Research Award**
'The Over Prescription of Lower Back MRI Exams in Canada: Is Educating Physicians the Answer?'
Kyla Constantin, Kristine Fisher, Kara-Dawn Henschel, Cortlinh Nazarali

OTHER AWARDS

- **Tokens of Appreciation**
 - Wendy Read, MRT(T)
 - Wendy Martin-Gutjahr, MRT(R)
 - Carmen Lowry, MRT(R)
 - David Buehler, MRT(T)
 - David Rolfe, public member
 - Gina McRae, MRT(R)
 - Heather Gaunt, MRT(T)
 - Kaitlyn Svistovsk, MRT(T)
 - Kevin Kelley, MRT(NM), MRT(MR)
 - Lina Maidens, MRT(R)

INDEPENDENT AUDITORS' REPORT

To the Members of Alberta College of Medical Diagnostic & Therapeutic Technologists

We have audited the accompanying financial statements of Alberta College of Medical Diagnostic & Therapeutic Technologists, which comprise the statement of financial position as at September 30, 2015 and the statements of operations, 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 accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

AUDITORS' 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 and fair presentation 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 that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the financial statements present fairly, in all material respects, the financial position of Alberta College of Medical Diagnostic & Therapeutic Technologists as at September 30, 2015 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Collins Barrow Edmonton LLP

Chartered Accountants
Edmonton, Alberta
February 6, 2016

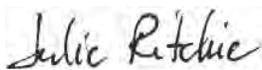
STATEMENT OF FINANCIAL POSITION

September 30, 2015

	2015	2014
ASSETS		
CURRENT		
Cash	\$ 53,552	\$ 9,919
Restricted cash and cash equivalents (Note 3)	984,500	1,037,413
Marketable securities (Note 4)	304,568	323,344
Accounts receivable	5,767	30,246
Prepaid expenses	52,263	37,934
	1,400,650	1,438,856
PROPERTY AND EQUIPMENT (Note 5)	8,863	13,434
INTANGIBLE ASSET (Note 6)	6,133	10,140
	\$ 1,415,646	\$ 1,462,430
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	\$ 18,551	\$ 30,978
Deposits	1,589	1,589
Deferred contributions (Note 7)	290,292	314,132
	310,432	346,699
NET ASSETS		
Invested in property and equipment	8,863	13,434
Internally restricted (Note 8)	984,500	1,004,500
Unrestricted	111,851	97,797
	1,105,214	1,115,731
	\$ 1,415,646	\$ 1,462,430

LEASE COMMITMENT (Note 9)

APPROVED BY THE COUNCIL



Julie Ritchie, MRT(NM)
Council President



Kelly Sampson, MRT(T)
Council Vice-President

STATEMENT OF OPERATIONS

For the Year Ended September 30, 2015

	2015	%	2014	%
REVENUES				
Professional fees	\$ 1,076,413	84.66	\$ 1,057,787	87.98
Provincial Conference	92,586	7.28	-	-
Internationally Educated Health Professionals Initiative Grant	32,913	2.59	22,044	1.83
Investment income	30,580	2.41	20,068	1.67
Sublease	20,433	1.61	20,840	1.73
Student fees	14,579	1.15	13,627	1.13
Miscellaneous	3,830	0.30	7,998	0.66
Canadian Association of Medical Radiation Technologists conference profit-share	-	-	19,360	1.62
Unrealized gain on marketable securities	-	-	40,580	3.38
	1,271,334	100.00	1,202,304	100.00
EXPENSES				
Salaries and benefits	536,629	42.21	486,631	40.47
Rent and utilities	153,144	12.05	152,444	12.68
Provincial Conference	101,092	7.95	14,786	1.23
Council	48,450	3.81	34,774	2.89
Office operations	45,252	3.56	40,453	3.36
Professional fees	42,874	3.37	20,946	1.74
Unrealized loss on marketable securities	39,995	3.15	-	-
Communication	34,089	2.68	36,518	3.04
Internationally Educated Health Professionals Initiative Grant	32,913	2.59	22,044	1.83
Computer support	32,872	2.59	24,009	2.00
Professional Conduct	31,178	2.45	10,013	0.83
Credit card fees and bank charges	29,593	2.33	27,863	2.32
Staff travel	28,267	2.22	18,502	1.54
Continuing Competence	24,119	1.90	35,637	2.96
Provincial Conference reserve	20,000	1.57	-	-
Regulatory committees	18,713	1.47	22,067	1.84
Stabilization reserve - database	13,125	1.03	10,500	0.87
Council honoraria	13,100	1.03	13,625	1.13
Affiliations	12,182	0.96	11,761	0.98
Amortization	8,750	0.69	12,047	1.00
Provincial annual general meeting	6,269	0.49	731	0.06
Awards	5,238	0.41	3,492	0.29
Amortization of intangible asset	4,007	0.32	2,004	0.17
National dues	-	-	2,399	0.20
	1,281,851	100.83	1,003,246	83.43
REVENUE (UNDER) OVER EXPENSES				
	\$ (10,517)	(0.83)	\$ 199,058	16.57

STATEMENT OF CHANGES IN NET ASSETS

Year Ended September 30, 2015

	Internally Restricted (Note 8)							2015	2014
	Invested In Property and Equipment	Provincial Conference Fund	Ends Initiatives Fund	Professional Conduct Contingency Fund	Stabilization Fund	Total	Un-restricted		
NET ASSETS - Beginning of year	\$ 13,434	\$ 64,500	\$ 80,000	\$ 400,000	\$ 460,000	\$ 1,004,500	\$ 97,797	\$ 1,115,731	\$ 916,673
Revenue (under) over expenses	(8,750)	(20,000)	-	-	(13,125)	(33,125)	31,358	(10,517)	199,058
Investment in property and equipment	4,179	-	-	-	-	-	(4,179)	-	-
Transfers	-	-	-	-	13,125	13,125	(13,125)	-	-
NET ASSETS - END OF YEAR	\$ 8,863	\$ 44,500	\$ 80,000	\$ 400,000	\$ 460,000	\$ 984,500	\$ 111,851	\$ 1,105,214	\$ 1,115,731

STATEMENT OF CASH FLOWS

Year Ended September 30, 2015

	2015	2014
CASH PROVIDED BY (USED IN):		
OPERATING ACTIVITIES		
Revenue (under) over expenses	\$ (10,517)	\$ 199,058
Items not affecting cash:		
Amortization	8,750	12,047
Amortization of intangible asset	4,007	2,004
Unrealized loss (gain) on marketable securities	39,995	(40,580)
Restricted cash and cash equivalents decrease (increase)	52,913	(182,413)
	95,148	(9,884)
Net changes in non-cash working capital items (Note 10)	(26,117)	(4,167)
	69,031	(14,051)
INVESTING ACTIVITIES		
Intangible asset	-	(12,144)
Purchase of property and equipment	(4,179)	(9,186)
Purchase of marketable securities	(53,649)	(5,987)
Disposal of marketable securities	32,430	-
	(25,398)	(27,317)
INCREASE (DECREASE) IN CASH	43,633	(41,368)
Cash - beginning of year	9,919	51,287
CASH - END OF YEAR	\$ 53,552	\$ 9,919

NOTES TO FINANCIAL STATEMENTS

Year Ended September 30, 2015

1. NATURE OF OPERATIONS

Alberta College of Medical Diagnostic & Therapeutic Technologists (the "College") is a not-for-profit organization established under the *Health Disciplines Act* on June 15, 1983 and continued under the *Health Professions Act* on May 1, 2005. The College collects professional fees as the regulatory body for medical radiation technologists and electro-neurophysiology technologists in Alberta. The College is self-governing and provides services to the members. The College exists so that the public is assured of receiving safe, competent, and ethical diagnostic and therapeutic care by a regulated and continually advancing profession.

As a not-for-profit organization under the *Income Tax Act*, the College is not subject to federal or provincial income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations. Significant accounting policies observed in the preparation of the financial statements are summarized below.

(a) Cash: Cash is defined as cash on hand, cash on deposit, net of cheques issued and outstanding at the reporting date.

(b) Marketable securities: Marketable securities are initially recognized at acquisition cost and subsequently re-measured at fair value at each reporting date. Unrealized gains or losses on re-measurement are recognized in the statement of operations.

(c) Property and equipment: Property and equipment are recorded at cost less accumulated amortization. Property and equipment are amortized over their estimated useful lives on a straight-line basis over the following periods:

Computer equipment	3 years
Furniture and fixtures	5 years
Leasehold improvements	5 years
Telephone equipment	5 years

(d) Intangible asset: The intangible asset is comprised of website development costs that are being amortized on a straight-line basis over their estimated useful lives of three years.

(e) Impairment of long-lived assets: The College tests for impairment whenever events or changes in circumstances indicate that the carrying amount of assets may not be recoverable. Recoverability is assessed by comparing the carrying amount to the projected future net cash flows the long-lived assets are expected to generate through their direct use and eventual disposition. When a test for impairment indicates that the carrying amount of an asset is not recoverable, an impairment loss is recognized to the extent the carrying value exceeds its fair value.

(f) Revenue recognition: The College follows the deferral method of accounting for contributions. Contributions, including grants, are included in revenue in the year in which they are received or receivable, with the exception that contributions to fund a specific future period's expenses are included in revenue in the period the expenses are incurred.

Professional fees and student fees are collected for the calendar year. The College records a deferral of revenue for the portion of fees that covers the period subsequent to year end.

Investment income is comprised of interest and dividends from cash, short term investments and marketable securities. Investment income revenue is recognized on an accrual basis.

Sublease revenue is recognized in the period in which it is earned, on a straight-line basis, and when collection is reasonably assured.

(g) Contributed goods and services: The College receives a substantial amount of volunteer time and effort as well as donated goods to carry out its activities. Due to the difficulty in determining the fair value of these contributed amounts, they have not been recognized in these financial statements.

(h) Financial instruments:

Measurement of Financial Instruments

Financial instruments are financial assets or liabilities of the organization where, in general, the organization has the right to receive cash or another financial asset from another party or the organization has the obligation to pay another party cash or other

financial assets.

The College initially measures its financial assets and liabilities at fair value, except for certain non-arm's length transactions that are measured at the exchange amount.

The College subsequently measures all its financial assets and financial liabilities at amortized cost, except for marketable securities in equity instruments that are quoted in an active market which are measured at fair value at each reporting date.

Financial assets measured at amortized cost include cash, accounts receivable and restricted cash. Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Impairment

Financial assets measured at cost or amortized cost are tested for impairment, at the end of each year, to determine whether there are indicators that the asset may be impaired. The amount of the write-down, if any, is recognized in operations. The previously recognized impairment loss may be reversed to the extent of the improvement, directly or by adjusting the allowance account. The reversal may be recorded provided it is no greater than the amount that had been previously reported as a reduction in the asset and it does not exceed original cost. The amount of the reversal is recognized in operations.

(i) Use of estimates: The preparation of these financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could

3. RESTRICTED CASH AND CASH EQUIVALENTS

Restricted cash and cash equivalents is comprised of the following:

	2015	2014
Cash - chequing account	\$ 66,477	\$ 264,516
Term deposits	918,023	772,897
	\$ 984,500	\$ 1,037,413

Restricted cash and cash equivalents have been designated for specific programs as described in Note 8. Restricted cash and cash equivalents for 2014 includes \$32,913 in a grant received from the provincial government which was restricted for the Internationally Educated Health Professionals Initiative.

4. MARKETABLE SECURITIES

	2015		2014	
	Cost	Fair Value	Cost	Fair Value
Fixed income investments	\$ 113,629	118,427	\$ 113,629	\$ 118,442
Equities and income trusts	92,192	126,096	124,621	198,506
Mutual funds	60,895	60,045	6,396	6,396
	\$266,716	\$304,568	\$244,646	\$ 323,344

5. PROPERTY AND EQUIPMENT

	Cost	Accumulated amortization	2015	2014
			Net book value	Net book value
Computer equipment	\$ 43,815	\$ 35,686	\$ 8,129	\$ 8,883
Furniture and fixtures	93,161	92,427	734	3,133
Leasehold improvements	13,869	13,869	-	1,387
Telephone equipment	6,374	6,374	-	31
	\$ 157,219	\$ 148,356	\$ 8,863	\$ 13,434

6. INTANGIBLE ASSET

	Cost	Accumulated amortization	2015	2014
			Net book value	Net book value
Website development	\$ 12,144	\$ 6,011	\$ 6,133	\$ 10,140

7. DEFERRED CONTRIBUTIONS

Deferred contributions represent contributions received for a specific purpose which have not been expended at year end.

	2014	Contributions received	Revenue recognized	2015
	Professional fees	\$ 281,219	\$ 1,085,486	\$ 1,076,413
Provincial government grant	32,913	-	32,913	-
	\$ 314,132	\$ 1,085,486	\$1,109,326	\$ 290,292

8. INTERNALLY RESTRICTED NET ASSETS

Provincial Conference Fund: The Provincial Conference Fund was established for conference surpluses which will be used for future conference expenditures.

Ends Initiatives Fund: The Ends Initiative Fund was established to provide for special projects undertaken to support and expand on issues related to the “Ends” developed by the Council and described in Council policy.

Professional Conduct Contingency Fund: The Professional Conduct Contingency Fund was established to provide for unexpected legal and administrative costs arising from professional conduct disciplinary matters.

Stabilization Fund: The Stabilization Fund was established to provide for unexpected costs related to maintaining the stability and viability of the College.

9. LEASE COMMITMENT

The College leases office space under an operating lease which expires September 2020. Future minimum lease payments under the lease will be approximately as follows:

2016	\$ 74,404
2017	74,404
2018	78,320
2019	78,320
2020	78,320
	<u>\$ 383,768</u>

10. NET CHANGES IN NON-CASH WORKING CAPITAL ITEMS

	2015	2014
Accounts receivable	24,479	(23,429)
Prepaid expenses	(14,329)	(11,173)
Accounts payable and accrued liabilities	(12,427)	17,192
Deferred contributions	(23,840)	13,243
	<u>\$ (26,117)</u>	<u>\$ (4,167)</u>

11. FINANCIAL INSTRUMENTS

The College is exposed to various risks through its financial instruments and has a comprehensive risk management framework to monitor, evaluate and manage these risks. The following analysis provides information about the College’s risk exposure and concentration as of September 30, 2015.

The College’s financial instruments consist of cash, restricted cash and cash equivalents, accounts receivable, and accounts payable and accrued liabilities.

The College is exposed to the following risks through its financial instruments:

Credit Risk: Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. Accounts receivable are generally the result of services to members. The College does not believe it is subject to any significant credit risk.

Liquidity Risk: Liquidity risk arises from the possibility that the College might encounter difficulty in settling its debts or in meeting its obligations related to financial liabilities. It is management’s opinion that there is no significant liquidity risk as of September 30, 2015.

Market Risk: Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Senior management and the Council, in consultation with investment advisors, review the College’s marketable securities and establish a diversified investment mix in order to earn the best possible return at an acceptable level of risk.

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. The College is exposed to interest rate risk arising on its interest bearing assets.

12. COMPARATIVE FIGURES

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

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