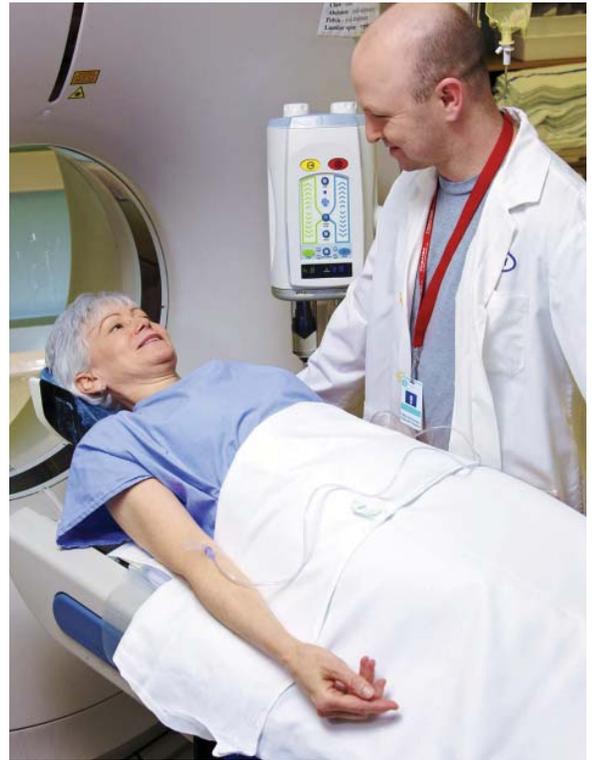




ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC
AND THERAPEUTIC TECHNOLOGISTS

Annual Report 2012

Ensuring safe, competent, ethical diagnostic testing and radiation therapy.



MISSION

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



Patient safety, health and care underpins everything we do.

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ABOUT THE COLLEGE

The Alberta College of Medical Diagnostic and Therapeutic Technologists (the College) is the regulatory body for medical radiation technologists (MRTs) and electroencephalography technologists (ENPs). Both professions are crucial in today's modern healthcare because they provide essential patient services such as:

- Diagnostic exams and imaging (e.g., x-rays, bone scans, mammograms and magnetic resonance imaging or MRI).
- Radiation treatment for cancer.
- Electroencephalograms (visual record of the brain's electrical activity used to assess and diagnose conditions such as seizures, stroke and epilepsy).

What we do

The College exists so Albertans receive safe, competent and ethical diagnostic and therapeutic care. To accomplish that, we regulate over 2,000 members who work in hospitals, primary care networks and independent clinics. Patient health, safety and care underpins everything we do.

1. As a regulator we:
 - Administer Alberta health care legislation (*Health Professions Act* or HPA).
 - License only MRTs/ENPs who meet our education, training and competency requirements.
 - Require annual license renewal.
 - Set and enforce practice and conduct standards and administer a mandatory continuing competence program.
 - Provide public access to our member register and address complaints about our members' conduct.

- Provide expertise and direction on both regulatory and health policy.
2. To help members achieve their regulatory requirements, we:
 - Promote practice and patient care excellence.
 - Provide/support professional development and interdisciplinary collaboration opportunities.
 - Promote awareness of both MRT and ENP professions.

Governance and accountability

The College is governed by an elected board of directors (called a Council), comprised of MRTs/ENPs and three members of the public appointed by the province. Our public members ensure Albertans' interests are represented and protected by providing public perspective into Council discussions and policy decisions.

The College's daily operations are managed by the CEO/Registrar and a small office team. Operational funding is provided by member registration fees.

Council, College staff and members recognize and respect that self-governance is a privilege granted by the province on behalf of Albertans. We also recognize and respect that our primary mandate is public protection, and that we are accountable to Albertans through the Minister of Health. As such, we provide the minister with an annual report of our registration and licensing activities and the number and nature of any complaints received about our members.



PRESIDENT AND CEO/REGISTRAR'S MESSAGE

Regulating our members to ensure safe, competent and ethical diagnostic and therapeutic care within continually advancing professions.

The College remains dedicated to its primary mandate of protecting the Alberta public through the privilege of self-regulation. MRTs and ENPs are crucial to patient treatment, diagnosis and on-going health of Albertans.

Advancing technology requires that our professions continue to evolve and implement innovative ways to contribute to the improvement and enhancement of patient care. We are committed to supporting best practice to ensure patients receive safe, competent and ethical medical diagnostic testing and radiation therapy.

The 2012 Annual Report provides an overview of the work of the College and has been approved by Council.

Key highlights from 2012

- Standards of Practice provide the basis for measuring the quality of care and service provided by regulated members of the College. A major initiative was launched to review and update the Standards to be reflective of the current environment and to provide clarity to both our members and to the public.
- We undertook significant research and consultation across the province to assess the implications of evolving hybrid technology in the nuclear medicine environment to determine appropriate competency standards.
- The College actively participated in the establishment of a national regulatory alliance to address and evolve MRT regulation and regulatory issues to enhance safe, competent and ethical care for Canadians and the portability of professionals across jurisdictions.



Cindy Humphries, MRT(R),
Council President



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

Council

The College Council met five times over 2012 and continues to govern using a rigorous organizational evaluation process measured against organizational ends. Council invested in an intensive program of board development focused on strategic thinking, understanding government relations and linkage with the public and the professions.

Annual Report approval

Council approved the College's 2012 Annual Report during its February 2, 2013 meeting.

Acknowledgment and thanks

With our many initiatives both provincially and nationally, the College is well positioned to lead the profession into the coming year. The College wishes to acknowledge the contributions of the many volunteers that support the work of the College.

THE PROFESSIONS WE REGULATE

The College regulates MRTs and ENPs; highly technical, medical specialists who play a pivotal role in modern health care by providing sophisticated, targeted and highly effective medical diagnostic and radiation therapy services.

Helping doctors. Helping patients

MRTs and ENPs use complex, state-of-the-art technology to 'look inside a patient's body' and create detailed images that help doctors diagnose and assess numerous injuries, diseases and health conditions. MRTs who specialize in radiation therapy, use complex technology to plan and administer targeted cancer treatment.

What MRTs do

Four groups of specialists comprise the medical radiation technology profession:

1. Radiological technologists
2. Magnetic resonance technologists
3. Nuclear medicine technologists
4. Radiation therapists

The first three, perform complex imaging exams to create detailed images used for medical diagnosis. Radiation therapists are key members of the cancer care team who use high energy radiation and/or radioactive material to destroy cancerous tumours while minimizing damage to a patient's healthy tissue.

What ENPs do

ENPs also perform diagnostic tests and create visual images; however, these images look very different from those produced by MRTs. ENPs perform tests that record the electrical activity in a patient's brain. The visual image is a 'series of wavy lines or squiggles' (called an electroencephalogram or EEG) that is used by neurologists to diagnose, assess and/or confirm various physical and mental health conditions/disorders including epilepsy, sleep disorders, dementia, seizures, head trauma and congenital abnormalities. ENPs are also present in the operating room where they record the activity of a patient's brain and spinal cord during surgery.

Education, knowledge and high-tech expertise

MRTs and ENPs use advanced and complex equipment. As a result, the education and training for both professions is intensive, highly technical and very specialized. Programs range from two-to-four years (depending on specialty) and include human anatomy and physiology, effective exam techniques and patient care and safety.

Because some MRTs use radioactive materials for diagnostic imaging and/or patient treatment, their education and training also includes a special focus on radiation use, safety and protection.

Licensing and regulation

To practice legally in Alberta, both MRTs and ENPs must be licensed by the Alberta College of Medical Diagnostic and Therapeutic Technologists. To obtain a license, applicants must meet or exceed the College's education and licensing standards and pass a national certification exam. To maintain their license MRTs and ENPs must:

- follow the College's practice, professional behavior and Standards of Practice,
- comply with the College's Code of Ethics,
- participate in the College's mandatory continuing competence program and
- renew their license annually.

Licensing and regulation helps ensure that MRTs and ENPs are qualified to practice and that Albertans receive safe, ethical, competent and professional medical diagnostic care and radiation therapy services.

Radiation therapists - use focused beams of radiation to treat cancer and destroy cancer cells, while minimizing harm to a patient's healthy tissue. Therapists plan and administer radiation treatment externally by machine or via internal placement near cancer cells, make and fit treatment devices/aids and counsel patients how best to manage and/or minimize potential side-effects. Because patients are exposed to high doses of radiation, it's essential to precisely target both the dosage and treatment, and carefully monitor patients. More than half of all cancer patients receive radiation treatment; alone or in combination with other treatments.



Nuclear medicine technologists - obtain critical diagnostic images (e.g., bone, lung and thyroid scans) that help doctors diagnosis and assess appropriate treatment options for many diseases/conditions. Nuclear medicine scans can also prevent the need for invasive investigative surgery by identifying tumours/diseases and showing organ structure, function and treatment response. Technologists prepare and administer radiopharmaceuticals, for diagnostic and therapeutic purposes, while adhering to strict safety standards to limit radiation exposure to themselves, patients and others.



Electroneurophysiology technologists - record and measure a patient's brain activity via EEG and evoked potential (EP) tests. Results help doctors identify or confirm physical and mental conditions and make treatment decisions. Both tests use small disks (electrodes) to detect the brain's electrical signals that are visually recorded as squiggles (called traces). EEGs can detect brain infection or bleeding, assess brain status (e.g., brain death) and distinguish schizophrenia from Alzheimer's Disease. EPs measure nerve signal response to external stimuli (e.g., visual, audio or touch) to help identify and/or confirm nervous system disorders/ diseases like multiple sclerosis.



Radiological technologists - (often called x-ray technologists) use small, highly controlled amounts of radiation to create detailed pictures of a patient's internal organs and bones. Doctors use these pictures to detect/confirm physical injury, trauma, disease, medical condition and/or congenital abnormality. X-ray technology is the oldest medical imaging specialty at a little over 100 years old. The technology's safety and application has evolved significantly since then and now includes mammography, computed tomography (CT) scans and angiography. Radiological technologists make up the majority (75%) of the College's members.



Magnetic resonance technologists - use sophisticated technology to produce extremely clear, detailed 3D images of a patient's internal organs and tissues. MRI is particularly valuable for detecting soft tissue issues (e.g., nerve, muscle, ligament and tendon). The technology uses radio waves and powerful magnetic fields, not radiation, to create images. MRI technologists require extensive knowledge of physics, anatomy, pathology and physiology in order to obtain accurate images. MRIs are a critical investigative and diagnostic tool because of its unmatched detail and clarity, combined with no known side-effects.



KEY ACCOMPLISHMENTS 2012

COMPETENT, ETHICAL PRACTITIONERS

- Initiated project to revise College's Standards of Practice which were developed in 2006 when the College was founded. The Standards of Practice form the framework to measure the quality of care and service provided by regulated members of the College.
- Completed review of the current practice of nuclear medicine technology, entry-level education and use of hybrid equipment in Alberta. Research included a facilitated focus group with members and stakeholders to ensure input from all levels of practice and geographic area.
- Completed annual Continuing Competence Program (CCP) audit to confirm member compliance. Audit results showed 77% of members received satisfactory letters while 23% required further remediation.
- Assessed 16 internationally educated applicants (IEAs) to determine eligibility for registration.
- Initiated three year research project to study opportunities and programs (formal and informal, didactic and experiential), available to support IEA preparation for national certification exam. The College received a grant from Health Canada to facilitate this research.
- Managed three new complaints related to member conduct and held two disciplinary hearings for complaints carried over from 2011.
- Approved educational program for an enhanced practice authorization of medication administration.

REGISTRATION AND LICENSING

- Answered hundreds of licensing inquires and processed over 2,300 practice permit renewals.
- Received and processed 59 applications for registration from out of province and approximately 100 applications for registration for new Alberta graduates.
- Participated in Canadian Medical Association Conjoint Accreditation process for program approval of the magnetic resonance programs (first discipline diploma and second discipline post-diploma) based in Alberta at the Northern Alberta Institute of Technology.
- Re-evaluated and granted status of Approval without Conditions to the AHS (Edmonton Zone) electroneurophysiology technology educational program.
- Responded to member and employer professional practice inquiries for our five specialties.
- Instituted successful completion of Regulations eLearning course as registration requirement to ensure all registrants are aware of their professional obligations as regulated health professionals.
- Presented outreach sessions to potential new members (NAIT, SAIT and radiation therapy graduates).

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

- Provided two online resources to facilitate cost-effective member continuing education opportunities.
- Collaborated with Branches to offer affordable and high caliber member education and networking opportunities to support member continuing education goals.
- Delivered successful professional development and networking conference; two-day annual conference presented three keynote speakers and 24 concurrent sessions to more than 300 members.
- Preliminary implementation of Multi-Session Learning Event Record on Competency Management System.
- Continue to offer webcast of 2012 conference keynote speaker to members via College website.

COLLABORATION AND PARTNERSHIPS

- Participated in the review and revision of the current Radiation Protection Regulation, of the *Radiation Protection Act of Alberta*, that expires March 31, 2013.
- The College actively participated in the Alliance of Medical Radiation Technologists Regulators of Canada in its role to ensure public protection by further advancing MRT regulation and standards, regulatory issues and patient care.
- Provided support to Alberta Ministries of Health and Enterprise and Advanced Education to develop alternate education options for radiation therapist training in Alberta.
- Supported the Canadian Association of Medical Radiation Technologists (CAMRT) on a national branding and public awareness campaign to raise the profile and knowledge of the MRT professions.
- Provided assistance and education to Alberta Society of Registered Cardiology Technologists' pursuit of self-regulation status.
- Participated in Alberta government's HPA related consultation as member of Alberta Federation of Regulated Professions.
- Provided review and feedback on best practice guidelines being developed by CAMRT.
- Worked with CAMRT, and other provincial associations, to review and update the national-provincial agreement.

MEMBER SUPPORT AND SERVICES

- Created Director of Professional Practice staff position to provide member support on clinical practice inquiries.
- Provided administrative services to over 2100 members to enable access to CAMRT membership.
- Participated in YOUth Power event to showcase the MRT and ENP professions.
- Promoted the professions at mandatory inter-professional student event for University of Alberta first-year health discipline students.
- Established Communications Standards and Style Guide to ensure consistency of communication standards across College's many vehicles and channels.
- Developed MRT week promotional material to promote awareness of profession. Coordinated delivery of promotional material to every imaging and therapy site in Alberta.
- Transitioning to new platform for Competency Management System website to continue to facilitate access and use of online CCP record-keeping in a user-friendly format. The College has received an increasing number of requests for access to online system.
- Continued to collaborate with Branch Chairs to implement processes for member access to consistent and robust member services across the province.
- Enhanced awards program with the addition of a new 'Excellence in Professional Collaboration' award that will highlight the importance and prevalence of inter-professional health care teams.

PUBLIC MEMBERS REPORT

It is both an honour and privilege to serve as public members for the Alberta College of Medical Diagnostic and Therapeutic Technologists.

Our role

We are not members or employees of the College, nor consultants to the profession. We are volunteers, appointed by the provincial government to help the College (and the professions it regulates) protect the public. We do this by providing objective public perspective and opinion to Council decisions, to ensure that safe and competent medical imaging, radiation therapy and electroneurophysiology services are delivered to Albertans. We help the College balance members' values and interests with those of the public. This helps the College act fairly, adhere to statutory or legal requirements and develop and foster appropriate professional standards.

Council composition

In addition to three public members, Council has eight regulated members (with at least one regulated member from each specialty) who are elected by their peers (i.e., other members). There is also a representative from the Canadian Association of Medical Radiation Technologists, who attends Council meetings in a non-voting capacity.

Commitment to excellence

As members of the public, we remain impressed with the integrity and commitment of our fellow Council members, both to professional excellence and to the public's health and safety. We are also impressed by the College's CEO/Registrar, Kathy Hilsenteger, and her small office team for the diligent and efficient manner in which they manage the College and support members/ the professions on a daily basis. College members can be certain that the affairs of your professional organization are being consistently managed with an emphasis on stewardship of resources and an exciting vision for the future.

Respectfully submitted,

Wendy Ainsworth, David Rolfe and Colleen Wilson
Public members



PROFESSIONAL CONDUCT AND COMPLAINTS

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

The College's complaint management function is vital to its commitment to safe, ethical and competent patient care. Even with our high standards of practice, professionalism and patient care complaints can still happen, for example: long wait times, misunderstanding, and misperception.

Regardless of outcome, complaints are a valuable learning tool for the College and its members—they help make our patient care and medical diagnostic imaging and radiation therapy services even better.

Our complaint process

The College takes complaints seriously and manages each in an objective, fair and confidential process designed to ensure fairness to all involved. While the College has a legal authority (under HPA) to investigate and administer complaints, we do not have the authority to compensate complainants or require members or their employers to. Also, we can only investigate complaints about current members and have no jurisdiction over unlicensed MRTs/ENPs, other health professions, hospitals/health care facilities and/or wait times or coverage for MRT/ENP diagnostic services.

Complaints 2012

Number of complaints carried over from 2011	2
Number of new complaints in 2012	3
TOTAL	5
Number of complaints dismissed	2
Number of complaints resolved	1
Number of complaints referred to hearings	2
Number of complaints appealed	0
Number of complaints still open	0
Section 118 Incapacity Assessments	0
Professional Conduct Hearings Held - open	2
Professional Conduct Hearings Held - closed	0

	Background	Outcome
Carry over from 2011	Employer terminated member due to conduct deemed 'unprofessional conduct.' Matter treated as complaint and employer as complainant.	After investigation, Complaints Director referred matter to a Hearing. Hearing Tribunal met June 19, 2012 and found member's conduct constituted unprofessional conduct for all five allegations.
Carry over from 2011	Employer terminated member due to conduct deemed 'unprofessional conduct.' Matter treated as complaint and employer as complainant.	After investigation, the Complaints Director referred matter to a Hearing. Hearing Tribunal met August 15, 2012 and found member's conduct constituted unprofessional conduct.
1	Complaint received from a member of the public alleging unprofessional conduct by nine regulated members.	Complaint dismissed due to insufficient evidence indicating conduct constituted 'unprofessional conduct' in the circumstances. Complainant applied for review of complaint dismissal. Complaint Review Committee commenced a review in accordance HPA Section 68 and confirmed insufficient evidence of unprofessional conduct.
2	Employer terminated member due to conduct deemed 'unprofessional conduct.' Matter treated as complaint and employer as complainant.	Complaint dismissed due to insufficient evidence indicating 'unprofessional conduct' in the circumstances.
3	Employer terminated member due to conduct deemed 'unprofessional conduct.' Matter treated as complaint and employer as complainant.	HPA Section 55(2) provides that Complaints Director, with consent of complainant and investigated person, may attempt to resolve the complaint. Both parties consented to resolve complaint through an undertaking as an alternative to matter proceeding to a hearing.

REGISTRATION COMMITTEE REPORT

The Registration Committee is responsible for making decisions regarding applications for registration referred to it by the Registrar.

In 2012, the committee met four times to assess applications submitted by internationally educated technologists and therapists.

Specialty applications	Number reviewed	Applicant and country of origin
Radiological	10	Australia (1), China (1), Denmark (1), Egypt (1), UK (1), Nepal (1), Philippines (3), US (1)
Radiological and magnetic resonance	2	Israel (one applicant)
Magnetic resonance	2	South Africa (1), US (1)
Radiation therapy	1	UK
Nuclear medicine	1	Germany
Total	16	

Fifteen applications were deferred to successful completion of other requirements such as providing proof of language proficiency and the national exam and one applicant was assessed as substantially equivalent. There were no registration appeals.

Applications referred by the Registrar

The Registration Committee also reviewed three applications referred by the Registrar – two were renewal applications that did not meet practice currency requirements and one application for reviewing practice conditions placed by the Committee in the past.

Application processing time

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



CONTINUING COMPETENCE PROGRAM

The College administers a Continuing Competence Program (CCP), as mandated by the *Health Professions Act*, to help its members maintain and enhance their professional capabilities. The program, which 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 are required to complete a reflective review that includes a:

- Self-Assessment of Practice.
- Personal Learning Plan.
- CCP activity record outlining a minimum of 24 hours of continued learning.

The self-assessment is competency profile-based and specialty-specific. Members use the self-assessment to develop a personal learning plan (a fluid document containing the member's 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, or has, impacted their professional practice.

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 2012, 125 members (6% of members) were randomly

selected for audit. The audit 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.

CCP 2012 statistics

Description	CCP Cycle		
	2010	2011	2012
Number of CCP participants ¹	1954	2020	2075 ²
Percentage selected for audit	6%	6%	6%
Number selected for audit	113	121	125
Cancelled audits	2	3	1
Number audited	111	118	124
Successful initial audit	102	96	95
Number requiring remedial work	9	22	29
Number forwarded to Complaints Director for non-compliance	0	0	0
Average number of CCP hours submitted	NC	NC	34.8 ³

¹ as of December 31

² as of June 1

³ calculated from received submissions (120)

NC - not counted



REGISTRATION AND MEMBERSHIP STATISTICS

The College is responsible for ensuring that an individual practicing as a medical radiation technologist or electroneurophysiology technologist 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 registration on an annual basis.

	Applications	Registrations
1) New graduates		
1.1) Alberta programs	100	100
1.2) Out of province programs	18	18
2) Practitioners from other provinces	41	41
3) Internationally educated practitioners starting practice in Canada	6	6
4) Alberta practitioners returning to practice	114	114
Total	279	279

Table 1 – Regulated members:

• Single specialty:	2007	2008	2009	2010	2011	2012
Radiological	1286	1292	1300	1397	1441	1486
Radiation therapy	161	170	173	180	183	188
Nuclear medicine	209	211	212	217	223	231
Magnetic resonance	112	108	110	118	126	155
Electroneurophysiology	49	46	45	42	47	54
Total single specialties	1817	1827	1840	1954	2020	2114
• Multiple specialties:						
Radiological/magnetic resonance	NC*	40	51	50	45	46
Nuclear medicine/magnetic resonance	NC	4	6	5	8	6
Radiological/nuclear medicine/magnetic resonance	NC	NC	1	1	1	1
Total multiple specialties	NC	44	58	56	54	53

* NC denotes data not previously or no longer collected.

Table 2 – Non-practicing members:

• Single specialty:	2007	2008	2009	2010	2011	2012
Radiological	NC	NC	69	62	66	82
Radiation therapy	NC	NC	10	10	9	8
Nuclear medicine	NC	NC	22	17	21	29
Magnetic resonance	NC	NC	5	8	8	8
Electroneurophysiology	NC	NC	1	4	4	3
Multiple Specialties	NC	NC	2	3	5	4
Total non-practicing single specialty	NC	NC	107	101	108	134

Table 3 – Practice permits with conditions:

Enhancement conditions:	2007	2008	2009	2010	2011	2012
• Ictal SPECT Injection	8	7	7	7	7	8
• PET/SPECT/CT and contrast media	25	29	36	41	41	46
• Intraoperative monitoring	5	4	5	5	5	3
• Needle authorization	NC	NC	10	11	9	4
• Venipuncture	268	294	321	363	332	355
• Breast ultrasound	NC	NC	11	12	12	11
• Medication administration	NA	NA	NA	NA	NA	14
Total permits with enhancements	306	334	390	439	406	441
Total permits with restrictions	70	13	18	43	3	15

** NA denotes not applicable

Total practice permits renewed	2220
Total practice permits not renewed	42



COUNCIL, COMMITTEES AND BRANCHES AS OF DECEMBER 2012

Council

President - Cindy Humphries, MRT(R)

Vice-President - Wendy Read, MRT(T)

David Buehler, MRT(T)

Kevin Kelley, MRT(MR), MRT(NM)

Ignacio Casupang, MRT(R)

Jeff Christensen, MRT(R)

Valerie Cambridge, ENP

Julie Ritchie, MRT(NM)

Public members: David Rolfe, Wendy

Ainsworth and Colleen Wilson

Kathy Hilsenteger, MRT(T) - CEO/Registrar

Wendy Martin-Gutjahr, MRT(R) -

CAMRT Alberta Director

College committees

Registration Committee

Brenda Rose, MRT(T), Chair

Janelle Duquette, MRT(T)

Dustin Grainger, MRT(NM)

Leanne Irving, MRT(R)

Silvia Kozlik, ENP

Abbi Langedahl, MRT(R)

Arlene McGrath, MRT(R)

Martin Sherriff, MRT(MR)

Laurie Walline, MRT(NM)

Awards Committee

Kaitlyn Svistovski, MRT(T), Chair

Nancy Belley, MRT(MR)

Katarzyna Dudycz, MRT(R)

Sabrina Forth, MRT(NM)

Nominating Committee

Rhea Garraway, MRT(T), Chair

Kevin Kelley, MRT(NM), MRT(MR)

Lori Headington, MRT(R)

Competence Committee

Colleen Mitchell, MRT(R), Chair

Ria Bender, MRT(R)

Andrea Carstairs, ENP

Marek Draszka, MRT(NM)

Heather Gaunt, MRT(T)

Jacqueline Middleton, MRT(T)

Nadine Naaman, MRT(MR)

Darren Oczkowski, MRT(MR)

Rhonda Parsons, MRT(NM)

Jaylene Watson, MRT(R)

Hearing Tribunals/Complaint Review

Phyllis Banister, MRT(NM)

Marlene Chambers, MRT(R)

Brian Chwyl, MRT(T)

John Clapp, MRT(R)

Christy McIntyre, MRT(NM)

Aida Ward, MRT(MR)

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. Council established branches to promote professional growth, development and networking.

Branch chairs:

Peace Country Branch

Charla Nellis, RTR

Edmonton Branch

Abbi Langedahl, MRT(R)

Parkland Branch

Lina Maidens, MRT(R)

Calgary Branch

Gina McRae, MRT(R)

Southern Alberta Branch

Carmen Lowry, MRT(R)

ENP Branch

Angie Sarnelli, ENP



Council - Wendy Martin-Gutjahr, Colleen Wilson and Wendy Ainsworth not pictured.

COLLEGE AWARDS: RECOGNIZING AND CELEBRATING EXCELLENCE

Technologist/therapist awards

- **Herbert M. Welch Memorial Award**
Don St. Hilaire, RTNM, RTMR
- **Joan Graham Award**
Ingrid Tomlinson, MRT(R)
- **Professional Excellence in Leadership Award**
Abbi Langedahl, MRT(R)
- **Professional Excellence in Patient Care Award**
Tom Baker Cancer Centre, Pediatric Expert Initiative:
Salimah Alibhai MRT(T), Stacey Allan MRT(T), Nancy Beauchemin MRT(T), Tara Elenko MRT(T), Richard Hayashi MRT(T), Tracey Lundstrom MRT(T), Kyle Connelly MRT(T), Amanda Jacques MRT(T), Yousaf Khan MRT(T) and Lakshmi Vijayaraghavan MRT(T)

Student awards

Scholastic awards:

- **Dr. Marshall Mallett Scholastic Award for Radiological Technology**
Sarah Pritchard
- **Scholastic Award for Magnetic Resonance Technology**
Lena Wang
- **Scholastic Award for Nuclear Medicine Technology**
Melissa Mahon
- **Scholastic Award for Radiation Therapy Technology**
Jeffrey Kammerer
- **Scholastic Award for Electroneurophysiology Technology**
Angie Sarnelli

Student leadership awards:

- **Student Leadership Award for Radiation Therapy**
Dianna Torres
- **Student Leadership Award for Radiological Technology**
Lisa Holmes
- **Student Leadership Award for Magnetic Resonance Technology**
Maya Atallah



- **CAMRT Leadership Development Institute Award**
Lisa Holmes
- **Student Research Award**
Optimum Working Surface Height: Spencer Copeland, Mark Faskerti, Chad Stefanyshyn Matt Rainville and Keegan McGuire

Other awards

Past President's Award:

David Buehler, MRT(T)

Tokens of Appreciation:

- Colleen Mitchell, MRT(R)
- Alana Larson, MRT(MR)
- Jodie Piercey, MRT(NM)
- Susan McGregor, ENP
- Lynda Napen, MRT(NM)

INDEPENDENT AUDITORS' REPORT

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

Report on the financial statements

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, 2012, 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 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.

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, 2012 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Chartered Accountants
Edmonton, Alberta
February 1, 2013

STATEMENT OF FINANCIAL POSITION

September 30, 2012

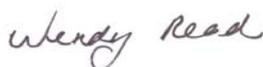
	2012	2011
ASSETS		
CURRENT ASSETS		
Cash and short-term investments	\$761,137	\$683,393
Marketable securities (Note 3)	218,356	221,364
Accounts receivable	10,106	6,015
Prepaid expenses	41,441	35,077
Deferred project costs (Note 4)	26,513	0
	1,057,553	945,849
PROPERTY AND EQUIPMENT (Note 5)	27,073	36,411
	\$1,084,626	\$982,260
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 38,767	\$ 38,107
Deposits	3,067	1,442
Deferred contributions (Note 6)	267,606	252,512
	309,440	292,061
NET ASSETS		
Invested in property and equipment	27,073	36,411
Internally restricted (Note 7)	734,167	605,000
Unrestricted	13,946	48,788
	775,186	690,199
	\$1,084,626	\$982,260

LEASE COMMITMENT (Note 8)

APPROVED BY THE COUNCIL



Cindy Humphries, MRT(R)
Council President



Wendy Read, MRT(T), ACT
Council Vice-President

STATEMENT OF OPERATIONS

September 30, 2012

	2012	%	2011	%
REVENUE				
Professional fees	\$1,352,067	86.11	\$1,278,957	85.48
Provincial conference	127,782	8.14	117,409	7.85
Investment income	19,838	1.26	19,102	1.28
Sublease	18,446	1.17	17,939	1.20
Student fees	13,343	0.85	9,810	0.66
Credit card fees recovered	11,566	0.74	10,952	0.73
Miscellaneous	10,605	0.67	6,932	0.46
Administration fees	8,584	0.55	7,972	0.53
Donations	4,000	0.25	0	0.00
Unrealized gain on marketable securities	2,366	0.15	7,197	0.48
Gain on disposal of marketable securities	1,651	0.11	6,882	0.46
Grants	0	0.00	12,984	0.87
	1,570,248	100.00	1,496,136	100.00
EXPENSES				
Salaries and benefits	445,229	28.35	445,401	29.77
National dues	392,241	24.98	392,155	26.21
Rent and utilities	144,752	9.22	140,060	9.36
Provincial Conference	116,165	7.40	114,344	7.64
Professional Conduct	71,420	4.55	34,703	2.32
Credit card fees and bank charges	37,111	2.36	34,283	2.29
Council costs	34,031	2.17	41,070	2.74
Computer support	33,795	2.15	32,728	2.19
Professional fees	33,059	2.11	18,033	1.20
Continuing Competence	18,703	1.19	23,750	1.59
Staff travel	17,241	1.10	15,115	1.01
Amortization	16,258	1.04	42,076	2.81
Office, supplies and printing	14,928	0.95	15,002	1.00
Viewbox publications	14,601	0.93	14,513	0.97
Regulatory committees	12,688	0.81	15,686	1.05
Council honoraria	12,575	0.80	13,625	0.91
Memberships	11,994	0.76	10,037	0.67
Provincial annual general meeting	11,585	0.74	8,164	0.55
Ends Initiative	9,450	0.60	0	0.00
Advertising and promotion	9,426	0.60	13,951	0.93
Postage	7,221	0.46	10,429	0.70
Telephone	6,607	0.42	7,266	0.49
Branch fees	5,400	0.34	5,400	0.36
Insurance	5,246	0.33	5,372	0.36
Awards	3,535	0.23	3,246	0.22
Course development	0	0.00	23,904	1.60
	1,485,261	94.59	1,480,313	98.94
REVENUE OVER EXPENSES	\$ 84,987	5.41	\$ 15,823	1.06

STATEMENT OF CHANGES IN NET ASSETS

September 30, 2012

	Internally Restricted					Total	Un-restricted	2012	2011
	Invested In Property and Equipment	Provincial Conference Fund	Ends Initiatives Fund	Professional Conduct Contingency Fund	Stabilization Fund				
Balance at beginning of year	\$ 36,411	\$ 0	\$ 60,000	\$200,000	\$345,000	\$605,000	\$ 48,788	\$690,199	\$674,376
Revenue over (under) expenses	(16,258)	11,617	(9,450)	0	0	2,167	99,078	84,987	15,823
Investment in property and equipment	6,920	0	0	0	0	0	(6,920)	0	0
Transfers	0	0	27,000	100,000	0	127,000	(127,000)	0	0
BALANCE AT END OF YEAR	\$ 27,073	\$ 11,617	\$ 77,550	\$300,000	\$345,000	\$734,167	\$13,946	\$775,186	\$690,199

STATEMENT OF CASH FLOWS

September 30, 2012

	2012	2011
CASH PROVIDED BY (USED IN)		
Operating activities:		
Revenue over expenses	\$ 84,987	\$ 15,823
Charges not affecting cash:		
Amortization	16,258	42,076
Net changes in non-cash working capital items (Note 9)	(16,581)	24,974
	84,664	82,873
Investing activities:		
Deferred course development costs	0	10,920
Purchase of property and equipment	(6,920)	(5,180)
	(6,920)	5,740
CASH INCREASE	77,744	88,613
Cash at beginning of year	683,393	594,780
CASH AT END OF YEAR	\$ 761,137	\$683,393
CASH FLOWS SUPPLEMENTARY INFORMATION		
Interest received	\$ 9,131	\$ 12,624

Notes to Financial Statements

September 30, 2012

Note 1 – Nature of operations: Alberta College of Medical Diagnostic & Therapeutic Technologists 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 electroneurophysiology 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.

Note 2 – Significant accounting policies:

General

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles.

Marketable securities

Marketable securities are classified as held-for-trading investments. They 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.

Property and equipment

Property and equipment are recorded at cost and amortized over their estimated useful lives using the straight line method at the following rates:

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

Revenue recognition

The College follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

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.

Cash and short-term investments

Cash is comprised of deposits in bank accounts adjusted for outstanding deposits and cheques. Short-term investments are comprised of term deposits and guaranteed investment certificates, with major Canadian financial institutions, recorded at fair value.

Use of estimates

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. By their nature, these estimates are subject to measurement uncertainty and actual results could differ.

Note 3 – Marketable securities:

	2012		2011	
	Cost	Market	Cost	Market
Fixed income investments	\$102,629	\$108,111	\$102,629	\$107,958
Equities and income trusts	92,688	110,245	98,062	113,406
	\$195,317	\$218,356	\$200,691	\$221,364

Note 4 – Deferred project costs: Costs incurred for the implementation of a research project that will be funded by a grant from the provincial government have been deferred and will be recognized when the grant is received. The grant monies were received in November of 2012.

Note 5 – Property and equipment:

	2012			2011
	Cost	Accumulated amortization	Net book value	Net book value
Leasehold improvements	\$ 13,869	\$ 6,935	\$ 6,934	\$ 9,708
Furniture and fixtures	91,693	80,105	11,588	17,918
Telephone equipment	6,374	6,217	157	220
Computer equipment	30,449	22,055	8,394	4,325
Database	91,277	91,277	0	4,240
	\$233,662	\$206,589	\$ 27,073	\$ 36,411

Note 6 – Deferred contributions: Deferred contributions represent contributions received for a specific purpose which have not been expended at year end.

	2012	2011
Professional fees	\$267,606	\$245,809
Grant	0	2,016
Provincial Conference	0	4,687
	<u>\$267,606</u>	<u>\$252,512</u>

Note 7 – Internally restricted 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 Board 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.

Note 8 – Lease commitment: The College leases office space under an operating lease which expires on September 30, 2020. Future minimum lease payments under the lease will be approximately as follows:

2013	70,488
2014	74,404
2015	74,404
2016	74,404
2017	74,404
Thereafter	<u>234,960</u>
	<u>\$603,064</u>

Note 9 – Cash flow information:

Net changes in non-cash working capital items

Changes in non-cash working capital items and their effect of increasing (decreasing) cash are as follows:

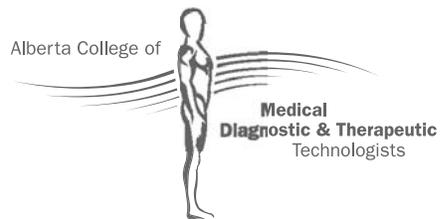
	2012	2011
Marketable securities	\$ 3,008	\$ (1,739)
Accounts receivable	(4,091)	(2,206)
Prepaid expenses	(6,364)	(2,868)
Deferred project costs	(26,513)	0
Accounts payable and accrued liabilities	660	11,243
Deposits	1,625	(1,442)
Deferred contributions	15,094	21,986
	<u>\$ (16,581)</u>	<u>\$ 24,974</u>

Note 10 – Financial instruments: For cash and short-term investments, accounts receivable and accounts payable, the carrying amounts of these financial instruments approximate their fair values due to their short-term maturity or capacity for prompt liquidation. The College does not believe that it is subject to any significant concentration of credit risk. Cash is in place with a major financial institution. Accounts receivable are generally the result of services to members.

Marketable securities are exposed to market risk. Market risk relates to the possibility that marketable securities will change in value due to future fluctuations in market prices. Senior management and the Council, in consultation with investment advisors, review the College's marketable securities and establish a diversified mix in order to earn the best possible return at an acceptable level of risk.

Note 11 – Capital management: The College's goal in managing capital is to safeguard its ability to continue as a going concern so that it can continue to provide services to the members. To accomplish this goal, the Council has established policies to preserve the financial condition of the College and protect its assets by setting limitations on the expenditure of funds, incurrence of debt, use of any long-term reserves and investment of funds. At least four times each year, the Council meets with the CEO/Registrar to review the College's financial position.

Note 12 – Future accounting changes: In December of 2010, the Accounting Standards Board of the Canadian Institute of Chartered Accountants approved the adoption of new accounting standards for not-for-profit organizations to be effective for fiscal years commencing on or after January 1, 2012. Management and the Council will ensure the College complies with the new standards.



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