

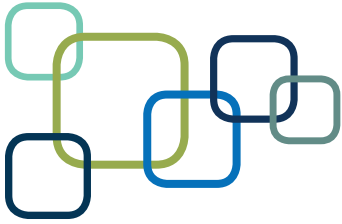


Alberta College of
Medical Diagnostic and
Therapeutic Technologists



Annual Report





85% of patient diagnoses and treatment decisions are based on medical diagnostic tests.

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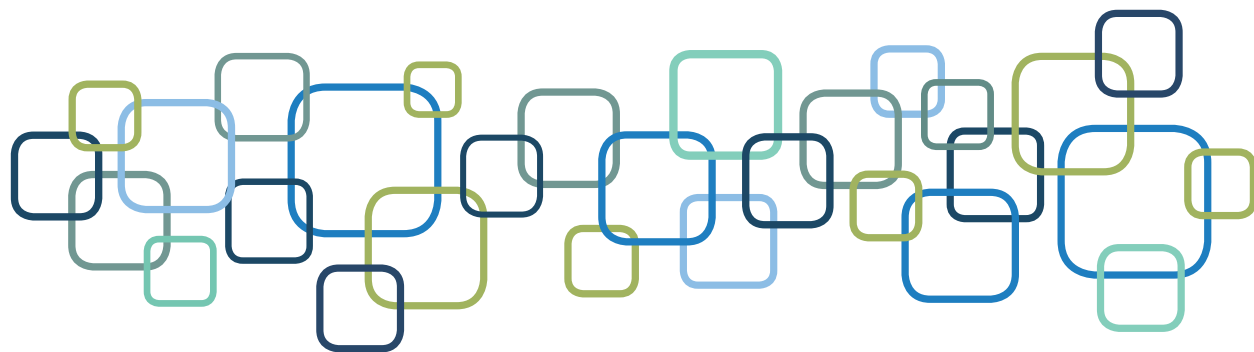
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ABOUT THE COLLEGE

Who we are and what we do



The Alberta College of Medical Diagnostic and Therapeutic Technologists (the College) regulates diagnostic and therapeutic health professionals—medical radiation technologists (MRTs) and electroneurophysiology technologists (ENPs)—professions crucial to today's modern healthcare because of the essential patient services they provide:

- Diagnostic exams and imaging: x-rays, bone scans, mammograms, magnetic resonance imaging (MRI).
 - Radiation treatment for cancer.
 - Electroencephalograms (visual record of the brain's electrical activity) to assess and diagnose neurological conditions such as seizure, stroke and epilepsy.
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 MRT/ENP professions.

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 healthcare legislation—the *Health Professions Act* (HPA).
 - Register only MRTs/ENPs who meet our education, training and competency requirements.
 - Require annual practice permit 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.

GOVERNANCE AND ACCOUNTABILITY

The College is governed by an elected board of directors (that we call a Council), comprised of MRTs and ENPs and three members of the public appointed by the province. Our public members help 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 (approved by Council) of our registration and regulatory activities and the number and nature of any complaints received about our members.



PRESIDENT AND CEO/REGISTRAR'S MESSAGE

Leaders in diagnostic and therapeutic healthcare

It was an eventful year for the College, with new and exciting initiatives in progress and on the horizon. To support our vision—to be 'Leaders in diagnostic and therapeutic healthcare'—we strove to identify new ways to enhance our service to Albertans. This annual report provides a great opportunity to highlight some of the College's work this past year, particularly in three key areas: registration, continuing competence and professional conduct and complaints. Work that demonstrates Council and staffs' continued commitment to safe, competent and ethical diagnostic and therapeutic care within continually advancing professions.

KEY HIGHLIGHTS FROM 2013

- **New position statement 'CT in the Nuclear Medicine Environment'** was developed to address principal practice expectations for nuclear medicine technologists operating hybrid technology. Training expectations for technologists utilizing hybrid imaging equipment underwent stakeholder consultation and subsequent revision to ensure it reflected current practice in Alberta.
- **New programs authorizing restricted activities:** As practice continues to evolve, new programs are presented for College approval to ensure members have the training, education and professional competence to deliver healthcare safely and effectively to Albertans. Five new programs authorizing additional restricted activities were approved this year. These enhanced skill sets promote efficiency in the provision of healthcare and enables healthcare professionals to provide services using their full scope of practice.
- **Diagnostic medical sonographer regulation:** Last year saw significant momentum towards regulating diagnostic medical sonographers (DMS) in Canada. In May 2013, the College assisted the Alberta Diagnostic Sonographers Association (ADSA) in writing to Alberta's Minister of Health to express intent to request DMS regulation under the HPA. The minister informed ADSA that they could submit an application to Alberta Health. The College and ADSA then established a joint taskforce and met with Alberta Health several times through the year—the goal being to complete a joint application seeking DMS

regulation of under the College's umbrella. The taskforce then embarked on broad stakeholder consultation regarding this proposal.

- **Identifying and fostering stakeholder relationships:** Partners such as the Canadian Association of Medical Radiation Technologists (CAMRT), Alberta Federation of Health Regulated Professions (AFHRP), Alliance of Medical Radiation Technologists Regulators of Canada (AMRTRC) and provincial academia have successfully expanded the College's regulatory impact both provincially and nationally.
- **Along with AMRTRC, we helped initiate the first ever national survey on hybrid imaging.** The results provided vital data on hybrid imaging use in Canada, and helped identify needs and trends in education requirements and providers.



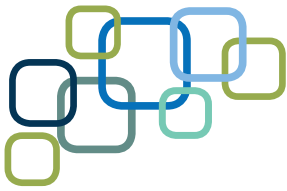
Wendy Read, MRT(T), ACT
Council President



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

COUNCIL

In 2013, Council met five times and held an Annual General Meeting. Council saw last year as an opportunity to ensure alignment to its statutory mandate and enhance its strengths and capacity. One way Council did this was to participate in an extensive education program in governance, strategic planning and stakeholder linkage. These sessions identified that our mission statement—'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'—has served the College well in moving its mandate forward in a strategic and purposeful way so that much of this work is now core business. Beyond our mission and mandate, Council began work to create a vision that will nurture current strengths and inspire new directions and initiatives.



THE PROFESSIONS WE REGULATE

Delivering vital healthcare services to Albertans

MRTs and ENPs are highly technical, medical specialists who play a pivotal role in modern healthcare 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 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.

REGULATION

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

- follow the College's practice, professional behaviour and Standards of Practice,
- comply with the College's Code of Ethics,
- participate in the College's mandatory Continuing Competence Program, and
- renew their practice permit annually.

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



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) and angiography. Radiological technologists make up the majority (75%) of the College's members.



ELECTRONEUROPHYSIOLOGY TECHNOLOGISTS:

Record and measure patient brain activity via EEG and evoked potential (EP) tests. Results help doctors identify and/or confirm physical and mental conditions and make treatment decisions. The 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 Alzheimer's Disease from schizophrenia. EPs measure nerve signal response to external stimuli (e.g., visual, audio, touch) to help doctors identify and/or confirm nervous system disorders/diseases like multiple sclerosis.



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 to create images. MRI technologists require extensive knowledge of physics, anatomy, pathology and physiology to obtain accurate images. MRIs are a crucial investigative and diagnostic tool because of its unmatched detail and clarity, combined with no known side-effects.



NUCLEAR MEDICINE TECHNOLOGISTS:

Obtain vital diagnostic images (e.g., thyroid, bone and lung scans) that help doctors diagnose and assess appropriate treatment options for multiple diseases/conditions. Nuclear medicine scans can also prevent 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.



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. Over 50% of all cancer patients receive radiation treatment; alone or in combination with other treatments.



KEY ACCOMPLISHMENTS 2013

Serving members and Albertans



COMPETENT, ETHICAL PRACTITIONERS

- Finalized and validated newly revised Standards of Practice—this initiative required extensive background research and stakeholder consultation.
- Implemented changes to processes and website to provide internationally educated applicants better access to information about registration processes, and resources and services available. These changes result from key learnings from the College's internationally educated radiological technologist research project.
- Collaborated with a radiological technology bridging program provider to share lessons learned to influence program improvements and adjustments.
- Developed new position statement 'CT in the Nuclear Medicine Environment' and undertook extensive stakeholder consultation to review and revise educational requirements for members operating CT in a hybrid environment.
- Completed annual Continuing Competence Program (CCP) audit. Audit results show 85% of members received satisfactory letters while 15% required further remediation.
- Approved two additional educational programs for enhanced practice authorization of medication administration in interventional and MR settings, and a program for needle electrode use in ENP practice.
- Responded to authorization of magnetic resonance for radiation therapists operating MR/Linac hybrid equipment and to nuclear medicine technologists who operate high resolution peripheral quantitative CT scanners.
- Participated in Canadian Medical Association Conjoint Accreditation process (Phase I) for program approval of Southern Alberta Institute of Technology's (SAIT) nuclear medicine technology program.

COLLABORATION AND PARTNERSHIPS

- Formed a taskforce with Alberta Diagnostic Sonographers Association (ADSA) to begin process of developing a joint application for regulation of the diagnostic medical sonographer under the College's (ACMDTT) umbrella.
- Provided stakeholder presentations on the diagnostic sonographer regulation initiative.
- Participated in Alliance of Medical Radiation Technologists Regulators of Canada's (AMRTRC) first symposium 'Regulating the Sonographer' held March 2013 in Toronto.
- Involved in planning University of Alberta's Bachelor of Science in Radiation Therapy program for radiation therapists.
- Worked with CAMRT—reviewed and provided feedback on new competency profiles and best practice guidelines.
- Participated in a workgroup tasked with developing new framework to clarify roles of MRT national and provincial organizations and to facilitate their collaboration.
- Led AFRHP working group to coordinate resource manual for hearing director roles and responsibilities under Alberta's HPA.



REGISTRATION

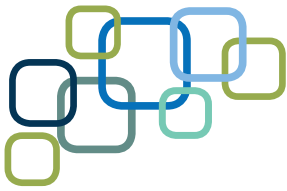
- Answered over 100 registration inquiries and processed over 2,300 practice permit/registration renewals.
- Registered 96 new out-of-province applicants and 116 new Alberta graduate applicants.
- Assessed 21 internationally educated applicants to determine registration eligibility.
- Contributed to health human resource planning through data collection and sharing with Canadian Institute for Health Information.
- Responded to 57 professional practice inquiries from members and employers.
- Presented outreach sessions to new/potential members at SAIT and Northern Alberta Institute of Technology and radiation therapy graduates.
- Audited 31% of registrants to ensure practice hour compliance.
- Introduced paperless practice permits: environmentally-friendly, reduced cost and more efficient service to members.

MEMBER SUPPORT AND SERVICES

- Tried new member support mechanism to help provide guidance on clinical practice inquiries and responded to 57 member and employer professional practice questions.
- Helped members access CAMRT membership.
- Developed promotional material to promote awareness of ENP/MRT professions. Ensured all practice sites in Alberta received promotional materials.
- Transitioned Competency Management System website to new platform.
- Continued College and Branch Chair collaboration to help ensure members can access consistent and robust services across the province. Branches offered five Education Days throughout the province.
- Thirty-five members, past members and student members were recognized for their professionalism and achievements.

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

- Delivered a successful professional development and networking conference—the two-day event provided three keynote speakers and 24 concurrent sessions. Over 300 members attended.
- Offered members recorded presentations from 2013 conference as webcasts via Competency Management System website.
- Continued to collaborate with Branches to provide affordable and high caliber education and networking opportunities to support member continuing education goals.
- Offered three cost-effective online course to members.



PUBLIC MEMBERS' REPORT

Providing public involvement in self-regulation

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

PUBLIC MEMBERS' ROLE

Our role as public members is an important part of self-regulation. We are not College members or employees, nor are we consultants to the profession. Public members are appointed by the Alberta government to help the College (and the professions it regulates) protect the public by providing independent and objective public input to Council. This helps to ensure that safe and competent medical imaging, radiation therapy and electroneurophysiology services are delivered to Albertans. Public member input helps the College balance members' values and interests with the public's values and interests. In turn, this helps the College act fairly, adhere to statutory and/or legal requirements and develop and foster appropriate professional standards.

COUNCIL COMPOSITION

In addition to public members, Council has eight regulated members—at least one regulated member from each specialty.

There is also a CAMRT representative 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 public health and safety. We are also grateful to 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 its members. Members can be confident their professional organization's affairs are consistently managed diligently, effectively and with special attention to resource stewardship.

Respectfully submitted,

David Rolfe and Colleen Wilson
Public members





PROFESSIONAL CONDUCT AND COMPLAINTS

One of the many ways we protect Albertans

Complaints are a normal part of any service oriented 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 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 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 our members; and have no jurisdiction over other health professionals, hospitals/health care facilities and/or wait times.

| COMPLAINTS 2013 | |
|--|----------|
| Number of complaints carried over from 2012 | 1 |
| Number of new complaints in 2013 | 1 |
| Total | 2 |
| Number of complaints dismissed | 1 |
| Number of complaints resolved | 0 |
| Number of complaints referred to hearings | 0 |
| 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 2012 | Member terminated by employer because of conduct that in the opinion of the employer was unprofessional conduct. Matter was treated as a complaint with employer treated as complainant. | HPA Section 55(2) provides that the Complaints Director, with the consent of the complainant and investigated person, may attempt to resolve the complaint. The College's Complaints Director received both parties consent to resolve complaint through an undertaking as an alternative to this matter proceeding to a hearing. This matter was resolved. |
| 1 | Complaint received from a past student of the profession alleging unprofessional conduct by five regulated members during the delivery of their educational program. | The complaint was dismissed on the basis there was insufficient evidence to indicate that the conduct constituted 'unprofessional conduct' in the circumstances. The complainant applied for a review of the complaint dismissal. The Complaint Review Committee commenced a review in accordance with HPA Section 68 and confirmed there was insufficient evidence of unprofessional conduct. |



REGISTRATION COMMITTEE REPORT

Reviewing registration applications referred by Registrar

The Registration Committee is responsible for making decisions regarding applications for registration referred to it by the Registrar. In 2013, the committee met six times to assess applications submitted by internationally educated technologists and therapists:

- Fourteen applications deferred to successful completion of other requirements such as providing proof of language proficiency and the certification exam.
- Four applicants deferred—more information was required for assessment.
- Three applicants were granted requests for timeline extensions provided to them in their previous decisions; in a subsequent review one applicant was denied a request for a practice permit with conditions.

APPLICATIONS REVIEWED

| SPECIALTY APPLICATIONS | NUMBER REVIEWED | APPLICANT AND COUNTRY OF ORIGIN |
|------------------------|-----------------|--|
| Radiological | 16 | Egypt (1), Co-operative Republic of Guyana (1), Republic of India (3), Republic of Korea (1), Federal Republic of Nigeria (1), Republic of the Philippines (5), United Kingdom of Great Britain and Northern Ireland (2), United States of America (2) |
| Magnetic resonance | 3 | Egypt, Republic of Pakistan, United States of America |
| Nuclear medicine | 1 | Republic of the Philippines |
| Electroneurophysiology | 1 | Russian Federation |
| TOTAL | 21 | |

The Registration Committee also reviewed one application referred by the Registrar, from a Canadian trained applicant, it granted a practice permit with conditions to this applicant. There were no registration appeals.

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. 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

Helping ensure high practice standards

The College administers a Continuing Competence Program (CCP) to help its members maintain and enhance their professional capabilities. The annual program 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 number of hours of learning

The self-assessment is competency profile-based and specialty-specific. Members use the self-assessment to develop a personal learning plan which outlines learning objectives for the current CCP cycle. At least one learning objective must be met through a learning activity. Records of CCP activities document a member's 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 reflective practice reviews. In 2013, 152 members (7% of regulated members) were randomly selected for audit—results 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 | | | | |
|--|-----------|------|------|-------------------|-------------------|
| | 2009 | 2010 | 2011 | 2012 | 2013 |
| Number of CCP participants ¹ | 1954 | 1954 | 2020 | 2075 ² | 2166 ² |
| Percentage selected for audit | 6% | 6% | 6% | 6% | 7% |
| Number selected for audit | 113 | 113 | 121 | 125 | 152 |
| Cancelled audits | 2 | 2 | 3 | 1 | 3 |
| Number audited | 111 | 111 | 118 | 124 | 149 |
| Successful initial audit | 102 | 102 | 96 | 95 | 127 |
| Number requiring remedial work | 9 | 9 | 22 | 29 | 22 |
| Number forwarded to complaints director for non-compliance | 0 | 0 | 0 | 0 | 0 |
| Average number of CCP hours submitted | NC | NC | NC | 34.8 ³ | 45.1 ³ |

1 as of December 31

2 as of June 1

3 calculated from received submissions

NC - not collected





REGISTRATION AND MEMBERSHIP STATISTICS

The College is responsible for ensuring that an individual practicing as an 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 registration annually.

APPLICATIONS REGISTRATIONS

| | | |
|---|------------|------------|
| 1) New graduates: | | |
| 1.1) Alberta programs | 116 | 116 |
| 1.2) Out of province programs | 26 | 26 |
| 2) Practitioners from other provinces | 61 | 61 |
| 3) Internationally educated practitioners starting practice in Canada | 4 | 4 |
| 4) Alberta practitioners returning to practice | 112 | 112 |
| Total | 319 | 319 |

| TABLE 1: REGULATED MEMBERS | 2009 | 2010 | 2011 | 2012 | 2013 |
|--|-------------|-------------|-------------|-------------|-------------|
| • Single specialty: | | | | | |
| Radiological | 1300 | 1397 | 1441 | 1486 | 1525 |
| Radiation therapy | 173 | 180 | 183 | 188 | 191 |
| Nuclear medicine | 212 | 217 | 223 | 231 | 246 |
| Magnetic resonance | 110 | 118 | 126 | 155 | 159 |
| Electroneurophysiology | 45 | 42 | 47 | 54 | 53 |
| Total single specialty | 1840 | 1954 | 2020 | 2114 | 2174 |
| • Multiple specialties: | | | | | |
| Radiological/magnetic resonance | 51 | 50 | 45 | 46 | 45 |
| Nuclear medicine/magnetic resonance | 6 | 5 | 8 | 6 | 4 |
| Radiological/nuclear medicine/magnetic resonance | 1 | 1 | 1 | 1 | 1 |
| Total multiple specialties | 58 | 56 | 54 | 53 | 50 |

| TABLE 2: NON-PRACTICING MEMBERS | 2009 | 2010 | 2011 | 2012 | 2013 |
|--|------------|------------|------------|------------|------------|
| • Single specialty: | | | | | |
| Radiological | 69 | 62 | 66 | 82 | 91 |
| Radiation therapy | 10 | 10 | 9 | 8 | 8 |
| Nuclear medicine | 22 | 17 | 21 | 29 | 16 |
| Magnetic resonance | 5 | 8 | 8 | 8 | 9 |
| Electroneurophysiology | 1 | 4 | 4 | 3 | 3 |
| Multiple specialties | 2 | 3 | 5 | 4 | 5 |
| Total non-practicing single specialty | 109 | 104 | 113 | 134 | 132 |
| Courtesy registration | | | | | 2 |



| TABLE 3: PRACTICE PERMITS WITH CONDITIONS | | 2009 | 2010 | 2011 | 2012 | 2013 |
|--|-------------|------------|------------|------------|------------|------------|
| Enhancement conditions: | | | | | | |
| • Ictal SPECT Injection | | 7 | 7 | 7 | 8 | 12 |
| • CT and Contrast Media (previously reported as PET/SPECT/CT and contrast media) | | 36 | 41 | 41 | 46 | 62 |
| • Intraoperative monitoring | | 5 | 5 | 5 | 3 | 2 |
| • Needle authorization | | 10 | 11 | N/A | 4 | 2 |
| • Venipuncture | | 321 | 363 | 332 | 355 | 380 |
| • Breast Sonography (previously reported as breast ultrasound) | | 11 | 12 | 12 | 11 | 12 |
| • MR in Radiation Therapy | | N/A | N/A | N/A | N/A | 1 |
| • Quantitative CT | | N/A | N/A | N/A | N/A | 0 |
| • Medication administration | | N/A | N/A | N/A | 14 | 27 |
| Total permits with enhancements | | 390 | 439 | 397 | 441 | 498 |
| Total permits with restrictions | | 18 | 43 | 3 | 15 | 12 |
| Total practice permits renewed | 2271 | | | | | |
| Total practice permits resigned and cancelled | 85 | | | | | |

N/A denotes not applicable

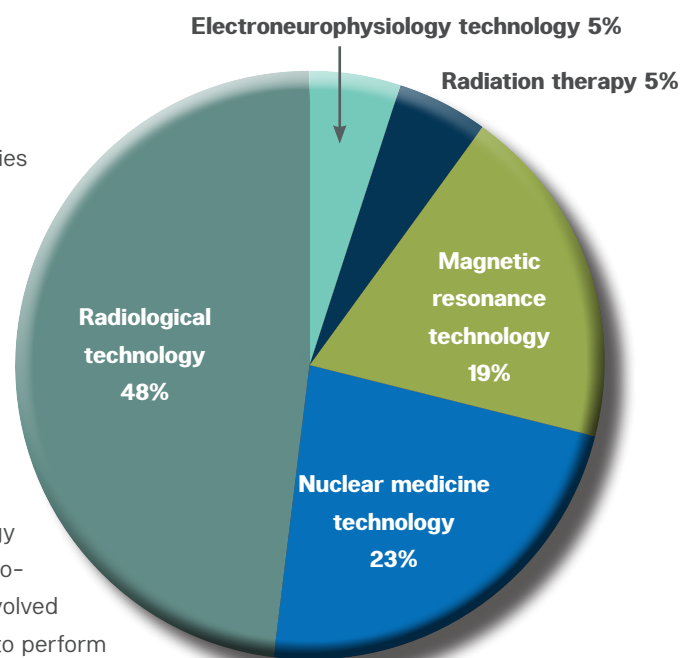
PROFESSIONAL PRACTICE SUPPORT

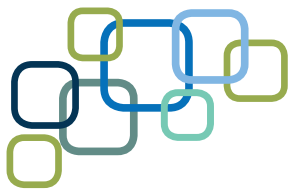
Technologists/therapists are becoming more aware of their practice boundaries and when these boundaries might be expanded, within the scope of our regulations, to ensure the provision of safe and effective healthcare.

In 2013, the College set up a program to track the practice questions it receives. While this program is a valuable tool to help ensure consistency and transparency in College interactions, it is also valuable means to identifying areas for enhanced education and support.

During the year, the College received 57 practice questions from members and their employers—radiological technology (27); nuclear medicine technology (13); magnetic resonance technology (11); radiation therapy (3) and electroneurophysiology technology (3). The questions were varied in nature. A majority involved scope of practice and whether the technologists/therapists were authorized to perform specific procedures. For these questions, the College was able to provide concrete answers supported by the Standards of Practice. A much smaller percentage of inquiries were more open-ended situations, which had an ethical undertone.

The practice questions have led to the establishment of additional enhanced practice authorizations and more approved programs available for members. They have also provided guidance to members on what they are authorized and not authorized to perform.





COUNCIL, COMMITTEES AND BRANCHES

As of December 2013

COUNCIL (PICTURED BELOW)

President - Wendy Read, MRT(T), ACT

Vice-President - Julie Ritchie, MRT(NM)

Nancy Belley, MRT(MR)

David Buehler, MRT(T)

Valerie Cambridge, ENP

Jeff Christenson, MRT(R)

Cindy Humphries, MRT(R)

Kelly Sampson, MRT(T)

Wendy Martin-Gutjahr, MRT(R) - CAMRT

Alberta Director

Public members: David Rolfe, Colleen Wilson

COLLEGE COMMITTEES

Registration Committee

Martin Sherriff, MRT(MR), Chair

Janelle Duquette, MRT(T)

Dustin Grainger, MRT(NM)

Leanne Irving, MRT(R)

Silvia Kozlik, ENP

Abbi Langedahl, MRT(R)

Nikolay Lopatik, MRT(R)

Linda O'Hara, MRT(R)

Laurie Walline, MRT(NM)

Nominating Committee

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

Cindy Humphries, MRT(R)

Lori Headington, MRT(R)

Awards Committee

Kaitlyn Svistovski, MRT(T), Chair

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

Kathy Dudycz, MRT(R)

Sabrina Forth, MRT(NM)

Competence Committee

Heather Gaunt, MRT(T), Chair

Donna Bosse, MRT(R)

Jessica Cherwick, ENP

Marek Draszka, MRT(NM)

Jonathan Looi, ENP

Nadine Naaman, MRT(MR)

Darren Oczkowski, MRT(MR)

Rhonda Parsons, MRT(NM)

Cuong Ta, MRT(MR)

Jaylene Watson, MRT(R)

Janice Wicks, MRT(NM)

Hearing Tribunals/Complaint Review

Phyllis Banister, MRT(NM)

Marlene Chambers, MRT(R)

Brian Chwyl, MRT(T)

John Clapp, MRT(R)

Lisa Hill, 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. Branches were established to promote professional growth, development and networking.

Branch Chairs

Peace Country Branch

Nancy Babineau, MRT(R)

Edmonton Branch

Kathy Dudycz, MRT(R)

Parkland Branch

Lina Maidens, MRT(R)

Calgary Branch

Gina McRae, RTR

Southern Alberta Branch

Carmen Lowry, MRT(R)

ENP Branch

Angie Sarnelli, ENP



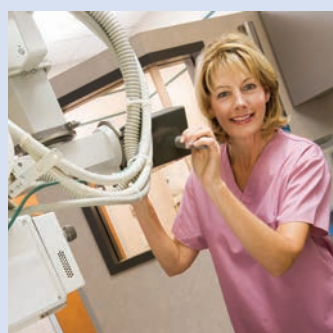


COLLEGE AWARDS:

Recognizing and celebrating excellence

TECHNOLOGIST/THERAPIST AWARDS

- **Professional Excellence in Leadership Award**
Terri Taylor, MRT(R)
- **Professional Excellence in Patient Care Award**
Ashley Faris, ENP
- **Excellence in Professional Collaboration Award**
TotalCardiology – Cardio-Diagnostic Centre
- **Carol Van Velzer Memorial Award**
Mary Buzzing, ENP
- **Herbert M. Welch Memorial Award**
Suzanne Ebel, RTR
- **Joan Graham Award**
Sharon Carline, ENP
- **George C. Hall Invitational Address**
Keith Murland, RTNM



STUDENT AWARDS

Scholastic awards:

- **Dr. Marshall Mallett Scholastic Award for Radiological Technology**
Lisa Anker
- **Scholastic Award for Nuclear Medicine Technology**
Jesse Andrus
- **Scholastic Award for Magnetic Resonance Technology**
Georgia Pasichnuk
- **Scholastic Award for Radiation Therapy Technology**
Kimberly Parcels
- **Scholastic Award for Electroneurophysiology Technology**
Jessica Cherwick

Student leadership awards:

- **Student Leadership Award for Radiological Technology**
Alan Lien
- **Student Leadership Award for Magnetic Resonance Technology**
Mackenzie Clarke

Student leadership awards continued:

- **CAMRT Leadership Development Institute Award**
Mackenzie Clarke
- **Student Research Award**
Shielding in Chest Radiography: Veranika Laurashchuk, Richard Radwinski, Matthew Mulick, Camille Diebert

OTHER AWARDS

- **Past President's Award**
Cindy Humphries, MRT(R)
- **Tokens of Appreciation**
 - Andrée Desrochers, RTT
 - Charla Nellis, MRT(R)
 - Kevin Kelley, MRT(NM), MRT(MR)
 - Ignacio Casupang, MRT(R)
 - Rhea Garraway, MRT(T)

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, 2013 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 the College as at September 30, 2013 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.

COMPARATIVE INFORMATION

Without modifying our opinion, we draw attention to Note 2 to the financial statements, which describes that Alberta College of Medical Diagnostic & Therapeutic Technologists adopted Canadian accounting standards for not-for-profit organizations on October 1, 2012 with a transition date of October 1, 2011. These standards were applied retrospectively by management to the comparative information in these financial statements, including the statement of financial position as at September 30, 2012 and October 1, 2011 and the statements of operations, changes in net assets and cash flows for the year ended September 30, 2012 and related disclosures. We were not engaged to report on the restated comparative information, and as such, it is unaudited.



Chartered Accountants
Edmonton, Alberta
February 8, 2014


STATEMENT OF FINANCIAL POSITION

September 30, 2013

| | September 30 2013 | September 30 2012 | October 1 2011 |
|---|----------------------|----------------------|-------------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash and short-term investments | \$ 906,287 | \$ 761,137 | \$ 683,393 |
| Marketable securities (<i>Note 4</i>) | 276,777 | 218,356 | 221,364 |
| Accounts receivable | 6,817 | 10,106 | 6,015 |
| Prepaid expenses | 26,761 | 41,441 | 35,077 |
| Deferred project costs | 0 | 26,513 | 0 |
| | 1,216,642 | 1,057,553 | 945,849 |
| PROPERTY AND EQUIPMENT (<i>Note 5</i>) | 16,295 | 27,073 | 36,411 |
| | \$1,232,937 | \$1,084,626 | \$982,260 |
| LIABILITIES AND NET ASSETS | | | |
| CURRENT LIABILITIES | | | |
| Accounts payable and accrued liabilities | \$ 13,786 | \$ 38,767 | \$ 38,107 |
| Deposits | 1,589 | 3,067 | 1,442 |
| Deferred contributions (<i>Note 6</i>) | 300,889 | 267,606 | 252,512 |
| | 316,264 | 309,440 | 292,061 |
| NET ASSETS | | | |
| Invested in property and equipment | 16,295 | 27,073 | 36,411 |
| Internally restricted (<i>Note 7</i>) | 855,000 | 734,167 | 605,000 |
| Unrestricted | 45,378 | 13,946 | 48,788 |
| | 916,673 | 775,186 | 690,199 |
| | \$ 1,232,937 | \$ 1,084,626 | \$ 982,260 |

LEASE COMMITMENT (*Note 8*)

APPROVED BY THE COUNCIL



Wendy Read, MRT(T), ACT
Council President



Julie Ritchie, MRT(NM)
Council Vice-President

STATEMENT OF OPERATIONS

September 30, 2013

| | 2013 | % | 2012 | % |
|---|--------------|--------|--------------|--------|
| REVENUE | | | | |
| Professional fees | \$ 1,481,523 | 84.79 | \$ 1,352,067 | 86.11 |
| Provincial Conference | 120,020 | 6.87 | 127,782 | 8.14 |
| IERT Grant | 50,719 | 2.90 | 0 | 0.00 |
| Investment income | 20,318 | 1.16 | 19,838 | 1.26 |
| Sublease | 19,921 | 1.14 | 18,446 | 1.17 |
| Unrealized gain on marketable securities | 15,078 | 0.86 | 2,366 | 0.15 |
| Credit card fees recovered | 13,409 | 0.77 | 11,566 | 0.74 |
| Student fees | 13,136 | 0.75 | 13,343 | 0.85 |
| Administration fees | 8,977 | 0.51 | 8,584 | 0.55 |
| Miscellaneous | 4,299 | 0.25 | 10,605 | 0.67 |
| Donations | 0 | 0.00 | 4,000 | 0.25 |
| Gain on disposal of marketable securities | 0 | 0.00 | 1,651 | 0.11 |
| | 1,747,400 | 100.00 | 1,570,248 | 100.00 |
| EXPENSES | | | | |
| Salaries and benefits | 472,177 | 27.02 | 445,229 | 28.35 |
| National dues | 462,957 | 26.49 | 392,241 | 24.98 |
| Rent and utilities | 146,083 | 8.36 | 144,752 | 9.22 |
| Provincial Conference | 133,012 | 7.61 | 116,165 | 7.40 |
| IERT Grant | 50,719 | 2.90 | 0 | 0.00 |
| Credit card fees and bank charges | 40,186 | 2.30 | 37,111 | 2.36 |
| Council costs | 37,104 | 2.12 | 34,031 | 2.17 |
| Continuing Competence | 28,885 | 1.65 | 18,703 | 1.19 |
| Professional fees | 21,153 | 1.21 | 33,059 | 2.11 |
| Staff travel | 20,482 | 1.17 | 17,241 | 1.10 |
| Computer support | 20,479 | 1.17 | 33,795 | 2.15 |
| Ends Initiatives | 19,687 | 1.13 | 9,450 | 0.60 |
| Regulatory committees | 15,816 | 0.91 | 12,688 | 0.81 |
| Viewbox publications | 15,084 | 0.86 | 14,601 | 0.93 |
| Advertising and promotion | 15,050 | 0.86 | 9,426 | 0.60 |
| Professional Conduct | 14,317 | 0.82 | 71,420 | 4.55 |
| Office, supplies and printing | 14,316 | 0.82 | 14,928 | 0.95 |
| Council honoraria | 13,550 | 0.78 | 12,575 | 0.80 |
| Amortization | 12,247 | 0.70 | 16,258 | 1.04 |
| Memberships | 11,933 | 0.68 | 11,994 | 0.76 |
| Provincial annual general meeting | 10,734 | 0.62 | 11,585 | 0.74 |
| Branch fees | 8,400 | 0.48 | 5,400 | 0.34 |
| Telephone | 8,157 | 0.47 | 6,607 | 0.42 |
| Postage | 6,581 | 0.38 | 7,221 | 0.46 |
| Insurance | 5,054 | 0.29 | 5,246 | 0.33 |
| Awards | 1,750 | 0.10 | 3,535 | 0.23 |
| | 1,605,913 | 91.90 | 1,485,261 | 94.59 |
| REVENUE OVER EXPENSES | \$ 141,487 | 8.10 | \$ 84,987 | 5.41 |

STATEMENT OF CHANGES IN NET ASSETS

September 30, 2013

| | Invested In Property and Equipment | Internally Restricted | | | | Total | Un- restricted | 2013 | 2012 |
|--------------------------------------|---|----------------------------------|-----------------------------|--|-----------------------|-------------------|-------------------|-------------------|-------------------|
| | | Provincial Conference Fund | Ends Initiatives Fund | Professional Conduct Contingency Fund | Stabilization Fund | | | | |
| Balance at beginning of year | \$ 27,073 | \$ 11,617 | \$ 77,550 | \$300,000 | \$345,000 | \$734,167 | \$ 13,946 | \$775,186 | \$690,199 |
| Revenue over (under) expenses | (12,247) | (12,992) | (19,687) | 0 | 0 | (32,679) | 186,413 | 141,487 | 84,987 |
| Investment in property and equipment | 1,469 | 0 | 0 | 0 | 0 | 0 | (1,469) | 0 | 0 |
| Transfers | 0 | 26,375 | 22,137 | 50,000 | 55,000 | 153,512 | (153,512) | 0 | 0 |
| BALANCE AT END OF YEAR | \$ 16,295 | \$ 25,000 | \$ 80,000 | \$ 350,000 | \$ 400,000 | \$ 855,000 | \$ 45,378 | \$ 916,673 | \$ 775,186 |

STATEMENT OF CASH FLOWS

September 30, 2013

| | 2013 | 2012 |
|---|-------------------|-------------------|
| OPERATING ACTIVITIES: | | |
| Revenue over expenses | \$ 141,487 | \$ 84,987 |
| Charges not affecting cash: | | |
| Amortization | 12,247 | 16,258 |
| Net changes in non-cash working capital items (<i>Note 9</i>) | (7,115) | (16,581) |
| | 146,619 | 84,664 |
| INVESTING ACTIVITIES: | | |
| Purchase of equipment | (1,469) | (6,920) |
| CASH INCREASE | 145,150 | 77,744 |
| Cash and short-term investments at beginning of year | 761,137 | 683,393 |
| CASH AND SHORT-TERM INVESTMENTS AT END OF YEAR | \$ 906,287 | \$ 761,137 |
| CASH FLOWS SUPPLEMENTARY INFORMATION | | |
| Interest received | \$ 15,848 | \$ 9,131 |

NOTES TO FINANCIAL STATEMENTS

September 30, 2013

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 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.

NOTE 2 – FIRST TIME ADOPTION OF ACCOUNTING STANDARDS FOR NOT-FOR PROFIT ORGANIZATIONS

Effective October 1, 2012, the College has elected to apply Canadian accounting standards for not-for-profit organizations. These are the first financial statements prepared in accordance with those standards. The new standards were applied retrospectively and resulted in no changes to beginning assets, liabilities and net assets.

NOTE 3 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Cash and Short-term Investments: Cash is defined as cash on hand, cash on deposit, net of cheques issued and outstanding at the reporting date and short-term deposits with maturity dates of less than 12 months.

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.

Property and Equipment: Property and equipment are recorded at cost less accumulated amortization. Property and equipment are amortized over their estimated useful lives on 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. 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 that later period.

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.

Financial Instruments: Financial instruments are recorded at fair value when acquired or issued. In subsequent periods, financial assets with actively traded markets are reported at fair value, with any unrealized gains and losses reported in income. All other financial instruments are reported at amortized cost and tested for impairment at each reporting date.

Use of Estimates: The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the amounts reported in the financial statements. Significant estimates include amortization, accruals and deferred contributions. By their nature, these estimates are subject to measurement uncertainty and actual results could differ.

NOTE 4 – MARKETABLE SECURITIES

| | 2013 | | 2012 | |
|----------------------------|-----------|-----------|-----------|-----------|
| | Cost | Market | Cost | Market |
| Fixed income investments | \$ 45,629 | \$48,823 | \$102,629 | \$108,111 |
| Equities and income trusts | 92,197 | 127,120 | 92,688 | 110,245 |
| Mutual funds | 100,834 | 100,834 | 0 | 0 |
| | \$238,660 | \$276,777 | \$195,317 | \$218,356 |

NOTE 5 – PROPERTY AND EQUIPMENT

| | 2013 | | 2012 | |
|------------------------|-----------|--------------------------|----------------|----------------|
| | Cost | Accumulated amortization | Net book value | Net book value |
| Leasehold improvements | \$ 13,869 | \$9,708 | \$ 4,161 | \$ 6,934 |
| Furniture and fixtures | 93,162 | 85,523 | 7,639 | 11,588 |
| Telephone equipment | 6,374 | 6,280 | 94 | 157 |
| Computer equipment | 30,449 | 26,048 | 4,401 | 8,394 |
| Database | 91,277 | 91,277 | 0 | 0 |
| | \$235,131 | \$218,836 | \$ 16,295 | \$ 27,073 |

NOTE 6 – DEFERRED CONTRIBUTIONS

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

| | 2013 | 2012 |
|-----------------------------|------------------|------------------|
| Professional fees | \$279,733 | \$267,606 |
| Provincial government grant | 21,156 | 0 |
| | <u>\$300,889</u> | <u>\$267,606</u> |

NOTE 7 – 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.

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:

| | |
|------------|------------------|
| 2014 | \$ 74,404 |
| 2015 | 74,404 |
| 2016 | 74,404 |
| 2017 | 74,404 |
| 2018 | 78,320 |
| Thereafter | <u>156,640</u> |
| | <u>\$532,576</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:

| | 2013 | 2012 |
|--|-------------------|--------------------|
| Marketable securities | \$ (58,421) | \$ 3,008 |
| Accounts receivable | 3,289 | (4,091) |
| Prepaid expenses | 14,680 | (6,364) |
| Deferred project costs | 26,513 | (26,513) |
| Accounts payable and accrued liabilities | (24,981) | 660 |
| Deposits | (1,478) | 1,625 |
| Deferred contributions | 33,283 | 15,094 |
| | <u>\$ (7,115)</u> | <u>\$ (16,581)</u> |

NOTE 10 – FINANCIAL INSTRUMENTS

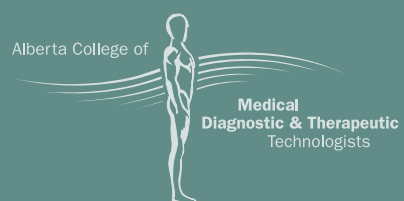
The College's financial instruments consist of cash and short-term investments, marketable securities, accounts receivable, and accounts payable and accrued liabilities. The College is exposed to the following risks through its financial instruments:

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.

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.

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, 2013.



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