

ANNUAL REPORT 2014

ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC
AND THERAPEUTIC TECHNOLOGISTS



10

CELEBRATING 10 YEARS
OF SELF-REGULATION

“

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

”





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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)—in Alberta. These professions are vital in 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 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 (CCP).
 - Provide public access to our member register and address complaints about our members' conduct.
 - Provide expertise and direction on 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 its CEO/Registrar and small office team. Operational funding is covered 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

Celebrating 10 years of self-regulation

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. Several paths were followed this year to advance this vision; some were implemented while others were envisioned as profound new directions to enhance public confidence in the next decade and beyond.

NEW STANDARDS OF PRACTICE AND CODE OF ETHICS

Standards of Practice form the framework to measure the quality of care and service provided by regulated health professionals. The College adopted a new Standards of Practice in July 2014—after a two year, consultant led project which resulted in considerable augmentation to the College's inaugural document released in 2006.

The Code of Ethics represents the profession's vision of practice in the interest of the public; it serves to inspire members to uphold the profession's integrity and the public's. Our current Code of Ethics was approved in 2006 shortly after the College was formed; a new draft has undergone member validation; feedback was then incorporated. The Council approved a new Code of Ethics which was submitted to the Minister of Health and is currently undergoing external stakeholder review.

NEW ENHANCED PRACTICE AUTHORIZATIONS

Changes in technology, practice and emerging trends in care require that the College keep abreast of, and respond to, the ever changing regulatory and practice environments. ACMDTT continues to respond to evolution in the practice of our five specialties. Last year, we implemented two new enhanced practice authorizations to enable members to practice outside their traditional scope.

COLLEGE EVOLUTION AND COLLABORATION

Amplifying the College's work as a leader in diagnostic and therapeutic healthcare, the Minister of Health of Alberta confirmed that Alberta Health supports the regulation of diagnostic medical sonographers (DMS) through ACMDTT. The approval is based on application by a joint taskforce consisting of the Alberta Diagnostic Sonographers Association (ADSA) and ACMDTT. Our College is a natural fit for regulating sonographers based on the consistencies and parallels present with our MRT and ENP specialties. From the perspective of public protection, it just makes good sense!

The College is committed to seeking opportunities for synergy. Collaboration through our role with the Alliance of Medical Radiation Technologists Regulators of Canada (AMRTRC) has provided valuable assistance to

provinces currently seeking self-regulation. For example, AMRTRC hosted a one day educational event for its provincial colleagues in May. ACMDTT also provided a collaborative role in enabling the MRT national professional association in successfully hosting their annual general conference in Edmonton.

COUNCIL

Council is deeply cognizant of its role in embodying the privilege of self-regulation; the pages within this Annual Report are a demonstration of this commitment.

In 2014, Council met five times and held an Annual General Meeting in Red Deer on April 26, 2014. With the Canada *Not-for-Profit Corporations Act* coming into effect for national associations, the Canadian Association of Medical Radiation Technologists (CAMRT) and provincial organizations across the country had to consider Bylaw changes to be compliant with new requirements. Bylaw changes were accepted by Alberta membership to reflect alignment and to enhance the integrity of the board structure of our regulatory organization.

CELEBRATING 10 YEARS OF SELF-REGULATION

Self-regulation recognizes the maturity of our profession and honours the special skills, knowledge and experience we possess. Self-regulation is based on the premise that the College acts first and foremost in the public's interest. Since 2005, our profession has continued to seek, articulate and deliver ways to serve Albertans through this College. This year is a milestone in that journey from AAMRT to where we are today—10 years of self-regulation. Strengthened by the work we have accomplished during that journey the College continues to surge forward in building and protecting the trust Albertans have placed in us.



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



Wendy Read, MRT(T), ACT
Council President



THE PROFESSIONS WE REGULATE

Providing 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 and advanced technology to look inside a patient's body and produce detailed medical images that help doctors diagnose and assess numerous injuries, diseases and health conditions, while MRTs specializing in radiation therapy, are part of the cancer care team.

WHAT MRTs DO

The profession has four distinct specialties:

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

cancer care team members who use high energy radiation and/or radioactive material to destroy tumours while minimizing damage to a patient's healthy tissue.

WHAT ENPs DO

ENPs also perform diagnostic tests to create visual images; but these images look very different from those produced by MRTs. ENPs record electrical activity in a patient's brain, the resulting visual image is a 'series of wavy lines or squiggles' (called an electroencephalogram or EEG). EEGs are 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 also work in the operating room where they record patient brain and spinal cord activity during surgery.



RADIATION THERAPISTS: Over 50% of all cancer patients receive radiation treatment; alone or in conjunction with other treatments. Radiation therapists use focused beams of radiation to treat cancer/destroy cancer cells, while minimizing harm to a patient's healthy tissue. Therapists deliver treatment externally by machine or via internal placement near cancer cells. They also make and fit treatment devices and counsel patients how to best manage and 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.



ELECTRONEUROPHYSIOLOGY TECHNOLOGISTS:

Record and measure patient brain activity via EEG and evoked potential (EP) tests. Results help doctors identify or confirm physical/mental conditions and make treatment decisions. Small disks (called electrodes) are used to detect the brain's electrical signals which are then 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., audio/visual) to help doctors identify and/or confirm nervous system disorders and diseases like multiple sclerosis.

EDUCATION, KNOWLEDGE AND EXPERTISE

MRTs/ENPs use sophisticated technology to provide medical diagnostic and radiation therapy services. As such, the training and education for both professions is intensive, highly technical and specialized—ranging two to four years (depending on specialty) and includes: human anatomy, physiology, patient exam technique, care and safety. For MRTs roles involving radioactive materials, education/training also includes radiation use, safety and protection.

REGULATION

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



NUCLEAR MEDICINE TECHNOLOGISTS: Obtain vital diagnostic images (e.g., thyroid, bone and lung scans) that help doctors diagnose and assess treatment options for multiple diseases. Nuclear medicine scans can also prevent invasive investigative surgery by identifying tumours and 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.



RADIOLOGICAL TECHNOLOGISTS: Often called x-ray technologists, use small controlled amounts of radiation to create detailed pictures of bones and internal organs. Doctors use these pictures to detect and confirm physical injury, trauma, disease, medical condition or congenital abnormality. Over 100 years old, x-ray technology is the oldest medical imaging specialty—the technology's safety and application has evolved significantly since, and now includes mammography, computed tomography (CT) and angiography. Radiological technologists make up the majority (75%) of the College's members.



MAGNETIC RESONANCE TECHNOLOGISTS: Use advanced technology to produce extremely clear, detailed 3D images of a patient's internal organs and tissues. MRI is particularly valuable for detecting soft tissue (nerve, muscle, ligament and tendon) issues. MRI is a crucial investigative and diagnostic tool because of its unmatched detail and clarity, combined with no known side-effects. The technology uses radio waves and powerful magnetic fields to create images. Technologists require extensive knowledge of physics, anatomy, pathology and physiology to obtain accurate images.

KEY ACCOMPLISHMENTS 2014

Serving members and Albertans



COMPETENT, ETHICAL PRACTITIONERS

- Adopted new Standards of Practice. Spanning 2012 to 2014, this project included extensive background research, internal and external stakeholder consultation and member validation.
- Presented new Code of Ethics for approval to Alberta Health; project included an environmental scan analyzing components, structure, verbiage and context of Code of Ethics from other regulatory Colleges under HPA, and other Canadian and international MRT/ENP regulators. The draft based on this research received an outstanding 95% concurrence from members.
- Reviewed CCP—statutory Competence Committee made some changes, effective 2015, within regulatory framework. Preparation to implement the changes is currently underway.
- Continued to implement changes to website and processes to provide internationally educated applicants better access to registration information and available resources and services. These changes reflect key learnings from the College's internationally educated radiological technologist research project.
- Started collaborative project with the Northern Alberta Institute of Technology (NAIT) and Alberta Health Services (AHS) to implement clinical assessments and placements for internationally educated radiological technologists. This project will better enable the College's role in assuring safe, competent and ethical diagnostic services to Albertans.
- Completed annual audit to confirm member CCP compliance. Results show 91% of members received satisfactory letters; 9% required further remediation.
- Approved additional authorization programs for use of ultrasound in radiation therapy. One for bladder ultrasound before treatment; the other for use of prostate ultrasound in conjunction with brachytherapy.
- Approved accreditation of British Columbia Institute of Technology's (BCIT's) electroneurophysiology program which underwent an accreditation reassessment; accreditation was renewed for another five year term.
- Participated in Phase II of the Canadian Medical Association Conjoint Accreditation process for program approval of the nuclear medicine technology program at the Southern Alberta Institute of Technology (SAIT).
- Updated radiological technology competency profile based on dialogue with academic/practice community. Council approved key change specific to fluoroscopic practice—it aligns with CAMRT's recently revised radiological technology competency profile.
- Participated in phase I document review processes for diagnostic medical sonography programs at NAIT and SAIT.

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

- Enabled CAMRT to deliver successful professional development and networking conference held in Edmonton. ACMDDT assisted in program development and volunteer resources to deliver this four-day spring conference presenting five keynote speakers and 71 concurrent sessions.
- Continued collaboration with Branches to offer affordable and high caliber member education and networking opportunities to support member continuing education goals.
- Offered three cost-effective online continuing education courses to members.



REGISTRATION AND LICENSING

- Answered over 100 licensing/registration inquiries and processed over 2,300 practice permit/registration renewals.
- Received and processed 250 applications for registration from out-of-province and new Alberta graduates.
- Assessed 30 internationally educated applicants to determine registration eligibility.
- Contributed to Health Human Resource Planning via data collection and sharing with Canadian Institute for Health Information.
- Responded to over 40 member and employer professional practice inquiries.
- Presented outreach sessions to new and potential members at NAIT and SAIT and for radiation therapy graduates.
- Audited 145 registrants to ensure compliance with currency of practice hours regulatory requirement.
- Audited 340 registrants to ensure compliance with professional liability insurance regulatory requirement.

MEMBER SUPPORT AND SERVICES

- Provided guidance on clinical practice inquiries, initiated electronic platform for quarterly newsletter and introduced social media to ACMDTT's communication strategy.
- Distributed promotional materials to all Alberta practice sites as part of MRT/ENP weeks to promote awareness of professions.
- Continued to offer members access to Competency Management System website as an online CCP record-keeping tool.
- Continued to collaborate with Branch Chairs to implement processes for members' access to consistent and robust member services across Alberta. Branches offered five education days throughout the province.
- Presented awards highlighting member professionalism and achievement to 21 individuals (current, past and student members).

COLLABORATION AND PARTNERSHIPS

- Joint taskforce (ACMDTT and ADSA) provided HPA amendments to reflect a practice statement inclusive of sonographer profession, and establish protected titles for transparency and public accountability within the context of the provision of health services.
- Participated in AMRTRC goals to further advance MRT regulation and standards, regulatory issues and patient care through education and support to other provinces seeking self-regulation.
- Participated as non-voting member of Radiation Therapy Steering Committee to implement Bachelor of Science in Radiation Therapy program at the University of Alberta.
- Collaborated with CAMRT in implementation of a new Memorandum of Agreement providing a collaboration framework that reflects profession's changing regulatory landscape across Canada.
- Led Alberta Federation of Regulated Health Professions' (AFRHP) working group to coordinate educational workshop on 'Decision Writing Essentials for Administrative Tribunals' under HPA.
- Partnered with Foreign Qualifications Recognition Program—Alberta government's strategy to improve processes that bring skilled immigrants into the workforce.

Public's role in self-regulation

Alberta's HPA requires each College in the Act to establish a governing Council with one of every four members being a public member. Health professionals are self-governing and responsible for developing regulations, standards of practice, code of ethics and bylaws governing members. Public members help balance the values and interests of regulated members with those of the public. The College's current public members are: David Rolfe (Red Deer) whose term expires in June 2015; Colleen Wilson (Red Deer) whose second three year term was approved in July 2014, and newly appointed member, John Jossa (also from Medicine Hat) who was appointed for a three year term in April 2014.

John Jossa, 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 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. We have no jurisdiction over other health professionals, hospitals/health care facilities and/or wait times.

COMPLAINTS 2014

Number of complaints carried over from 2013	0
Number of new complaints in 2014	4
Total	4
Number of complaints dismissed	0
Number of complaints resolved	2
Number of complaints referred to hearings	0
Number of complaints appealed	0
Number of complaints still open	2
Section 118 Incapacity Assessments	0
Professional Conduct Hearings Held – open	0
Professional Conduct Hearings Held – closed	0

COMPLAINT BACKGROUND AND OUTCOME

1	Member suspended by the employer due to conduct that in employer's opinion was unprofessional conduct. Matter was treated as a complaint with the employer treated as the complainant.	Currently under investigation.
2	Member suspended by the employer due to conduct that in employer's opinion was unprofessional conduct. Matter was treated as a complaint with the employer treated as the complainant.	HPA section 55(2) enables the Complaints Director, with consent of complainant and member to attempt complaint resolution. Consent was given to resolve complaint through an alternative undertaking, rather than a hearing. Matter was resolved.
3	Member given a letter of warning by employer because of conduct that in the employer's opinion was unprofessional conduct. Matter was treated as complaint, with employer treated as complainant.	HPA section 55(2) enables the Complaints Director, with consent of complainant and member, to attempt complaint resolution. Consent was given to resolve complaint through alternative undertaking, rather than a hearing. Member is required to comply with agreement and undertaking by specified date in 2015.
4	Complaints Director became aware of an individual practicing without a valid practice permit and initiated a complaint pursuant to HPA section 56.	HPA section 55(2) enables the Complaints Director, with consent of complainant and member, may attempt to resolve complaint. Consent was given to resolve complaint through alternative undertaking, rather than a hearing. Matter was resolved.

TIMELINE:

Celebrating 10 Years of Self-Regulation



- Medical Diagnostic and Therapeutic Technologist professions proclaimed under HPA.
- AAMRT becomes Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT).
- Registration policies approved under HPA.
- Provincial MRT competency profiles validated by members.
- Provincial ENP (EEG, EMG and EP) competency profiles validated nationally.
- Approved advanced training program for enhanced practice authorization of Ictal SPECT Injection, Needle Authorization and Intraoperative Monitoring for ENPs.
- Approved four advanced training programs for additional authorization of Venipuncture for MRTs.

2005

- First CCP cycle.
- Approved accreditation process for ENP program approval.
- New position statement: *SPECT Imaging—Low dose, fixed parameters Integrated x-ray CT units.*
- Developed Alberta ENP Competency Profile; formally endorsed as national competency profile and standard for Canadian training programs by CAET—Canadian Association of Electroneurophysiology Technologists.
- Canadian Board of Registration of Electroencephalograph Technologists (CBRET) enters agreement with ACMDTT to align CBRET registration exam to CAET endorsed competency-based entry-to-practice standards.

2007

- HPA regulation amended currency hours, protected titles, included CCP, new restricted activities and remove electromyography.
- AHS Edmonton ENP Technologist Training Program preliminary approval.
- Approved advanced training program for additional authorization of breast ultrasound.
- Implemented online member directory.
- Approved changes to advanced training program for additional authorization of Venipuncture.
- Amended position statement: *Technologists practicing as PACS or RIS Administrators.*

2009

2006

- Approved entry-to-practice competency profiles for College's seven specialties.
- Standards of Practice and Code of Ethics developed and approved.
- New position statement: *Technologists practicing as PACS or RIS Administrators.*
- Approved two more advanced training programs for additional authorization of Venipuncture for MRTs.
- Approved advanced training program for enhanced practice authorization of PET/SPECT/CT and contrast media for nuclear medicine technologists.
- Developed mandatory Continuing Competence Program.

2008

- Stakeholder consultation on regulation amendments and removal of a electromyography from regulations.
- Approved two more advanced training programs for venipuncture for MRTs.
- New position statement: *Enhanced Practice in Cross-Disciplinary Roles.*
- Preliminary approval of Alberta Health Services (AHS) Calgary's ENP Technologist Training Program.
- First CCP audit.
- Approved Alberta based Intraoperative Monitoring advanced training program for ENPs.



- ACMDTT agreed 'in principle' to include cardiology technology profession under College's umbrella.
- Released position statement: *MRI Technologists Interpreting Orbit x-rays*.
- Reviewed and re-validated all entry-to-practice competency profiles.
- Applied for federal funding to research opportunities available to international applicants.
- Participated in Association of Canadian Colleges national initiative to develop and promote a pan-Canadian approach to increasing supply of allied healthcare graduates.
- Collaborated to establish national standard for IEMRT language proficiency and alignment of assessment practices.

2011

- Validated Standards of Practice revisions.
- New position statement: *CT in the Nuclear Medicine Environment* and rescinded *SPECT Imaging-Low dose, fixed parameters Integrated x-ray CT units*.
- Approved advanced programs for enhanced practice authorization of medication administration.
- Approved advanced training program for additional authorization of needle authorization (sub-dermal needle electrode insertion) by ENPs.
- Approved advanced training program for enhanced practice authorization of quantitative CT.
- Approved advanced training program for enhanced practice authorization of MR in radiation therapy for RTs operating MR/Linac hybrid equipment.
- Approved advanced training program for CT and contrast media enhanced practice authorization for NMTs.
- Taskforce formed to develop joint application to regulate diagnostic medical sonographers under ACMDTT.

2013

2010

- ACMDTT becomes a founding member of the Alliance of Medical Radiation Technologists Regulators of Canada. Formed to facilitate information sharing and consensus building on national regulatory issues regarding medical imaging and radiation therapy.
- Adopted new bylaws to reflect current practice and wording for clarity and appropriate bylaw language.
- Collaborated with national association and all provinces to create common assessment approach for Internationally Educated Medical Radiation Technologists.
- Implemented Chapter 7 amendments to Agreement on Internal Trade.
- Approved BCIT's ENP Technologist Training Program.

2012

- Approved advanced training program for enhanced practice authorization of Medication Administration by MRTs in cardiac catheterization lab at FMC (Calgary).
- Reviewed current practice of nuclear medicine technology, entry-level education and use of hybrid equipment in Alberta.
- Initiated project to revise Standards of Practice developed in 2006 when College was founded.
- Instituted successful completion of regulations eLearning course as registration requirement to ensure all registrants are aware of their professional obligations as regulated health professionals.

2014

- Alberta Health Minister confirmed support for regulating DMS under ACMDTT.
- Adopted new Standards of Practice.
- Code of Ethics validated by members; submitted to Alberta's Health Minister for stakeholder review.
- DMS taskforce submitted proposed HPA amendments to include practice statement reflecting sonographer profession and establish protected titles.
- Completed intensive CCP review.
- Approved additional authorization programs for prostrate ultrasound in conjunction with brachytherapy, and bladder ultrasound before treatment.
- Bylaws changed to align to Canada's *Not-for-Profit Corporations Act*. Changes coming to enhance regulatory organization board structure integrity.



REGISTRATION COMMITTEE REPORT

Reviewing registration applications referred by the Registrar

The Registration Committee is responsible for making decisions regarding applications for registration referred to it by the Registrar. In 2014, the committee met six times to assess applications as follows:

- 24 applications deferred to successful completion of other requirements (e.g., proof of language proficiency and certification exam).
- 1 applicant deferred to provide more information required for assessment.
- 1 applicant granted extension on timeline provided to them in previous decisions.
- 2 applicants denied extensions on timeline provided to them in previous decisions.
- 2 applicants granted practice permit with conditions.

One registration committee decision was appealed; Council upheld the registration committee's decision.

APPLICATION PROCESSING TIME

The Registration Committee continues to provide registration decisions within a minimum of two weeks and maximum of 18 weeks from the time a completed application is received.

The 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.

APPLICATIONS REVIEWED

SPECIALTY APPLICATIONS	NUMBER REVIEWED	APPLICANT AND COUNTRY OF ORIGIN
Radiological	23	Australia (2), Republic of Croatia (1), Egypt (3), Jamaica (1), Hashemite Kingdom of Jordan (1), Federal Republic of Nigeria (1), Republic of the Philippines (10), United States of America (4)
Magnetic resonance	3	Australia (1), South Africa (1), United States of America (1)
Nuclear medicine	3	Republic of the Philippines (3)
Electroneurophysiology	1	Canada (1)
TOTAL	30	



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, and
- CCP activity record outlining and reflecting on a minimum number of hours of learning.

The self-assessment is competency profile-based. Members use their self-assessment to develop a personal learning plan outlining learning objectives for the current CCP cycle. At least one objective must be met through a learning activity. Members are also required to document learning activities and include a self-reflection on how the activity will, or has, impacted their professional practice.

PROGRAM REVIEW

In April 2014, the Competence Committee completed a full review of the CCP. The timing reflected the completion of five annual CCP audits. Through a productive and interactive two-day meeting, the committee reviewed the program's regulations, policies and components.

The review outcomes include: the transition from a competency-profile based self-assessment to one modeled after the newly adopted Standards of Practice. This change will enable all College members to self-assess against the same standards. Also, as assessment statements are no longer based at entry-to-practice, the new format transcends practice environment, experience and number of specialties. In addition, on the learning plan, members will be required to actively identify possible ways in which they meet the learning objective. Transition to the new program format will happen throughout the current CCP cycle. The new format's first full cycle will begin September 1, 2015.

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 2014, 182 members (8% of regulated members) were audited. 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.

Description	CCP Cycle				
	2010	2011	2012	2013	2014
Number of CCP participants	1954 ¹	2020 ¹	2075 ²	2166 ²	2259 ⁴
Percentage selected for audit	6%	6%	6%	7%	8%
Number selected for audit	113	121	125	152	182
Cancelled audits	2	3	1	3	2
Number audited	111	118	124	149	180
Successful initial audit	102	96	95	127	163
Require remedial work	9	22	29	22	17
Number forwarded to Complaints Director for non-compliance	0	0	0	0	0
Average number of CCP hours submitted ³	NC	NC	34.8	45.1	47.8

¹ as of December 31

² as of June 1

³ calculated from received submissions

⁴ as of June 6

NC - not collected

REGISTRATION AND MEMBERSHIP STATISTICS

The College is responsible for ensuring that an individual practicing as an MRT or 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	81	81
1.2) Out of province programs	24	24
2) Practitioners from other provinces	33	33
3) Internationally educated practitioners starting practice in Canada	8	8
4) Alberta practitioners returning to practice	102	102
Total	248	248

TABLE 1: REGULATED MEMBERS	2010	2011	2012	2013	2014
• Single specialty:					
Radiological	1397	1441	1486	1525	1554
Radiation therapy	180	183	188	191	197
Nuclear medicine	217	223	231	246	245
Magnetic resonance	118	126	155	159	169
Electroneurophysiology	42	47	54	53	57
Total single specialty	1954	2020	2114	2174	2222
• Multiple specialties:					
Radiological/magnetic resonance	50	45	46	45	45
Nuclear medicine/magnetic resonance	5	8	6	4	4
Radiological/nuclear medicine/magnetic resonance	1	1	1	1	1
Total multiple specialties	56	54	53	50	50



91.4% of Albertans surveyed have confidence that diagnostic imaging procedures ordered by Alberta doctors are performed by qualified medical professionals.

TABLE 2: NON-PRACTICING MEMBERS

	2010	2011	2012	2013	2014
• Single specialty:					
Radiological	62	66	82	91	90
Radiation therapy	10	9	8	8	3
Nuclear medicine	17	21	29	16	12
Magnetic resonance	8	8	8	9	9
Electroneurophysiology	4	4	3	3	3
Multiple specialties	3	5	4	5	2
Total non-practicing single specialty	104	113	134	132	119
Courtesy registration				2	0

TABLE 3: PRACTICE PERMITS WITH CONDITIONS

	2010	2011	2012	2013	2014
Enhancement conditions:					
• Ictal SPECT Injection	7	7	8	12	13
• CT and Contrast Media (previously reported as PET/SPECT/CT and contrast media)	41	41	46	62	68
• Intraoperative Monitoring	5	5	3	2	5
• Needle Authorization	11	N/A	4	2	2
• Venipuncture	363	332	355	380	426
• Breast Ultrasound	12	12	11	12	13
• Bladder Ultrasound (new in 2014)	N/A	N/A	N/A	N/A	16
• Prostate Ultrasound (new in 2014)	N/A	N/A	N/A	N/A	5
• MR in Radiation Therapy	N/A	N/A	N/A	N/A	1
• Quantitative CT	N/A	N/A	N/A	1	2
• Medication Administration	N/A	N/A	14	27	34
Total permits with enhancements	439	397	441	498	585
Total permits with restrictions	43	3	15	12	14

Total practice permits renewed	2194
Total practice permits resigned and cancelled	92

N/A denotes not applicable

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)

William Gene, ENP

Cindy Humphries, MRT(R)

Kelly Sampson, MRT(T)

Pamela Patterson, MRT(T)

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

Public members: David Rolfe, Colleen Wilson
and John Jossa

COLLEGE COMMITTEES

Registration Committee

Chair: Martin Sherriff, MRT(MR)

Janelle Duquette, MRT(T)

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

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

Alefiyah Gulamhusein, MRT(NM)

Cindy Humphries, MRT(R)

Awards Committee

Chair: Sabrina Forth, MRT(NM)

Katarzyna Dudycz, MRT(R)

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

Amanda Jacques, MRT(T)

Competence Committee

Chair: Jessica Cherwick, ENP

Donna Bosse, MRT(R)

Lisa Bratrud, MRT(R)

Marek Draszka, MRT(NM)

Richard Hayashi, MRT(T)

Jason Livingstone, MRT(R)

Jonathan Looi, ENP

Nadine Naaman, MRT(MR)

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)

Melinda Dolhan, 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

Jeff Christenson, MRT(R)

Calgary Branch

Chantal McGeough, MRT(MR)


Southern Alberta Branch

Kaitlyn Svistovski, MRT(T)

ENP Branch

Angie Sarnelli, ENP





COLLEGE AWARDS:

Recognizing and celebrating excellence

TECHNOLOGIST/THERAPIST AWARDS

- **Professional Excellence in Leadership Award:**
Eileen Nahirnik, MRT(R)
- **Professional Excellence in Patient Care Award:**
Brigitte Meszoly, MRT(R)
- **Excellence in Professional Collaboration Award:** Alberta Health Services Radiological Technology Quality Control Team—David Hatch, MRT(R), Devin Demitor, MRT(R), Patrick Toner, MRT(R) and Todd Dunham, MRT(R)
- **Carol Van Velzer Memorial Award:** Angie Sarnelli, ENP
- **Joan Graham Award:** Tracy Buck, MRT(R)
- **George C. Hall Invitational Address:**
Keith Murland, RTNM

STUDENT AWARDS

Scholastic awards:

- **Dr. Marshall Mallett Scholastic Award for Radiological Technology:** Spencer Copeland and Jennifer Randolph
- **Scholastic Award for Nuclear Medicine Technology:**
Rosa Gauthier and Adwait Trivedi
- **Scholastic Award for Magnetic Resonance Technology:** Adam Capewell
- **Scholastic Award for Radiation Therapy Technology:** Kaelynn Wagner

Student leadership awards:

- **Student Leadership Award for Radiation Therapy:**
Marie Scheifele
- **Student Leadership Nuclear Medicine Technology:**
Elizabeth Louise Rainey
- **Student Leadership Award for Magnetic Resonance Technology:** Amanda Perrin
- **CAMRT Leadership Development Institute Award:**
Elizabeth Louise Rainey
- **Student Research Award:**
Are We Ignoring Our Thyroid—Chad Benson, Christine Lee, Andrea Harapiak, Renée Reich

OTHER AWARDS

- **Tokens of Appreciation:**
 - David Buehler, MRT(T)
 - Valerie Cambridge, ENP
 - Jeff Christenson, MRT(R)
 - Abbi Langedahl, MRT(R)
 - Brenda Rose, 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 ("College"), which comprise the statement of financial position as at September 30, 2014 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, 2014 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.

OTHER MATTERS

The prior year's financial statements were audited by another firm of chartered accountants.

Collins Barrow Edmonton LLP

Chartered Accountants
Edmonton, Alberta
January 31, 2015

STATEMENT OF FINANCIAL POSITION

September 30, 2014

	2014	2013
ASSETS		
Current assets	\$ 241,522	\$ 120,301
Cash	772,897	764,830
Short-term investments	323,344	276,777
Marketable securities (Note 3)	30,246	6,817
Accounts receivable	37,934	26,761
Prepaid expenses	1,405,943	1,195,486
Restricted cash (Note 4)	32,913	21,156
Property and equipment (Note 5)	13,434	16,295
Intangible asset (Note 6)	10,140	---
	\$ 1,462,430	\$ 1,232,937
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 30,978	\$ 13,786
Deposits	1,589	1,589
Deferred contributions (Note 7)	314,132	300,889
	346,699	316,264
NET ASSETS		
Invested in property and equipment	13,434	16,295
Internally restricted (Note 8)	1,004,500	855,000
Unrestricted	97,797	45,378
	1,115,731	916,673
See accompanying notes to financial statements	\$ 1,462,430	\$ 1,232,937

LEASE COMMITMENT (Note 9)

APPROVED BY THE COUNCIL



Wendy Read, MRT(T), ACT
Council President



Julie Ritchie, MRT(NM)
Council Vice-President

STATEMENT OF OPERATIONS

September 30, 2014

	2014	%	2013	%
REVENUE				
Professional fees	\$ 1,057,787	87.98	\$ 1,481,523	84.79
Unrealized gain on marketable securities	40,580	3.38	15,078	0.86
Internationally Educated Health Professionals Initiative Grant	22,044	1.83	50,719	2.90
Sublease	20,840	1.73	19,921	1.14
Investment income	20,068	1.67	20,318	1.16
Canadian Association of Medical Radiation Technologies conference profit-share	19,360	1.62	---	---
Student fees	13,627	1.13	13,136	0.75
Miscellaneous	7,370	0.61	4,299	0.25
Credit cards fees recovered	531	0.04	13,409	0.77
Administration fees	97	0.01	8,977	0.51
Provincial Conference	---	---	120,020	6.87
	1,202,304	100.00	1,747,400	100.00
EXPENSES				
Salaries and benefits	486,631	40.47	472,177	27.02
Rent and utilities	152,444	12.68	146,083	8.36
Continuing Competence	35,637	2.96	28,885	1.65
Council costs	34,774	2.89	37,104	2.12
Credit card fees and bank charges	27,863	2.32	40,186	2.30
Computer support	24,009	2.00	20,479	1.17
Regulatory committees	22,067	1.84	15,816	0.91
Internationally Educated Health Professionals Initiative Grant	22,044	1.83	50,719	2.90
Professional fees	20,946	1.74	21,153	1.21
Office, supplies and printing	19,088	1.59	14,316	0.82
Staff travel	18,502	1.54	20,482	1.17
Provincial Conference	14,786	1.23	133,012	7.61
Communication	14,544	1.21	15,084	0.86
Council honoraria	13,625	1.13	13,550	0.78
Branch fees	13,086	1.09	8,400	0.48
Amortization	12,047	1.00	12,247	0.70
Memberships	11,761	0.98	11,933	0.68
Stabilization reserve – database	10,500	0.87	---	---
Professional Conduct	10,013	0.83	14,317	0.82
Advertising and promotion	8,889	0.74	15,050	0.86
Postage	8,092	0.67	6,581	0.38
Telephone	8,066	0.67	8,157	0.47
Insurance	5,206	0.43	5,054	0.29
Awards	3,492	0.29	1,750	0.10
National dues	2,399	0.20	462,957	26.49
Amortization of intangible asset	2,004	0.17	---	---
Provincial annual general meeting	731	0.06	10,734	0.61
Ends Initiatives	---	---	19,687	1.13
	1,003,246	83.43	1,605,913	91.89
REVENUE OVER EXPENSES	\$ 199,058	16.56	\$ 141,487	8.10

STATEMENT OF CHANGES IN NET ASSETS

September 30, 2014

	Invested In Property and Equipment	Internally Restricted					Un- restricted	2014	2013
		Provincial Conference Fund	Ends Initiatives Fund	Professional Conduct Contingency Fund	Stabilization Fund	Total			
BALANCE, BEGINNING OF YEAR	\$ 16,295	\$ 25,000	\$ 80,000	\$ 350,000	\$ 400,000	\$ 855,000	\$ 45,378	\$ 916,673	\$ 775,186
Revenue over (under) expenses	(12,047)	---	---	---	(10,500)	(10,500)	221,605	199,058	141,487
Investment in property and equipment	9,186	---	---	---	---	---	(9,186)	---	---
Transfers	---	39,500	---	50,000	70,500	160,000	(160,000)	---	---
BALANCE, END OF YEAR	<u>\$ 13,434</u>	<u>\$ 64,500</u>	<u>\$ 80,000</u>	<u>\$ 400,000</u>	<u>\$ 460,000</u>	<u>\$ 1,004,500</u>	<u>\$ 97,797</u>	\$ 1,115,731	\$ 916,673

STATEMENT OF CASH FLOWS

September 30, 2014

	2014	2013
CASH PROVIDED BY (USED IN):		
OPERATING ACTIVITIES		
Revenue over expenses	\$ 199,058	\$ 141,487
Charges not affecting cash:		
Amortization	12,047	12,247
Amortization of intangible asset	2,004	---
Net changes in non-cash working capital items (Note 10)	(58,801)	(168,583)
	154,308	(14,849)
INVESTING ACTIVITIES		
Restricted cash	(11,757)	(21,156)
Intangible asset	(12,144)	---
Purchase of equipment	(9,186)	(1,469)
	(33,087)	(22,625)
INCREASE (DECREASE) IN CASH	121,221	(37,474)
CASH, BEGINNING OF YEAR	120,301	157,775
CASH, END OF YEAR	\$ 241,522	\$ 120,301
See accompanying notes to financial statements		

NOTES TO THE FINANCIAL STATEMENTS

September 30, 2014

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 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

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

Cash

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

Short-term Investments

Short-term investments are comprised of 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 over the following periods:

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

Intangible Asset

The website development costs are being amortized on a straight-line basis over their estimated useful lives of three 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 the period the expenses are incurred.

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

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

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

Contributed Goods and Services

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

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

NOTE 3 – MARKETABLE SECURITIES

	2014		2013	
	Cost	Market	Cost	Market
Fixed income investments	\$113,629	\$118,442	\$45,629	\$48,823
Equities and income trusts	124,621	198,506	92,197	127,120
Mutual funds	6,396	6,396	100,834	100,834
	<u>\$244,646</u>	<u>\$323,344</u>	<u>\$238,660</u>	<u>\$276,777</u>

NOTE 4 – RESTRICTED CASH

Cash of \$32,913 (2013 – \$21,156) has been restricted in accordance with an agreement with the Internationally Educated Health Professionals Initiative Grant.

NOTE 5 – PROPERTY AND EQUIPMENT

	2014		2013	
	Cost	Accumulated amortization	Net	Net
Leasehold improvements	\$ 13,869	\$ 12,482	\$ 1,387	\$ 4,161
Furniture and fixtures	93,161	90,028	3,133	7,639
Telephone equipment	6,374	6,343	31	94
Computer equipment	39,636	30,753	8,883	4,401
	<u>\$ 153,040</u>	<u>\$ 139,606</u>	<u>\$ 13,434</u>	<u>\$ 16,295</u>

NOTE 6 – INTANGIBLE ASSET

	2014	2013
Website development costs	\$ 12,144	\$ ---
Accumulated amortization	(2,004)	---
	<u>\$ 10,140</u>	<u>\$ ---</u>

NOTE 7 – DEFERRED CONTRIBUTIONS

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

	2014	2013
Professional fees	\$ 281,219	\$ 279,733
Provincial government grant	32,913	21,156
	<u>\$ 314,132</u>	<u>\$ 300,889</u>

NOTE 8 – INTERNALLY RESTRICTED NET ASSETS

Provincial Conference Fund

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

Ends Initiatives Fund

The Ends Initiatives 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 9 – LEASE COMMITMENT

The College leases office space under an operating lease which expires September 2020.

Future minimum lease payments under the lease will be approximately as follows:

2015	\$ 74,404
2016	74,404
2017	74,404
2018	78,320
2019	78,320
2020	78,320
	<u>\$ 458,172</u>

NOTE 10 – 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:

Notes to the Financial Statements continued...

	2014	2013
Short-term investments	\$ (8,067)	\$ (161,468)
Marketable securities	(46,567)	(58,421)
Accounts receivable	(23,429)	3,289
Prepaid expenses	(11,173)	14,680
Deferred project costs	---	26,513
Accounts payable and accrued liabilities	17,192	(24,981)
Deposits	---	(1,478)
Deferred contributions	13,243	33,283
	<u>\$ (58,801)</u>	<u>\$ (168,583)</u>

NOTE 11 - FINANCIAL INSTRUMENTS

The College's financial instruments consist of cash, short-term investments, marketable securities, accounts receivable, accounts payable and accrued liabilities and deposits.

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

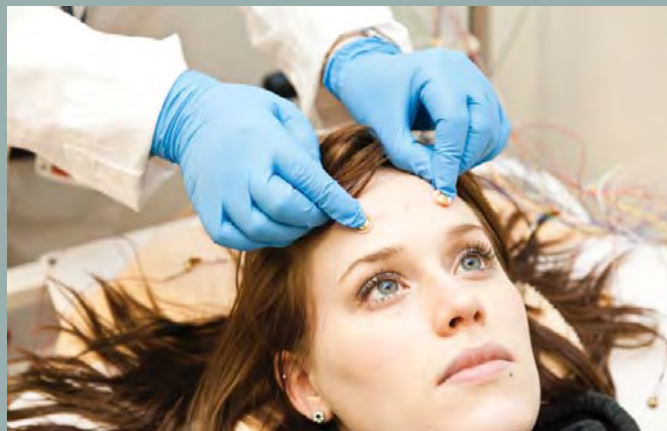
Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College is exposed to interest rate risk arising on its interest bearing assets.

Liquidity Risk

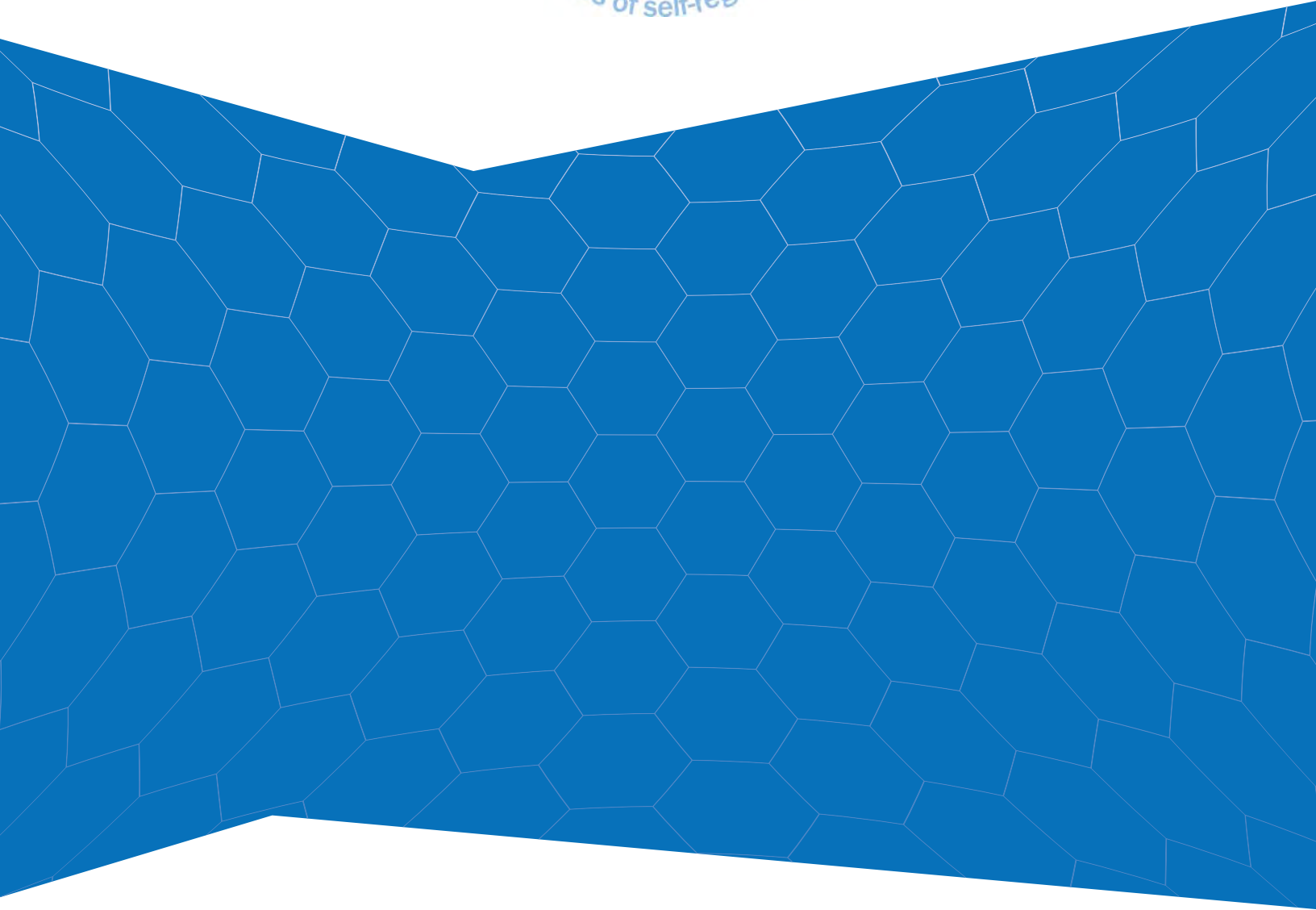
Liquidity risk arises from the possibility that the College might encounter difficulty in settling its debts or in meeting its obligations related to financial liabilities. It is management's opinion that there is no significant liquidity risk as of September 30, 2014.

NOTE 12 - COMPARATIVE FIGURES

Certain of the 2013 comparative figures have been reclassified to conform with the current year's presentation.



“ 90.8% of Albertans surveyed believe that medical professionals who perform diagnostic imaging have the required training to provide Albertans with optimal care using the latest advancements in technology. ”



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