



Leaders  
in diagnostic  
and therapeutic  
healthcare  
serving Albertans

## ANNUAL REPORT 2016

ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC  
AND THERAPEUTIC TECHNOLOGISTS

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





# CONTENTS

## INTRODUCTION

- About the College 4
- President and CEO/Registrar's message 5
- The professions we regulate 6

## YEAR IN REVIEW

- Public members' report 7
- 2016 highlights 8
- Professional conduct and complaints 10
- Continuing competence program 11
- Registration committee report 12
- Council, committees and Branches 13
- Registration and membership statistics 14
- College awards 16

## FINANCIAL REPORTS

- Independent auditors' report 17
- Financial statements 18
- Notes to financial statements 21

# ABOUT THE COLLEGE

## Who we are and what we do

The Alberta College of Medical Diagnostic and Therapeutic Technologists (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.

In granting the professions the privilege of self-regulation through the College, Albertans demonstrate trust that medical radiation technologists (MRTs) and electro-neurophysiology technologists (ENPs) are able to regulate themselves in the public interest.

### **TRUST AND ACCOUNTABILITY**

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

### **ALBERTA HEALTHCARE PROFESSIONALS**

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

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



# PRESIDENT AND CEO/REGISTRAR'S MESSAGE

## Leaders in diagnostic and therapeutic healthcare

A bold beginning for a new phase in governance and the preparation for the regulation of diagnostic medical sonographers (DMSs), as well as a change in leadership, were characteristics that marked this past year for the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT).

### GOVERNANCE CHANGES

The Council, in their diligence to ensure that we meet with our statutory obligations, reviewed our governance processes, and determined that we needed to shift from a pure Carver model of governance to a more adaptive and responsive model of Complimentary Board governance. This transition has been smooth and effective and the resultant re-engagement of Council members with the mission and mandate of the Council has been significant.

### NEW CEO/REGISTRAR

In 2016, the College welcomed new leadership. We bid Kathy Hilsenteger who had served as CEO/Registrar, from January 1, 2003, farewell and welcomed Karen Stone to the College as the new CEO/Registrar.

A lengthy and very diligent search resulted in a pool of candidates with rich experience and the entire selection committee unanimously voted for this candidate to work with the ACMDTT.

On the foundations of strong processes and administrative systems that had been solidly built under Kathy's leadership, Karen has been able to assume the responsibilities of Registrar and function effectively in meeting the needs and processes of our obligations under the *Health Professions Act* (HPA) while elevating the role of the College on the national platform.

In May of 2016, the HPA was amended and DMS practicing in Alberta will become a self-regulated profession, through the ACMDTT, upon amendment of the *Medical Diagnostic and Therapeutic Technologists Profession Regulation*.

This is an exciting mark in the history of DMS and credit should be afforded to the pioneers within the profession who saw this as being an important step in the progress of the profession. For many years a faithful group of DMS practitioners, and their Association, supported the process of ensuring this transition. It was a long and sometimes inhospitable journey; but, their achievements will lift up a whole profession. Regulation and particularly self-regulation is an honourable and very important aspect of any self-respecting profession. It enhances public safety, it ensures that suitable standards are adhered to and it lifts a profession into an appropriate position of respect and pride.

It is an honour to serve Albertans through the mechanism of this statutory body. We are proud to report that we have consistently met and exceeded our regulatory obligations to manage entry-to-practice; continuing competence; the maintenance of standards and ethics for the professions; and the administration of fair and responsive disciplinary adjudication to ensure professionalism and competence within the membership of the College.



**Kelly Sampson, MRT(T)**  
Council President



**Karen Stone**  
CEO/Registrar



# THE PROFESSIONS WE REGULATE

## Delivering vital healthcare services to Albertans

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

### REGULATION

To practice in Alberta, MRTs/ENPs must be registered with the College. To do so, they must meet or exceed the College's registration standards and requirements. To maintain their practice permit, they must adhere to the College's Standards of Practice and Code of Ethics, comply with the Continuing Competence Program and renew their permit annually.

Regulation ensures that MRTs/ENPs are qualified to practice and that Albertans receive safe, ethical and competent medical diagnostic and therapeutic services.

### EDUCATION, KNOWLEDGE AND EXPERTISE

MRTs/ENPs use sophisticated technology to provide medical diagnostic and therapeutic services. All registrants must have graduated from an entry-to-practice program approved by Council which has undergone appropriate accreditation.

The education and training for all specialties is intensive, highly technical and specialized within both diploma and degree programs. Entry-to-practice education plays a pivotal role in MRTs/ENPs providing safe and effective care while maintaining high technical standards; however, ongoing professional learning solidifies this knowledge and ensures that technologists sustain safe and competent practice.

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

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

**NUCLEAR MEDICINE TECHNOLOGISTS:** use radioactive substances to both obtain images and data which reveal how the patient's body functions to help with health diagnoses and assess treatment response and allow targeted radioactive treatment of specific diseases.

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

**MAGNETIC RESONANCE TECHNOLOGISTS:** use magnetic resonance technology to produce extremely clear, detailed images of a patient's tissues and organs to identify soft tissue issues (e.g., nerve, muscle) and detect diseases such as cancer.

# PUBLIC MEMBERS' REPORT

## Providing public involvement in self-regulation

### **PUBLIC MEMBERS' ROLE**

There are three public members appointed by the provincial government to provide objective, reflective governance to assist the College and the professions it regulates. Public members protect the public by providing independent and objective input to Council that may be different than that provided by regulated members to help ensure Albertans receive safe and competent medical imaging, radiation therapy and electrophysiology services.

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

### **CURRENT MEMBERS**

- Colleen Wilson, Medicine Hat; will serve until July 2017
- John Jossa, Medicine Hat; first term ends April 2017
- Alan Dugas, Edmonton; will serve until April 2017

### **COUNCIL COMPOSITION**

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

### **COMMITMENT TO EXCELLENCE**

As public members, we continue to be impressed with member enthusiasm and competence as well as the College's CEO/Registrar, Karen Stone and staff as they carry out their work on behalf of the ACMDTT. We are pleased to have been a part of the CEO Selection Workgroup that selected Karen Stone as the new ACMDTT CEO/Registrar effective September 6, 2016.

The College is a conscientious and fiscally responsible organization that serves Albertans with a high degree of professionalism and dedication.

It is our privilege to serve.

Colleen Wilson, John Jossa and Alan Dugas



# 2016 HIGHLIGHTS

## Serving members and Albertans

### REGISTRATION AND LICENSING

- Answered over 100 licensing/registration inquiries. Processed over 2,300 permit renewals.
- Received and processed 200 registration applications from out-of-province and new Alberta graduates.
- Assessed 17 internationally educated medical radiation and electroneurophysiology technologist applications to determine registration eligibility.
- Contributed to Health Human Resource Planning through data collection and sharing with the Canadian Institute for Health Information (CIHI).
- Responded to over 50 member and employer professional practice inquiries.
- Presented sessions at the Northern Alberta Institute of Technology (NAIT) and Southern Alberta Institute of Technology (SAIT) to first and second year students in radiological, nuclear medicine and magnetic resonance technologies on self-regulation and professional responsibilities of a regulated health professional in Alberta.
- Audited 406 registrants to ensure compliance with required currency of practice hours.
- Audited 296 registrants to ensure compliance with required professional liability insurance.

### MEMBER SUPPORT

- MRTs celebrated MRT Week November 6-12, 2016 and ENPs celebrated ENP week April 17-24, 2016. The College distributed promotional materials to Alberta practice sites to promote awareness of both of these professions.
- Delivered successful 2016 ACMDDT/AHS Annual General Conference with 422 delegates attending. The event saw speakers, volunteers, sponsors and delegates come together to share knowledge, exchange ideas, reconnect with colleagues and meet new ones.
- Supported member continuing education by the College's continued collaboration with Branches as meetings were held throughout Alberta. Each Branch holds at least two meetings per year reaching over 500 members in total. This Branch collaboration enables affordable, high quality member education and networking opportunities across the province.

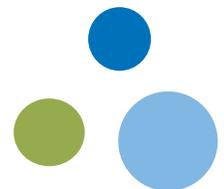
### COMPETENT, ETHICAL PRACTITIONERS

- Project undertaken, in collaboration with the Canadian Board of Registration of Electroencephalograph Technologists (CBRET) and Canadian Association of Electroneurophysiology Technologists (CAET), to review and revise the electroencephalography (EEG) competency profile. This document was subsequently adopted by CAET as the national standard. The project resulted in the creation of competency indicators for the CBRET national certification exam for EEG technologists.
- Participated in Canadian Medical Association (CMA) Conjoint Accreditation program approval process for SAIT's Medical Radiologic Technology program and the University of Alberta's Bachelor of Science in Radiation Therapy program.
- Initiated a Standards of Practice review with a lens to best practices in current Standards and the regulation of diagnostic medical sonographers (DMSs).



## COLLABORATION AND PARTNERSHIPS

- In collaboration with the DMS community, pillars of self-regulation are being constructed in preparation for DMS regulation under the ACMDTT. These include the confirmation of a competency profile for DMS for Alberta; updating and ensuring inclusion of DMS into the ACMDTT registration system; and Standards of Practice and Code of Ethics reviews.
- Participated as a Board Member of the Alliance of Medical Radiation Technologists Regulators of Canada (AMRTRC) with goals to further advance medical radiation technologist regulation and standards, regulatory issues and patient care via education and support to other provinces seeking self-regulation.
- Initiated/updated agreements with national certification bodies - Canadian Association of Medical Radiation Technologists (CAMRT) and CBRET to ensure exams are defensible relative to identified competency based profession entry requirements.
- Participated at National Network Meetings; meetings align CAMRT, AMRTRC and provincial regulators in matters of collaboration towards serving the best interests of our respective stakeholders.
- Partnered with the Government of Alberta's foreign qualifications recognition strategy to improve processes that bring skilled immigrants into Alberta's workforce.
- Participated on the Alberta Federation of Regulated Health Professions (AFRHPs) executive leadership team to facilitate collective and collaborative action on the HPA and other legislation or issues that may impact regulation.
- Participated as Chair of the AFRHP Continuing Competence Interest Group which brings individuals responsible for Colleges' competence programs together for networking and education.
- Participated on the AFRHP Hearings Director Interest Group which brings individuals responsible for Colleges' hearing processes together for networking and education.
- Participated on the AFRHP Registration Interest Group which provides a forum for sharing of information and discussion on matters related to registration process in accordance with HPA, as well as bringing entry-to-practice related legislative issues forward to AFRHP.
- Participated on the AFRHP Complaints Director Interest Group, a network of individuals who are responsible for the complaints processes of different Colleges.
- Reaffirmed and renegotiated the tripartite agreement between ACMDTT, CAET and CBRET.
- Liaised with 'Domestic and International Labour Mobility Alberta' to ensure that College systems continued alignment with best practices across the country.



# PROFESSIONAL CONDUCT AND COMPLAINTS

## One of the many ways we protect Albertans

COMPLAINTS 2016	
Number of complaints carried over from 2015	0
Number of new complaints in 2016	8
<b>Total</b>	<b>8</b>
Number of complaints dismissed	4
Number of complaints resolved	0
Number of complaints referred to hearings	0
Number of complaints appealed	1
Number of complaints still open	3
Section 118 Incapacity Assessments	0
<b>Professional Conduct Hearings Held - open</b>	<b>0</b>
<b>Professional Conduct Hearings Held - closed</b>	<b>0</b>

The College takes all complaints seriously and manages each in an objective and confidential process to ensure fairness to all involved. Our process is robust and meticulous to assure all parties of fairness and due process.

While the College has legal authority (under HPA) to investigate and administer complaints, we do not have authority to compensate complaints or require members or their employers to do so. Also, we can only investigate complaints about our members and have no jurisdiction over other health professionals, hospitals/healthcare facilities or wait times.

BACKGROUND	OUTCOME
1 Public complaint regarding ultrasound procedure.	Complaint dismissed as College does not regulate ultrasound practice, until government regulations are amended.
2 Public complaint alleging unprofessional conduct by a regulated member.	Complaint investigated and expert opinion sought. Complaint dismissed on basis of insufficient evidence to indicate conduct constituted 'unprofessional conduct' in the circumstances. Complainant applied for complaint dismissal review. Complaint Review Committee reviewed in accordance with HPA Section 68 and confirmed insufficient evidence of unprofessional conduct and dismissal was upheld.
3 Public complaint regarding an ultrasound procedure.	Complaint dismissed as College does not regulate ultrasound practice, until government regulations are amended.
4 Member employment terminated by employer. Matter treated as complaint and employer as complainant.	Complaint is currently being investigated.
5 Member received one day suspension by employer due to conduct in employer's opinion was unprofessional conduct. Matter treated as complaint and employer as complainant.	Complaint is currently being investigated.
6 Public complaint regarding ultrasound procedure.	Complaint dismissed as College does not regulate ultrasound practice, until government regulations are amended.
7 Email correspondence initiated from complainant. Details were lacking and a formal complaint was suggested.	Formal complaint not submitted by complainant. File closed.
8 Member received one day suspension by employer due to conduct in employer's opinion was unprofessional conduct. Matter treated as complaint and employer as complainant.	Complaint is currently being investigated.

# CONTINUING COMPETENCE PROGRAM

## Helping ensure high practice standards

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

### PROGRAM REQUIREMENTS

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

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

Members use a self-assessment tool, the framework of which is aligned with the Standards of Practice, to develop a personal learning plan for the current CCP cycle.

Within the cycle, at least one learning objective must be met through a learning activity. Members are also required to document their learning activities to include a self-reflection on how the activity will/has impacted their professional practice.

### MANDATORY ONLINE COMPLIANCE

In March 2015, the College introduced a new online platform (My CCP) which became mandatory for all members for the start of the 2015/16 CCP cycle. The platform allows members to record all aspects of their CCP online and closely mirrors the paper documentation that members became familiar with at the outset of the CCP.

### 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 2016, 229 members (10% of regulated members) were audited. This confirmed that members were compliant with the program. The College will continue to monitor the audit sample size to ensure it adequately represents the membership.

Description	CCP Cycle					
	2011	2012	2013	2014	2015	2016
Number of CCP participants (approx.)	2020	2075	2166	2259	2272	2314
Percentage selected for audit (%)	6	6	7	8	9	10
Number selected for audit	121	125	152	182	204	231
Cancelled audits	3	1	3	2	4	2
Number audited	118	124	149	180	200	229
Successful initial audit	96	95	127	163	192	213
Number requiring remedial work	22	29	22	17	8	16
Number forwarded to complaints director for non-compliance	0	0	0	0	0	0
Average number of CCP hours submitted	NC	34.8	45.1	47.8	39.2*	38.1

\*Calculation based on online submissions

NC: not collected

# 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 2016, the committee met four times to assess applications as follows:

- Seventeen applications were deferred to successful completion of other requirements such as providing proof of language proficiency and the certification exam.
- One Canadian trained applicant was referred to the Registration Committee by the Registrar for registration advice.

### APPLICATIONS REVIEWED

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

SPECIALTY APPLICATIONS	NUMBER REVIEWED	APPLICANT AND COUNTRY OF ORIGIN
Radiological	13	Australia (1), Nigeria (3), Republic of the Philippines (3), Republic of South Africa (1), Republic of Tunisia (1), United Kingdom (2), Republic of Venezuela (1), Republic of India (1)
Magnetic resonance	2	United States of America (1), The Hashemite Kingdom of Jordan (1)
Nuclear medicine	1	Republic of the Philippines (1)
Electroneurophysiology	1	Republic of India (1)
<b>TOTAL</b>	<b>17</b>	

### APPLICATION PROCESSING TIME

The Registration Committee continues to provide registration decisions within a minimum of two weeks and a maximum of 18 weeks from the time a completed application is received. This time-frame is affected primarily by the length of time required to receive all the documentation required to consider the application complete.

Once an application is complete, it is forwarded to the next Registration Committee's meeting. Every effort is made to accommodate applicant requests for expediting this process.

# COUNCIL, COMMITTEES AND BRANCHES

## As of September 2016

### **COUNCIL (pictured below except\*)**

**President** - Kelly Sampson, MRT(T)

**Vice-President** - Kyla MacLachlan, MRT(R)\*

Jennifer DiNucci, MRT(MR)

Marek Draszka, MRT(NM)

William Gene, ENP

Wendy Read, MRT(T)

Cristene van Schagen, MRT(R)

Krystal Wall, MRT(R)

**Registrar:** Karen Stone, BA, LLB, LLM

**Public members:** Alan Dugas\*, John Jossa  
and Colleen Wilson

### **COLLEGE COMMITTEES**

#### **Registration Committee**

Chair: Martin Sherriff, MRT(MR)

Janelle Duquette, MRT(T)

Abbi Langedahl, MRT(R)

Nikolay Lopatik, MRT(R)

Elizabeth Mi, ENP

Linda O'Hara, MRT(R)

Cynthia Palmaria, MRT(T)

Travis Stroh, MRT(R)

Winona Winsor, MRT(R)

#### **Nominating Committee**

Chair: Wendy Read, MRT(T)

Alefiyah Gulamhusein, MRT(NM)

Darren Oczkowski, MRT(MR)

#### **Awards Committee**

Chair: Sabrina Forth, MRT(NM)

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

Amanda Jacques, MRT(T)

Stacey Adams, MRT(R)

#### **Competence Committee**

Chair: Jennifer Petrohay, MRT(NM)

Jessica Cherwick, ENP

Kathy Dudycz, MRT(R)

Lisa Garnet, MRT(R)

Richard Hayashi, MRT(T)

Lisa Holmes, MRT(R)

Jason Livingstone, MRT(R)

Matthew Scott, MRT(T)

Cuong Ta, MRT(MR)

Gayle Tulk, MRT(NM)

#### **Hearing Tribunals/Complaint Review**

Phyllis Banister, MRT(NM)

Marlene Chambers, MRT(R)

Brian Chwyl, MRT(T)

John Clapp, MRT(R)

Melinda Dolhan, MRT(R)

Christy McIntyre, MRT(NM)

#### **Complaints Director**

Karen Stone, BA, LLB, LLM

#### **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**

Tunde Bodi, MRT(R)

##### **Edmonton Branch**

Kathy Dudycz, MRT(R)

##### **Parkland Branch**

Jeff Christenson, MRT(R)

##### **Calgary Branch**

Gina McRae, MRT(R)

##### **Southern Alberta Branch**

Carmen Lowry, MRT(R)

##### **ENP Branch**

Angie Sarnelli, ENP



# REGISTRATION AND MEMBERSHIP STATISTICS

The College is responsible for ensuring that an individual practicing as a medical radiation technologist or electroneurophysiology technologist in Alberta is qualified to do so. The College adopts competencies and sets criteria that anyone applying to the College must meet to qualify for initial registration and to maintain their registration on an annual basis.

	APPLICATIONS	REGISTRATIONS	APPLICATIONS	REGISTRATIONS
	2015	2015	2016	2016
1) New graduates:				
1.1) Alberta programs	81	81	88	88
1.2) Out of province programs	16	16	4	4
2) Practitioners from other provinces	23	23	17	17
3) Internationally educated practitioners starting practice in Canada	6	6	13	13
4) Alberta practitioners returning to practice	101	101	105	105
<b>Total</b>	<b>227</b>	<b>227</b>	<b>227</b>	<b>227</b>

The College did not deny registration to any completed applications in 2016

REGULATED MEMBERS	2015	2016
<b>• Single specialty:</b>		
Radiological	1567	1681
Radiation therapy	195	197
Nuclear medicine	243	252
Magnetic resonance	172	199
Electroneurophysiology	57	51
<b>Total regulated members with single specialty</b>	<b>2234</b>	<b>2380</b>
<b>• Multiple specialties:</b>		
Radiological/magnetic resonance	43	39
Nuclear medicine/magnetic resonance	3	3
Radiation therapy/magnetic resonance	1	1
Radiological/magnetic resonance/nuclear medicine	1	1
<b>Total regulated members with multiple specialties</b>	<b>48</b>	<b>44</b>



<b>NON-REGULATED MEMBERS</b>	<b>2015</b>	<b>2016</b>
<b>• Single specialty:</b>		
Radiological	112	103
Radiation therapy	6	4
Nuclear medicine	22	19
Magnetic resonance	9	11
Electroneurophysiology	3	3
<b>Total non-regulated members with single specialty</b>	<b>152</b>	<b>140</b>
<b>Multiple specialties</b>	<b>3</b>	<b>7</b>
<b>Total non-regulated members with multiple specialties</b>	<b>155</b>	<b>147</b>
<b>Courtesy registration</b>	<b>0</b>	<b>0</b>

<b>PERMITS WITH CONDITIONS</b>	<b>2015</b>	<b>2016</b>
Ictal SPECT Injection	13	12
CT & Contrast Media (Previously reported as PET/SPECT/CT & contrast media)	73	76
Intraoperative Monitoring	5	6
Needle Authorization	3	3
Venipuncture	478	505
Breast Ultrasound (Previously reported as Breast Sonography)	14	17
Bladder Ultrasound	21	18
Prostate Ultrasound	6	4
MR in Radiation Therapy	1	1
Quantitative CT	1	1
Medication Administration	36	126
Enhanced GI Fluoroscopy	4	5
<b>Total permits with enhancements</b>	<b>655</b>	<b>774</b>
<b>Total permits with restrictions</b>	<b>18</b>	<b>13</b>
<b>Total practice permits renewed</b>	<b>2260</b>	<b>2314</b>
<b>Total practice permits resigned and cancelled</b>	<b>143</b>	<b>66</b>

# COLLEGE AWARDS

## Recognizing and celebrating excellence

### TECHNOLOGIST/THERAPIST AWARDS

- **Professional Excellence in Leadership Award**  
Nancy Lublinkhof, MRT(NM)
- **Professional Excellence in Patient Care Award**  
Jean-Francois Helie, ENP
- **Excellence in Professional Collaboration Award**  
Alberta Children's Hospital: The Electroneurophysiology and Nuclear Medicine Departments: Leanne Alfaro, ENP, Ashley Faris, ENP, Silvia Kozlik, ENP, Angie Sarnelli, ENP, Beth Young, RET, Caileigh Campbell, MRT(NM), JoAnn Cusack, MRT(NM), Amy Howard, MRT(NM), Kiran Johal-Brar, MRT(NM)
- **Herbert M. Welch Memorial Award**  
David Buehler, MRT(T)
- **Joan Graham Award**  
Joanne Locke, RTR
- **George C. Hall Invitational Address**  
Runell Viray, MRT(R)

### STUDENT AWARDS

#### Scholastic awards:

- **Dr. Marshall Mallett Scholastic Award for Radiological Technology**  
Lesley Poirier, RTR
- **Scholastic Award for Nuclear Medicine Technology**  
Chelsey Innes, RTNM

- **Scholastic Award for Magnetic Resonance Technology**  
Chloe Ruey, RTMR
- **Scholastic Award for Radiation Therapy**  
Marie Scheifele, RTT

#### Student leadership awards:

- **Student Leadership Award for Radiological Technology**  
Natasha Konjolka
- **Student Leadership Award for Magnetic Resonance Technology**  
Rachel Benson
- **Student Leadership Award for Radiation Therapy**  
Stanley Woo
- **CAMRT Leadership Development Institute Award**  
Natasha Konjolka
- **Student Research Award**  
Sleeping Away Breast Cancer: Melissa Allan, Kris Dean, Randy Nguyen, Michelle Muller

### OTHER AWARDS

- **Past President's Award**  
Julie Ritchie, MRT(NM)
- **Tokens of Appreciation**
  - Nancy Belley, MRT(MR)
  - Cindy Humphries, MRT(R)
  - Julie Ritchie MRT(NM)



# INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying financial statements of Alberta College of Medical Diagnostic & Therapeutic Technologists, which comprise the statement of financial position as at September 30, 2016 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### **MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### **AUDITORS' RESPONSIBILITY**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected

depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **OPINION**

In our opinion, the financial statements present fairly, in all material respects, the financial position of Alberta College of Medical Diagnostic & Therapeutic Technologists as at September 30, 2016 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

*Collins Barrow Edmonton LLP*

Chartered Professional Accountants  
Edmonton, Alberta  
February 4, 2017

# STATEMENT OF FINANCIAL POSITION

## September 30, 2016

	2016	2015
<b>ASSETS</b>		
<b>CURRENT</b>		
Cash	\$ 159,743	\$ 53,552
Restricted cash (Note 3)	953,900	984,500
Short-term investments (Note 4)	255,471	220,729
Accounts receivable	5,762	5,767
Prepaid expenses	22,298	52,263
	<b>1,397,174</b>	<b>1,316,811</b>
<b>LONG TERM INVESTMENTS (Note 5)</b>	<b>82,725</b>	<b>83,839</b>
<b>PROPERTY AND EQUIPMENT (Note 6)</b>	<b>6,524</b>	<b>8,863</b>
<b>INTANGIBLE ASSET (Note 7)</b>	<b>2,126</b>	<b>6,133</b>
	<b>\$ 1,488,549</b>	<b>\$ 1,415,646</b>
<b>LIABILITIES</b>		
<b>CURRENT</b>		
Accounts payable and accrued liabilities	\$ 22,971	\$ 18,551
Deposits	-	1,589
Deferred contributions (Note 8)	291,564	290,292
	<b>314,535</b>	<b>310,432</b>
<b>NET ASSETS</b>		
Invested in property and equipment	6,524	8,863
Internally restricted (Note 9)	953,900	984,500
Unrestricted	213,590	111,851
	<b>1,174,014</b>	<b>1,105,214</b>
	<b>\$ 1,488,549</b>	<b>\$ 1,415,646</b>

**LEASE COMMITMENT (Note 10)**

**APPROVED BY THE COUNCIL**



Kelly Sampson, MRT(T)  
Council President



Kyla MacLachlan, MRT(R)  
Council Vice-President

See notes to financial statements

# STATEMENT OF OPERATIONS

## For the Year Ended September 30, 2016

	2016	%	2015	%
<b>REVENUES</b>				
Professional fees	\$ 1,099,433	83.08	\$ 1,076,413	84.66
Provincial Conference	137,835	10.42	92,586	7.28
Sublease	30,638	2.32	20,433	1.61
Investment income	24,577	1.86	30,580	2.41
Student fees	14,175	1.07	14,579	1.15
Unrealized gain on investments	12,060	0.91	-	-
Miscellaneous	4,476	0.34	3,830	0.30
Internationally Educated Health Professionals Initiative Grant	-	-	32,913	2.59
	<b>1,323,194</b>	<b>100.00</b>	<b>1,271,334</b>	<b>100.00</b>
<b>EXPENSES</b>				
Salaries and benefits	542,758	41.02	536,629	42.21
Rent and utilities	153,917	11.63	153,144	12.05
Provincial Conference	151,482	11.45	101,092	7.95
Council	81,884	6.19	48,450	3.81
Office operations	38,312	2.90	45,252	3.56
Professional fees	38,064	2.88	42,874	3.37
Continuing Competence	30,722	2.32	24,119	1.90
Communication	30,639	2.32	34,089	2.68
Stabilization reserve - database	30,600	2.31	13,125	1.03
Credit card fees and bank charges	29,277	2.21	29,593	2.33
Professional Conduct	26,638	2.01	31,178	2.45
Computer support	21,744	1.64	32,872	2.59
Regulatory committees	17,263	1.30	18,713	1.47
Staff travel	16,012	1.21	28,267	2.22
Affiliations	14,981	1.13	12,182	0.96
Council honoraria	11,300	0.85	13,100	1.03
Provincial annual general meeting	7,436	0.56	6,269	0.49
Amortization	5,114	0.39	8,750	0.69
Amortization of intangible asset	4,007	0.30	4,007	0.32
Awards	2,244	0.17	5,238	0.41
Internationally Educated Health Professionals Initiative Grant	-	-	32,913	2.59
Unrealized loss on investments	-	-	39,995	3.15
Provincial Conference reserve	-	-	20,000	1.57
	<b>1,254,394</b>	<b>94.79</b>	<b>1,281,851</b>	<b>100.83</b>
<b>REVENUES OVER (UNDER) EXPENSES</b>	<b>\$ 68,800</b>	<b>5.21</b>	<b>\$ (10,517)</b>	<b>(0.83)</b>

## STATEMENT OF CHANGES IN NET ASSETS

### Year Ended September 30, 2016

	Internally Restricted (Note 9)							2016	2015
	Invested In Property and Equipment	Provincial Conference Fund	Ends Initiatives Fund	Professional Conduct Contingency Fund	Stabilization Fund	Total	Un-restricted		
NET ASSETS - Beginning of year	\$ 8,863	\$ 44,500	\$ 80,000	\$ 400,000	\$ 460,000	\$ 984,500	\$ 111,851	\$ 1,105,214	\$ 1,115,731
Revenues over (under) expenses	(5,114)	-	-	-	(30,600)	(30,600)	104,514	68,800	(10,517)
Investment in property and equipment	2,775	-	-	-	-	-	(2,775)	-	-
<b>NET ASSETS - END OF YEAR</b>	<b>\$ 6,524</b>	<b>\$ 44,500</b>	<b>\$ 80,000</b>	<b>\$ 400,000</b>	<b>\$ 429,400</b>	<b>\$ 953,900</b>	<b>\$ 213,590</b>	<b>\$ 1,174,014</b>	<b>\$ 1,105,214</b>

## STATEMENT OF CASH FLOWS

### Year Ended September 30, 2016

	2016	2015
<b>CASH PROVIDED BY (USED IN):</b>		
<b>OPERATING ACTIVITIES</b>		
Revenues over (under) expenses	\$ 68,800	\$ (10,517)
Items not affecting cash:		
Amortization	5,114	8,750
Amortization of intangible asset	4,007	4,007
Gain on disposal of short-term investments	(2,950)	(8,951)
Unrealized (gain) loss of short-term investments	(13,175)	44,205
Unrealized loss (gain) on long-term investments	1,114	(4,210)
Restricted cash decrease	30,600	52,913
	95,148	86,197
Changes in non-cash working capital (Note 11)	34,073	(26,117)
	127,583	60,080
<b>INVESTING ACTIVITIES</b>		
Purchase of property and equipment	(2,775)	(4,179)
Purchase of short-term investments	(42,667)	(53,649)
Proceeds on disposal of short-term investments	24,050	41,381
	(21,392)	(16,447)
<b>INCREASE IN CASH</b>	<b>106,191</b>	<b>43,633</b>
Cash - beginning of year	53,552	9,919
<b>CASH - END OF YEAR</b>	<b>\$ 159,743</b>	<b>\$ 53,552</b>

# NOTES TO FINANCIAL STATEMENTS

## Year Ended September 30, 2016

### NOTE 1 - NATURE OF OPERATIONS

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

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

### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

#### (a) Cash

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

#### (b) Short-term and long-term investments

Short-term investments consists of equities and income trusts which 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. Short-term investments also consists of fixed income investments with a maturity date of less than one year.

Long-term investments consists of fixed income investments with a maturity date of more than one year.

#### (c) Property and Equipment

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

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

#### (d) Intangible asset

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

#### (e) Revenue recognition

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

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

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

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

#### (f) 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.

#### (g) Financial Instruments

##### *Measurement of Financial Instruments*

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

### (g) Financial Instruments (continued)

The College initially measures its financial assets and financial liabilities at fair value.

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

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

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

#### Impairment

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

### (h) Use of estimates

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

### NOTE 3 - RESTRICTED CASH

Restricted cash is comprised of the following:

	2016	2015
Cash - chequing account	\$ 140,119	\$ 66,477
Term deposits bearing interest from 0.60% per annum to 1.45% per annum maturing between October 2016 and March 2017	813,781	918,023
	<b>\$ 953,900</b>	<b>\$ 984,500</b>

Restricted cash has been designated for specific programs as described in Note 9.

### NOTE 4 - SHORT-TERM INVESTMENTS

	2016		2015	
	Cost	Market Value	Cost	Market Value
Fixed income investments bearing interest of 2.01% maturing November 2016	\$ 34,000	\$ 34,590	\$ 34,000	\$ 34,588
Equities and income trusts	150,226	196,262	92,192	126,096
Mutual funds	24,619	24,619	60,045	60,045
	<b>\$ 208,845</b>	<b>\$ 255,471</b>	<b>\$ 186,237</b>	<b>\$ 220,729</b>

### NOTE 5 - LONG-TERM INVESTMENTS

	2016	2015
Fixed income investments bearing interest between 2.40% per annum and 4.20% per annum maturing between November 2017 and June 2018	<b>\$ 79,629</b>	\$ 79,629
Market value	<b>\$ 82,725</b>	\$ 83,839

### NOTE 6 - PROPERTY AND EQUIPMENT

	Cost	Accumulated amortization	2016 Net book value	2015 Net book value
Computer equipment	\$ 45,121	\$40,359	<b>\$ 4,762</b>	\$ 8,129
Telephone equipment	7,843	6,521	<b>1,322</b>	-
Furniture and fixtures	93,161	92,721	<b>440</b>	734
Database	91,277	91,277	-	-
Leasehold improvements	13,869	13,869	-	-
	<b>\$ 251,271</b>	<b>\$ 244,747</b>	<b>\$ 6,524</b>	<b>\$ 8,863</b>

### NOTE 7 - INTANGIBLE ASSET

	Cost	Accumulated Amortization	2016 Net book value	2015 Net book value
Website development	\$12,144	\$10,018	<b>\$2,126</b>	\$ 6,133

## NOTE 8 – DEFERRED CONTRIBUTIONS

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

	2015	Contributions received	Revenue recognized	2016
Professional fees	\$290,292	\$1,100,705	\$1,099,433	\$291,564

## NOTE 9 – 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 10 – LEASE COMMITMENT

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

2017	\$ 74,404
2018	78,320
2019	78,320
2020	78,320
	<u>\$ 309,364</u>

## NOTE 11 – NET CHANGES IN NON-CASH WORKING CAPITAL ITEMS

	2016	2015
Accounts receivable	\$ 5	24,479
Prepaid expenses	29,965	(14,329)
Accounts payable and accrued liabilities	4,420	(12,427)
Deposits	(1,589)	-
Deferred contributions	1,272	(23,840)
	<u>\$ 34,073</u>	<u>\$ (26,117)</u>

## NOTE 12 – FINANCIAL INSTRUMENTS

The College’s financial instruments consist of cash, restricted cash, short-term investments, accounts receivable, long-term investments and accounts payable and accrued liabilities.

The College is exposed to various risks through its financial instruments. The following analysis provides information about the College’s risk exposure and concentration as of September 30, 2016.

### (a) 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.

### (b) 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, 2016.

### (b) 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 investments and establish a diversified investment mix in order to earn the best possible return at an acceptable level of risk.

### (c) 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.

## NOTE 13 – COMPARATIVE FIGURES

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



Find us on Facebook



Follow us @ACMDTT