


# 2018 Annual Report

Alberta College of Medical Diagnostic  
and Therapeutic Technologists



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





The ACMDTT is a regulatory body established under the *Health Professions Act* (HPA) whose primary purpose is to protect and serve the public interest. This is the foundation of our regulatory focus, and the priorities for our programs and activities.

In granting the professions the privilege of self-regulation through the Alberta College of Medical Diagnostic and Therapeutic Technologists (the ACMDTT; the College), Albertans demonstrate trust that medical radiation technologists (MRTs) and electroneurophysiology technologists (ENPs) are able to regulate themselves in the public interest.

With this privilege and trust comes accountability. MRTs and ENPs are accountable for the quality of their patient care and the medical diagnostic and therapeutic services they provide. Individual technologists, by embracing this accountability, are the core of self-regulation.

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.

# Leadership

As of December 31, 2018

## Council

Kelly Sampson, MRT(T)  
Council President

Jennifer DiNucci, MRT(MR)  
Council Vice-President  
(until September 2018)

Omer Hussein, MRT(R)  
Council Vice-President

Gail Astle, MRT(R)  
Council Member

Jessica Cherwick, ENP  
Council Member

Steve DeColle, MRT(MR)  
Council Member

Michael Piva, MRT(T)  
Council Member

Cristene van Schagen, MRT(R)  
Council Member

Laurie Walline, MRT(NM)  
Council Member

Terry Bunce  
Public Member

John Jossa  
Public Member

Wilma Slenders  
Public Member

## College Staff

Pree Tyagi, MBA  
Registrar & CEO  
Complaints Director

Dacia Richmond, MRT(NM), BSc  
Director of Education  
(until December 2018)

Ugie Ifesi, MHSc, MRT(NM)  
Director of Policy & Practice

Colin MacPhail  
Manager, Communications  
and Member Engagement

Adrienne Hislop  
Executive Assistant  
Hearings Director

Ranjit Hunjan  
Registration Coordinator  
Privacy Officer

Michelle Wolf  
Administrative Assistant  
Complaints Coordinator



Albertans deserve the best health and therefore, the best health care. As contributors to the health system, our members have a key role in ensuring that Albertans receive safe, competent and ethical medical diagnostic and therapeutic services.

The College exists to regulate the profession in the public interest while supporting our members to deliver the best quality and safest care to the patients they serve.

The past year was a year of significant change. The high functioning of the organization during this period speaks volumes to the Council and staff that work tirelessly to ensure that we continue to fulfill our mandate. The leadership appreciates the technologists and therapists across Alberta who deliver diagnostic and therapeutic services in nuclear medicine technology, radiation therapy, electroneurophysiology technology, radiological technology, magnetic resonance technology and with our colleagues in diagnostic medical sonography.

In this year, we saw changes in the way society talks about diversity, culture and balance of power; we saw an urgent need to address the protection of patients from sexual abuse and sexual misconduct by healthcare workers. This is realized through the adoption of Bill 21 – *An Act to Protect Patients*. Considering the changing regulatory environment, this is important in the context of accountability, the evolution of relationships and processes for ensuring safe, effective patient outcomes. The College responded by working with the government, the membership and the public to align regulatory responsibilities, knowledge and

professional supports needed to provide care for Albertans. Continued developments in this area will occur in the coming months, building on the platform that has been set over the past year.

From a Council and staff perspective, 2018 will be best remembered as a year with a focus on the future. The ACMDTT's first strategic plan sets a 3-year commitment to focus the College on its –

**Purpose** of ensuring that members provide medical diagnostic and therapeutic services consistent with College standards and legislated requirements,

**Capacity** to fulfill our duty to protect the public through strengthening College capacity and effectiveness, and

**Culture** to connect and inspire members to foster and instill commitment to both the public and the practice of their profession.

Council has approved the first annual pathway laid out by staff that will provide measurable and meaningful progress in 2019, this will also be the basis of creating subsequent annual pathways under this strategic plan. We recognize that it is a privilege to act as a self-governing profession and our guiding values in carrying out our work and executing this plan are:

- Integrity
- Accountability
- Transparency
- Professionalism
- Collaboration

The engagement of our members and stakeholders is key to our success, we will shape the vision of the future and this living document with them as the organization grows over time.

This annual report serves as the ACMDTT's public account of its progress as a responsible contributor to health care in the province. This annual report, submitted to the Minister of Health is a demonstration of our continued progress towards responsible, profession-based regulation.

Sincerely,



Kelly Sampson,  
BSc., MRT(T)  
Council President



Pree Tyagi, MBA  
Registrar and CEO

# Patient health, safety and care underpins everything we do.

As a regulator we:

- Administer Alberta healthcare legislation – the 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.

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.

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 Registrar and CEO, and small office team.

MRTs and ENPs are highly technical medical specialists who play a pivotal role in healthcare by providing sophisticated, targeted and highly effective medical diagnostic and therapeutic services through the use of sophisticated technology and by providing safe and effective patient care.

## The professions we regulate

- 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.
- Magnetic resonance technologists use magnetic resonance imaging technology to produce extremely clear, detailed images of a patient's tissues and organs to detect and identify soft tissue issues and disease processes.
- Nuclear medicine technologists administer radioactive substances in order to both obtain images and data, which reveal how the patient's body functions to help with health diagnoses and assess treatment response.
- Radiation therapists are 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.
- Radiological technologists produce images of body structures through common procedures such as general x-rays, mammography and computed tomography (CT) and assist in the operating room.





## Public members protect the public by providing independent and objective input to Council.

The HPA gives Albertans a strong voice in healthcare regulation by requiring a balanced voice between the public and professional members on all College Councils. As public members, we bring expertise in business, law, governance, education, systems and human resources to our work on Council and Council committees.

We participate fully in the business and debate at Council meetings that inform the ACMDTT's issues, plans, concerns and aspirations. It is both an honour and a privilege for us to represent the public and to serve the College in this capacity.

In 2018 the College established its first strategic plan and, in the fall, it also started its journey of compliance to Bill 21 – *An Act to Protect Patients*. Both these initiatives will continue to strengthen the performance of the College as a caring and professional organization dedicated to serving the interest of patients and their families. College members can be certain that the affairs of your professional organization are being consistently managed with an emphasis on stewardship of resources and an exciting vision for the future.

We look forward to continuing serving the public with our fellow members of Council, staff and volunteers.

Respectfully submitted,

Terence Bunce, John Jossa and Wilma Slenders

The College is responsible for adopting competencies and setting criteria that everyone applying to the College must meet to qualify for initial registration and to maintain their registration on an annual basis.

ENP 2%



MRT(MR) 9%



MRT(T) 9%



MRT(NM) 10%



MRT(R) 70%



	Applications		Registrations	
	2018	2017	2018	2017
New graduates				
Alberta programs	96	84	96	84
Out of province programs	5	6	5	6
Practitioners from other provinces	32	12	32	12
Internationally educated practitioners	6	5	6	5
Alberta practitioners returning to practice	139	127	139	127
<b>Total applications and registrations</b>	<b>278</b>	<b>234</b>	<b>278</b>	<b>234</b>



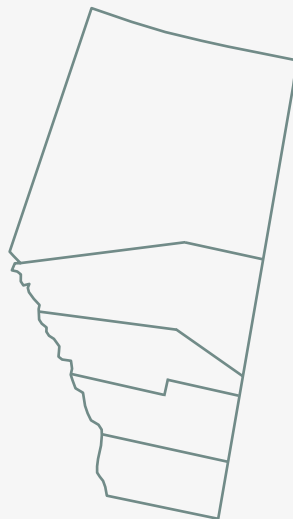
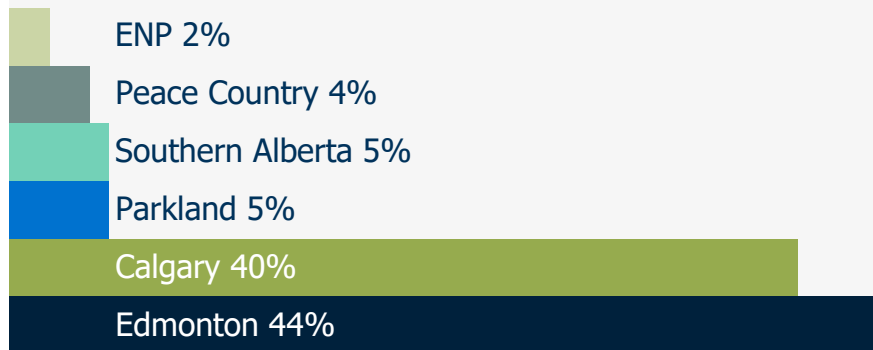
Regulated members	2018	2017
<b>Single specialty</b>		
Radiological technology	1670	1635
Radiation therapy	216	205
Nuclear medicine technology	248	246
Magnetic resonance technology	233	225
Electroneurophysiology technology	49	48
<b>Total regulated members with single specialty</b>	<b>2416</b>	2359
<b>Multiple specialties</b>		
Radiological/magnetic resonance	39	43
Nuclear medicine/magnetic resonance	7	4
Radiation therapy/magnetic resonance	0	0
Radiological/magnetic resonance/nuclear medicine	1	1
<b>Total regulated members with multiple specialties</b>	<b>47</b>	48
<b>Total regulated members on the courtesy register</b>	<b>0</b>	0
	<b>2018</b>	2017
<b>Total practice permits renewed</b>	2427	2410
<b>Total practice permits cancelled/resigned</b>	87	122

Non-regulated members	2018	2017
<b>Single specialty</b>		
Radiological technology	121	130
Radiation therapy	14	15
Nuclear medicine technology	27	23
Magnetic resonance technology	19	12
Electroneurophysiology technology	3	4
<b>Total non-regulated members with single specialties</b>	184	184
<b>Total non-regulated members with multiple specialties</b>	6	3
<b>Total non-regulated members</b>	<b>190</b>	187

Practice permits with conditions	2018	2017
Ictal SPECT injection	13	12
CT & contrast media	91	87
Intraoperative monitoring	8	6
Needle authorization	1	2
Venipuncture	572	552
Breast ultrasound	27	22
Bladder ultrasound	20	19
Prostate ultrasound	6	5
MR in radiation therapy	1	1
Quantitative CT	1	1
Medication administration	438	338
Enhanced GI fluoroscopy	7	8
<b>Total practice permits with enhancements</b>	<b>1185</b>	1053
<b>Total practice permits with restrictions</b>	24	30

# Member Statistics

## Members by Branch location



## Place of Education

Alberta  
69%



Canada  
27%



International  
4%



### Top 5 Places of Study

United Kingdom  
United States of America  
Philippines  
Australia  
India

## Age



20-30

2018

24%



31-40

29%



41-50

25%



51-60

19%



60+

7%

# Reviewing registration applications as referred to the Registration Committee by the Registrar.

The Registration Committee is a statutory body consisting of regulated members. In 2018, the committee met three times to assess applications as follows:

- 16 applications were deferred to successful completion of other requirements such as providing proof of language proficiency and the certification exam.

## Applications Reviewed

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

Committee Members	Specialty of Application	Reviewed	Country of Origin (number of applicants)
Martin Sherriff, MRT(MR) (Chair) Jennifer Brown, MRT(R) Janelle Duquette, MRT(T) Abbi Langedahl, MRT(R) Nikolay Lopatik, MRT(R) Susan McGregor, ENP Linda O'Hara, MRT(R)	Radiological technology	15	Australia (2), Federal Republic of Nigeria (2), Jordan (1), Republic of India (1), Republic of Kenya (1), Republic of the Philippines (4), Republic of Sri Lanka (1), State of Israel (1), United Kingdom (1), United States of America (1)
	Magnetic resonance technology	1	Republic of India (1)
	Nuclear medicine technology	0	
	Radiation therapy	0	
	Electroneurophysiology technology	0	
	<b>Total</b>	<b>16</b>	

## Application Processing Time

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

# The College takes all complaints seriously and manages each through an objective and confidential process to ensure fairness to all involved.

Complaints are a normal part of any service environment, healthcare is no exception. In fact, complaints can be more prevalent in healthcare given the stress, emotions, wait times, sensitive and personal issues involved. Even with high standards of practice, professionalism, and patient care, complaints can happen. Regardless of outcome, complaints are a valuable learning tool for the College and its members, and help make patient care and medical diagnostic and therapeutic services even better.

The HPA requires that, if, because of the conduct that in the opinion of the employer is unprofessional conduct, the employment of a regulated member is terminated or suspended, or the regulated member resigns, the employer must give notice of that to the Complaints Director. Unprofessional conduct means one or more of the following, whether or not it is disgraceful, or dishonorable:

- displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services
- contravention of the Act, a code of ethics or standards of practice

'Employment' includes being engaged to provide professional services on a full-time or part-time basis as a paid or unpaid employee, consultant, contractor or volunteer.

Complaints	
Number of complaints carried over from 2017	17
Number of new complaints in 2018	7
<b>Total</b>	<b>24</b>
Number of complaints dismissed	0
Number of complaints closed	11
Number of complaints referred to hearings	0
Number of complaints appealed <i>This matter is before the Alberta Ombudsman</i>	1
Number of complaints still open	12
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 the 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, healthcare facilities or wait times.



	Background	Outcome
1	Public complaint	<p>Complaints Director reviewed the complaint, a subject matter expert's opinion and the member's response to the matter.</p> <p>HPA section 55 provides that the Complaints Director, with consent from the complainant and the investigated person, may attempt to resolve the complaint. Consent was given to resolve the complaints through an alternative process, rather than a hearing. The complaint was resolved.</p>
2 - 4	Employer complaint	<p>Complaints Director reviewed the complaint in light of the employer's internal investigation report and subsequent administrative action, the member's response to the information before the College and a subject matter expert's opinion.</p> <p>The complaints were resolved as per HPA section 55.</p>
5		A formal investigation was completed. An Agreement and Undertaking was reached with the member, the matter will remain open until all requirements have been met.
6		A formal complaint was not submitted by complainant. File closed.
7	Diagnostic Medical Sonography	Complaint dismissed as the matter was outside the jurisdiction of the College until government regulations are amended.





The College is proud to recognize the dedication and professionalism of its members.

## Student Awards

### Student Leadership Award in...

#### **Radiological Technology**

Kaelin Boras, MRT(R)

#### **Magnetic Resonance Technology**

Chelsea Peters, MRT(MR)

#### **Nuclear Medicine Technology**

Osas Igbinosun, MRT(NM)

#### **Radiation Therapy**

Brooklyn Mazure, MRT(T)

### Student Research Award

*Patient Dose: AP vs. PA* Britany McCarthy, MRT(R),  
Gary Mansfield, MRT(R), Jennifer Tobin, MRT(R)

### Scholastic Awards

#### **Dr. Marshall Mallett Scholastic Award in Radiological Technology**

Chelsea Mooney

#### **Scholastic Award in Nuclear Medicine Technology**

Heather Callen-Wicks, MRT(NM)

#### **Scholastic Award in Magnetic Resonance Technology**

Neale Wiley

#### **Scholastic Award in Radiation Therapy**

Chad Freeman

## Technologist Awards

#### **George C. Hall**

Kathryn Hilsenteger, RTT, ACT

#### **Herbert M Welch Memorial Award**

Abbi Langedahl, MRT(R)

#### **Professional Excellence in Leadership Award**

Brigitte Meszoly, MRT(R)

#### **Professional Excellence in Patient Care**

Rachel Andrews, MRT(R)

#### **Joan Graham Award**

Lynette Ziegler-Wood, MRT(R)

#### **Carol Van Velzer Memorial Award**

Silvia Kozlik, ENP  
Angie Sarnelli, ENP

## Tokens of Appreciation

Kathy Dudycz, MRT(R)

Sabrina Forth, MRT(NM)

Jennifer Petrohay, MRT(NM)

Wendy Read, MRT(T)



	CCP Cycle				
	2013/14	2014/15	2015/16	2016/17	2017/18
Number of CCP participants (approx.)	2259	2272	2314	2323	2349
Percentage selected for audit (%)	8	9	10	10	10
Number with directed audits from Registrar/Competence Committee	—	—	—	15	7
Number selected for audit	182	204	231	235	242
Cancelled audits	2	4	2	6	4
Number audited	180	200	229	229	238
Number with successful initial audit	163	192	213	205	194
Number requiring remedial work	17	8	16	24	44
Number forwarded to complaints director for non-compliance	0	0	0	0	0
Average number of CCP hours submitted	47.8	39.2	38.1	42.2	41.12



# The College administers a Continuing Competence Program (CCP) as mandated by the HPA to help its members maintain and enhance their professional capabilities.

## Committee Members

Kathy Dudycz, MRT(R) (Chair)  
Joy Boldt, ENP  
David Buehler, MRT(T)  
Patty Hermanutz, MRT(R)  
Arlene Holland, MRT(R)  
Amanda McCrea, MRT(MR)  
Jennifer Petrohay, MRT(NM)  
Lisa Roorda, MRT(MR)  
Matthew Scott, MRT(T)  
Gayle Tulk, MRT(NM)

The program's cycle, which runs September 1 - August 31 of the following year, helps the College assess, support and ensure competent practice and continued professional learning and development.

## Program requirements

To renew their practice permit each year, members must, through the mandatory online My CCP platform, complete a reflective practice review that includes:

- 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.

## CCP compliance

The Competence Committee monitors mechanisms to maintain member's participation in the CCP and ensure their compliance with it. Each fall, the committee audits a selection of members' reflective practice reviews. In 2018, 242 members were selected for audit and this 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.

Stacey Adams, MRT(R)  
Linda Alaeddine, MRT(R)  
Kelsey Antoniuk, MRT(MR)  
Gail Astle, MRT(R)  
Joanne Austen, MRT(R)  
Nancy Babineau, MRT(R)

Jennifer DiNucci, MRT(MR)  
Oleksandra Dobrotvorska, MRT(R)  
Melinda Dolhan, MRT(R)  
Katarzyna Dudycz, MRT(R)  
Janelle Duquette, MRT(T)  
Raegan Ells, MRT(R)

Richard Hayashi, MRT(T)  
Lori Headington, MRT(R)  
Patty Hermanutz, MRT(R)  
Mary Claire Hetesi, MRT(R)  
Mona Hoekstra  
Arlene Holland, MRT(R)  
Omer Hussein, MRT(R)  
Darlene Ireland, MRT(R), MRT(MR)  
Amanda Jacques, MRT(T)  
Ellen Johnstone, MRT(R)  
Natalia Jokovski  
John Jossa  
Shirley Kelemen, MRT(NM)  
Shane Kessel  
Jessica Knight  
Teela Kowalchuk, MRT(R)  
Carrie LaFond, MRT(NM)  
Abbi Langedahl, MRT(R)  
Jim Lees  
Jason Livingstone, MRT(R)  
Nikolay Lopatik, MRT(R)  
Lisa Lovean, MRT(R)  
Carmen Lowry, MRT(R)  
Denise MacIver  
Amanda McCrea, MRT(MR)  
Susan McGregor, ENP  
Colleen McHugh, MRT(R)  
Christy McIntyre, MRT(NM)  
Gina McRae, MRT(R)  
Erin Mercer, ENP  
Fiona Mitchell, MRT(T)


Darren Oczkowski, MRT(MR)  
Linda O'Hara, MRT(R)  
Wanda Olson, MRT(R)  
Chantal O'Reilly, MRT(MR)  
Cynthia Palmaria, MRT(T)  
Jennifer Petrohay, MRT(NM)  
Jodie Piercey, MRT(NM)  
Michael Piva, MRT(T)  
Louise Rainey, MRT(NM)  
Wendy Read, MRT(T)  
Lisa Roorda, MRT(MR)  
Kelly Sampson, MRT(T)  
Victoria Sarban  
Angie Sarnelli, ENP  
Lorrie Scherer  
Matthew Scott, MRT(T)  
Martin Sherriff, MRT(MR)  
Lisa Simpson, MRT(R)  
Roula Sleiman  
Wilma Slenders  
Jade Stadelman, MRT(R)  
Thomas Strain  
Cuong Ta, MRT(MR)  
Gayle Tulk, MRT(NM)  
Cristene van Schagen, MRT(R)  
Krystal Wall, MRT(R)  
Laurie Walline, MRT(NM)  
Jaylene Watson, MRT(R)  
Winona Winsor, MRT(R)  
Leanne Wurban  
Leane Young, MRT(R)

**Volunteers** bring a diversity of experience, skill and inspiration to the College. Thanks for your reliable and unwavering contributions.

Shelby Babkirk, MRT(R)  
Tunde Bodi, MRT(R)  
Joy Boldt, ENP  
Jennifer Brown, MRT(R)  
David Buehler, MRT(T)  
Terence Bunce  
Marlene Chambers, MRT(R)  
Jessica Cherwick, ENP  
Jeff Christenson, MRT(R)  
Brian Chwyl, MRT(T)  
John Clapp, MRT(R)  
Steven DeColle, MRT(MR)  
Shelly Delisle  
Lee Derksen

Leah Fitzgerald  
Mariya Flaman, MRT(R)  
Sabrina Forth, MRT(NM)  
Jessica Froelich, MRT(MR)  
Kimberly Gadbois, MRT(T)  
Lisa Garnett, MRT(R)  
Anastasia Gasheva, MRT(R)  
Heather Gaunt, MRT(T)  
Teresa Goldsack, MRT(R)  
Jacqueline Gomez, MRT(R)  
Alefiyah Gulamhusein, MRT(NM)  
Sherry Gulayets, MRT(R)  
Carla Gusa, MRT(R)  
Helene Hamilton





The College seeks and seizes opportunities to collaborate with **stakeholders**, the public, government, regulators, academia, employers and associations.

Alberta Federation of Regulated Health Professions (AFRHP)

- Complaints Director Working Group
- Continuing Competence Interest Group
- Hearings Director Interest Group
- Registration Interest Group

Alberta Health

Alberta Ombudsman

Alliance of Medical Radiation Technologists Regulators of Canada

Canadian Association of Electroneurophysiology Technologists

Canadian Association of Medical Radiation Technologists

Canadian Board of Registration of Electroencephalograph Technologists

MRT National network

NAIT Advisory

Office of the Information and Privacy Commissioner

Provincial Diagnostic Imaging Advisory

SAIT Advisory

Sonography Canada

University of Alberta Radiation Therapy Program Advisory

2

0

1

8



# 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, 2018 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 the 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.

## *Auditor's 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 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 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, 2018, 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 Matter*

The financial statements for the year ended September 30, 2017 were audited by another firm of Chartered Professional Accountants who expressed an unmodified opinion on those financial statements on February 3, 2018.

RSM Alberta LLP

Edmonton, Alberta  
March 22, 2019

Chartered Professional Accountants

# Statement of Financial Position

September 30, 2018

	2018	2017
<b>ASSETS</b>		
<b>CURRENT</b>		
Cash	\$ 205,485	\$ 152,220
Restricted cash and investments (Note 3)	633,915	924,274
Accounts receivable	31,838	36,824
Prepaid expenses	24,309	18,882
	<b>895,547</b>	1,132,200
LONG-TERM RESTRICTED INVESTMENTS (Note 3)	659,274	209,626
LONG-TERM INVESTMENTS (Note 4)	60,015	135,074
PROPERTY AND EQUIPMENT (Note 5)	19,719	8,926
	<b>\$ 1,634,555</b>	\$ 1,485,826

	2018	2017
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT</b>		
Accounts payable and accrued liabilities	\$ 17,410	\$ 40,451
Deposits	1,300	–
Deferred contributions (Note 6)	302,307	298,569
	<b>321,017</b>	339,020
<b>NET ASSETS</b>		
Invested in property and equipment	19,719	8,926
Internally restricted (Note 7)	1,293,189	1,133,900
Unrestricted	630	3,980
	<b>1,313,538</b>	1,146,806
	<b>\$ 1,634,555</b>	\$ 1,485,826

LEASE COMMITMENTS (Note 8)

## APPROVED BY THE COUNCIL



**Kelly Sampson, MRT(T)**

President



**Omer Hussein, MRT(R)**

Vice-President

# Statement of Operations

Year Ended September 30, 2018

	2018	%	2017	%
<b>REVENUES</b>				
Professional fees	\$ 1,139,542	83.93	\$ 1,127,465	87.36
Professional development of members	119,473	8.80	116,161	9.00
Investment and other income	98,651	7.27	47,029	3.64
	<b>1,357,666</b>	<b>100.00</b>	1,290,655	100.00
<b>EXPENSES</b>				
Human resources	608,622	44.83	615,203	47.67
Operating	293,135	21.59	351,673	27.25
Regulatory functions	188,684	13.90	205,838	15.95
Professional development of members	79,964	5.89	118,071	9.15
Provincial and national affiliations	14,558	1.07	20,161	1.56
Amortization	5,971	0.44	6,917	0.54
	<b>1,190,934</b>	<b>87.72</b>	1,317,863	102.12
<b>EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES</b>	<b>\$ 166,732</b>	<b>12.28</b>	<b>\$ (27,208)</b>	<b>(2.11)</b>





# Statement of Changes in Net Assets

Year Ended September 30, 2018

	Internally Restricted <i>(Note 7)</i>							Total	2018	2017
	Unrestricted	Invested in Property and Equipment	Member Education Fund	Purpose Initiatives Fund	Professional Conduct Contingency Fund	Stabilization Fund	Regulatory Risk-Management Fund			
<b>NET ASSETS - BEGINNING OF YEAR</b>	\$ 3,980	\$ 8,926	\$ 44,500	\$ 80,000	\$ 520,000	\$ 489,400	\$ —	\$ 1,133,900	<b>\$ 1,146,806</b>	\$ 1,174,014
Excess of revenues over expenses	172,703	(5,971)	—	—	—	—	—	—	<b>166,732</b>	(27,208)
Transfers	(159,289)	—	49,289	—	—	—	110,000	159,289	—	—
Invested in property and equipment	(16,764)	16,764	—	—	—	—	—	—	—	—
<b>NET ASSETS - END OF YEAR</b>	\$ 630	\$ 19,719	\$ 93,789	\$ 80,000	\$ 520,000	\$ 489,400	\$ 110,000	\$ 1,293,189	<b>\$ 1,313,538</b>	\$ 1,146,806

# Statement of Cash Flows

Year Ended September 30, 2018

	2018	2017
<b>CASH PROVIDED BY (USED IN):</b>		
<b>OPERATING ACTIVITIES</b>		
Excess (deficiency) of revenues	\$ 166,732	\$ (27,208)
Items not affecting cash:		
Amortization	5,971	4,791
Amortization of intangible asset	—	2,126
Gain on disposal of short-term investments	(10,150)	(55,022)
Unrealized (gain) loss on investments	(15,751)	35,103
	146,802	(40,210)
Changes in non-cash working capital ( <i>Note 9</i> )	(18,444)	(3,161)
	128,358	(43,371)
<b>INVESTING ACTIVITIES</b>		
Purchase of property and equipment	(16,764)	(7,193)
Purchase of investments	(657,588)	(941,042)
Proceeds on disposal of investments	599,259	1,164,083
Restricted cash decrease (increase)	—	(180,000)
	(75,093)	35,848
<b>INCREASE (DECREASE) IN CASH</b>	53,265	(7,523)
Cash - beginning of year	152,220	159,743
<b>CASH - END OF YEAR</b>	\$ 205,485	\$ 152,220

# Notes to Financial Statements

Year Ended September 30, 2018

## 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 (Canada), the College is not subject to federal or provincial income taxes.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

### Cash

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

### Restricted cash and investments

Restricted cash consists of equity funds and bonds which have terms that range up to 3 years from the date of acquisition for purposes as described in Note 7.

### Short-term and long-term investments

Short-term investments consists of equities and income trusts which are initially recognized at 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.

### 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:

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

### Revenue recognition

The College follows the deferral method of accounting for contributions. Contributions 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.

### 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.

*(continues)*

# Notes to Financial Statements

Year Ended September 30, 2018

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

### 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.

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.

### 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. Significant estimates included in these financial statements are the valuation of accounts receivable, the estimated useful life of property and equipment for the purpose of calculating amortization and accrued liabilities. Actual results could differ from these estimates.

## 3. RESTRICTED INVESTMENTS

Restricted investments is comprised of the following:

	2018	2017
<b>Current Restricted Cash</b>		
Equity funds	\$ 633,915	\$ 924,274
<b>Long-Term Restricted Investments</b>		
Bonds bearing interest from 1.50% per annum to 3.70% per annum maturing between December 2020 and June 2027	659,274	–
Bonds bearing interest from 1.25% per annum to 4.50% per annum maturing between December 2018 and June 2026	–	209,626
	<b>\$ 1,293,189</b>	<b>\$ 1,133,900</b>

Restricted cash has been designated for specific programs as described in Note 7.

# Notes to Financial Statements

Year Ended September 30, 2018

## 4. LONG-TERM INVESTMENTS

	2018	2017
Bonds, at amortized cost, bearing interest from 1.50% per annum to 3.70% per annum maturing between December 2020 and June 2027	\$ 60,015	\$ –
Fixed income investments, at market value, bearing interest from 1.25% per annum to 4.50% per annum maturing between December 2018 and June 2026	–	135,074
	<b>\$ 60,015</b>	<b>\$ 135,074</b>

## 5. PROPERTY AND EQUIPMENT

	Cost	Accumulated amortization	2018 Net book value	2017 Net book value
Furniture and fixtures	\$ 88,204	\$ 84,001	\$ 4,203	\$ 5,551
Computer equipment	63,073	48,291	14,782	2,347
Telephone equipment	7,843	7,109	734	1,028
Database	91,277	91,277	–	–
Leasehold improvements	13,869	13,869	–	–
	<b>\$ 264,266</b>	<b>\$ 244,547</b>	<b>\$ 19,719</b>	<b>\$ 8,926</b>

## 6. DEFERRED CONTRIBUTIONS

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

	2017	Contributions received	Revenue recognized	2018
Professional fees	\$ 298,569	\$ 1,143,280	\$ 1,139,542	\$ 302,307

## 7. INTERNALLY RESTRICTED NET ASSETS

### Member Education Fund

The Member Education Fund, formerly established as the Provincial Conference Fund, will be used for future member education expenditures.

### Purpose Initiatives Fund

Council has changed the name of its 'Ends' governance policy to 'Purpose' to align with its movement away from Carver to the Complimentary model of board governance. The name of this fund has been changed from 'Ends' to 'Purpose' to align with this movement, as before it will continue to provide for special projects undertaken to support and expand on issues related to the 'Purpose' 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 relating to maintaining the stability and viability of the College.

### Regulatory Risk-Management Fund

The Regulatory Risk-Management Fund was established to provide for unexpected costs of ensuring the College's compliance with the Health Professions Act and, the Medical Diagnostic and Therapeutic Technologists Profession Regulation.



# Notes to Financial Statements

Year Ended September 30, 2018

## 8. LEASE COMMITMENTS

The College is committed under operating leases for the rental of the Edmonton office and various office equipment. The operating leases expire September 2022 and January 2021 respectively.

Future minimum lease payments to expiry of the leases will be approximately as follows:

2019	67,680
2020	67,680
2021	66,941
2022	66,572
	<u>\$ 268,873</u>

## 9. NET CHANGES IN NON-CASH WORKING CAPITAL ITEMS

	2018	2017
Accounts receivable	\$ 4,986	\$ (31,062)
Prepaid expenses	(5,427)	3,416
Accounts payable and accrued liabilities	(23,041)	17,480
Deposits	1,300	–
Deferred contributions	3,738	7,005
	<u>\$ (18,444)</u>	<u>\$ (3,161)</u>

## 10. FINANCIAL INSTRUMENTS

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

### (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 the financial liabilities. It is management's opinion that there is no significant liquidity risks as of September 30, 2018.

### (c) 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.

### (d) 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.

## 11. COMPARATIVE FIGURES

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



# Artwork in this annual report is inspired by public spaces in Alberta.



## **Cover:**

*Milled Wood* (detail) by Destiny Swiderski, Mill Woods Seniors & Multicultural Centre – photo Aspen Zettel Photography (Edmonton, AB)



## **Pages 2-3:**

inges idee / Travelling Light / The 96th Avenue NE Extension  
courtesy: inges idee and VG Bild Kunst 2019  
Fotos: © inges idee (Calgary, AB)



## **Page 4:**

*Saamis Tepee* by Corporate Communications, City of Medicine Hat (Medicine Hat, AB)



## **Page 7:**

*Wonderland, 2012* by Jaume Plensa. Photo - Adobe Stock (Calgary, AB) photo D. Marko, DCM Photography (Edmonton, AB)



## **Page 13:**

*Flock, 2018*, an artwork by Haddad|Drugan for The City of Calgary



## **Page 14:**

*Vaulted Willow* by Marc Fornes & THEVERYMANY, Borden Park – photo D. Marko, DCM Photography (Edmonton, AB)



## **Page 16:**

*Carousel* by Nicole Galellis, Borden Park Pavilion  
photo D. Marko, DCM Photography (Edmonton, AB)



## **Page 19:**

*Calder Community Mosaic* (detail) by Spacemakeplace (Rebecca Bayer & David Gregory), Calder Library – photo D. Marko, DCM Photography (Edmonton, AB)



## **Page 20:**

*The Magpies' Nests* by Kevin Sehn & Chai Duncan, Rosedale Linear Park – photo D. Marko, DCM Photography (Edmonton, AB)



## **Page 23:**

*Totem Pole Detail in Jasper, Canada* by Christopher Howey. Photo - Adobe Stock (Jasper, AB)



## **Page 30:**

*Bob Lamb Bandstand* by Giuseppe Percivati (Fort McMurray, AB)



## **Back Cover:**

*Milled Wood* by Destiny Swiderski, Mill Woods Seniors & Multicultural Centre – photo Aspen Zettel Photography (Edmonton, AB)





ACMDTT  
Suite 800, 4445 Calgary Trail  
Edmonton, AB T6H 5R7  
780.487.6130 | [acmdtt.com](http://acmdtt.com)

Find us on 

 [@acmdtt](https://twitter.com/acmdtt)