

Alberta College of



**Medical
Diagnostic & Therapeutic
Technologists**

2006

ANNUAL REPORT

Background Information on the College

Mission Statement

The mission of the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) is to regulate the activities of its practitioners in order to protect the public of Alberta by:

- ensuring high standards in regards to entry to practice and competence;
- supporting professionalism and exemplary patient care through ongoing learning and evolving scope of practice.

This is further interpreted to include:

- competent, ethical practitioners;
- self-regulated professions;
- members have cost-effective access to professional benefits;
- public and member awareness of the professions;
- government policy influence;
- professional excellence.

The primary purpose of the HPA is the protection of the public, and this driving principle is upheld through requirements and procedures established by the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT). In addition, the College continues to offer member services that promote and support continuing education, networking opportunities, and professional excellence.

The professional groups which are collectively regulated by the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) include:

1. Radiological Technologists

Radiological technologists produce structural images of the body for diagnostic purposes. They operate diagnostic imaging equipment to produce quality images that assist in diagnosis. As highly skilled professionals, they are able to recognize various anatomical structures radiographed, critique images to ensure high quality results and use appropriate techniques and positioning for different pathological conditions. Technologists follow stringent radiation protection practices, and abide by regulations and best practices to reduce risk to patients, staff, and visitors. They may be involved with a broad variety of procedures and specialties including:

- plain film radiography - static images of the chest, bones, joints, and gastrointestinal tract
- mammography - images of the breast
- angiography - images of the blood flow to various organs
- fluoroscopy - multiple and sometimes moving images of a contrast agent as it travels through the body
- computerized tomography (CT or CAT scans) - images of various organs that can be viewed as two dimensional or formatted for slices or a three-dimensional display

2. Radiation Therapists

Radiation therapists operate high-energy linear accelerators, cobalt units, simulators, and brachytherapy equipment. As key members of the cancer treatment team, radiation therapists use focused external beams of ionizing radiation such as X-rays, gamma rays and electrons to destroy tumors, while minimizing harm to healthy tissue. Alternatively, treatment may require placing radioactive sources directly into the patient's body cavities or tissue.

Therapists are responsible for all the technical aspects involved in planning patient's treatment by using a prescription from the oncologist and in consultation with a medical physicist, the treatments, constructing and fitting patient devices and aids, calculating radiation doses, simulating patients' treatment by localizing target volumes using diagnostic quality simulators and CT scanners, performing dose-related calculations for each specific plan, and delivery of the radiation treatment using high energy linear accelerators and computer treatment verification systems.

3. Nuclear Medicine Technologists

Nuclear Medicine Technologists are responsible for all technical and care aspects of the diagnostic and therapeutic examination of the patient. A nuclear medicine examination requires injection, inhalation or oral administration of a very small, controlled amount of radioactive material into the patient's body. This radioactive material is attached to substances normally used by the body and so passes through the normal pathways. Images may then be taken of the movement of this material and its final

distribution within the patient's body. The technologist is responsible for the preparation and administration of the radioactive material and produces images through the use of complex electronic equipment, aided by a computer. The Nuclear Medicine Technologist will monitor radiation levels in order to ensure a safe environment.

Nuclear Medicine Technologists may also work in the laboratory, performing tests on samples (usually blood or urine) taken from the patient. Again, radioactive material is used during these procedures to obtain an analysis of the sample. A high degree of skill in the use of laboratory equipment is required to perform these procedures and obtain accurate results.

4. Magnetic Resonance Technologists

Introduced as a diagnostic medical imaging tool in the 1990s, magnetic resonance uses strong magnetic fields and radio frequencies rather than ionizing radiation to acquire images of the body. Although still a recent technology, it has become firmly rooted in medical practice, particularly for:

- studying the vascular system
- detecting tumors (especially of the brain and spinal column),
- studying body chemistry and functions, and
- imaging soft tissues such as muscles and tendons.

The unique nature of this technology presents special imaging, patient care, and safety requirements. Magnetic Resonance (MR) Technologists are responsible to ensure the safety of patients, staff, and visitors who come in contact with the powerful magnetic field of a MRI scanner. MR technologists set appropriate technical parameters to operate MRI scanners and related equipment. They also inject contrast media as required, and observe and evaluate image data on computer monitors during scans.

5. Electroencephalography Technologists

Electroencephalography technologists perform diagnostic examinations to record brain activity. Highly sensitive monitoring equipment records the activity through electrodes that are placed at measured intervals on the patient's head. The electroencephalogram (EEG) can be recorded with the patient awake or asleep depending on the patient's situation and information required from the test. The EEG monitors brain function that may explain the patient's symptoms. The EEG assists in the diagnosis of a variety of neurological problems, from headaches and dizziness to seizure disorders, strokes and degenerative brain disease.

6. Electromyography Technologists

Electromyography technologists assist the neurologists in the performance of electromyography studies. Electromyography consists of two types of neurological testing; EMG and NCS (nerve conduction studies). EMG records the activity of muscles at rest, during voluntary contractions, and during electrical stimulation. The EMG is useful in diagnosing neurological problems such as myopathies and motor neuron disease.

NCS test the function of the nerves which supply specific muscles. The nerve to be tested is stimulated electrically and its response is recorded on a computer screen. NCS are helpful in determining such neurological disorders as peripheral neuropathy and carpal tunnel syndrome.

7. Evoked Potential Technologists

Evoked Potential technologists perform examinations for the recording of electrical activity from the brain and spinal cord, specifically the optic nerve, the auditory nerve and the somatosensory pathways within the spine, in response to specific external stimulation. Electrodes are applied to the head and other parts of the body, a series of stimuli is introduced, and a computer monitors the neurological responses.

Evoked potentials are helpful in evaluating a number of different neurological problems including spinal cord injuries, acoustic neuromas and optic neuritis. Each type of EP looks at a different neurological pathway. The three most common EP modalities are the brainstem auditory evoked potential (requiring auditory stimulus through a set of audiometric headphones), the visual evoked response (requiring a visual stimulus from a computer screen), and the somatosensory evoked response (acquired through electrical stimulation of various peripheral nerves). Each of these tests can be carried out in the O.R. where they are useful in predicting a potential neurological deficit resulting from the ongoing surgery. This allows the neurosurgeon to change his course of action to avoid any neurological problems as a "side effect" of the surgical procedure.

Governance

The College is constituted under the authority of the Health Professions Act (2000), and legislation pursuant to the Act including the Medical Radiation Technology and Electroneurophysiology regulation, College Bylaws and Policies.

The Council consists of eight Council members elected by the members. In addition, there are three Public Members appointed by the Lieutenant Governor in Council. The Council met on five separate dates in 2006, including the Annual General Meeting which took place on May 27, 2006.

The role of Council is to:

- act on behalf of the College to ensure that the College meets the obligations and expectations placed on it in accordance to the HPA and the College Regulations;
- govern the affairs of the College including, but not limited to, the power to hire, remunerate, direct, evaluate the performance of, and discharge any Chief Executive Officer and/or Registrar;
- ensure succession planning in the leadership of the organization;
- and be positive advocates for the organization and speak with a unified voice once decisions have been made.

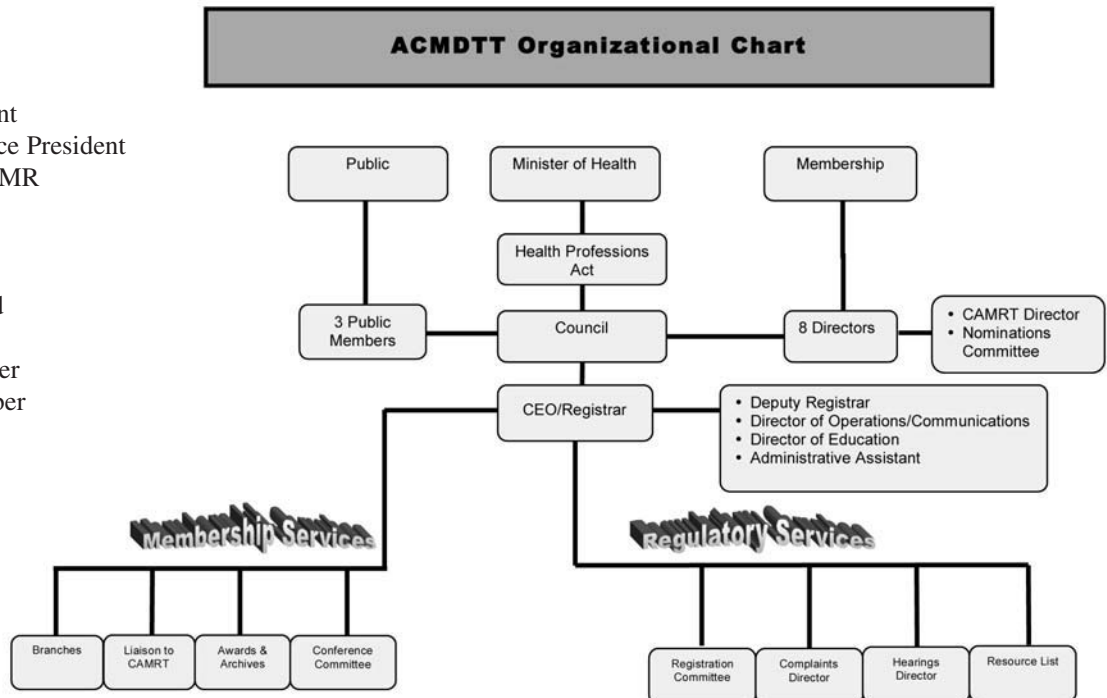
In 2006, the College brought forth issues related to the regulation of the three new professions of Electroneurophysiology. Over the last year, there have been some concerns raised about the appropriateness of regulation of electromyography technologists. These concerns have been raised by the EMG technologists and the ACMDTT. Alberta Health and Wellness has undertaken consultation with numerous parties, including technologist representatives, neurologists, the ACMDTT and the College of Physicians and Surgeons of Alberta (CPSA). Based on the outlined consultation, Alberta Health and Wellness will be making a recommendation to de-regulate Electromyography Technologists. They will recommend that CPSA resume setting the credential standard for this group in their accreditation standards to ensure members competency. If this recommendation is approved, the ACMDTT regulation and the Health Professions Act will be amended in 2007. There are no plans to change the present regulation of electroencephalography and evoked potential technologists.

Organizational Structure

The structure of the College is established by the roles, relationships and responsibilities defined through the layers of legislation, regulation and bylaws. The structure of the ACMDTT is as indicated below.

Council Members

Sara Neukomm, RTR, President
 Sylvia Kozun, RET, REPT, Vice President
 Shirley Bague, RTR-ACR, RTMR
 Alison Cervi, RTNM
 Charlotte Mierau, RTR-ACR
 Lynda Napen, RTNM
 Helen Peters, RTR-ACR, B.Ed
 Marion Travis, RTT-ACT
 William Klasky, Public Member
 Rod MacGregor, Public Member
 Ken Woods, Public Member



Standards of Practice

In 2006, the College completed a stakeholder review of Standards of Practice for the Medical Radiation Technology professions and Electroneurophysiology Technology professions in Alberta. The Standards of Practice were reviewed by the regulated members of the College and then subsequently submitted to the Minister of Health for review. The ACMDTT Standards of Practice were formally approved by Council on September 15, 2006.

Professional Accountability and Responsibility

A regulated member of the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT):

- Assumes personal responsibility for the quality and effectiveness of one's practice within their discipline.
- Maintains and applies the knowledge, skills, judgments, and behaviors necessary for competent performance of one's practice.
- Performs only those Restricted Activities as authorized in the regulations of the ACMDTT.
- Demonstrates the ability to assess, manage and report abuse, incapacity or unprofessional activity in the work environment.
- Ensures that informed consent is obtained prior to the administration of any diagnostic testing or therapy.
- Is cognizant of patient confidentiality within policy and legislated parameters.
- Demonstrates adherence to the ACMDTT Code of Ethics.
- Supports and promotes the profession through shared knowledge, mentoring and team contribution.

Workplace Health and Safety

A regulated member of the Alberta College of Medical Diagnostic and Therapeutic Technologists:

- Conducts all technical procedures with due diligence for the safety of self, colleagues, patients, and the general public.
- Maintains safe work practices by effectively managing any potential risk to safety by adhering to employer policies, and relevant provincial and federal regulations and guidelines.

Patient-Centered Care

A regulated member of the Alberta College of Medical Diagnostic and Therapeutic Technologists:

- Provides a safe physical environment for the patient.
- Recognizes and responds appropriately to incidents or emergencies within the clinical environment.
- Manages the patient's care with integrity and compassion.
- Advocates for the patient.
- Adheres to the legal responsibilities inherent in managing the care of patients and their information.

Operation of Equipment

A regulated member of the Alberta College of Medical Diagnostic and Therapeutic Technologists:

- Only operates equipment for which appropriate training has been completed.
- Ensures that all equipment meets safety and operational standards through the performance of quality control measures.
- Appropriately inputs and accesses data relative to the management of the patient.

Clinical Procedures

A regulated member of the Alberta College of Medical Diagnostic and Therapeutic Technologists:

- Performs only those Restricted Activities for which appropriate education and training has been received.
- Competently performs all clinical procedures inherent to their practice specialty.
- Determines whether any contraindications exist before proceeding with the examination or treatment.
- Maintains knowledge of evolving and emerging technologies in order to integrate new learning into clinical practice.
- Evaluates the need for modifications to clinical practice and adapt standard protocols as appropriate.

Interpretation and Analysis

A regulated member of the Alberta College of Medical Diagnostic and Therapeutic Technologists:

- Analyzes individual clinical practice to ensure high quality patient outcomes.
- Uses problem solving strategies to achieve and maintain best professional practices.

Code of Ethics

In 2006, the College completed a stakeholder review of the Code of Ethics for the Medical Radiation Technology professions and Electroneurophysiology Technology professions in Alberta. The Code of Ethics were reviewed by the regulated members of the College and then subsequently submitted to the Minister of Health for review. The ACMDTT Code of Ethics were formally approved by Council on September 15, 2006

Preamble

The fundamental responsibility of diagnostic and therapeutic professionals is to manage the prescribed diagnostic and therapeutic services for patients in an effort to improve the patients' health. Further, members have professional obligations to work collaboratively with colleagues and other health care professionals to advance the art and science of the services the profession as a whole provides.

Professionals of the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) abide by and promote the primary principles for ethical practice as described within the key principles of this Code of Ethics.

Our Values

The articles contained within this code reflect the following values considered important in the practice of our profession:

Autonomy:	We respect the rights of individuals to make informed choices.
Non-maleficence:	We have an obligation to do no harm.
Beneficence:	Our actions are for the benefit of the patient's welfare.
Justice:	We believe in fair treatment.
Fidelity:	We are loyal to our profession and honor our commitments.
Veracity:	We believe in being truthful.

Principle I: Service to People

- a. Responsibility: The professional's primary responsibility is to provide competent service to patients with respect to their individual needs and overall welfare.
- b. Diversity: Professionals provide patient care and service with respect for human rights, regardless of race, ethnicity, color, religion, sexual orientation, age, and socio-economic status, mental or physical abilities.
- c. Dignity: Professionals provide care with full regard for the autonomy and dignity of all persons.
- d. Confidentiality: Professionals respect patients' rights to privacy, and confidentiality of personal information within the boundaries of the law.
- e. Informed Consent: Professionals review with patients the goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, in order to ensure patient understanding.
- f. Integrity in Relationships: Professionals make every effort to avoid relationships with patients that could impair their professional judgment.
- g. Interdisciplinary Collaboration: Professionals consult with other professionals in order to facilitate timely, appropriate, and consistent practice.

Principle II: Commitment to Practice

- a. Boundaries of Competence: Professionals limit their practice to those techniques and procedures which the professional is competent to perform, by virtue of their education and experience, and consistent with the ACMDTT Standards of Practice.
- b. Personal Responsibility: Professionals assume personal responsibility for their professional decisions and the impact of those decisions on the quality of their practice.
- c. Shared Responsibility: Professionals exhibit sound judgment in a willingness to provide assistance to peers or to seek assistance in providing high quality patient service.
- d. Personal Conduct: Professionals maintain a level of personal conduct that enhances the image of the profession and sustains the public's confidence in members of the profession.
- e. Life-Long Learning: Professionals carry personal responsibility for continual learning, sharing new practices with colleagues, and engaging in professional activities.
- f. Personal Capacity: Professionals maintain and enhance their personal well being to be effective in their practice.

Principle III: Support for the Profession

- a. **Conduct:** Professionals display integrity and respect in all interactions with other health service professionals.
- b. **Collaboration:** Professionals work with their organization and colleagues to contribute toward a healthy and positive work environment.
- c. **Advancing the Profession:** Professionals advance the profession through sharing of knowledge, participation in research, and support for the professional association.
- d. **Duty to Report:** Professionals take appropriate action in responding to situations which jeopardize the care of patients or bring harm to the profession.

Approved Training Programs

The approved educational programs for Medical Radiation Technologists are those which have been accredited through the Committee on Conjoint Accreditation of the Canadian Medical Association.

In 2006, a proposed electromyography training program for EEG technologists was submitted for approval by the Calgary Health Region. The educational program was designed to transition registered EEG technologists in gaining the competencies appropriate for the practice of electromyography. The course was reviewed against the requirements for the College Assessment of External Design Policy and approved as a transitional program on January 22, 2006.

There are no approved educational programs for electroencephalography technologists. The College continues to work with employers and Advanced Education to examine the potential of establishing educational programs in Alberta. The College is in the process of developing a process and criteria for approving programs of study in Electroencephalography (EEG) Technology and Evoked Potential (EP) Technology that will enable students to acquire the knowledge, skills, and attitudes to function as competent health care practitioners for the benefit of all Albertans.

Approved Examinations

The approved certification examinations which are provided by the following organizations for the various practitioner groups:

1. Canadian Association of Medical Radiation Technologists (CAMRT) entry to practice certification examinations for medical radiography, nuclear medicine, radiation therapy, and magnetic resonance.
2. *American Board of Registration of EEG and EP Technologists (ABRET) registration examinations for evoked potentials technologists.
3. *Canadian Board of Registration of Electroencephalograph Technologists (CBRET) for electroencephalography technologists.
4. *Board of Registration of Electromyography Technologists of Canada (BRET) for electromyography technologists.

*Approval of the CBRET, ABRET and BRET examinations is conditional. The College is in the process of seeking alignment of the pre-existing ENP certification examinations with Alberta competency profiles so that examination approval is defensible relative to the requirements that ACMDTT has established for entry to the profession.



President's Report

Sara Neukomm, RTR

This past year was the first complete year for our College as a self-regulating profession. Although we have worked through many of our transition issues, some expected challenges of self-regulation exist which the ACMDTT remains committed to resolving. Ultimately, the College staff and Council recognize the importance of self-regulation and continue to be dedicated to our primary focus to protect the public, as mandated by the Health Professions Act.

Since 2005, our College Council has had some changes. New Public Members have been appointed by the Minister and we now have a complete Council. Each year, we strive to have a true representation of our varied membership. In each coming year we will continue to try to solicit representation from the different geographical regions and from each of our regulated disciplines. Our Nomination Committee continues to actively seek out nominees who may fill future Council vacancies.

Communication has been one of the key issues Council considered in the past year. A membership survey was sent out early in 2006 and responses were received from 229 members. The focus of the survey was on methods of communication and on public and member awareness of the College responsibilities. Council will utilize this survey feedback in conjunction with a communication plan that our CEO completed as a platform to try to improve communication with the membership and with the public in the future.

Regulation and its inherent responsibilities of the three Electroneurophysiology professions required the council to re-evaluate the role of regulation in these professions. In consultation with Alberta Health and Wellness, and other stakeholders, the Minister of Health has agreed to recommend to the Cabinet that the electromyography profession not be regulated and that the ACMDTT regulation be amended accordingly sometime in 2007.

As the professions we regulate evolve and diagnostic and therapeutic equipment rapidly advances, the College is challenged with decisions to ensure that all practitioners have the knowledge, skills and judgment needed to competently perform the tasks required of them. This past year the College sought feedback from many stakeholders regarding hybrid imaging. After much consultation and consideration, the Council and the College have created a position statement to support our policies regarding practice involving hybrid imaging equipment. As always, the protection of the public and the best interest of the public was forefront when making the decision.

The ACMDTT continues to work closely with other organizations, including our profession's national associations. In June of 2006, ACMDTT hosted the Canadian Association of Medical Radiation Technologists (CAMRT) national conference in Calgary and it was a great success. This conference gave many of our members the opportunity to attend excellent educational sessions that were streamlined to specific disciplines or learning avenues. This conference was well organized and also boasted record attendance.

There have been many adjustments that have come with self-regulation. Those of us involved with the hands on activities and decisions remain committed to providing a balance between protection of the public and important member services.

The 2006 Annual report has been approved by Council.



CEO/Registrar Report

Kathy Hilsenteger, RTT-ACT

The 2006 year marked our first full year under the Health Professions Act. Accomplishments, challenges and development initiatives were abundant.

Of key importance was the development of a communication plan to create awareness of the disciplines within the College and what they do. Objectives focused on:

- Public awareness of how to register a complaint
- Increased members access to current professional information
- Increased member participation in net working and educational events
- Promotion of self esteem of regulated members.

Efforts to improve the sources of current and professional information were accomplished. A resource library on the website was established to assist members in locating educational opportunities for professional development. The website was improved for easier usability and provides access to all relevant forms, policies and College news. A section was developed on the public side of the website that clearly advises the public on the process for registering a complaint and what they can expect out of the process. A Member Handbook was developed and distributed to the members. This Member Handbook provides a detailed manual of information relevant to the professions and the regulations. The addition of a staff position dedicated to communication and member services now enables the College to launch a strategic communication plan to continually reinforce the value and benefits of self regulation.

The ACMDTT hosted the 64th Annual General CAMRT Conference for Medical Radiation Technologists in Calgary in the month of June. This event attracted many Alberta members as well as hundreds of attendees from all over Canada. This conference offered the opportunity for members to network with over 700 technologists from across Canada and was a resounding success. Another opportunity to network was provided through an Education Day held in Edmonton. This event offered members an inter-active introduction to the ACMDTT Code of Ethics. The evaluation completed by members attending the Education Day verified that 85 percent reported that the Education Day provided good opportunities to connect with other professionals.

An initiative to promote self esteem was implemented by the establishment of new ACMDTT member awards. The focus of these awards will be to recognize members for their professional excellence in patient care and leadership. Recipients will have demonstrated outstanding abilities in the delivery of diagnostic and therapeutic services or in demonstrating respect, integrity and professionalism in leadership and will be presented for the first time in 2007.

From a regulatory perspective, 2006 was a year filled with development and regulatory challenges. The College expanded its staff to include a new position of Deputy Registrar. This role provides a managerial role in coordinating and administering the affairs of the College in conformity with the legislated mandate and the goals established by the College.

The development of entry to practice competency profiles for all seven disciplines was completed. The profiles were validated by the membership and presented for review to the regional representatives for diagnostic imaging services, provincial radiation therapy providers, and educational partners for the various disciplines. Recommendations were reviewed with original steering committee members, and evaluated against other profile statements. Some modifications resulted from this consultation process. The seven competency profiles were finalized on March 9, 2006 and serve as the underpinnings of the ACMDTT Standards of Practice.

Significant development work was carried out in preparation for the mandatory Continuing Competence Program required under the HPA. The program was built on a model of reflective practice incorporating elements of self assessment of practice strengths and learning needs, plus reflection on the impact of new learning. A PILOT of the program was released in January 2006.

At the end of 2006, the Continuing Competence Program materials were made available to the members. Each member received a CD containing comprehensive instructions, forms, information on learning resources, and sample documents.

Throughout 2006, the College continued to work collaboratively with Alberta Provider Directory (ABPD) in the development, testing and implementing of a data file extract program that will facilitate the transfer of information about health services providers to the ABPD application. It is anticipated that this project will be completed in 2007.

Rapid advances in technology have impacted health care with the introduction of hybrid imaging equipment. Quality patient care hinges upon the qualifications of the person performing the imaging procedures and requires careful assessment in the development of appropriate educational standards. The rapid development in diagnostic imaging and the acquisition of this new technology make it extremely challenging to establish appropriate standards for the delivery of safe and effective healthcare. In 2006, the College expended significant effort related to researching and identifying the appropriate competencies for the safe delivery of hybrid imaging. The College continues to undertake a consultative approach to guide policy development in this area.

The College has taken its responsibility in carrying out its activities under the HPA legislation very seriously. I believe that the organization has met the challenges of governing its regulated members in a manner that protects and serves the public interest and has provided appropriate and effective response as a regulatory body.

Public Member Report

As Public Members appointed to the governing Council of the Alberta College of Medical Diagnostic and Therapeutic Technologists, we are pleased to report that the College has conscientiously carried out its duties in an appropriate manner that protects and serves the public. Throughout the past year, we have observed that the governing Council of the College establishes long term goals to meet the stated ends of the College. In addition, the financial resources are prudently managed with appropriate financial reserves being established to ensure ongoing viability.

The staff of the College is professional, both personally and in the way that they conduct the business of the College. We wish to acknowledge the professionalism and leadership demonstrated by our CEO, Kathy Hilsenteger. Under her leadership, we believe that the College under the right circumstances is prepared and capable of assuming more responsibility within the HPA.

The College continues to maintain high standards for entry to practice and for on going competence. Consistent with HPA legislation, the College has actively been developing a Continuing Competence Program that will require members to undertake continuous learning activities in order to maintain their registration with the College. We feel this is an important component in ensuring the public of safe and competent health care professionals.

With the HPA proclamation, the College accepted the responsibility of regulation of three previously unregulated electrophysiology professions. This has proven to be both complex and challenging. The College has been working diligently on the development of a regulatory framework for program approval, entry examination approval and the development of assessment tools for substantial equivalency evaluation.

As of 2006, we have three Public Members sitting on the ACMDTT Council. The involvement is both rewarding and challenging. We continue to provide the public perspective and support the responsibilities of the governance of the professions regulated by the College.

Ken Woods, *Public Member*

Rod MacGregor, *Public Member*

William Klasky, *Public Member*

Regulatory Reports

Registrar's Report

As of December 31st, 2006

DESCRIPTION	Number of Registrants
REGULATED MEMBERS	
Active Members TOTAL	1,804
Primary Discipline Registration:	
Radiological Technologists	1,310
Radiation Therapists	161
Nuclear Medicine Technologists	198
Magnetic Resonance Technologists	87
Electroencephalography Technologists *	42
Electromyography Technologists *	6
Evoked Potential Technologists *	0
Conditional practice permits (at year end)	
Practice Enhancement: Ictal SPECT	9
PET/SPECT/CT	13
Intraoperative Monitoring	6
Venipuncture	237
Practice Restriction: Must work under supervision	7
Not authorized for Restricted Activities	42
Temporary practice permits (at year end)	7
NON-REGULATED MEMBERS	
Associate	38
Students	182
GRAND TOTAL MEMBERSHIP	
Regulated and Non-Regulated	2,024

DESCRIPTION	Number of Registrants
TEMPORARY PRACTICE PERMITS	
Total temporary practice permits issued in 2006	93
Temporary practice permits upgraded to full standing	83
Temporary practice permits expired	1
Temporary practice permits pending year end 2006	7
Completion of Upgrading Program 2 (1 RTT, 1 RTR)	

Complaints and Discipline

The approaches for addressing issues of professional conduct in the interest of protecting the public from incompetent or unethical practitioners include:

- Options to informally resolve complaints.
- Alternative Complaint Resolution, which is a mediated process, or
- Formal disciplinary hearings before a tribunal.

The following complaints were received in 2006:

Complaint	Background	Outcome
Complaint #1	Pertaining to possible unprofessional conduct by a regulated member.	Investigation in progress at year-end

Continuing Competence Program

Following the work of the Continuing Competence Committee in 2005, the PILOT of the program was released in January 2006. The PILOT package included detailed information about the program, as well as instructions for the completion and submission of the many forms. The program was built on a model of reflective practice incorporating elements of self-assessment of practice strengths and learning needs, plus reflection on the impact of new learning.

Volunteers were recruited from across the province representing all discipline groups, and diversity of practice settings. The project was constructed as 'true to life' as possible, and participants worked with the program documents for a period of seven months.

The PILOT project provided the means to assess a number of aspects regarding the proposed Continuing Competence Program. Through initial survey, submission of program documents, and the responses to a final comprehensive questionnaire, the College gained valuable information about the program and processes. A communication strategy and education plan was developed; rules of participation were confirmed; and documents were finalized.

Broad themes which emerged from the data and the comments included:

- the required annual hours of participation (24) is acceptable and attainable
- the ability to participate in meaningful learning activities should reflect the individual's role, recognizing the great diversity of practice settings and specializations within each discipline
- current and relevant information on learning opportunities should be available to the membership
- educational presentations on the program should be broadly available to the membership

At the end of 2006, the Continuing Competence Program materials were made available to the full membership. Each member received a CD containing comprehensive instructions, forms, information on learning resources, and sample documents. A schedule of information sessions was set for early 2007 to be delivered by the Director of Education.

A second PILOT project was also developed in the fall of 2006. A cohort of individuals will participate in the Continuing Competence Program through an on-line format for 2007.

Dolores Paul, RTT-ACT, B.Ed.
Director of Education

Registration Committee

Section(1) of the Health Professions Act provides that a Council may establish a Registration Committee consisting of no fewer than 3 members, the majority of which must be regulated members.

As provided in the ACMDTT by-laws:

The Registration Committee shall be responsible for:

1. Carrying out the duties of the Registration Committee under the HPA;
2. Considering applications for registration upon referral by the Registrar; and
3. Making decisions with respect to applications for registration upon referral by the Registrar in accordance with the HPA and the Regulations.

The Registration Committee held four meetings in 2006 to consider and make decisions on applications for registration referred by the Registrar.

The Registration Committee was required to make decisions on Registration of its members with regards to:

- Evoked Potential hours
- Polysomnography hours
- Criminal Records and Good Character review
- Bone Mineral Densitometry

The Registration Committee was required to make decisions on Registration of international applicants. The following table summarizes International Applicants reviewed by the Registration Committee for Substantial Equivalency in 2006:

Discipline	Total #	Asia	Europe	Africa	N. America	Australia
RTR	12	7	2	1	2	
RTNM	1	1				
RTT	1	1				
EEG	2	1				1
Total of all Disciplines	16	10	2	1	2	1

There was a noted increase in international registration inquiries from 26 in 2005 to 63 in 2006. The following table lists the number of **inquiries** per discipline in 2006.

Discipline	Total #	Asia	Europe	Africa	N. America	Australia
RTR	49	27	7	4	7	4
RTMR	2	1		1		
RTR/RTMR	6	4	1			1
RTNM	2	1			1	
RTT	2	2				
RET	2	1				1
Total of all Disciplines	63	36	8	5	8	6

The Registration Committee accomplishments:

- Language Proficiency Testing policy to include several options for exam access and defined the minimal score standard for each option
- Implementation of assessment tool as framework for assessing Internationally trained applicants
- Inclusion of a clinical assessment tool to assess substantial equivalency for Internationally trained EEG technologists
- Changes to upgrading options for both Canadian and International trained technologists

The following are some of the Registration Committee's important upcoming initiatives:

- Continual review and improvement of assessment processes to align more closely with Substantial Equivalency Assessment Framework Report prepared for the Federation of Regulated Health Professions of Alberta
- Participate in an ongoing alliance (a consortium) with other regulatory bodies in Canada as well as the national association to work collectively on matters related to Internationally Educated Medical Radiation Technologists

Cheryl Nixon, RTR,
Chair

Member Services Reports

Branches - 2006-2007

Electroneurophysiology Branch

Executive:

Bonnie McCloskey, President
Cindy Slipchuk, Vice-President
Mary Buzzing, Meeting Coordinator

Meeting Dates / Educational Sessions:

October, 2006

Peace Country Branch

Executive:

Alana Larson, President
Rachel Haines, Vice-President
Lois Crowley, Treasurer
Vacant, Secretary
Nancy Babineau, Social Chair
Kari Monsen, Education Coordinator
Brenda Smith, Education Coordinator
Alana Larson, Education Coordinator

Meeting Dates / Educational Sessions:

April, 2006

October, 2006

Parkland Branch

Executive:

Jeff Christensen, President
Crystal Thomas, Vice-President
Janice Jamieson, Treasurer
Ryan Campbell, Social Convenor
Judy Schwartz, Continuing Education

Meeting Dates / Educational Sessions:

May, 2006

October, 2006

Calgary Branch

Executive:

Cindy Humphries, President
Wade Cooper, Vice President
Jennifer Brown, Treasurer
Denise Cosgrove, Secretary
Laura Ell, Social Chair
Janice Green, Executive Correspondence
Donna Grier, Executive Correspondence
Caroline Resner, Bell Memorial

Meeting Dates / Educational Sessions:

January, 2006

May, 2006

November, 2006

Southern Alberta Branch

Executive:

Carmen Lowry, President
Daina Zachedniak, Vice-President
Sue MacKay, Treasurer
Kristen Klassen, Public Relations Committee
Michelle Chartier, Social Committee
Cheryl Nixon, Continuing Education

Meeting Dates / Educational Sessions:

February, 2006

May, 2006

Member Services Reports

Branches - 2006-2007

Edmonton Branch

Executive:

Karen Arklie, President

Vacant, Vice-President

Lynn Pivarnyik, Treasurer

Cindy Laird, Secretary

Marion Travis, Continuing Education

Patty Hermanutz, Social Convener

Meeting Dates / Educational Sessions:

May, 2006

November, 2006

Awards Committee

The following Awards were presented at the 2006 Annual General Meeting:

Student awards:

Dr. Marshall Mallet Student Scholarship Award to Kari-Ann Crawford

Myoview Award – SAIT RTNM to Daina Morrison

Student Award – RTNM to Kristy Sawa

Awards Committee *continued*

Student Award – RTR to Lynn Dedio

Student Essay Award Competition – first place to Sonia Valiquette

Visipaque Award – NAIT to Mohamad Jabri

Visipaque Award – SAIT to Lori Headington

Member awards:

Carol Van Velzer Award to Sylvia Kozun

Herbert Welch Memorial Award to Lina Maidens

Past President's Award to Helen Peters

President's Award to Kathy Hilsenteger

Tokens of Appreciation to Jodie Piercey and Deanna Siewert

There was no George C. Hall Memorial Address presenter.

There were no nominations for the Joan Graham Memorial Award.

There were no submissions for the Student Exhibit Competition or the RT Exhibit Award.

Lina Maidens, RTR-ACR

Chair

Academic & Experiential Upgrading

The ACMDTT continues to facilitate upgrading options for technologists and therapists who have been away from active practice. After careful review of the timelines, and the currency of hours requirement for registration purposes, the upgrading options come into consideration when an applicant has been away from practice for more than 5 years. Information on all upgrading options became available on the ACMDTT website in 2006.

Streamlining of the options has taken place, and there are now two well defined routes of re-entry for previously educated and trained Canadian professionals. Both routes require confirmation of successful completion of a knowledge based Challenge Exam before moving into the experiential (clinical) phase of upgrading. Some candidates are required to challenge the national certification exam as a final component of the upgrading process.

Once candidates apply and enroll with the ACMDTT; it is anticipated that completion of the upgrading can be accomplished in under 1 year. Various learning activities are available to assist the candidate with preparation for the Challenge Exam. The Radiological Technology Challenge Exam is facilitated through NAIT Continuing Education. The Nuclear Medicine and Radiation Therapy Challenge Exams are available through the ACMDTT. Work continues on the development of similar exams for the remaining professions of the ACMDTT.

The experiential options are managed through the ACMDTT in collaboration with health regions and community clinics. A great deal of work from various ad-hoc working committees has provided a common template for the experiential upgrading in radiological technology, radiation therapy, and nuclear medicine technology.

Participation Information

In 2006, four candidates were enrolled in the upgrading options.

Cross-Discipline Bridging

With the coming into force of the HPA regulations, there was awareness that a subset of the members were concerned with strategies to maintain registration within two membership categories. A prime example would be those members who are registered on both the Radiological Technologist and Magnetic Resonance Technologist registers. It is usual for these technologists to identify one primary area of practice, while identifying limitations to actively practicing in the secondary discipline. Council of the ACMDTT was challenged to carefully evaluate this concern.

In April 2006, a comprehensive survey went to those dual registered technologists to identify options for retaining sufficient knowledge base and experience in the secondary discipline. Members who responded indicated strong support for appropriate academic review, as well as commitment to supervised clinical re-orientation. With careful review of the feedback and available resources, two cross-bridging options were established for RTR and RTMR Technologists. Information regarding both has been made available on the ACMDTT website.

Candidates who fit the criteria for Option A, are those who will be required to provide evidence of completion of appropriate academic review materials for the topics of Workplace Health and Safety, Operation of Equipment, and Clinical Procedures. Following this review, the candidate must complete a supervised practicum for a minimum of 160 hours. Candidates entered for the Option B route, must successfully complete a Challenge Exam for the secondary discipline, and then complete a supervised clinical practicum of no less than 500 hours.

Participation Information

With the establishment of this program late in 2006, only two individuals were enrolled before the end of the year.

Dolores Paul, RTT-ACT, B.Ed.
Director of Education

Nominations Committee

The purpose of the Nomination Committee is to provide a slate of nominees for Council positions, consistent with requirements of the Health Professions Act and Bylaws and any further specification by Council.

At the 2006 AGM, there were two Council positions that had concluded their term. Charlotte Mierau, carried out the duties as the Nomination Chair and presented the names of two nominees for Council positions. A short biography of each candidate was presented. An election was conducted by secret ballot, and the absentee votes were added as part of the election process. Bill Klasky, Public Member, and Dian Paziuk, Deputy Registrar/Director of Operations acted as scrutineers. Charlotte Mierau announced the newly elected Council members for 2006-2007 as Alison Cervi and Sara Neukomm. Consistent with the by-laws, Council then elected a President and Vice-President of the College from among the elected Council members for a term of one year. The President was named as Sara Neukomm and the Vice-President was named as Sylvia Kozun.

Lisa Shapka, RTR

PETERSON WALKER LLP

CHARTERED ACCOUNTANTS

SUITE 804, OXFORD TOWER, 10235 - 101 STREET NW
EDMONTON, ALBERTA T5J 3G1**AUDITORS' REPORT**

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

We have audited the statement of financial position of Alberta College of Medical Diagnostic & Therapeutic Technologists as at September 30, 2006 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the College's management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at September 30, 2006 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

The prior year's financial statements were audited by another Chartered Accountant.

Edmonton, Alberta
January 17, 2007



Chartered Accountants

STATEMENT OF FINANCIAL POSITION

ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS

	September 30	
	2006	2005
ASSETS		
CURRENT ASSETS		
Cash	\$217,096	\$ 100,659
Marketable securities--Note 3	602,183	622,051
Accounts receivable	110,060	5,494
Prepaid expenses	6,822	2,814
Deposits	1,892	1,892
	<u>938,053</u>	<u>732,910</u>
PROPERTY AND EQUIPMENT--Note 4	<u>50,543</u>	<u>67,265</u>
	<u>\$988,596</u>	<u>\$ 800,175</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 37,501	\$ 35,962
Deferred contributions	209,637	205,723
Unexpended government grant	10,058	7,557
	<u>257,196</u>	<u>249,242</u>
NET ASSETS		
Invested in property and equipment	50,543	67,265
Unrestricted	680,857	483,668
	<u>731,400</u>	<u>550,933</u>
	<u>\$988,596</u>	<u>\$ 800,175</u>

COMMITMENT--Note 5

APPROVED BY THE BOARD

Sofia Hagen
Newton

STATEMENT OF OPERATIONS**ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS**

	Year Ended September 30			
	2006	%	2005	%
REVENUE				
Professional fees	\$ 958,523	85.85	\$ 880,175	95.85
Reimbursement of costs related to developing a regulatory framework	100,000	8.96	0	0.00
Interest	32,504	2.91	26,274	2.86
Miscellaneous	14,915	1.34	5,583	0.61
Student fees	6,618	0.59	6,216	0.68
Gain on sale of marketable securities	3,976	0.35	0	0.00
	<u>1,116,536</u>	<u>100.00</u>	<u>918,248</u>	<u>100.00</u>
EXPENSES				
National dues	319,032	28.57	291,321	31.72
Salaries and benefits	314,981	28.21	266,921	29.07
Rent and utilities	48,490	4.34	49,568	5.40
Office supplies, computer support and printing	45,557	4.08	22,226	2.42
Council travel	29,695	2.66	19,652	2.14
Professional fees	26,178	2.34	32,572	3.55
Amortization	25,622	2.29	29,754	3.24
Viewbox publications	22,510	2.02	14,735	1.60
Council honoraria	14,225	1.27	12,050	1.31
Credit card fees and bank charges	10,784	0.97	10,566	1.15
Staff travel	9,720	0.87	12,343	1.34
Advertising and promotion	8,859	0.79	8,747	0.95
Postage	7,992	0.72	6,951	0.76
Continuing competence	7,670	0.69	48,684	5.30
Standing Committee	7,738	0.69	6,219	0.68
Provincial annual general meeting	6,568	0.59	7,432	0.81
Telephone	6,205	0.56	5,931	0.65
Consulting fees	5,469	0.49	3,210	0.35
Professional conduct	5,053	0.45	2,068	0.23
Branch fees	4,500	0.40	4,500	0.49
Insurance	4,075	0.37	3,869	0.42
Memberships	4,022	0.36	5,837	0.64
Equipment lease	724	0.07	557	0.06
Awards	400	0.04	1,122	0.12
	<u>936,069</u>	<u>83.84</u>	<u>866,835</u>	<u>94.40</u>
REVENUE OVER EXPENSES	<u>\$ 180,467</u>	<u>16.16</u>	<u>\$ 51,413</u>	<u>5.60</u>

STATEMENT OF CHANGES IN NET ASSETS**ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS**

	Invested In Property and Equipment	Unrestricted	Year Ended September 30	
			2006	2005
Balance at beginning of year	\$ 67,265	\$483,668	\$550,933	\$499,520
Investment in equipment	8,900	(8,900)	0	0
Revenue over (under) expenses	<u>(25,622)</u>	<u>206,089</u>	<u>180,467</u>	<u>51,413</u>
BALANCE AT END OF YEAR	\$ 50,543	\$680,857	\$731,400	\$550,933

STATEMENT OF CASH FLOWS**ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS**

	Year Ended September 30	
	2006	2005
CASH PROVIDED BY (USED IN)		
Operating activities:		
Revenue over expenses	\$180,467	\$ 51,413
Charge not affecting cash:		
Amortization	25,622	29,754
Net changes in non-cash working capital items—Note 6	<u>(80,752)</u>	<u>(366,591)</u>
	<u>125,337</u>	<u>(285,424)</u>
Investing activities:		
Purchase of equipment	<u>(8,900)</u>	<u>(8,617)</u>
CASH INCREASE (DECREASE)	116,437	(294,041)
Cash at beginning of year	<u>100,659</u>	<u>394,700</u>
CASH AT END OF YEAR	\$217,096	\$100,659

NOTES TO FINANCIAL STATEMENTS**ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS****September 30, 2006****NOTE 1--NATURE OF OPERATIONS**

Alberta College of Medical Diagnostic & Therapeutic Technologists is a non-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. Its mission is to regulate the activities of its practitioners in order to protect the public of Alberta by ensuring high standards in regards to entry and competence. It also supports professionalism and exemplary patient care through ongoing learning and evolving scope of practice.

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

NOTE 2--SIGNIFICANT ACCOUNTING POLICIES**General**

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

Marketable Securities

Marketable securities are carried at the lower of cost and market value.

Property and Equipment

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

Equipment	20% straight-line
Furniture and fixtures	20% straight-line
Leasehold improvements	20% straight-line
Computer equipment	33% straight-line
Website/database	10% straight-line

Revenue Recognition

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

Professional fees and student fees are collected for the calendar year. The College records a deferral of the revenues related to the portion of those fees that pertain to the calendar year beyond the current year.

NOTES TO FINANCIAL STATEMENTS

ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS

September 30, 2006

NOTE 2--SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates

The preparation of financial statements, in conformity with Canadian generally accepted accounting principles, requires management to make estimates and assumptions that affect the amounts reported in the financial statements. By their nature, these estimates are subject to measurement uncertainty and actual results could differ.

NOTE 3--MARKETABLE SECURITIES

	2006		2005	
	Cost	Market	Cost	Market
RBC Bond Investments	\$ 60,793	\$ 73,515	\$ 92,902	\$113,822
RBC Income Trusts	102,594	107,912	77,467	92,144
CIBC Guaranteed Investment Certificate	72,793	72,793	71,682	71,682
HSBC Term Deposits/Guaranteed Investment Certificates	366,003	366,003	380,000	380,000
	<u>\$602,183</u>	<u>\$620,223</u>	<u>\$622,051</u>	<u>\$657,648</u>

NOTE 4--PROPERTY AND EQUIPMENT

	2006		2005	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Furniture and fixtures	\$ 66,103	\$ 38,295	\$ 27,808	\$ 35,005
Leasehold improvements	14,840	9,893	4,947	7,915
Computer equipment	43,455	40,452	3,003	7,448
Website/database	21,122	6,337	14,785	16,897
	<u>\$145,520</u>	<u>\$ 94,977</u>	<u>\$ 50,543</u>	<u>\$ 67,265</u>

NOTE 5--COMMITMENT

The College leases office space under an operating lease which expires June 30, 2008.

Future minimum lease payments under this operating lease will be approximately as follows:

2007	\$ 49,376
2008	<u>37,662</u>
	<u>\$ 87,038</u>

NOTES TO FINANCIAL STATEMENTS**ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS**

September 30, 2006

NOTE 6--CASH FLOW INFORMATION**Net Changes in Non-Cash Working Capital Items**

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

	<u>2006</u>	<u>2005</u>
Marketable securities	\$ 19,868	\$(426,281)
Accounts receivable	(104,566)	(4,852)
Prepaid expenses	(4,008)	1,059
Accounts payable and accrued liabilities	1,539	35,961
Deferred contributions	3,914	32,728
Unexpended government grant	2,501	(5,206)
	<u>\$ (80,752)</u>	<u>\$(366,591)</u>

NOTE 7--FINANCIAL INSTRUMENTS

For cash, marketable securities, accounts receivable and accounts payable, the carrying amounts of these financial instruments approximate their fair value due to their short-term maturity or capacity for prompt liquidation. Term deposits and guaranteed investment certificates bear interest at rates ranging from 2.5% to 4.5% and mature on various dates in 2006 to 2008.

The College does not believe that it is subject to any significant concentration of credit risk. Cash is in place with a major financial institution. Accounts receivable are generally the result of services to members.

NOTE 8--COMPARATIVE FIGURES

Certain of the 2005 comparative figures have been reclassified to conform to the current year's presentation.

The logo for ACMDTT, consisting of the letters 'ACMDTT' in a bold, sans-serif font. The 'A' and 'C' are in a light blue color, while 'M', 'D', 'T', and 'T' are in a teal color.

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