

# ANNUAL REPORT 2007

## BACKGROUND INFORMATION ON COLLEGE

### Mission Statement

The mission of the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) is **high quality medical diagnostic and therapeutic care and advancement of our professions.**

This is further interpreted to include, but not limited to:

- 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 professional groups that 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, 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
- interventional radiography - invasive procedures using imaging guidance for diagnosis or therapeutic purposes
- 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 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 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 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 magnetic fields and radio waves 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, 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 help to 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 (EP) 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 Operating Room (OR) 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 2007, including the Annual General Meeting which took place on April 28, 2007. There were two bylaw amendments that further clarified the terms of President and Vice-President council positions and identified an ex-officio appointment of a CAMRT Director.

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.

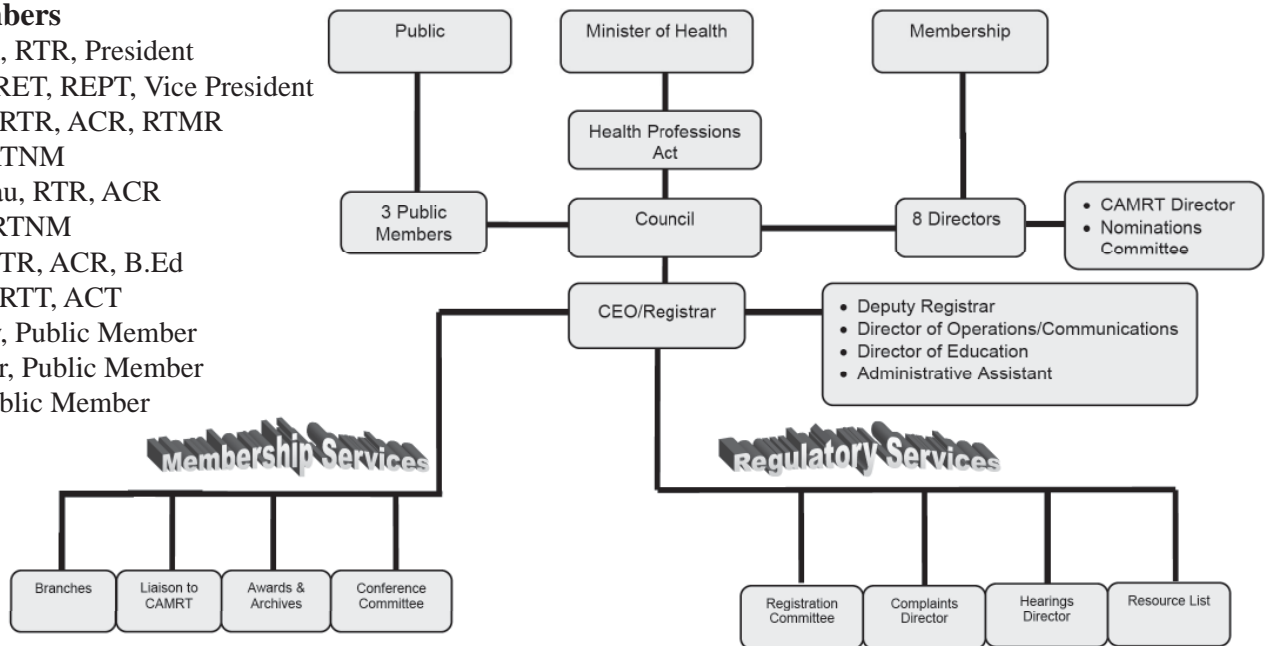
## Organizational Structure

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 Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) is as indicated below.

**ACMDTT Organizational Chart**

### 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

### 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 behaviours necessary for competent performance of one's practice.
- Performs only those Restricted Activities as authorized in the regulations of the Alberta College of Medical Diagnostic and Therapeutic Technologists 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 (ACMDTT):

- 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 (ACMDTT):

- 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 (ACMDTT):

- 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 (ACMDTT):

- 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 contradictions 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 (ACMDTT):

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

## Code of Ethics

### 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 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 honour 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, colour, religion, sexual orientation, age, 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 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

Lynda Napen, RTNM

In 2007, with regulations in place and continuing competency being a reality, the College has had an opportunity to focus on new initiatives and further explore existing projects.

Communication linkage between College and members has been a top priority and something we continued to explore this year. A member focus group was held at the AGC to gather input about purpose, function and general understanding of the College roles. Networking and more effective methods of communication between the College and its members was also discussed.

A restructuring of the awards system was also carried out due to a lack of participation with certain awards, and this indicated to us that the current system was out of date. We eliminated three awards under the guidance of an Awards Committee, and replaced them with the Professional Excellence in Patient Care Award, Professional Excellence in Leadership Award and the Carol Van Velzer Award for Electroneurophysiology (ENP) Technologists. The focus of these awards supports the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) vision of professional excellence. We received many submissions which is proof that revamping the old system was necessary.

We have also had an office move which was prompted by the fact that our lease was going to expire in June 2008. We have taken a sub-lease for another three years at a cost which is substantially lower than the renewal rate. This prudent decision will give us more time to plan our next move in the escalating real estate climate in Alberta.

Furthermore, we have been participating in a National initiative with the Canadian Institute of Health Information (CIHI). This project entails partnership with ACMDTT and other Colleges and Associations across Canada to develop and maintain a new Health Human Resources (HHR) Data Base. The purpose of this is to address information gaps by developing new national, supply-based databases and reporting systems for the Medical Radiation Technologist (MRT) health professionals.

A brochure has been developed to inform the public on what the College does, outlines the MRT and ENP disciplines in Alberta and advises the public how to process any complaints they might have. These will be circulated in waiting rooms around the province in the near future.

The Pilot Continuing Competence program was completed in September 2007 with 1529 summaries received on time. Furthermore, an online option became available for members to use for recording their requirements which will hopefully streamline some of the work associated with the documentation of activities.

A Letter of Agreement has been signed between Canadian Board of Registration of Electroencephalograph Technologists (CBRET), Canadian Association of Electroneurophysiology Technologists (CAET) and ACMDTT that confirms the endorsement of the ACMDTT Competency Profile as the National Standard for the Electroencephalography (EEG) profession. This has taken considerable work and is quite an accomplishment. Congratulations go to our CEO and staff for this great effort and success.

In November, the Health Professionals Act (HPA) was amended through Bill 41 to clarify mandatory reporting requirements with respect to Public Health issues as well as instilling other accountability mechanisms. In addition, the HPA provides for new protected titles for members practicing in the professions regulated by our College. We have been actively working with Alberta Health and Wellness on the regulation changes required to incorporate the new titles as well as the register changes to address the de-regulation of the Electromyography (EMG) profession.

The Minister of Health wrote, "Regulation of the Health Care System is a shared responsibility including Regulatory bodies, Regional Health Authorities and Government." The Council of the ACMDTT takes this responsibility seriously in their role of governing its members in a manner that protects and serves the public interest.

It has been a busy and productive year for the College, and we look forward to the coming year with all that it may bring. The 2007 Annual Report has been approved by Council.



## Report from Kathy Hilsenteger

RTT, ACT, CEO/Registrar

There have been many important initiatives carried out by the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) in 2007.

Throughout 2007, the College has invested considerable time collaborating with Alberta Health and Wellness in proposing and reviewing amendments to the Medical Diagnostic and Therapeutic Technologist regulations. The amendments provide for the removal of the electromyography register and evoked potential register. Instead, evoked potential will be authorized as an advanced practice of members on the electroencephalography register. In addition, new protected titles have been proposed for amendment of Schedule 12 under the Health Professions Act. The amended regulation will include the Continuing Competence Program .

In December 2007, a historical event took place! The College agreed to release the Alberta EEG Competency Profile to the Canadian Association of Electroneurophysiology Technologists (CAET) for use as the national standard. This collaboration with CAET has provided a nationally validated competency profile that identifies entry to practice competencies to the EEG profession as the national standard. Additionally, the College entered into an agreement with the Canadian Board of Registration of Electroencephalograph Technologists (CBRET) to establish the CBRET Registration Examination as the ongoing requirement for Alberta licensure upon the completion of its alignment to the national competency profile. These agreements will provide for standardized training requirements across Canada and an examination that is defensible relative to the requirements that ACMDTT has established for entry to the profession.

An important underpinning to health care professional practice is the profession's Code of Ethics. The ACMDTT Code of Ethics was produced in poster size and was provided to each diagnostic and therapeutic facility in the province. All facilities are encouraged to display the ACMDTT Code of Ethics in a prominent location on a permanent basis to educate the public and other health care professionals on the professional ethics by which we abide. In the near future, a brochure that outlines the 5 disciplines regulated by the College will be available in patient waiting rooms and will provide information on the roles, responsibilities and educational background of the members of ACMDTT in the delivery of health care services.

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. With the implementation of hybrid diagnostic imaging equipment in Alberta, there was a need to identify appropriate training for Nuclear Medicine Technologists to qualify for enhanced practice authorization as per section 19(1) of the regulations. In 2006, a clinical manual was developed and the pre-requisite course work was identified in policy. At this time, 25 members have successfully completed the requirements and are registered with an enhanced practice condition of registration on their practice permit. Two position statements that relate to practice in hybrid imaging were released in 2007. This continues to be a challenging issue and the ACMDTT will endeavor to research "multi-modality" imaging in the broader context and develop appropriate standards for practice.

It has been consistently identified in policy reports and research papers that there is very little standardized national data on health professionals in Canada, except for physicians and regulated nursing professions. To address the existing data gaps and improve the information base for health human resources management, the Canadian Institute for Health Information (CIHI) is undertaking the Health Human Resources Databases Development Project. The project will help to address information gaps by developing new national, supply-based databases and reporting systems for Medical Radiation Technologists. ACMDTT is pleased to announce that along with the other provincial associations across Canada, the College will participate in the Health Human Resources Databases Development Project. The Minimum Data Set has been collaboratively established and data collection will begin at the 2009 renewal cycle.

The College is participating on the Steering Committee for a HRSDC-funded project "Leading the Way- Assessment and Certification of Internationally-trained Medical Radiation Technologists". The Canadian Association of Medical Radiation Technologists (CAMRT) has undertaken this important project to examine and streamline processes to ensure the most efficient, fair and valid assessment and certification process for internationally-educated Medical Radiation Technologists (MRT's) who

Continued...

wish to work in Canada. The project will also focus on reducing the barriers faced by internationally-educated MRT's as they go through the assessment and certification processes in Canada; and establish the support systems internationally-educated MRTs require to work through the processes.

Infection prevention and control was identified by the Minister of Health as an important issue in 2007. As health care providers, Medical Radiation Technologists and Electroneurophysiology Technologists play an important role in infection prevention and control both for quality and for patient safety. Members were reminded of their Standards of Practice that outline their responsibility to conduct all technical procedures with due diligence for the safety of self, colleagues, patients, and the general public. Safe work practices were maintained effectively by managing any potential risk to safety by adhering to employer policies, and relevant provincial and federal regulations and guidelines.

The College continues to take its responsibility seriously in carrying out its activities under the Health Professions Act (HPA) legislation. 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

Under the Health Professions Act, health professions are self-governing and have responsibility for developing regulations, Standards of Practice, Code of Ethics, and bylaws to govern their members. As public members on the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) Council, we are required to help balance the values and interests of regulated members with those of the public.

Throughout the year, public members must have the unique perspective of keeping the public interest at the forefront while working with the regulated members to further the ends of the College. Public members, by virtue of their government appointment, are held accountable and annually are required to prepare a message for inclusion with the College's Annual Report that provides their assurance that the College is operating in the public interest. As public members, we are pleased to give our assurance that the College has conscientiously, and in a fiscally responsible manner, carried out its duties while protecting and serving the public.

The College dealt with several challenges throughout the year. 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. The ACMDTT is committed to providing a reasonable solution within the regulatory framework that will ensure the efficient use of human resources while maintaining safe and competent health care delivery to the public of Alberta.

ACMDTT has undertaken significant work in seeking alignment of the pre-existing Electroneurophysiology (ENP) certification examination with Alberta competency profiles so that examination approval is defensible relative to the requirements that ACMDTT has established for entry into the Electroencephalography (EEG) profession. In 2007, ACMDTT achieved an agreement with the national association and examination board that will result in a defensible approval process for the certification of EEG technologists.

As public members, we would like to acknowledge the professionalism of our CEO and her staff in diligently advancing the stated ends of the College. With their help, the Council is able to provide ongoing governance to the College with an emphasis on an outward and forward looking vision. We believe the strategic leadership provided by Council will enable the College to carry its full share of the responsibility of providing all Albertans with a safe and quality health care system. In cooperation with all the other health disciplines, the regional health authorities, and the provincial government, it is possible to have a quality health system if we all work towards this end.

Ken Woods, *Public Member*

Rod MacGregor, *Public Member*

## Regulatory Reports

## Registrar's Report

DESCRIPTION	Number of Registrants <i>As of December 31<sup>st</sup>, 2006</i>	Number of Registrants <i>As of December 31<sup>st</sup>, 2007</i>
<b>REGULATED MEMBERS</b>		
<b>Active Members      TOTAL</b>	<b>1,804</b>	<b>1,817</b>
Primary Discipline Registration:		
Radiological Technologists	1,310	1,286
Radiation Therapists	161	161
Nuclear Medicine Technologists	198	209
Magnetic Resonance Technologists	87	112
Electroencephalography Technologists *	42	44
Electromyography Technologists *	6	5
Evoked Potential Technologists *	0	0
Conditional practice permits (at year end)		
Practice Enhancement: Ictal SPECT	9	8
PET/SPECT/CT	13	25
Intraoperative Monitoring	6	5
Venipuncture	237	268
Practice Restriction: Must work under supervision	7	9
Not authorized for Restricted	42	61
Activities		
Temporary practice permits (at year end)	7	6
<b>NON-REGULATED MEMBERS</b>		
Associate	38	60
Students	182	212
<b>GRAND TOTAL MEMBERSHIP</b>		
<b>Regulated and Non-Regulated</b>	<b>2,024</b>	<b>2,089</b>

DESCRIPTION	Number of Registrants	Number of Registrants
<b>TEMPORARY PRACTICE PERMITS</b>		
Total temporary practice permits issued in 2007	93	101
Temporary practice permits upgraded to full standing	83	95
Temporary practice permits expired	1	0
<b>Temporary practice permits pending year end 2007</b>	<b>7</b>	<b>6</b>
Completion of Upgrading Program                      (1 RTR)		1
Completion of Cross-Bridging Program                (1 RTR, 1 RTMR)		2

## 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 2007:

Complaint	Background	Outcome
Complaint #1 (carry over from 2006)	Pertaining to possible unprofessional conduct by a regulated member.	Upon receiving the investigation report, the Complaints Director was satisfied that there was insufficient evidence of unprofessional conduct. The complaint was dismissed.
Complaint # 2	Allegation that the member had contravened the Health Professions Act and the Regulations by practicing as a Nuclear Medicine Technologist while not registered.	The Hearing Tribunal found that the member had engaged in unprofessional conduct. Pursuant to section 82(1) of the Health Professions Act, the Hearing Tribunal issued a reprimand. The Hearing Tribunal also ordered the member to review the Regulations Learning package created by the ACMDTT, and then successfully complete a quiz within one month of receiving the decision of the Hearing Tribunal.

*Kathy Hilsenteger, RTT, ACT*  
Complaints Director

## Continuing Competence Program

A great deal of activity surrounded the Continuing Competence Program (CCP) in 2007. All Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) members were requested to participate in a shortened cycle of the program from January 1 – August 31, 2007, and were to supply a completed Summary Form as evidence of their awareness with the program and its requirements. By September 15, 2007, a total of 1529 Summary forms were submitted, representing approximately 80% membership participation. Subsequent to that date, 375 members were contacted, and further communications confirmed that an additional 188 members were able to verify their understanding of the requirements of the program.

On September 1, 2007, another cycle of the CCP began; and will conclude on August 31, 2008. Strong membership participation is anticipated.

An online option has also been established for individuals who wish to complete their self-assessment and learning activity records electronically. This is hosted on a secure web site which is unique from the College's main web site. Interest remains steady with close to 800 members making use of the online platform.

The Continuing Competence Development Committee, as established in April 2005 was disbanded at the end of December, 2007. A new committee will be established to act as peer reviewers of membership Continuing Competence Programs.

The initial cycle of the CCP yielded a great deal of information about the information members are seeking in order to successfully manage their learning opportunities. An education piece on *Self-Directed Learning* was created and presented provincially at local branch meetings.

*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 three members, the majority of which must be regulated members.

As provided in the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) bylaws: 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 five (5) meetings in 2007 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:

- RTNM registration
- RTR Courtesy Register
- Restriction of practice to bone mineral density only
- Canadian trained EEG, EP, and practice in intraoperative monitoring

The Registration Committee was required to make decisions on Registration of international applicants. The following table summarizes International applications reviewed by the Registration Committee for substantial similarity in 2007:

Register	Total #	Candidates' Country of Origin:
RTR	9	Australia(2); Israel(1); Philippines(1); Singapore(1); Syria(1); United Kingdom(2); United States(1);
RTNM	2	India(1); United States (1)
RTT, RTMR	0	n/a
ENP	0	n/a
<b>Total of all Disciplines</b>	<b>11</b>	

The Registration Committee was requested to review assessment decisions on previous or current international applications.

Register	Country of Origin	Outcome of Review
RTR	Philippines	Extension granted
RTR	Philippines	Extension granted
RTR	Philippines	Extension granted
RTR	Philippines	Extension granted
RTR	Australia	Extension denied

There was a decrease in international registration inquiries from 63 in 2006 to 47 in 2007. The following table lists the number of inquiries per discipline in 2007.

Register	Total #	Asia	Europe	Africa	N. & S. America	Australia
RTR	32	17	4	1	6	4
RTMR	2	1	1			
RTR/RTMR	2				2	
RTNM	3	2			1	
RTT	4	1	2	1		
RET	4		1		3	
<b>Total of all Disciplines</b>	<b>47</b>	<b>21</b>	<b>8</b>	<b>2</b>	<b>12</b>	<b>4</b>

The Registration Committee accomplishments:

- Amendment to the English Language Proficiency policy to include ACMDTT assessment of language proficiency for internationally trained practitioners whose natural/native language is English
- Developed and Implemented process framework for evaluating English Language Proficiency for those internationally trained practitioners whose natural/native language is English
- Developed new framework for assessing international applicants to include 'Prior Learning Assessment & Recognition' principles
- Implemented new substantial similarity assessment tool aligning to ACMDTT stated Standard Competency Outcomes

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

- Participate in an ongoing alliance with institutions aimed at developing programs assisting international applicants for meeting requirements of registration and certification
- 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

## Member Services Reports

### a) Branches - 2006-2007

#### Electroneurophysiology Branch

Executive:

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

#### Meeting Dates / Educational Sessions:

May 5, 2007

Fall Meeting Postponed

March 8, 2008 (this will be fall, 2007 meeting)

#### 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 20, 2007

October 19, 2007

#### Parkland Branch

Executive:

Jeff Christensen, President  
Lina Maidens, Acting Vice-President  
Janice Jamieson, Treasurer  
Ryan Campbell, Social Convenor  
Judy Schwartz, Continuing Education

#### Meeting Dates / Educational Sessions:

April 17, 2007

October 16, 2007

#### Calgary Branch

Executive:

Wade Cooper, President  
Jodie Piercey, Vice President  
Jennifer Brown, Treasurer  
Alison Cervi, Secretary  
Laura Ell, Social Chair  
Janice Green, Executive Correspondence  
Donna Grier, Continuing Education Representative  
Ria Bender, Bell Memorial

#### Meeting Dates / Educational Sessions:

March 28, 2007

November 7, 2007

January 23, 2008

**Southern Alberta Branch**

Executive:

Carmen Lowry, President  
 Wendy Martin-Gutjahr, Vice-President  
 Patricia Ainsworth, Secretary  
 Sue MacKay, Treasurer  
 Julie Rasmussen, Education Representative  
 Glenda Wright, Education Representative  
 Bonnie Cote, Education Representative

**Meeting Dates / Educational Sessions:**

October 17, 2007

April 9, 2008

**Edmonton Branch**

Executive:

L. Paul Boisselle, President  
 Vacant, Vice-President  
 Lynn Pavarnyk, Treasurer  
 Cindy Laird, Secretary  
 Marion Travis, Continuing Education  
 Vacant, Social Convener

**Meeting Dates / Educational Sessions:**

November 8, 2007

April 17, 2008

**b) Awards Committee Report**

The following Awards were presented at the 2007 Annual General Meeting:

**Student awards:**

- Dr. Marshall Mallet Student Scholarship Award to Medical Radiologic Technology: Meghan Thomas
- Nuclear Medicine Technology: David Paynter
- Visipaque Award – NAIT to Kristen Mayer

- Visipaque Award – SAIT to Kirsteen Robbie
- Myoview Award – SAIT RTNM to Kim Morgan
- Student Award – Nuclear Medicine program - no applications
- Student Award – Medical Radiologic program- no applications
- Student Award – Magnetic Resonance Imaging program - Adam Masse
- Student Award - Radiation Therapy program - no applications
- Student Essay Award Competition – no applications
- Student Exhibit Award Competition - no applications

**Member awards:**

Professional Excellence in Leadership Award  
 Sandra Hovey, RTR

Professional Excellence in Patient Care Award  
 Mary Boss, RTR

Carol Van Velzer Award  
 Heather Campbell RET, REPT

Herbert Welch Memorial Award - None

Past President's Award – None

President's Award  
 Sylvia Kozun RET, REPT

Tokens of Appreciation to Shirley Bague, Charlotte Mierau, Helen Peters, Lisa Shapka

George C. Hall Memorial Address  
 Dr. Terrance (Terry) Eil, RTNM, FCAMRT

Joan Graham Memorial Award  
 Phyllis Banister, RTNM

Member Exhibit Award - no applications

*Lina Maidens, RTR, ACR*

*Chair*

**Academic and Experiential Upgrading**

The ACMDTT continues to support upgrading options for medical radiation technologists and therapists who have been out of the work force for a number of years and seeking to regain entry-to-practice. Currently, there are no established programs for electroneurophysiology upgrading.

Regardless of the discipline group, upgrading candidates are required to show evidence of sufficient and adequate academic upgrading through success on a discipline-specific Challenge Exam. This step is followed by a designated period of experiential upgrading within the clinical environment. Individuals must successfully perform a variety of imaging and /or therapeutic procedures, while also demonstrating high standards for professionalism, workplace safety, patient care, and team effectiveness.

Continued...

A major review of the Challenge Exam for Nuclear Medicine Technology began in late 2007 with the assistance of registered technologists in Edmonton and Calgary. We also enlisted an initial reviewer external to Alberta. Completion of this project is anticipated by March 2008.

#### Participation Information

Seven individuals began an ACMDTT Upgrading Program in 2007; while two carried on with programming begun in 2006. An additional upgrading candidate is active outside of the province of Alberta. At the end of December 2007, one candidate had successfully completed programming, two candidates withdrew from the program, and one candidate was unsuccessful in numerous attempts. The remaining six candidates will continue into 2008. Most candidates are hosted within the Calgary Health Region.

### Cross-Discipline Bridging

The Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) has defined two options for Cross-Discipline Bridging; one for magnetic resonance technologists who were formerly registered and working as radiological technologists, and the second for radiological technologists who were formerly working as magnetic resonance technologists. In either instance, the candidate will be required to show evidence of sufficient and adequate theoretical grounding around topics of Workplace Health and Safety, Operation of Equipment, and specific Clinical Procedures. Each option also requires a specified minimum time in supervised clinical experiences.

#### Participation Information

Two candidates, who enrolled in 2006, successfully concluded the requirements of the Cross-Bridging program in 2007. Both were supported in their efforts by their current employers. One candidate enrolled late in 2007, and continues into 2008.

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

### Nominations Committee

The purpose of the Nominations 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 2007 AGM, there were three Council positions that had concluded their term. Rhea Perrin carried out the duties as the Nomination Chair and presented the names of five 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. Ken Woods, Public Member, and Dian Paziuk, Director of Operations acted as scrutineers. Rhea Perrin announced the newly elected Council members for 2007-2008 who are Terry Ell, Glenna MacMillan, and Susan Curtis. Consistent with the bylaws, 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 Lynda Napen and the Vice-President was named as Sara Neukomm.

*Rhea Perrin, RTT*

## 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, 2007 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, 2007 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Edmonton, Alberta  
November 23, 2007



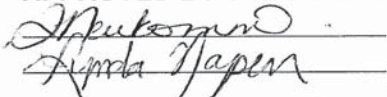
Chartered Accountants

## ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC &amp; THERAPEUTIC TECHNOLOGISTS

	September 30	
	2007	2006
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 61,902	\$217,096
Marketable securities--Notes 3 and 4	856,324	602,183
Accounts receivable	17,296	110,060
Prepaid expenses	11,500	6,822
Deposits	4,692	1,892
	<u>951,714</u>	<u>938,053</u>
<b>DEFERRED DEVELOPMENT COSTS--Note 5</b>	12,272	0
<b>PROPERTY AND EQUIPMENT--Note 6</b>	<u>46,491</u>	<u>50,543</u>
	<u>\$1,010,477</u>	<u>\$988,596</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 54,522	\$ 37,501
Deferred contributions	210,251	209,637
Unexpended government grant	3,773	10,058
	<u>268,546</u>	<u>257,196</u>
<b>NET ASSETS</b>		
Invested in property and equipment	46,491	50,543
Internally restricted--Note 7	600,000	0
Unrestricted	95,440	680,857
	<u>741,931</u>	<u>731,400</u>
	<u>\$1,010,477</u>	<u>\$988,596</u>

**COMMITMENT--Note 8**

**APPROVED BY THE COUNCIL**



## STATEMENT OF OPERATIONS

## ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC &amp; THERAPEUTIC TECHNOLOGISTS

	Year Ended September 30			
	2007	%	2006	%
<b>REVENUE</b>				
Professional fees	\$1,060,767	90.49	\$ 958,523	85.85
Provincial Conference	44,515	3.80	0	0.00
Interest	39,651	3.38	32,504	2.91
Miscellaneous	20,655	1.76	14,915	1.34
Student fees	6,634	0.57	6,618	0.59
Reimbursement of costs related to developing a regulatory framework	0	0.00	100,000	8.96
Gain on sale of marketable securities	0	0.00	3,976	0.35
	<u>1,172,222</u>	<u>100.00</u>	<u>1,116,536</u>	<u>100.00</u>
<b>EXPENSES</b>				
National dues	385,430	32.88	319,032	28.57
Salaries and benefits	377,601	32.21	314,981	28.21
Rent and utilities	49,219	4.20	48,490	4.34
Office supplies, computer support and printing	47,216	4.03	45,557	4.08
Provincial Conference	34,087	2.91	0	0.00
Continuing Competence	32,507	2.77	7,670	0.69
Council travel	28,511	2.43	29,695	2.66
Professional fees	24,763	2.11	26,178	2.34
Viewbox publications	24,167	2.06	22,510	2.02
Amortization	19,557	1.67	25,622	2.29
Staff travel	18,103	1.55	9,720	0.87
Professional conduct	15,935	1.36	5,053	0.45
Credit card fees and bank charges	13,467	1.15	10,784	0.97
Loss on sale of marketable securities	12,978	1.11	0	0.00
Council honoraria	12,425	1.06	14,225	1.27
Unrealized loss on marketable securities	11,071	0.94	0	0.00
Magnetic Resonance Exam Development	10,000	0.85	0	0.00
Provincial annual general meeting	7,876	0.67	6,568	0.59
Postage	7,747	0.66	7,992	0.72
Telephone	7,668	0.65	6,205	0.56
Branch fees	7,200	0.62	4,500	0.40
Advertising and promotion	6,815	0.58	8,859	0.79
Member Handbook	6,667	0.57	0	0.00
Standing Committee	6,360	0.54	7,738	0.69
Memberships	4,127	0.35	4,022	0.36
Insurance	3,887	0.33	4,075	0.37
Awards	2,811	0.24	400	0.04
Equipment lease	1,536	0.13	724	0.07
Consulting fees	0	0.00	5,469	0.49
	<u>1,179,731</u>	<u>100.64</u>	<u>936,069</u>	<u>83.84</u>
<b>REVENUE (UNDER) OVER EXPENSES</b>	<u>\$ (7,509)</u>	<u>(0.64)</u>	<u>\$ 180,467</u>	<u>16.16</u>

## STATEMENT OF CHANGES IN NET ASSETS

## ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC &amp; THERAPEUTIC TECHNOLOGISTS

	Invested In Property and Equipment	Internally Restricted			Total	Unrestricted	Year Ended September 30	
		Ends Initiatives Fund	Professional Conduct Contingency Fund	Stabilization Fund			2007	2006
Balance at beginning of year --as previously reported	\$ 50,543	\$ 0	\$ 0	\$ 0	\$ 0	\$680,857	\$731,400	\$550,933
Change in accounting policy --Note 3	0	0	0	0	0	18,040	18,040	0
Balance at beginning of year --restated	50,543	0	0	0	0	698,897	749,440	550,993
Revenue (under) over expenses	(19,557)	0	0	0	0	12,048	(7,509)	180,467
Investment in property and equipment	15,505	0	0	0	0	(15,505)	0	0
Transfer to internally restricted	0	100,000	200,000	300,000	600,000	(600,000)	0	0
<b>BALANCE AT END OF YEAR</b>	<b>\$ 46,491</b>	<b>\$100,000</b>	<b>\$200,000</b>	<b>\$300,000</b>	<b>\$600,000</b>	<b>\$ 95,440</b>	<b>\$741,931</b>	<b>\$731,400</b>

## STATEMENT OF CASH FLOWS

## ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC &amp; THERAPEUTIC TECHNOLOGISTS

	Year Ended September 30	
	2007	2006
<b>CASH PROVIDED BY (USED IN)</b>		
Operating activities:		
Revenue (under) over expenses	\$ (7,509)	\$180,467
Charges not affecting cash:		
Amortization	19,557	25,622
Restatement of marketable securities	18,040	0
Net changes in non-cash working capital items--Note 9	(157,505)	(80,752)
	<u>(127,417)</u>	<u>125,337</u>
Investing activities:		
Deferred development costs	(12,272)	0
Purchase of equipment	(15,505)	(8,900)
	<u>(27,777)</u>	<u>(8,900)</u>
<b>CASH (DECREASE) INCREASE</b>	<b>(155,194)</b>	<b>116,437</b>
Cash at beginning of year	<u>217,096</u>	<u>100,659</u>
<b>CASH AT END OF YEAR</b>	<b>\$ 61,902</b>	<b>\$ 217,096</b>

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

September 30, 2007

**NOTE 1--NATURE OF OPERATIONS**

Alberta College of Medical Diagnostic & Therapeutic Technologists is a not-for-profit organization established under the Health Disciplines Act on June 15, 1983 and continued under the Health Professions Act on May 1, 2005. The College collects professional fees as the regulatory body for medical radiation technologists and electro-neurophysiology technologists in Alberta. The College is self-governing and provides services to the members. 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 not-for-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 classified as held-for-trading investments. They are initially recognized at acquisition cost and subsequently re-measured at fair value at each reporting date. Unrealized gains or losses on re-measurement are recognized in the statement of operations.

**Property and Equipment**

Property and equipment are recorded at cost 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 revenue for the portion of fees that covers the period subsequent to year end.

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

September 30, 2007

**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--CHANGE IN ACCOUNTING POLICY****Recognition and Measurement of Financial Instruments**

The Canadian Institute of Chartered Accountants has issued an accounting pronouncement concerning the recognition and measurement of financial instruments. Based on this pronouncement, marketable securities are classified as held-for-trading, initially recognized at their fair value and re-measured to fair value at each reporting date.

As a result of adopting these new standards, the College recorded an increase of \$18,040 to unrestricted net assets as at October 1, 2006 to reflect marketable securities in the records at their fair value. No adjustment was made to the prior year's comparative figures.

**NOTE 4--MARKETABLE SECURITIES**

	2007		2006	
	Cost	Market	Cost	Market
RBC Bond Investments	\$ 77,028	\$ 86,231	\$ 60,793	\$ 73,515
RBC Income Trusts	51,329	49,094	102,594	107,912
RBC Mutual Funds	42,136	42,126	0	0
CIBC Guaranteed Investment Certificate	75,355	75,355	72,793	72,793
HSBC Term Deposits/Guaranteed Investment Certificates	603,508	603,508	366,003	366,003
	<u>\$849,356</u>	<u>\$856,324</u>	<u>\$602,183</u>	<u>\$620,223</u>

**NOTE 5--DEFERRED DEVELOPMENT COSTS**

During the year, the College spent \$12,272 on the Electro Neurophysiology Exam Project. The purpose of the project is to align the national examination with the Alberta Competency Profiles and develop a process and criteria for approval of training programs for evoked potentials and electro encephalography. Under the terms of an agreement, the provincial government will reimburse up to \$55,000 of costs incurred by the College upon completion of the project.

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

September 30, 2007

**NOTE 6--PROPERTY AND EQUIPMENT**

	2007		2006	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Furniture and fixtures	\$ 66,103	\$ 51,516	\$ 14,587	\$ 27,808
Leasehold improvements	14,840	12,861	1,979	4,947
Computer equipment	58,960	41,708	17,252	3,003
Website/database	21,122	8,449	12,673	14,785
	<u>\$161,025</u>	<u>\$114,534</u>	<u>\$ 46,491</u>	<u>\$ 50,543</u>

**NOTE 7--INTERNALLY RESTRICTED NET ASSETS****Ends Initiatives Fund**

The Ends Initiative Fund was established to provide for special projects undertaken to support and expand on issues related to the "Ends" developed by the Board and described in Council policy.

**Professional Conduct Contingency Fund**

The Professional Conduct Contingency Fund was established to provide for unexpected legal and administrative costs arising from professional conduct disciplinary matters.

**Stabilization Fund**

The Stabilization Fund was established to provide for unexpected costs related to maintaining the stability and viability of the organization.

**NOTE 8--COMMITMENT**

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

Subsequent to year end, in order to obtain additional space at a favourable rate, the College surrendered and yielded up the leased premises and paid compensation of \$33,086 to the landlord. The College then entered into a sublease for office space effective November 1, 2007 which expires September 29, 2010.

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

2008	\$ 34,987
2009	33,602
2010	<u>33,602</u>
	<u>\$102,191</u>

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

September 30, 2007

**NOTE 9--CASH FLOW INFORMATION****Net Changes in Non-Cash Working Capital Items**

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

	2007	2006
Marketable securities	\$(254,141)	\$ 19,868
Accounts receivable	92,764	(104,566)
Prepaid expenses	(4,678)	(4,008)
Deposits	(2,800)	0
Accounts payable and accrued liabilities	17,021	1,539
Deferred contributions	614	3,914
Unexpended government grant	(6,285)	2,501
	<u>\$(157,505)</u>	<u>\$ (80,752)</u>

**NOTE 10--FINANCIAL INSTRUMENTS**

For cash, 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.

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 11--CAPITAL MANAGEMENT**

The College's goal in managing capital is to safeguard its ability to continue as a going concern so that it can continue to provide services to the members. To accomplish this goal, the Council has established policies to preserve the financial condition of the College and protect its assets by setting limitations on the expenditure of funds, incurrence of debt, use of any long-term reserves and investment of funds. At least four times each year, the Council meets with the CEO/Registrar to review the College's financial position.

**NOTE 12--COMPARATIVE FIGURES**

Certain of the 2006 comparative figures have been reclassified to conform to the current year's presentation.

# ACMDTT

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