


a continuous commitment to care



Alberta College of  **Medical
Diagnostic & Therapeutic
Technologists**

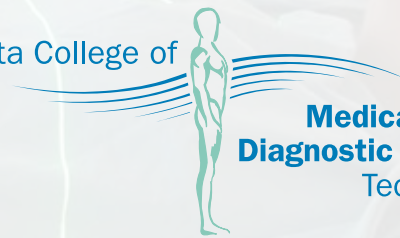


2009 ANNUAL REPORT



a continuous commitment to care

Alberta College of



**Medical
Diagnostic & Therapeutic
Technologists**

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About us...

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

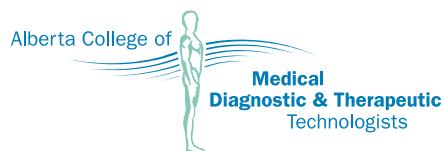
The professional groups which are collectively regulated by the ACMDTT include:

Radiation Therapy

Radiation Therapists, MRT(T) are responsible for accurately planning and administering the radiation treatment for cancer patients, using radiation treatment units. They have expert knowledge in care of the patient and anatomy, as well as radiation physics and radiation protection for the safe operation of the equipment. The Radiation Therapist counsels patients on possible side effects from treatment and provides advice on how to minimize and manage them. Because the course of radiation treatment often takes several weeks, a special supportive relationship usually develops between the therapist and the patient and family members.

Radiation Therapists are key members of the cancer treatment team. They control the machines that are using high energy radiation to destroy cancer tumors. They do this while also protecting the healthy surrounding tissue as much as possible. Sometimes, the radioactive sources are put directly into the patient's body - this targets the tumor from inside. Radiation Therapists deliver the radiation treatment with high energy linear accelerators and computer treatment verification systems.

Radiation Therapists are also responsible for all the technical planning of a patient's treatment. They follow a prescription from the oncologist (cancer specialist) and the medical physicist (specialist in physics and medicine), and make and fit devices and aids that help patients receive their treatment. They calculate the radiation doses, focus on the target volumes using simulators and CT scanners, make dose-related calculations, and deliver the treatment.



Nuclear Medicine Technology

Nuclear Medicine Technologists, MRT(NM) use equipment that acquires images such as thyroid, cardiac, bone, and kidney scans. These images enable physicians to diagnose and monitor a patient's response to various treatments.

NM Technologists use their excellent patient care skills to monitor patients during procedures. Their technical expertise in the use of radiopharmaceuticals and radiation physics combined with their expert knowledge of anatomy and physiology, allow them to produce images and perform diagnostic imaging procedures. Technologists also ensure proper radiation handling and protection techniques are followed keeping patients, staff, and visitors safe.

NM Technologists work in hospitals and medical clinics performing imaging that help doctors make a diagnosis. The images they get help pinpoint the type of disease and how it is affecting the body. Their work assists doctors when assessing how patients are responding to their treatment. NM Technologists also do some treatment procedures to treat disease and give pain relief.

Radiological Technology

Radiological Technologists, MRT(R) use equipment that produces radiation to obtain images, such as chest x-rays, back x-rays, CT scans, and mammograms. These images (or x-rays) of a body part or system help the physician make a diagnosis.

Radiological Technologists use their excellent patient care skills and expert knowledge of anatomy and pathology to monitor and correctly position the patient. They utilize their technical expertise to operate the equipment properly, and ensure radiation protection methods are followed in order to protect all staff and visitors.

Radiological Technologists, known by many as x-ray technologists, make up about 75% of the 2,000 members of the ACMDTT.

Radiological technologists produce structural images of the body for diagnostic purposes. E.g. x-rays of the chest, bones, joints, and spine, computerized tomography, and mammography.



Magnetic Resonance Imaging

Magnetic Resonance Technologists, MRT(MR) produce diagnostic images using equipment that generates radio waves and a strong magnetic field. They apply their extensive knowledge of anatomy, pathology, and physiology, as well as their patient care skills, in order to obtain the necessary images and monitor patients during scans.

MR Technologists employ their technical expertise and understanding of magnetic resonance physics to produce images, and to ensure that the required protocols are followed within the area of the magnet in order to protect the patients and hospital staff.

MR Technologists are fairly new to the profession. Magnetic resonance imaging (MRI) became a tool for diagnosis in the 1990s. Unlike with x-rays, MRI uses magnetic fields and radio waves to make images. Although still a newer technology, MRI has become an important part of medicine.

Because MRI's are a unique type of technology, there are special requirements for patient care and safety. MR Technologists are responsible for anyone (patients, staff, and visitors) who come in contact with the MRI's powerful magnetic field. MR Technologists set the machines and related equipment to operate properly. When patients need contrast media (dye) to make images visible, the MR Technologists are the ones who inject it. While the scanning is being done, the MR Technologists check the images as they show up on the monitor.

Electroneurophysiology

Electroneurophysiology Technologists (ENP) perform testing called electroencephalography to study and record electrical activity in the brain, central, and peripheral nervous system. The results of these tests are interpreted by College approved interpreting neurologists.

ENP Technologists apply their extensive knowledge and expertise to provide diagnostic information for use in diagnosing a variety of neurological problems from headaches and dizziness to seizure disorders, strokes, and degenerative brain disease. When EEG monitoring is required in the O.R., the EEG Technologist is an integral member of the surgical team during intra operative monitoring.

ENP Technologists perform tests such as electroencephalograms (EEGs), which record brain activity. The brain activity is recorded by electrodes (small devices that conduct electricity) placed on the patient's head. An EEG can be done when the patient is awake or asleep, depending why the test is being done. EEGs can help diagnose several different neurological (nerve) problems such as headaches and seizure disorders.

Another test that ENP Technologists perform is an evoked potential examination (EP). This test records brain and spinal cord electrical activity after deliberate external stimulation. The tests help evaluate different neurological problems, such as spinal cord injuries.

EPs look at different neurological pathways. They can be done in the operating room to provide information to the surgeons as they operate. This way, the surgeons can change the way they are operating if they need to, depending on the test results.

Message from President and CEO/Registrar

The ACMDTT maintains its focus on its primary mandate to protect the public. We continue to shape our profession through self-regulation to ensure that safe, competent and ethical care is provided to Albertans. In addition, ACMDTT maintains the role of delivering membership services (as previously done by the association) and seeks to provide educational and networking opportunities to support our member's professional development. In the last year, ACMDTT Council reviewed and revised their "ends" to better reflect and represent our commitment to public protection and membership services.

New changes to the Medical Diagnostic and Therapeutic Technologists Profession Regulation came into effect as of April 29, 2009. ACMDTT continues to regulate the practice of four medical radiation technologists specialties, as well as the practice of electroencephalography and evoked potential (electromyography was removed from the regulation).

Relevant changes were as follows:

- new protected titles that are readily understood by the public, reflective of the practice and are consistent with the register headings in the Alberta regulations;
- change to currency requirements that recognize the crossover of competencies between specialties;
- an additional restricted activity was added to all four of the medical radiation technologist registers: regulated members will now have the ability to apply for authorization to practice specific ultrasound imaging procedures in conjunction with their diagnostic imaging practice after engaging in the advanced training approved by Council; and
- the establishment of a Continuing Competence Program to support the principles of life long learning.

The regulation changes enable ACMDTT to better govern the MRT and ENP professions in a manner that protects and serves the public interest.

In 2009, Pandemic preparedness was an important dialogue between all regulatory bodies such as the ACMDTT and Alberta Health and Wellness (AHW). ACMDTT updated and submitted a Business Contingency Plan that reviewed current status and developed strategies to organize and streamline resources in order to maintain core functionality in the event of a pandemic. The MRT and ENP professions were identified as one of the priority categories of health care providers that may experience resource implications. ACMDTT assisted in the mobilization of potential workforces to respond by contacting their non-active eligible members to gain consent to share their contact information with Alberta Health Services. AHW has engaged the Health Authorities, Regulated Health Professional Colleges and Alberta Health and Wellness application managers in the planning and implementation of the Alberta Provider Directory (ABPD). ABPD will provide a centralized source of key information about health service providers who are members of regulated colleges. As a primary source of provider data, ACMDTT completed the required technical specifications and moved into production on September 24, 2009, where daily source uptakes of approved data sets occur.



"Promoting high quality medical diagnostic and

In August, 2009, the Chapter 7 amendments to the Agreement on Internal Trade (AIT) came into force that assures portability of workers between regulated provinces. Over a period of 18 months, ACMDTT actively participated and collaborated with all of the provincial regulatory bodies and associations to examine the implication of the new Amendments to the AIT. We were fortunate that all provinces had been previously operating under a Mutual Recognition Agreement with established common standards in most aspects of credentials and registration. One notice of exception was filed with the Alberta government pertaining to portability for practitioners. The AIT does not apply to the ENP profession and there are no formal mutual recognition agreements in place. Credentials issued by the Canadian Board of Registration of Electroencephalography Technologists (CBRET) are presently utilized as a credential standard in Alberta and is recognized across Canada.

Public and Member awareness is an important aspect of self-regulation. ACMDTT enhanced the website to include a public Member Registry. The registry provides information on a registrants' registration number, their name, expiry date, specialties, and any conditions (restrictions or enhancements) on their practice permit. This real-time registry enables employers to validate employee registration efficiently without having to contact the ACMDTT. The website was also updated to offer public awareness about our professions and their roles in healthcare. The website features photos of our members practicing their specialized areas of practice in the workplace.



College work simply could not be done without the help of the many members who dedicate their time and expertise to the many College endeavors. We wish to express our thanks to the staff and to the Council members for their dedication and commitment to the organization. We are appreciative of the numerous members who participate on conference and award committees and those who sit on regulatory committees providing responsibility in registration, international assessment, continuing competence and professional conduct. Thank you for your on-going contribution and commitment to the public and the profession.

David Buehler
ACMDTT Council President



Kathy Hilsenteger
CEO/Registrar



therapeutic care and advancement of our professions”



ACMDTT COUNCIL

(L-R) Wendy Martin-Gutjahr, CAMRT Alberta Director; Lynda Napen, MRT(NM); Cathy Rakchaev, Public Member; Terry Eil, MRT(NM); David Rolfe, Public Member; Kathy Hilsenteger, MRT(T), ACT, CAE®, CEO/Registrar; David Buehler, MRT(T), President; Cindy Humphries, MRT(R), Vice-President; Jeff Christensen, MRT(R); Val Cambridge, ENP; Omkar Channan, Public Member; Glenna McMillan, MRT(R); Sue Curtis, MRT(MR)

Committees

REGISTRAR

Kathy Hilsenteger, MRT(T), CAE®

COMPLAINTS DIRECTOR

Kathy Hilsenteger, MRT(T), CAE®

HEARINGS DIRECTOR

Dian Smith

NOMINATIONS COMMITTEE

Rhea Garraway, MRT(T), Chair
 Pamela Patterson, MRT(T)
 Glenna MacMillan, MRT(R)
 Andree Desrochers, MRT(R)

REGISTRATION COMMITTEE

Brenda Rose, MRT(T), Chair
 Leanne Irving, MRT(R)
 Christy Findlay, MRT(NM)
 Bonnie McCloskey, ENP
 Quinn West, MRT(R)
 Martin Sherriff, MRT(MR)
 Jason Livingstone, MRT(R)

AWARDS COMMITTEE

Wendy Read, MRT(T), Chair
 Sherry Riddell, MRT(T)
 Marion Travis, MRT(T)
 Brenda Rose, MRT(T)

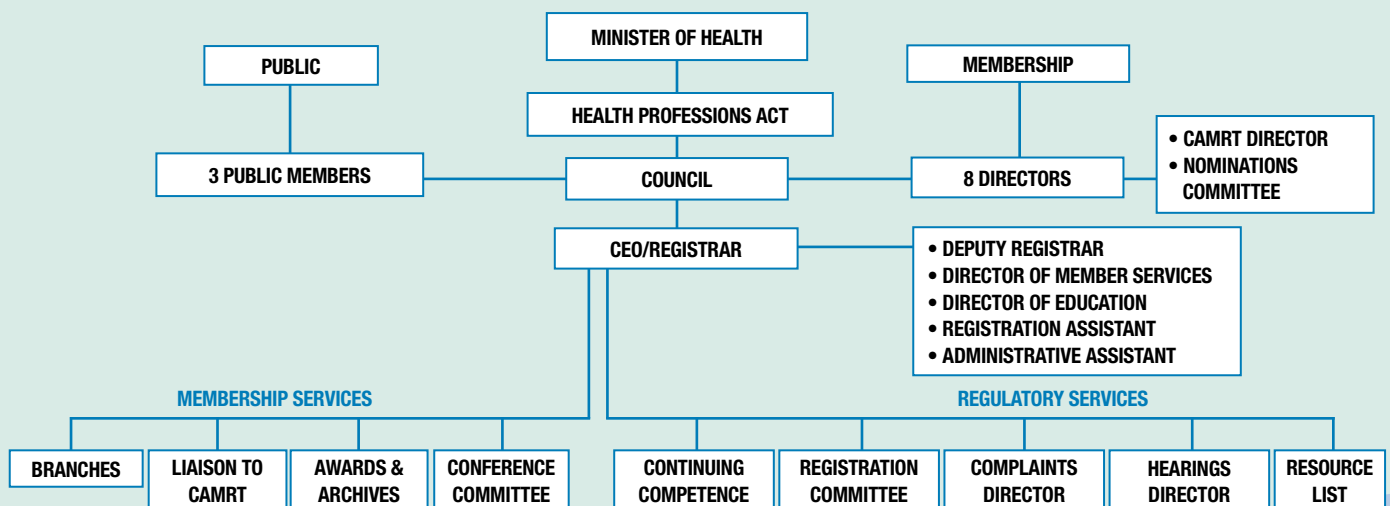
HEARING TRIBUNALS / COMPLAINT REVIEW

Phyllis Banister, MRT(NM)
 Connie Girouard, MRT(R)
 Margaret Harden, MRT(R)
 Patricia Horbasenko, MRT(R)
 Brian Chywl, MRT(T)
 Charlotte Mierau, MRT(R)
 Marlene Chambers, MRT(R)
 Aida Ward MRT(MR)

CONTINUING COMPETENCE COMMITTEE

Colleen Mitchell, MRT(R), Chair
 Larry Curtis, MRT(R)
 Lydia Elankairajah, MRT(R)
 Alayne Godenir, MRT(R)
 Suzanne Dennis, MRT(NM), MRT(MR)
 Ria Bender, MRT(R)
 Jacqueline Middleton, MRT(T)
 Mary-Janet Schouten, MRT(T)
 Shannon Eberle, MRT(T)
 Phyllis Banister, MRT(NM)
 Andrea Carstairs, ENP
 Gail Lorenz, MRT(R)

ACMDTT Organizational Chart



Public Member Report 2009

Under the HPA, health professionals are self-governing and hold responsibility for developing regulations, standards of practice, code of ethics, and bylaws to govern their members. As public members on the ACMDTT Council, we are required to help balance the values and interests of regulated members with those of the public and to report annually on the activities in this regard.

This College self-governs using the Carver Policy Governance® Model which ensures that there is a high caliber of accountability of the board to the owners, and self-evaluation of performance on the part of the organization. The Council self-evaluates against the ends of the organization and the CEO accounts to the Council for compliance with the policies set by the Council. There is a scheduled written review of Executive Limitations of the CEO and also of all the policies by the board within each fiscal year. The organization has also invested in a governance coach consultant within the Carver Model and each meeting is evaluated by this consultant against the principles of the model.

Due to the rapid growth in the technology of diagnostic imaging and therapeutics, this profession is in rapid flux to keep up with the education and competency of its members regarding newly emerging imaging and specialties. Due diligence and consultation takes place prior to any policy decisions regarding competence and education of members. The organization works intensely with the leading educators in Alberta; NAIT in the north, SAIT in the south, and with AHS for the delivery of Radiation Therapy and Electroneurophysiology programs. ACMDTT also works closely with the national bodies for Medical Radiation Technologists (CAMRT) and for Electroneurophysiology (CAET/CBRET) to align competency requirements and standards of practice for entry to practice.

Over the past year major achievements and advances have been made in the profession such as alignment with the new interprovincial Agreement on Internal Trade for evaluation and integration of practitioners from other Canadian provinces:

- pandemic planning to ensure continuity of regulatory services in times of outbreak;
- updated a position statement regarding technologists practicing as PACS or RIS Administrators to reflect current practice;
- developed a discussion paper on a pilot project for the Temporary Practice of Internationally trained technologists;
- presented a highly rated annual educational conference for members;
- completed the first year of auditing self-reports of continuing competence by members;
- collaborated with AHS to advance the practice and education of essential competencies of the newly emerging intraoperative monitoring technology;
- met legislation with regards to producing data for the Alberta Provider Directory;
- reviewed and revised the organization's by-laws with the assistance of a parliamentarian (they will be presented this spring to the members for ratification).

As public members, we would like to acknowledge the professionalism of our CEO and her staff in diligently advancing the mandate of the College. The financial auditor has commended the fiscal management of the resources and finances of the organization which are showing a balanced budget and even a surplus at the end of the year. We find that ACMDTT is a conscientious and fiscally responsible organization which serves the public of Alberta with a high degree of professionalism and dedication.

Respectfully submitted

Catherine Rakchaev, Public Member

Omkar Channan, Public Member

David Rolfe, Public Member

Membership Statistics

REGULATED MEMBERS (Includes full active and temporary registrations)

Single Specialty	2007	2008	2009
Radiological	1286	1292	1300
Radiation Therapy	161	170	173
Nuclear Medicine	209	211	212
Magnetic Resonance	112	108	110
Electroneurophysiology	49	46	45
Multiple Specialties			
Radiological/ Magnetic Resonance	NC*	40	51
Nuclear Medicine/ Magnetic Resonance	NC	4	6
Radiological/Nuclear Medicine/ Magnetic Resonance	NC	NC	1
Total	1817	1871	1898

NON PRACTICING

Single Specialty	2007	2008	2009
Radiological	NC	NC	69
Radiation Therapy	NC	NC	10
Nuclear Medicine	NC	NC	22
Magnetic Resonance	NC	NC	5
Electroneurophysiology	NC	NC	1
Multiple Specialties			
Radiological/Magnetic Resonance	NC	NC	2
Nuclear Medicine/Magnetic Resonance	NC	NC	0
Radiological/Nuclear Medicine/ Magnetic Resonance	NC	NC	0
Total			109

PERMITS WITH CONDITIONS

Enhancement Conditions	2007	2008	2009
Ictal SPECT	8	7	7
PET/SPECT/CT	25	29	36
Intraoperative EP	5	4	5
Venipuncture	268	294	321
Breast Ultrasound	NC	NC	11
Evoked Potential	NC	NC	10
Total with Enhancements	306	334	390
Total with Restrictions	70	13	18
Total with Conditions	376	347	408

TABLE 1 REGISTRATION BY SPECIALTIES

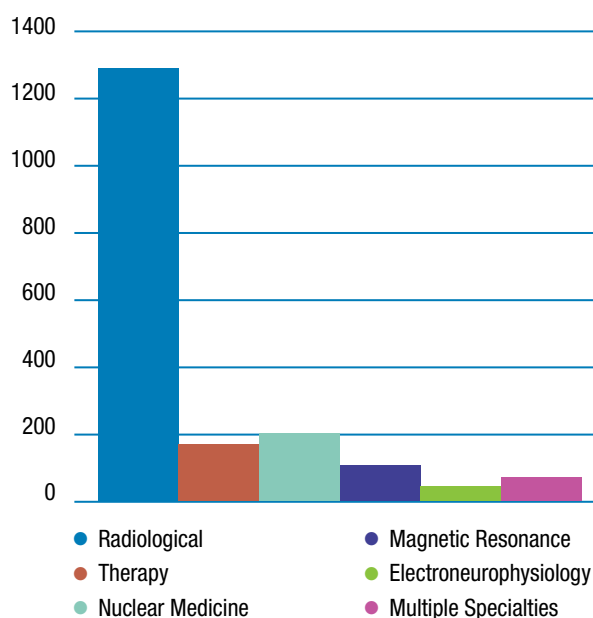
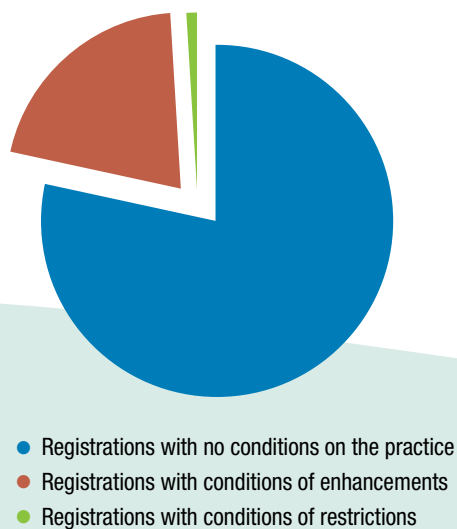


TABLE 2 NUMBER OF MEMBERS WITH CONDITIONS



*NC denotes data not previously or no longer collected.

Year in Review

COMPETENT ETHICAL PRACTITIONERS

Continuing Competence Program

The ACMDTT currently has a continuing competence program that runs from September 1st of one year to August 31st of the following year. The program requires that an active member of the ACMDTT engage in 24 hours of continued learning within each cycle time period. The components of the program require the member to perform a self-assessment, outline learning goals that may be of interest to the member and then self-reflect on the learning activities.

A Competence Committee meet to monitor that individual registered members comply with the requirements of the Continuing Competence Program. The committee of peers assessed the reflective practice review of seventy eight members selected for audit. The audit confirmed that members are compliant with the program and that communication to the membership continues to be the primary requirement in facilitating member participation and understanding.

Registration Committee

Section (1) of the HPA 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 bylaws, the registration committee shall be responsible for:

- carrying out the duties of the Registration Committee under the HPA;
- considering applications for registration upon referral by the Registrar; and
- 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 4 meetings in 2009 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:

- an application for RTR registration and support of English language proficiency requirements;
- the practice of IOM for a non-EEG trained CNIM certified applicant.

The Registration Committee was required to assess and make decisions on applications for registration submitted by internationally educated medical radiation technologists and electrophysiology technologists. Review the section on “Assessment of Internationally Educated Technologists and Therapists” for a detailed summary.



Academic and Experiential Upgrading

The ACMDTT supports upgrading options for members who have been out of the work force for a number of years and are seeking to regain entry-to-practice. Upgrading options exist for all the Medical Radiation Technology specialties. Currently, there are no established programs for Electroneurophysiology upgrading.

Periodic review of the programs has taken place and all the programs were updated to reflect the requirements of the new regulation amendments in 2009.

Regardless of the specialty group, upgrading candidates are required to show evidence of sufficient and adequate academic upgrading through successful completion of a specialty-specific Challenge Exam 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.

- Radiological Technology: The ACMDTT endorses the NAIT challenge exam and the review program as the upgrading requirement;
- Magnetic Resonance Technology: The ACMDTT began endorsing the NAIT challenge exam and the ACMDTT has developed the experiential component to the upgrading requirements;
- Nuclear Medicine: The ACMDTT has developed both the challenge examination and the experiential component to the upgrading requirements;
- Radiation Therapy: The ACMDTT has developed both the challenge examination and the experiential component to the upgrading requirements.

Two candidates successfully completed the Radiological upgrading program in 2009. Two radiological candidates were unsuccessful and one radiological candidate is ongoing in the program.

Cross-Specialty Upgrading

Cross-Specialty Upgrading has been developed by the ACMDTT as a way to allow members to regain registration in their second practice specialty if they have been actively practicing their first specialty. The cross-specialty upgrading option recognizes that technologists working in healthcare have fewer gaps in practicing a second specialty than if they had left the healthcare field entirely. The ACMDTT has defined two options for Cross-Specialty Upgrading; 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.

Three candidates enrolled in 2009. All three candidates were successful in completing the requirements of the Cross-Bridging Program in 2009. All three candidates achieved registration eligibility for the Radiological specialty.

SELF-REGULATED PROFESSIONS

Professional Conduct

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.

COMPLAINT	BACKGROUND	OUTCOME
Complaint (carry over from 2008)	Complaint initiated by a patient. Allegations of unprofessional conduct by a regulated member.	Section 55(2) of the HPA provides that the Complaints Director, with the consent of the complainant and the investigated person, may attempt to resolve the complaint. The Complaints Director received consent from both parties to resolve the complaint through an undertaking as an alternative to this matter proceeding to a hearing. The member failed to complete the requirements of the undertaking and left the province. Should the member seek registration with the College in the future, his non-compliance with the remaining requirement in the undertaking will be considered.
Complaint # 1	Member was suspended by the employer because of conduct that in the opinion of the employer was unprofessional conduct. Pursuant to section 57(2) of the <i>Health Professions Act</i> , this matter was treated as a complaint, and the employer was treated as the complainant.	In accordance with section 66(3)(a) of the HPA, the matter was referred to a Hearing.
Complaint # 2	Complaint initiated by a patient. Allegations of unprofessional conduct by a regulated member	The complaint was dismissed on the basis that there was insufficient evidence to indicate that the conduct constitutes “unprofessional conduct” in the circumstances.
Complaint #3	Complaint initiated by a patient. Allegations of unprofessional conduct by a regulated member	Complainant was unable to provide the name of the member and was unable to provide sufficient details of the nature of the complaint to enable an investigation. The file was closed.
Complaint #4	Complaint initiated by a regulated member. Allegations of unprofessional conduct by a regulated member	The circumstances were workplace related and did not pertain to professional conduct as defined under the HPA. The Complaints Director encouraged that the members work to resolve the issues within the workplace.



Assessment of Internationally Educated Technologists and Therapists

The College maintains its collaboration with NAIT on the pilot Bridging Program for internationally educated radiological technologists to assist internationals to meet registration and certification requirements.

The College continues to participate with other regulatory bodies in Canada as well as the national association to work collectively on matters related to internationally educated medical radiation technologists. The College actively participated with the national association to change eligibility and access to the national certification exam both for international and Canadian trained technologists.

The following table summarizes international applications reviewed by the Registration Committee for substantial similarity in 2009.

SPECIALTY APPLICATIONS	TOTAL #	CANDIDATES' COUNTRY OF ORIGIN:
RTR	16	India (2); Israel (1); Lebanon (2); Philippines (1); Saudi Arabia (1); United Kingdom (2); United States (6); Trinidad (1)
RTMR	1	Germany;
ENP	3	India; Saudi Arabia; Pakistan
Multiple Applications	1	United Kingdom
Total	21	

The time required for foreign-trained applicants to obtain a registration decision depends on the date of receipt of initial application submission, the time it takes to receive all required documentation in order for the application to be deemed complete, and the time of the next available scheduled Registration Committee meeting. The average process time of the 21 applicants reviewed is 6.3 months. Twenty-one of the 21 applicants were assessed and a decision was granted by the Registration Committee within 3 months of receipt of the initial application submission. Two of the 21 applicants required more than 1 year to receive a decision by the Committee from receipt of initial application. This extended timeframe was as a result of the applicant's inability to provide required documentation.

Of the 21 foreign trained applicants reviewed by the Registration Committee, 3 were identified as having gaps in both education and experiences and were ordered to complete education and training requirements as outlined by the Committee's decision. There were no appeals by foreign-trained applicants on any of the decisions in 2009.

The following table lists the number of inquiries per specialty in 2009.

Specialty	Total #	Asia	Europe	Africa	N. & S. America
RTR	24	13	5	2	4
RTMR	1		1		
RTNM	1	1			
RTT	3	2	1		
ENP	2	2			
Total of all Specialties	31	18	7	2	4



PUBLIC MEMBER AWARENESS OF THE PROFESSIONS

Branding Project

The College is involved with a project undertaken by the Canadian Association of Medical Radiation Technologists (CAMRT). The goal is to develop a branding strategy that positions MRTs as respected, caring professionals, recognized within the health care system for their high level of expertise and sought out as advisors/contributors to health sector discussions and decisions.

MRT Week

As an annual event, MRT Week constitutes a prime strategic communications initiative to raise the profile of our members to such key audiences as the general public, federal and provincial governments and health care stakeholders at the provincial and national level. MRT week is held in November every year to coincide with the discovery of x-rays on November 8th, 1895. The College collaborated with the CAMRT providing posters to all diagnostic and therapeutic sites across the province utilizing the theme of “The Power of Technology with a Human Touch”.

College Website

The College launched a new website featuring a new look, new/expanded content and navigation. The goal was to create awareness of the professions and their respective specialties within the College, ensure public awareness of the responsibilities in our role of public protection and to increase member's access to current professional information for registration and professional development.

GOVERNMENT POLICY INFLUENCE

The College actively participates as a member of the Alberta Federation of Regulated Health Professions (AFRHP). The AFRHP is a federation of Colleges of the regulated health professions of Alberta that exists to facilitate collective and collaborative action on issues of mutual interest. The Federation this year has been seen as a contributor to a variety of discussions, been asked to provide representation, and has had success in being recognized by government as a contributor to health policy. Collectively, the Federation has provided input on Chapter Seven Amendments to the Agreement on Internal Trade – a written submission with respect to the Health Information Amendment Act and brought forward recommendations for revisions to the HPA.

The College participated in a two-day symposium looking towards a province-wide strategy for Interprofessional Education (IPE) to enhance Interprofessional Care (IPC) in all health care settings. There was also participation in a government sponsored workshop discussing “A Foreign Credential Recognition Plan for Albertans.”



visit us online at acmdtt.com

COST-EFFECTIVE ACCESS TO PROFESSIONAL BENEFITS

Best Practices in Diagnosis and Treatment

The Annual General Conference held in partnership with Alberta Health Services – Stollery Children’s Hospital was a great success. The multidisciplinary focus of the conference was well received and attracted radiological technologists, magnetic resonance technologists, radiation therapists, nuclear medicine technologists, electroneurophysiology technologists, combined lab and x-ray technologists, ultrasonographers and nurses.

The conference featured a wide variety of speakers ranging from Dr. John Bell from Ottawa who spoke on Biotherapeutics in cancer treatment, Mark Amman on the Ethics of Healthcare and Self-Regulation, Detective Maureen Mora from the Zebra Institute speaking on Non-accidental head trauma in children and Dr. Susan Bearg who discussed Compassion Fatigue. These, among many other engaging presentations from Radiologists, Technologists, and other healthcare providers, contributed to the success of the conference.



AWARDS

The following Awards were presented at the 2009 Annual General Meeting:

Student Awards

- Dr. Marshall Mallet Student Scholarship Award to Medical Radiologic Technology: Kirsteen Robbie
- Nuclear Medicine Technology Student Scholarship Award: Jacqueline Bague
- Magnetic Resonance Student Scholarship Award: Kim Wildeman
- Radiation Therapy Student Scholarship Award: Samira Shah-Mohamed
- Visipaque Award – NAIT to Ann Jacobs
- Visipaque Award – SAIT to Neil Manchee
- Myoview Award – SAIT RTNM to Colby Wingert
- Student Award - Radiological Technology program – no applications
- Student Award - Magnetic Resonance Imaging program – no applications
- Student Award - Radiation Therapy program – no applications
- Student Award - Nuclear Medicine program – no applications

Member Awards

- Professional Excellence in Leadership Award – Scott Simmons, MRT (R)
- Professional Excellence in Patient Care Award – Bharti Vadgama, MRT (T)
- Carol Van Velzer Award – no applications
- Herbert Welch Memorial Award – Cheryl Nixon, MRT (R)
- Past President’s Award – none
- President’s Award – Rod MacGregor
- Tokens of Appreciation – Alison Cervi, MRT (NM); Charlotte Miereu, MRT (R); Rod MacGregor; Lina Maidens, MRT (R)
- George C. Hall Memorial Address – None
- Joan Graham Memorial Award – no applications

the power of technology with a human touch

BRANCHES

Branches are a group of members that have a common interest including, but not limited to, geographic location, scope of practice or professional interests. Branches have been established by the ACMDTT Council and exist for the purpose of the promotion of professional growth, development and networking. Branches Education Sessions held in 2009 include diagnostic imaging and how it contributes to your work, distribution of DVD's to high schools in Grande Prairie to help promote MRT profession, virtual colonoscopy, care of the diabetic patient in radiology, diagnostic imaging and animal health care at Calgary Zoo, and CAMRT Rebranding.

Branches facilitate strong, mutual communications between members of the ACMDTT, the ACMDTT Council and the ACMDTT office.

BRANCH PRESIDENTS

Peace Country Branch

Alana Larson, MRT(R)

Edmonton Branch

Abbi Carter, MRT(R)

Parkland Branch

Lina Maidens, MRT(R)

Calgary Branch

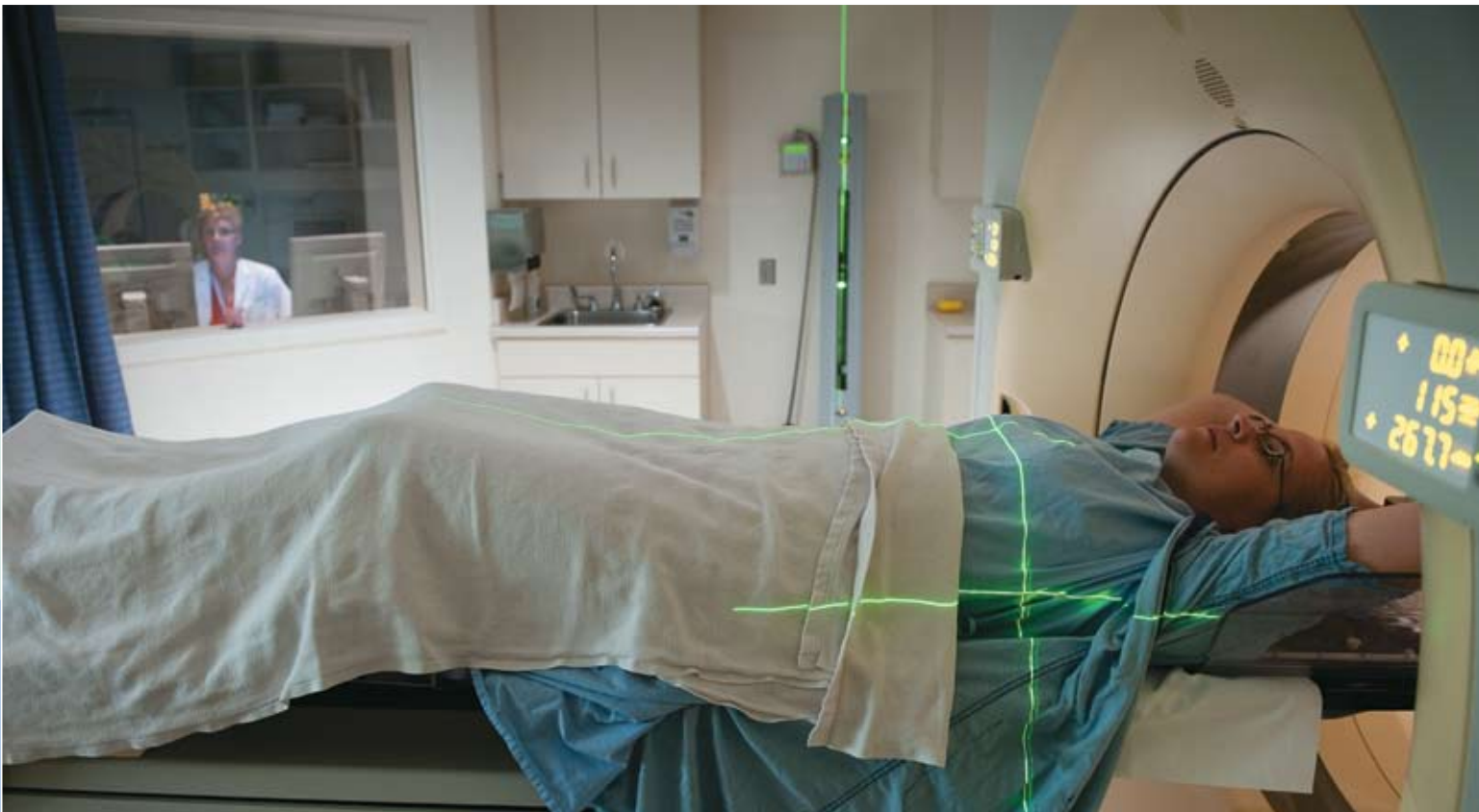
Jodie Piercey, MRT(NM)

Southern Alberta Branch

Carmen Lowry, MRT(R)

ENP Branch

Susan McGregor, ENP



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, 2009 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, 2009 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Peterson Walker LLP

Chartered Accountants
Edmonton, Alberta
December 22, 2009

STATEMENT OF FINANCIAL POSITION ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS

	September 30	
	2009	2008
ASSETS		
CURRENT ASSETS		
Cash and short-term investments	\$ 641,932	\$ 536,939
Marketable securities - Note 3	187,665	171,207
Accounts receivable	6,882	17,806
Prepaid expenses	14,791	14,318
	851,270	740,270
DEFERRED DEVELOPMENT COSTS -Note 4	0	24,065
EQUIPMENT -Note 5	89,466	107,002
	\$ 940,736	\$ 871,337
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 28,329	\$ 48,676
Deferred contributions	219,234	195,870
	247,563	244,546
NET ASSETS		
Invested in equipment	89,466	107,002
Internally restricted - Note 6	530,000	530,000
Unrestricted (deficit)	73,707	(10,211)
	693,173	626,791
	\$ 940,736	\$ 871,337
COMMITMENT -Note 7		

**THIS ANNUAL REPORT HAS BEEN
APPROVED BY THE COUNCIL**

David C. Buehler

David Buehler, MRT(T), President

STATEMENT OF OPERATIONS

ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS

	Year Ended September 30			
	2009	%	2008	%
REVENUE				
Professional fees	\$1,164,679	82.23	\$1,032,338	90.10
Provincial Conference	90,501	6.39	52,322	4.57
Grants	75,000	5.30	0	0.00
Magnetic Resonance Exam	22,741	1.61	0	0.00
Interest	21,585	1.52	37,606	3.28
Miscellaneous	17,787	1.26	16,175	1.41
Student fees	12,524	0.88	7,348	0.64
Credit card fees recovered	11,548	0.81	0	0.00
	1,416,365	100.00	1,145,789	100.00
EXPENSES				
Salaries and benefits	420,938	29.72	412,190	35.98
National dues	364,282	25.72	344,083	30.03
Provincial Conference	96,153	6.79	50,277	4.39
Rent and utilities	92,150	6.51	79,926	6.98
Amortization	44,874	3.17	23,637	2.06
Office supplies, computer support and printing	43,326	3.06	62,217	5.43
Council travel	41,443	2.93	32,542	2.84
Credit card fees and bank charges	41,364	2.92	14,080	1.23
Professional fees	25,472	1.80	22,659	1.98
Electro-Neurophysiology Exam Project	24,940	1.76	0	0.00
Continuing Competence	22,687	1.60	13,302	1.16
Professional conduct	22,535	1.59	36,785	3.21
Council honoraria	15,050	1.06	12,175	1.06
Viewbox publications	14,176	1.00	27,518	2.40
Staff travel	12,183	0.86	20,195	1.76
Consulting fees	11,341	0.80	2,898	0.25
Telephone	8,964	0.63	9,070	0.79
Advertising and promotion	8,484	0.60	12,854	1.12
Provincial annual general meeting	7,035	0.50	10,772	0.94
Standing Committee	6,607	0.46	7,043	0.62
Branch fees	5,400	0.38	5,400	0.47
Postage	5,146	0.36	6,243	0.55
Memberships	5,047	0.36	5,555	0.48
Insurance	4,798	0.34	4,840	0.42
Unrealized loss on marketable securities	2,367	0.17	9,863	0.86
Awards	2,291	0.16	489	0.04
Equipment lease	930	0.06	1,230	0.11
Lease renegotiated	0	0.00	33,086	2.89
	1,349,983	95.31	1,260,929	110.05
REVENUE OVER (UNDER) EXPENSES	\$ 66,382	4.69	\$ (115,140)	(10.05)

STATEMENT OF CHANGES IN NET ASSETS

ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS

	Internally Restricted						Year Ended September 30	
	Invested In Equipment	Ends Initiatives Fund	Professional Conduct Contingency Fund	Stabilization Fund	Total	Unrestricted	2009	2008
Balance at beginning of year	\$107,002	\$ 60,000	\$200,000	\$270,000	\$530,000	\$ (10,211)	\$626,791	\$741,931
Revenue over (under) expenses	(44,874)	0	0	0	0	111,256	66,382	(115,140)
Investment in equipment	27,338	0	0	0	0	(27,338)	0	0
BALANCE AT END OF YEAR	\$ 89,466	\$ 60,000	\$200,000	\$270,000	\$530,000	\$ 73,707	\$693,173	\$626,791

STATEMENT OF CASH FLOWS

ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS

	Year Ended September 30	
	2009	2008
CASH PROVIDED BY (USED IN)		
Operating activities:		
Revenue over (under) expenses	\$ 66,382	\$ (115,140)
Charges not affecting cash:		
Amortization	44,874	23,637
Deferred development costs	24,065	0
Net changes in non-cash working capital items - Note 8	(2,990)	(58,518)
	132,331	(150,021)
Investing activities:		
Deferred development costs	0	(11,793)
Purchase of equipment	(27,338)	(84,148)
	(27,338)	(95,941)
CASH INCREASE (DECREASE)	104,993	(245,962)
Cash at beginning of year	536,939	782,901
CASH AT END OF YEAR	\$ 641,932	\$ 536,939

NOTES TO FINANCIAL STATEMENTS

ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS

September 30, 2009

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.

Equipment

Equipment is recorded at cost and amortized over its estimated useful life using the straight line method at the following rates:

Furniture and fixtures	20%
Computer equipment	33%
Website/database	33%

During the current year, the College changed the estimated useful life of the website/database and, effective October 1, 2008, changed the amortization rate from 10% straight line to 33% 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.

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

	2009		2008	
	Cost	Market	Cost	Market
Bond Investments	\$ 86,000	\$ 91,232	\$ 86,000	\$ 89,757
Equities and Income Trusts	106,928	96,433	88,101	81,450
	<u>\$192,928</u>	<u>\$187,665</u>	<u>\$174,101</u>	<u>\$171,207</u>

NOTE 4 - DEFERRED DEVELOPMENT COSTS

	2009	2008
Electro-Neurophysiology Exam Project	\$ 0	\$ 18,599
Alberta Provider Directory System	0	5,466
	<u>\$ 0</u>	<u>\$ 24,065</u>

During the year, the College spent \$6,341 (2008 - \$18,599) 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 the agreement, the provincial government reimbursed up to \$55,000 of costs incurred by the College upon completion of the project. The project was completed in the current year and all deferred development costs were recognized on the income statement.

During the year, the College spent \$14,700 (2008 - \$5,466) on designing, building and testing a source file extract and transfer program for interfacing with the Alberta Provider Directory system through Alberta Health and Wellness. Under the terms of the agreement, a \$10,000 Grant was received in 2009 to cover these and any additional costs. The project was completed in the current year and all deferred development costs were recognized on the income statement.

NOTES TO FINANCIAL STATEMENTS

ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS

September 30, 2009

NOTE 5 - EQUIPMENT

	2009		2008	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Furniture and fixtures	\$ 70,636	\$ 63,220	\$ 7,416	\$ 11,287
Computer equipment	18,349	10,361	7,988	14,043
Website/database	28,293	18,714	9,579	10,561
New database	91,277	26,794	64,483	71,111
	<u>\$208,555</u>	<u>\$119,089</u>	<u>\$ 89,466</u>	<u>\$107,002</u>

A new database was developed to facilitate the online member registration system and was implemented in 2009. The original database will be disposed of subsequent to year end.

NOTE 6 - 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 7 - COMMITMENT

The College leases office space under a sub-lease which expires on September 29, 2010.

Future minimum lease payments under the sublease, to expiry, will be approximately \$89,782.

NOTE 8 - 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:

	2009	2008
Marketable securities	\$ (16,458)	\$ (35,882)
Accounts receivable	10,924	(510)
Prepaid expenses	(473)	1,874
Accounts payable and accrued liabilities	(20,347)	(5,846)
Deferred contributions	23,364	(14,381)
Unexpended government grant	0	(3,773)
	<u>\$ (2,990)</u>	<u>\$ (58,518)</u>

NOTE 9 - FINANCIAL INSTRUMENTS

For cash and short-term investments, accounts receivable and accounts payable, the carrying amounts of these financial instruments approximate their fair values 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.

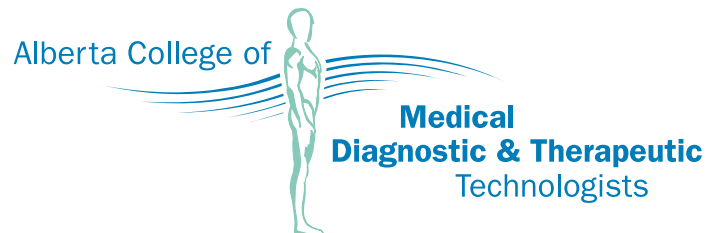
Marketable securities are exposed to market risk. Market risk relates to the possibility that marketable securities will change in value due to future fluctuations in market prices. Senior management and the Council, in consultation with investment advisors, reviews the College's marketable securities and establish a diversified mix in order to earn the best possible return at an acceptable level of risk.

NOTE 10 - 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 11 - COMPARATIVE FIGURES

Certain of the 2008 comparative figures have been reclassified to conform to the current year's presentation.



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