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

# 2010 ANNUAL REPORT



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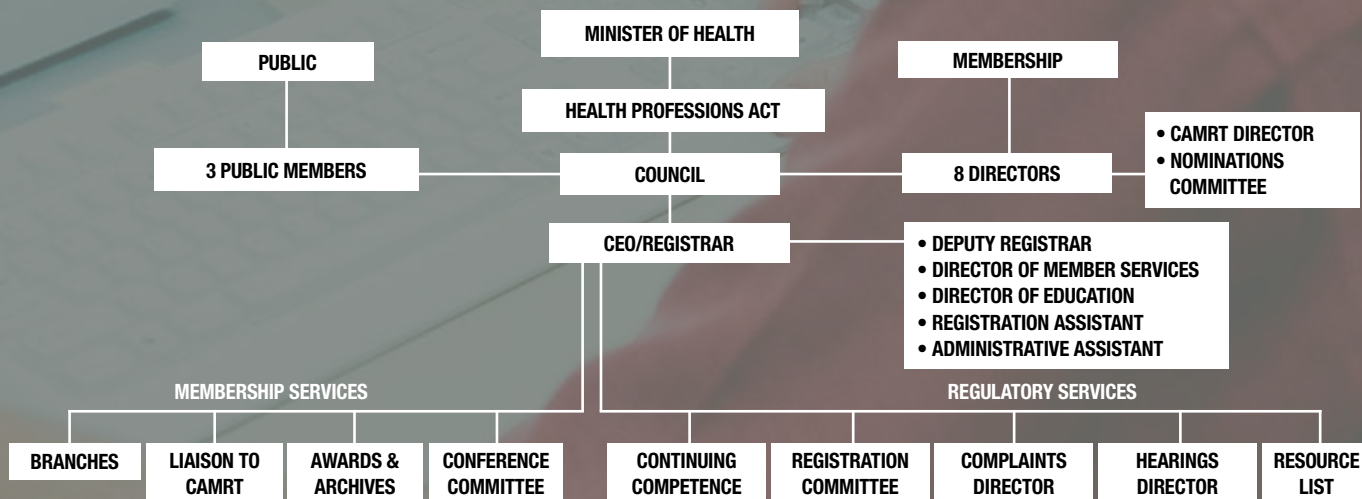
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## ACMDTT Organizational Chart



## 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 is the protection of the public. This driving principle is upheld through requirements and procedures established by ACMDTT. In addition, the ACMDTT 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.

These 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.

These 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.

These 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. Nuclear Medicine technologists also do some treatment procedures to treat disease and give pain relief.

### RADIOLOGICAL TECHNOLOGY

Radiological Technologists, MRT(R), known by many as x-ray technologists, 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.

These 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.

These technologists make up about 75% of the approximate 2,000 members of the ACMDTT. Radiological Technologists produce structural images of the body for diagnostic purposes.



## MAGNETIC RESONANCE IMAGING

Magnetic Resonance Technologists, MRT(MR) or MRI technologists, 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.

These technologists utilize 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.

These technologists are a fairly new 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. Magnetic Resonance Technologists are responsible for anyone (patients, staff, and visitors) who come in contact with the MRI's powerful magnetic field. Magnetic Resonance Technologists set the machines and related equipment to operate properly. When patients need contrast media (dye) to make images visible, the Magnetic Resonance Technologists inject it. While the scanning is being done, the Magnetic Resonance Technologist checks the images as they show up on the monitor.

## ELECTRONEUROPHYSIOLOGY

Electroneurophysiology Technologists (ENP's) perform electroencephalograms (EEG's) and/ or Evoked Potentials (EP's). During an EEG, the electrical activity of the brain is recorded by placing small discs (electrodes) on the patients head. An EEG can be done when the patient is awake or asleep, depending on why the test is being done. EEG's may be ordered to help diagnose various problems with the brain. Some examples are:

- seizures and epilepsy
- strokes and bleeding in the brain
- degenerative brain disease
- brain infections

Evoked potential (EP) testing records the electrical activity of the brain and spinal cord after a deliberate external stimulation (such as a noise in the ear or watching a pattern on a TV screen). The visual (eyes), auditory (ears) and sensory nerves can all be tested for such things as:

- spinal cord injuries
- tumours on the nerves
- inflammation of the nerves

Because EP's can look at a variety of neurological pathways, they are sometimes 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 monitoring results.

The ACMDTT continues to offer member services that promote and support continuing education, networking opportunities, and professional excellence.



## Message from President and CEO/Registrar

**T**he diagnostic and therapeutic services provided by Medical Radiation Technologists (MRT's) and Electroneurophysiology Technologists (ENP's) are crucial to patient treatment, diagnosis and on-going health of Albertans. The professions regulated by the ACMDTT continue to evolve and implement innovative ways to contribute to improving patient care and outcomes.

Throughout 2010, the ACMDTT maintained its primary mandate of protecting the Alberta public through self-regulation to ensure the delivery of safe, competent and ethical care by MRT and ENP professionals. Consistent with the *Putting People First – Alberta Health Act Consultation Report*, the ACMDTT is committed to improving patient care through the utilization of health care professionals to their full scope of practice within a competency based framework. The ACMDTT Council notes that the Alberta public supports updating the legislation to maximize the skills and competencies of health professionals and the maintenance or the increase of standards to support a high degree of competence and professionalism. This direction resonates throughout the activities of the ACMDTT.

A major project was initiated in 2010 to undertake a comprehensive review and re-validation of the entry-to-practice competency profiles over the period April 2010 – March 2011. Working jointly with a consultant, ACMDTT undertook a stakeholder survey with employers to validate current practice and gain insight to emerging and future needs. A comprehensive survey was then undertaken to validate revised profiles with the members practicing within each of the 5 specialties within the ACMDTT. A comprehensive analysis of the results will be presented to all stakeholders in early 2011. This project has given the ACMDTT the

opportunity to gain awareness of the emerging trends as we continue our role in establishing and maintaining standards for competent ethical practitioners in the province of Alberta.

Collaboration across provincial jurisdictions has been a key focus in 2010:

- **Agreement on Internal Trade (AIT)** has drawn attention to the establishment of a consistent approach to assessment of Internationally Educated Medical Radiation Technologists (IEMRT's) across Canada. Throughout 2010, the ACMDTT has been actively involved in a project in conjunction with the national association and all provinces to create a common assessment approach for Internationally Educated Medical Radiation Technologists (IEMRT's). The project objectives are to develop a fair, coherent, and reliable national standard for assessment of IEMRT's credentials, to be used by all parties that are conducting assessment for IEMRT's for access to certification examinations in Canada. The project is expected to conclude in 2011.
- **Regulatory Alliance:** An MRT regulatory alliance was formed to facilitate sharing of information and building consensus on national regulatory issues regarding medical imaging and radiation therapy (medical radiation technology) in order to assist member organizations in fulfilling their mandate of protecting the public.
- **Advanced Practice:** The ACMDTT has been involved in a national working group to plan an Advanced Practice Symposium. The objectives were to obtain key stakeholder consensus on the development of an advanced practice framework for MRT's, obtain key stakeholder consensus on a high level working definition of advanced practice and to



gather information from participants that would further the development of an advanced practice framework for MRT's.

- **Program approval:** As a result of the initial application and satisfactory evidence provided at the site visit undertaken in 2010, the ACMDTT has determined the British Columbia Institute of Technology (BCIT) program for training of Electroencephalography Technologists meets the criteria for full approval. As Alberta students attend BCIT for training and return to Alberta to practice, this was a very important step in ensuring equivalent training standards for registration purposes.

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. To this end, the organization has focused on supporting branch initiatives to provide local education opportunities for members as well as the delivery of a high caliber conference. The ACMDTT/AHS Annual Conference was a two-day professional development conference that allowed health professionals in diagnostic and therapeutic care to learn, network, and collaborate with peers, educators, and industry experts. An additional membership service project to develop 2 new educational courses for members was initiated this year. Course content development has been completed with an expected release in an on-line format in 2011.

**T**he ACMDTT Council is committed to ensuring high quality medical diagnostic and therapeutic care and advancement of our professions. The Council met 5 times over 2010 and governs using a rigorous organizational evaluation process measured against organizational ends. The regulatory mandate could not be carried out without the dedication of members who serve in various committee roles that support the regulatory process. We wish to express our thanks to the staff, council and to the committee members for their dedication and commitment to the organization.



David Buehler, MRT(T)  
ACMDTT Council President



Kathy Hilsenteger, MRT(T), ACT, CAE®  
CEO/Registrar

The diagnostic and therapeutic services provided are crucial to patient treatment, diagnosis and on-going health of Albertans.



**ACMDTT COUNCIL** (L-R) Kevin Kelley, MRT(MR), MRT(NM); Omkar Channan, Public Member; Wendy Martin-Gutjahr, MRT(R), CAMRT Alberta Director; David Rolfe, Public Member; Wendy Read, MRT(T), Kathy Hilsenteger, MRT(T), ACT, CAE®, CEO/Registrar; Ignacio Casupang, MRT(R); David Buehler, MRT(T), President; Cathy Rakchaev, Public Member; Valerie Cambridge, ENP; Lynda Napen, MRT(NM); Jeff Christensen, MRT(R); Cindy Humphries, MRT(R), Vice-President.

## Committees

### REGISTRAR

Kathy Hilsenteger, MRT(T), ACT, CAE®

### COMPLAINTS DIRECTOR

Kathy Hilsenteger, MRT(T), ACT, CAE®

### HEARINGS DIRECTOR

Dian Smith

### NOMINATIONS COMMITTEE

Rhea Garraway, MRT(T), Chair

Jeff Christenson, MRT(R)

Pamela Paterson, MRT(T)

Lee-Anne Polkosnik, MRT(T)

### REGISTRATION COMMITTEE

Brenda Rose, MRT(T), Chair

Leanne Irving, MRT(R)

Bonnie Walton, ENP

Quinn West, MRT(R)

Martin Sherriff, MRT(MR)

Abbi Langedahl, MRT(R)

### AWARDS COMMITTEE

Andree Desrochers, MRT(T), Chair

Christine Corry, MRT(R)

Nancy Belley, MRT(MR)

Rahim Ismaili, MRT(NM)

### HEARING TRIBUNALS /

### COMPLAINT REVIEW

Connie Girouard, MRT(R)

Patricia Horbasenko, MRT(R)

Brian Chywl, MRT(T)

Charlotte Mierau, MRT(R)

Marlene Chambers, MRT(R)

Aida Ward, MRT(MR)

John Clapp, MRT(R)

Christy McIntyre, MRT(NM)

### CONTINUING COMPETENCE

### COMMITTEE

Colleen Mitchell, MRT(R), Chair

Larry Curtis, 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)

### RESOURCE LIST

Phyllis Banister, MRT(NM)

### ACMDTT COUNCIL

*(Photo and names above)*

## Public Member Report 2010

**T**is our pleasure to provide a report on the activities of the ACMDTT Council from a public member's perspective. The *Health Professions Act (HPA)* of Alberta requires each College noted in the Act to establish a governing council of which one of every four members must be a public member. Health Professionals are self-governing and hold responsibility for developing regulations, standards of practice, code of ethics and bylaws governing members. Our role is to help balance the values and interests of regulated members with those of the public.

The ACMDTT Council adheres to the Carver Policy Governance Model ensuring there is a high caliber of accountability

of the Council to the owners. This enables the Council to govern with an emphasis on outward vision and strategic leadership. There is a rigorous organizational evaluation process measured against organizational ends and for CEO compliance to Council established policies.

We are all aware of the continued rapid growth in the field of diagnostic imaging and therapeutics requiring close attention to issues of educational opportunities in order to ensure the ongoing competence and capability of our members. The ACMDTT has established and maintains effective working relationships with educators in Alberta including NAIT, SAIT, Alberta Health Services Cancer Care,

and the Alberta Health Services Electroneurophysiology programs. The ACMDTT maintains an on-going relationship with Advanced Education and Technology and with Alberta Health and Wellness for the delivery of Medical Radiation Technology and Electroneurophysiology programs. The ACMDTT also continues to work closely with the national bodies representing Medical Radiation Technologists (Canadian Association of Medical Radiation Technologists -CAMRT) and for Electroneurophysiology (Canadian Association of Electrophysiology Technologists - CAET/Canadian Board of Registration of Electroencephalograph Technologists, Inc. CBRET) in order to ensure consistency of competency requirements and standards of practice.

**T**he past year has been both challenging and satisfying for us as Public Members as we continue to be impressed with the great strides being taken in the respective professions. Although there were many highlights, following are a few that stood out for us:

- An extensive project to validate the entry-to-practice competencies for each of the 5 regulated specialties was launched over the last year. The results of this project will enable the Council to approve current competency standards to ensure the delivery of high quality diagnostic and therapeutic care to Albertans.
- The Council has continued to exhibit excellent financial stewardship by exercising sound judgement in both required and discretionary expenditures. Formally audited statements attest to the financial strength of the organization.
- The provision of educational opportunities for members is a key initiative in assisting members to meet continuing competency requirements and professional excellence. The ACMDTT/AHS 2010 Conference (*Head and Heart of the Matter*) from April 30-May 1 was a huge success with most members attending rating both the keynote speaker and workshop presenters as interesting and worthwhile. Education days organized by branch volunteers at various locations throughout the province offered education opportunities to other members who were unable to attend the annual conference.
- The ACMDTT has undertaken a process to consider participating in the creation of a National Alliance of

Regulators for those provinces that regulate MRT services. The goal of the organization is to build consensus on national regulatory issues.

- Council is committed to enhancing the public awareness of the professions regulated by the ACMDTT. The initial work undertaken this year on the re-branding initiative for the Medical Radiation Technologist profession has proven exciting with even more progress expected in the upcoming year. In late December, CTV aired holiday messages on behalf of ACMDTT. A total of 40 messages were aired as a way of increasing brand awareness and enhancing the image of the organization.
- The Council has had an exceptional opportunity this year to revisit the ACMDTT Council and Branch relationships and expectations. This is and will continue to be an important topic for discussion with a recently developed “Branch Handbook” which was distributed, adding to the clarity of the roles and to assist branches in the administration of their responsibilities.
- The ACMDTT office moved to new premises in the fall, and this space is being shared with the Alberta College of Combined Laboratory and X-Ray Technologists (ACCLXT). In early December a joint Open House was held between ACMDTT and ACCLXT for the benefit of introducing ourselves and inviting others in related services to visit our new offices and meet with our respective Councils.
- The Alberta Government completed a comprehensive review of the health system in Alberta that will have implications for the professions for some time to come. We are particularly excited about the two new radiation centers planned for Red Deer and Grande Prairie and the already installed center in Lethbridge. The report addresses more “team based” treatment scenarios and speaks to maintaining the high levels of competence and professionalism of our medical practitioners in the province. We believe the documents offer both opportunities and challenges for the professions.

As public members, we are impressed with the enthusiasm and competence of the members and in particular the CEO and her staff. We look forward to continuing to serve on the ACMDTT Council.

Respectfully submitted,

Catherine Rakchaev, Omkar Channan, David Rolfe

# Membership Statistics

## REGULATED MEMBERS (Includes full active and temporary registrations)

Single Specialty	2007	2008	2009	2010
Radiological	1286	1292	1300	1397
Radiation Therapy	161	170	173	180
Nuclear Medicine	209	211	212	217
Magnetic Resonance	112	108	110	118
Electroneurophysiology	49	46	45	42
<b>TOTAL</b>	<b>1817</b>	<b>1827</b>	<b>1840</b>	<b>1954</b>
<b>Multiple Specialties</b>				
Radiological/ Magnetic Resonance	NC*	40	51	50
Nuclear Medicine/ Magnetic Resonance	NC	4	6	5
Radiological/Nuclear Medicine/ Magnetic Resonance	NC	NC	1	1
<b>TOTAL</b>	<b>NC</b>	<b>44</b>	<b>58</b>	<b>56</b>

## NON PRACTICING

Single Specialty	2007	2008	2009	2010
Radiological	NC	NC	69	62
Radiation Therapy	NC	NC	10	10
Nuclear Medicine	NC	NC	22	17
Magnetic Resonance	NC	NC	5	8
Electroneurophysiology	NC	NC	1	4
<b>Multiple Specialties</b>				
Radiological/Magnetic Resonance	NC	NC	2	2
Nuclear Medicine/Magnetic Resonance	NC	NC	0	1
Radiological/Nuclear Medicine/ Magnetic Resonance	NC	NC	0	0
<b>TOTAL</b>			<b>109</b>	<b>104</b>

## PERMITS WITH CONDITIONS

Enhancement Conditions	2007	2008	2009	2010
Ictal SPECT	8	7	7	7
PET/SPECT/CT	25	29	36	41
Intraoperative EP	5	4	5	5
Venipuncture	268	294	321	363
Breast Ultrasound	NC	NC	11	12
Evoked Potential	NC	NC	10	11
<b>Total with Enhancements</b>	<b>306</b>	<b>334</b>	<b>390</b>	<b>439</b>
<b>Total with Restrictions</b>	<b>70</b>	<b>13</b>	<b>18</b>	<b>43</b>
<b>TOTAL WITH CONDITIONS</b>	<b>376</b>	<b>347</b>	<b>408</b>	<b>482</b>

\*NC denotes data not previously or no longer collected.

TABLE 1 REGISTRATION BY SPECIALTIES

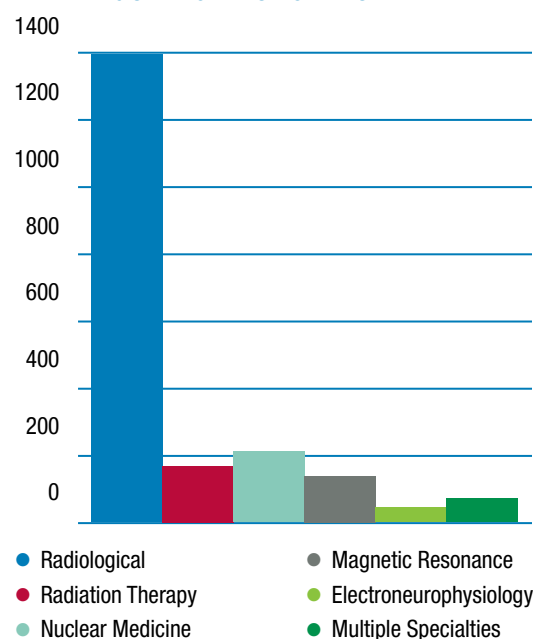
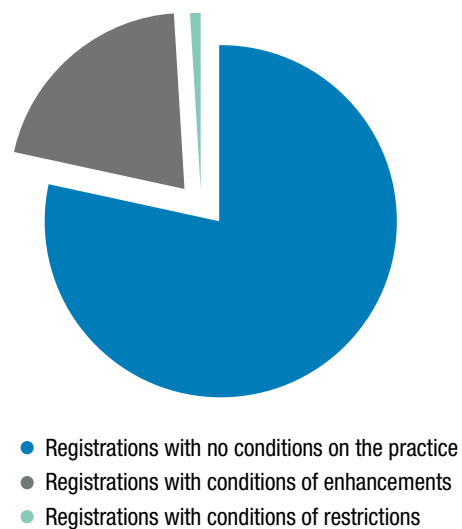


TABLE 2 NUMBER OF MEMBERS WITH CONDITIONS



# Year in Review

## COMPETENT ETHICAL PRACTITIONERS

### Continuing Competence Program

The ACMDTT currently has a continuing competence program that runs annually from September 1st to August 31st. 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 at the beginning of the program cycle and outline some learning goals that may be of interest to the member. Throughout the course of the year, that member is then required for any learning activity they are engaged in to self-reflect and write how the learning is applicable to their practice.

A Competence Committee met to monitor that individually registered members comply with the requirements of the Continuing Competence Program. The committee of peers assessed the reflective practice review of one hundred and eleven 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 *Health Professions Act (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:

- 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 3 meetings in 2010 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:

- 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 electroneurophysiology technologists. Review the section on "Assessment of Internationally Educated Technologists and Therapists" for a detailed summary.

The power of  
technology with a  
human touch.



## ACADEMIC AND EXPERIENTIAL UPGRADING

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 for and the review program as the upgrading requirement.
- Magnetic Resonance Technology: The ACMDTT began endorsing the NAIT challenge exam and 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.

### Participation Information

One candidate enrolled and successfully completed the Radiological Upgrading Program in 2010.

## 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 health care have fewer gaps in practicing a second specialty than if they had left the health care 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.

### Participation Information

One candidate enrolled and successfully completed the Cross-Specialty Upgrading program in 2010.

## 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.

# The college must carry out its activities and govern its regulated members in a manner that protects and serves the public interest.

COMPLAINT	BACKGROUND	OUTCOME
Complaint (carry over from 2009)	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 <i>HPA</i> , the matter was referred to a Hearing. The Hearing Tribunal found that the member had engaged in one finding of unprofessional conduct. Pursuant to section 82(1) of the <i>HPA</i> , the Hearing Tribunal issued a reprimand. The Hearing Tribunal also ordered the member to successfully complete a course in professional ethics on or before December 2010. The finding and penalty decisions were appealed by the member. The Appeal panel dismissed the appeal and upheld the decision orders of the Hearing tribunal with the exception of an extension on the course completion date extended to June 30, 2011.
Complaint 1	Member was terminated 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.	Section 55(2) of the <i>HPA</i> 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 successfully completed the agreed undertaking and this constituted a full and complete resolution of the Complaint.
Complaint 2	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 <i>HPA</i> , the matter was referred to a Hearing. The Hearing Tribunal found that the member had engaged in four findings of unprofessional conduct. Pursuant to section 82(1) of the <i>HPA</i> , the Hearing Tribunal issued a reprimand. The Hearing Tribunal also ordered a condition be placed on the member's practice permit requiring the member to successfully submit an essay acceptable to the Director of Education of no less than 2000 words relating to the findings. The condition was lifted upon completion of all requirements issued by the Hearings Tribunal.



## ASSESSMENT OF INTERNATIONALLY EDUCATED TECHNOLOGISTS AND THERAPISTS

The ACMDTT maintains its collaboration with NAIT on the pilot Bridging Program for internationally educated radiological technologists to assist the applicants to meet registration and certification requirements. The ACMDTT 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 ACMDTT actively participated with the national association to change eligibility and access to the national certification exam both for international and Canadian trained technologists.

The time required for internationally 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. Five of the 12 applicants were assessed and a decision was granted by the Registration Committee within 3 months of receipt of the initial application submission.

The following table summarizes international applications reviewed by the Registration Committee for substantial similarity in 2010.

SPECIALTY APPLICATIONS	TOTAL #	CANDIDATES' COUNTRY OF ORIGIN:
RTR	11	Bulgaria (1), China (1), Denmark (1), India (1), Iran (1), Lebanon (1), Philippines (3), United States (2)
RTT	1	United Kingdom
<b>Total</b>	<b>12</b>	

Of the 12 internationally trained applicants reviewed by the Registration Committee, one applicant was denied registration by the Committee and one was identified as having gaps in both education and experiences and was ordered to complete education and training requirements as outlined by the Committee's decision. There were no appeals by internationally-trained applicants on any of the decisions in 2010.

The following table lists the number of inquiries per specialty in 2010.

Specialty	Total #	Asia	Europe	Africa	N. & S. America	Australia/ New Zealand	Unknown
RTR	17	7	3	1	3	0	3
RTMR	0	0	0	0	0	0	0
RTNM	0	0	0	0	0	0	0
RTT	1	0	0	0	0	1	0
ENP	0	0	0	0	0	0	0
Total of all Specialties	18	7	3	1	3	1	3

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## PUBLIC MEMBER AWARENESS OF THE PROFESSIONS

### Branding Project

The ACMDTT 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 Medical Radiation Technologists 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.

In the course of analysis of the research findings, the project steering committee identified the following objectives as critical to the project's success:

- raising the MRT profile: attitudes of members must be improved so they see themselves as professionals,
- clarifying the role of MRT's between disciplines; in relation to other health care providers and in the minds of the general public,
- promoting a unified image of the profession.

The ACMDTT will continue to participate in this project working within the steering committee and provide support at a provincial level. The project will span over multiple years to achieve its objectives.

### Medical Radiation Technologist 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 8, 1895. The ACMDTT collaborated with the CAMRT providing posters and table top displays to all



diagnostic and therapeutic sites across the province utilizing the theme of *"The Power of Technology with a Human Touch"*.

### GOVERNMENT POLICY INFLUENCE

The ACMDTT 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 is recognized by government as a contributor to health policy and seen as a contributor to a variety of discussions. The ACMDTT and the AFRHP collectively, provided input in the Alberta Health Act Consultation, and participated in Foreign Qualification Recognition forums

### COST-EFFECTIVE ACCESS TO PROFESSIONAL BENEFITS

#### Head and Heart of the Matter

The Annual General Conference held in partnership with Alberta Health Services was a great success. The multi-disciplinary focus of the conference was well received and attracted radiological technologists, magnetic resonance technologists, radiation therapists, nuclear medicine technologists, electrophysiology technologists, combined lab and x-ray technologists, ultrasonographers and nurses.

The conference featured a wide variety of speakers ranging from Emer Sonnex who discussed the various specialties used in Cardiac Imaging to determine "What Test is Best", Cathy Sveen who explored "Wrapping Your Head around Complaints: Getting to the Heart of the Matter" and Cory Johnson who identified how one could turn their "Disabilities into Possibilities". These, among many other engaging presentations from radiologists, technologists, and other health care providers, contributed to the success of the conference.



## AWARDS

The following Awards were presented at the 2010 Annual General Conference:

### Student awards

Student awards

- Dr. Marshall Mallet Student Scholarship Award to Medical Radiologic Technology: Teri Lorenz
- Nuclear Medicine Technology Student Scholarship Award: Jennifer Bann
- Magnetic Resonance Student Scholarship Award: Azure Wawrykow
- Radiation Therapy Student Scholarship Award: Michael Mallett
- Visipaque Award – NAIT: Alyssa Balaski
- Visipaque Award – SAIT: Zdenka Slavikova
- Myoview Award – SAIT: Sarah Tippe
- Student Award – Radiological Technology program: Aaron Tkachuk
- 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: Lisa Hill, MRT(R)
- Professional Excellence in Patient Care Award: Sue Mortensen, MRT(T)
- Carol Van Velzer Award: no applications
- Herbert Welch Memorial Award: no applications
- Past President's Pin: Lynda Napen, MRT(NM)
- Tokens of Appreciation: Glenna MacMillan, MRT(R), Susan Curtis, MRT(MR), Dr. Terry Eil, MRT(NM)
- George C. Hall Memorial Address: Shirley Bague, MRT(R), MRT(MR)
- Joan Graham Memorial Award: Robert Bann, MRT(NM)

## 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 providing members with a forum for discussion, professional development and networking.

Branches Education Sessions held in 2010 include risk reduction in radiology, how diagnostic imaging contributes to orthopedic surgeons, child abuse and its radiological applications, awareness of the basic practices of radiography, virtual colonoscopy, new osteoporosis recommendations, the bariatric surgery program at Red Deer Regional Health Centre, digital imaging in the central zone, cryoablation for prostate cancer and renal cell carcinoma.

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

## BRANCHES PRESIDENTS

### Peace Country Branch

Alana Larson, MRT(R), President

### Edmonton Branch

Abbi Langedahl, MRT(R), President

### Parkland Branch

Lina Maidens, MRT(R), President

### Calgary Branch

Jodie Piercey, MRT(NM), President

### Southern Alberta Branch

Carmen Lowry, MRT(R), President

### ENP Branch

Susan McGregor, ENP, President

A woman with long, wavy blonde hair, wearing green scrubs, is shown in profile from the waist up. She is looking down at a small white handheld device in her left hand. Her right arm is extended towards a large, circular medical machine, possibly an ultrasound or MRI. The background is a clinical setting with warm lighting and other medical equipment.

## 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, 2010 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, 2010 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  
January 11, 2011

ALBERTA COLLEGE OF  
MEDICAL DIAGNOSTIC  
& THERAPEUTIC  
TECHNOLOGISTS

EDMONTON, ALBERTA

September 30, 2010

AUDITED FINANCIAL  
STATEMENTS

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STATEMENT OF FINANCIAL POSITION

ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC  
& THERAPEUTIC TECHNOLOGISTS

	September 30	
	2010	2009
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and short-term investments	\$ 594,780	\$ 641,932
Marketable securities – Note 3	219,625	187,665
Accounts receivable	3,809	6,882
Prepaid expenses	32,209	14,791
	850,423	851,270
<b>DEFERRED COURSE DEVELOPMENT COSTS</b> – Note 4	10,920	0
<b>PROPERTY AND EQUIPMENT</b> – Note 5	73,307	89,466
	\$ 934,650	\$ 940,736
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 26,864	\$ 28,329
Deposits	2,884	0
Deferred contributions	230,526	219,234
	260,274	247,563
<b>NET ASSETS</b>		
Invested in property and equipment	73,307	89,466
Internally restricted – Note 6	530,000	530,000
Unrestricted	71,069	73,707
	674,376	693,173
	\$ 934,650	\$ 940,736

**LEASE COMMITMENT** – Note 7

**APPROVED BY THE COUNCIL**



David Buehler, MRT(T), President

## STATEMENT OF OPERATIONS

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

	Year Ended September 30			
	2010	%	2009	%
<b>REVENUE</b>				
Professional fees	\$1,221,901	87.97	\$1,164,679	82.23
Provincial Conference	91,337	6.58	90,501	6.39
Interest	23,326	1.68	21,585	1.52
Unrealized gain on marketable securities	18,738	1.35	0	0.00
Miscellaneous	12,721	0.91	17,787	1.26
Student fees	11,800	0.85	12,524	0.88
Credit card fees recovered	9,137	0.66	11,548	0.81
Grants	0	0.00	75,000	5.30
Magnetic Resonance Exam	0	0.00	22,741	1.61
	<b>1,388,960</b>	<b>100.00</b>	<b>1,416,365</b>	<b>100.00</b>
<b>EXPENSES</b>				
Salaries and benefits	473,952	34.12	420,938	29.72
National dues	372,468	26.82	364,282	25.72
Provincial Conference	95,984	6.91	96,153	6.79
Rent and utilities	91,253	6.57	92,150	6.51
Professional conduct	46,887	3.38	22,535	1.59
Amortization	41,819	3.01	44,874	3.17
Computer support	40,686	2.93	30,819	2.18
Credit card fees and bank charges	32,395	2.33	41,364	2.92
Office supplies and printing	29,329	2.11	12,507	0.88
Professional fees	24,965	1.80	25,472	1.80
Continuing Competence	22,304	1.61	22,687	1.60
Council travel	19,087	1.37	41,443	2.93
Staff travel	16,552	1.19	12,183	0.86
Viewbox publications	15,846	1.14	14,176	1.00
Council honoraria	12,275	0.88	15,050	1.06
Regulatory committees	12,162	0.88	6,607	0.46
Loss on disposal of assets	9,579	0.69	0	0.00
Telephone	8,697	0.63	8,964	0.63
Advertising and promotion	7,938	0.57	8,484	0.60
Provincial annual general meeting	7,539	0.54	7,035	0.50
Postage	6,654	0.48	5,146	0.36
Memberships	6,221	0.45	5,047	0.36
Branch fees	5,400	0.39	5,400	0.38
Insurance	4,824	0.35	4,798	0.34
Awards	2,007	0.14	2,291	0.16
Equipment lease	934	0.06	930	0.06
Electro-Neurophysiology Exam Project	0	0.00	24,940	1.76
Consulting fees	0	0.00	11,341	0.80
Unrealized loss on marketable securities	0	0.00	2,367	0.17
	<b>1,407,757</b>	<b>101.35</b>	<b>1,349,983</b>	<b>95.31</b>
<b>REVENUE (UNDER) OVER EXPENSES</b>	<b>\$ (18,797)</b>	<b>(1.35)</b>	<b>\$ 66,382</b>	<b>4.69</b>

STATEMENT OF CHANGES IN NET ASSETS

ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS

	Internally Restricted					Total	Unrestricted	Year Ended September 30	
	Invested In Equipment	Ends Initiatives Fund	Professional Conduct Contingency Fund	Stabilization Fund				2010	2009
Balance at beginning of year	\$ 89,466	\$ 60,000	\$200,000	\$270,000	\$530,000	\$ 73,707	\$693,173	\$626,791	
Revenue over (under) expenses	(51,398)	0	0	0	0	32,601	(18,797)	66,382	
Investment in equipment	35,239	0	0	0	0	(35,239)	0	0	
<b>BALANCE AT END OF YEAR</b>	<b>\$ 73,307</b>	<b>\$ 60,000</b>	<b>\$200,000</b>	<b>\$270,000</b>	<b>\$530,000</b>	<b>\$ 71,069</b>	<b>\$674,376</b>	<b>\$693,173</b>	

STATEMENT OF CASH FLOWS

ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC & THERAPEUTIC TECHNOLOGISTS

	Year Ended September 30	
	2010	2009
<b>CASH PROVIDED BY (USED IN)</b>		
Operating activities:		
Revenue (under) over expenses	\$ (18,797)	\$ 66,382
Charges not affecting cash:		
Amortization	41,819	44,874
Deferred development costs	0	24,065
Loss on disposal of assets	9,579	0
Net changes in non-cash working capital items - Note 8	(33,594)	(2,990)
	( 993)	132,331
Investing activities:		
Deferred development costs	(10,920)	0
Purchase of property and equipment	(35,239)	(27,338)
	(46,159)	(27,338)
<b>CASH (DECREASE) INCREASE</b>	<b>(47,152)</b>	<b>104,993</b>
Cash at beginning of year	641,932	536,939
<b>CASH AT END OF YEAR</b>	<b>\$ 594,780</b>	<b>\$ 641,932</b>

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

## 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 straight line method at the following rates

Leasehold improvements	5 years
Furniture and fixtures	5 years
Telephone equipment	5 years
Computer equipment	3 years
Website/database	3 years

## 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

	2010		2009	
	Cost	Market	Cost	Market
Bond Investments	\$ 45,629	\$ 48,149	\$ 86,000	\$ 91,232
Equities and Income Trusts	106,904	117,860	106,928	96,433
Mutual Funds	53,616	53,616	0	0
	<b>\$206,149</b>	<b>\$219,625</b>	<b>\$192,928</b>	<b>\$187,665</b>

## NOTE 4 - DEFERRED DEVELOPMENT COSTS

Costs incurred for the development of a new course have been capitalized and will be amortized when the course is implemented.

## NOTE 5 - PROPERTY AND EQUIPMENT

	2010		2009	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Leasehold improvements	\$ 13,869	\$ 1,387	\$ 12,482	\$ 0
Furniture and fixtures	91,692	67,445	24,247	7,416
Telephone equipment	6,374	6,091	283	0
Computer equipment	18,349	16,416	1,933	7,988
Website	0	0	0	9,579
Database	91,277	56,915	34,362	64,483
	<b>\$221,561</b>	<b>\$148,254</b>	<b>\$ 73,307</b>	<b>\$ 89,466</b>

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

## 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 College.

## NOTE 7 - LEASE COMMITMENT

The College leases office space under an operating lease which expires on September 30, 2020.

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

2011	\$ 70,488
2012	70,488
2013	74,404
2014	74,404
2015	74,404
Thereafter	<u>309,364</u>
	<u>\$ 673,552</u>

## 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:

	2010	2009
Marketable securities	\$ (31,960)	\$ (16,458)
Accounts receivable	3,073	10,924
Prepaid expenses	(17,418)	(473)
Accounts payable and accrued liabilities	(1,465)	(20,347)
Deposits	2,884	0
Deferred contributions	<u>11,292</u>	<u>23,364</u>
	<u>\$ (33,594)</u>	<u>\$ (2,990)</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 establishes 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.

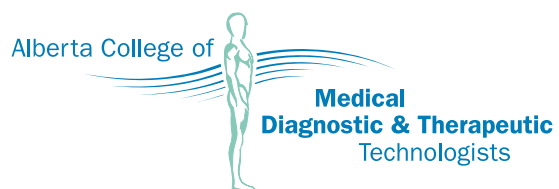
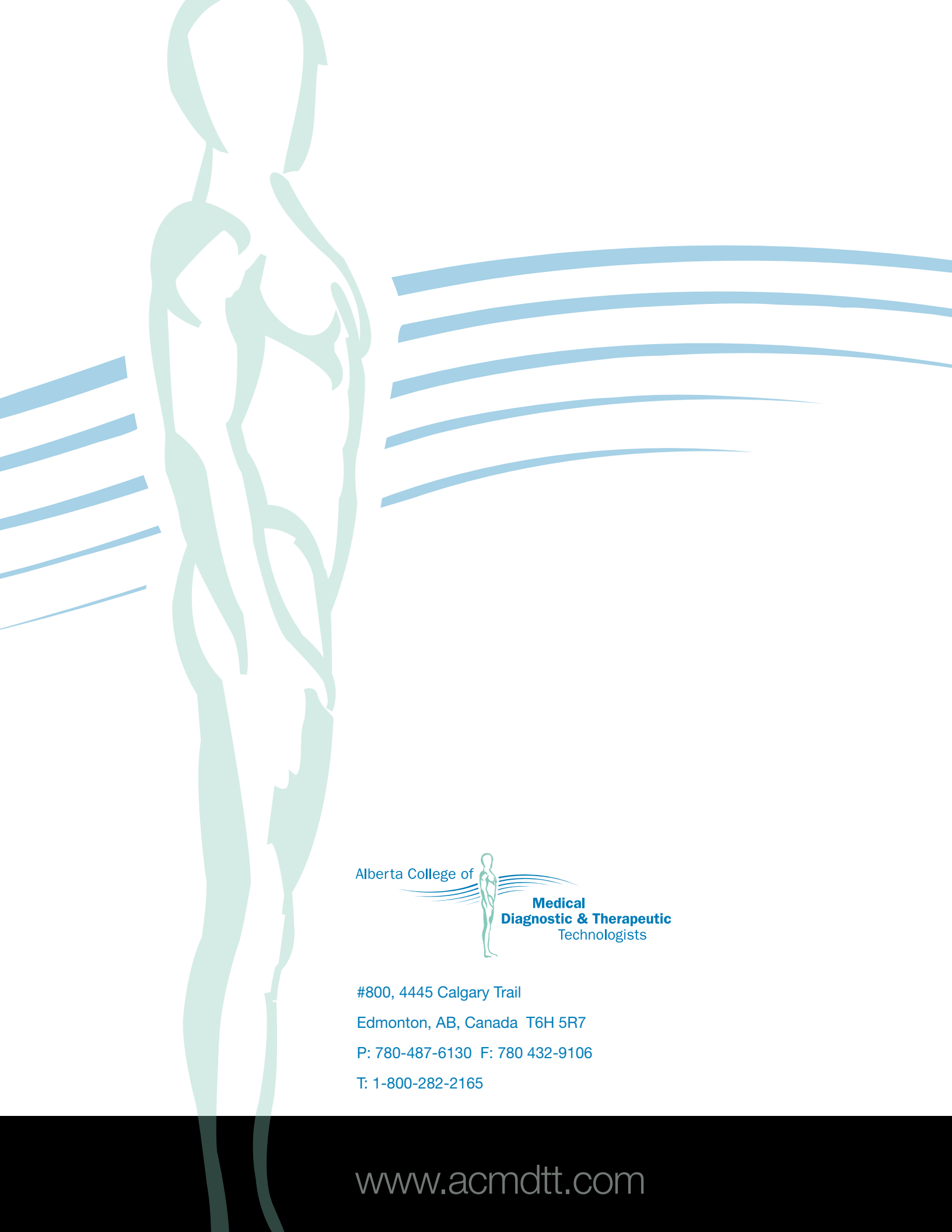
## NOTE 11 - COMPARATIVE FIGURES

Certain of the 2009 comparative figures have been reclassified to conform to the current year's presentation.

## NOTE 12--FUTURE ACCOUNTING CHANGES

In December of 2010, the Accounting Standards Board of the Canadian Institute of Chartered Accountants approved the adoption of new accounting standards for not-for-profit organizations, to be effective for fiscal years commencing on or after January 1, 2012. The College will ensure compliance with the new standards in its financial statements.





Alberta College of

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Technologists

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