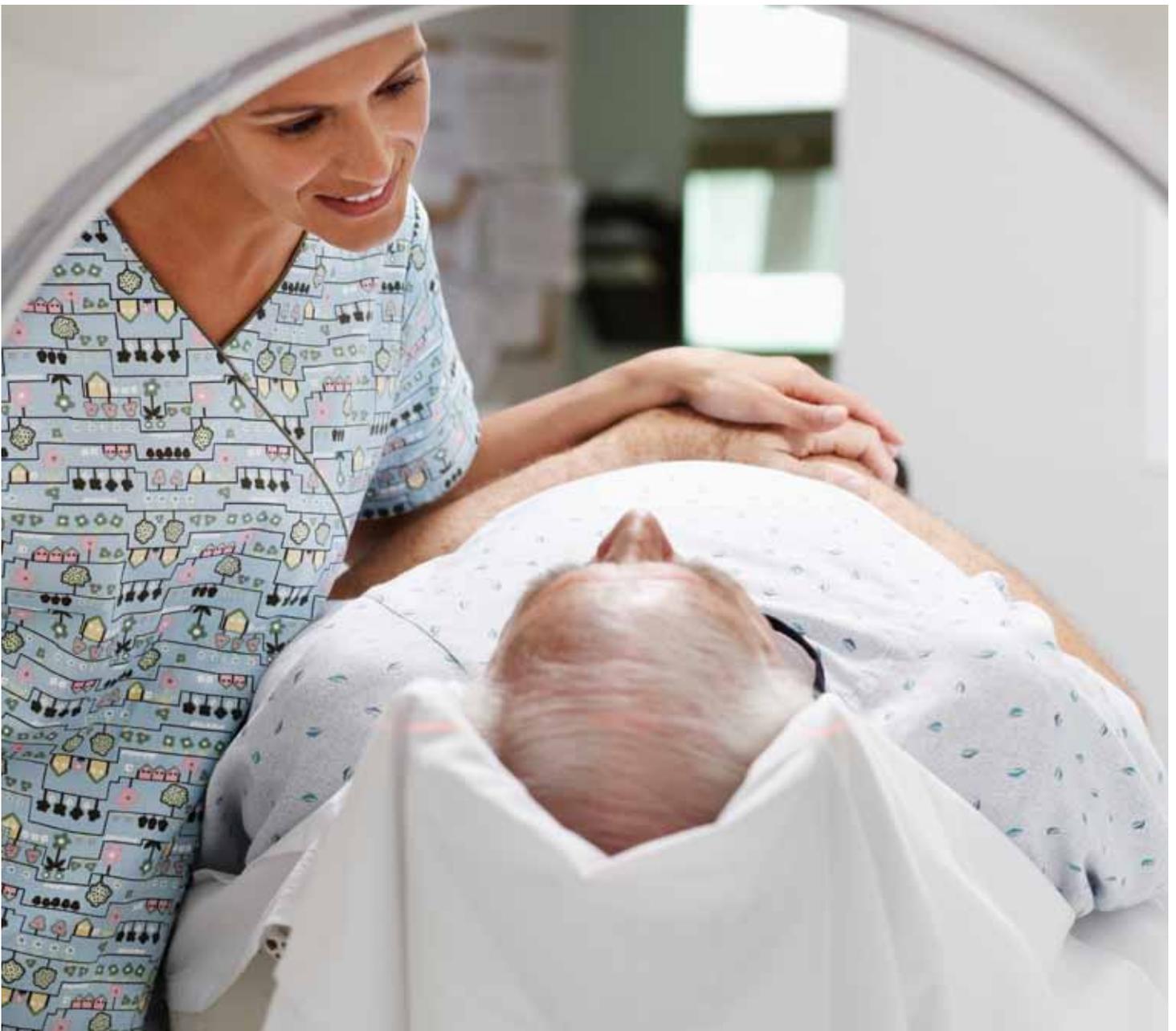
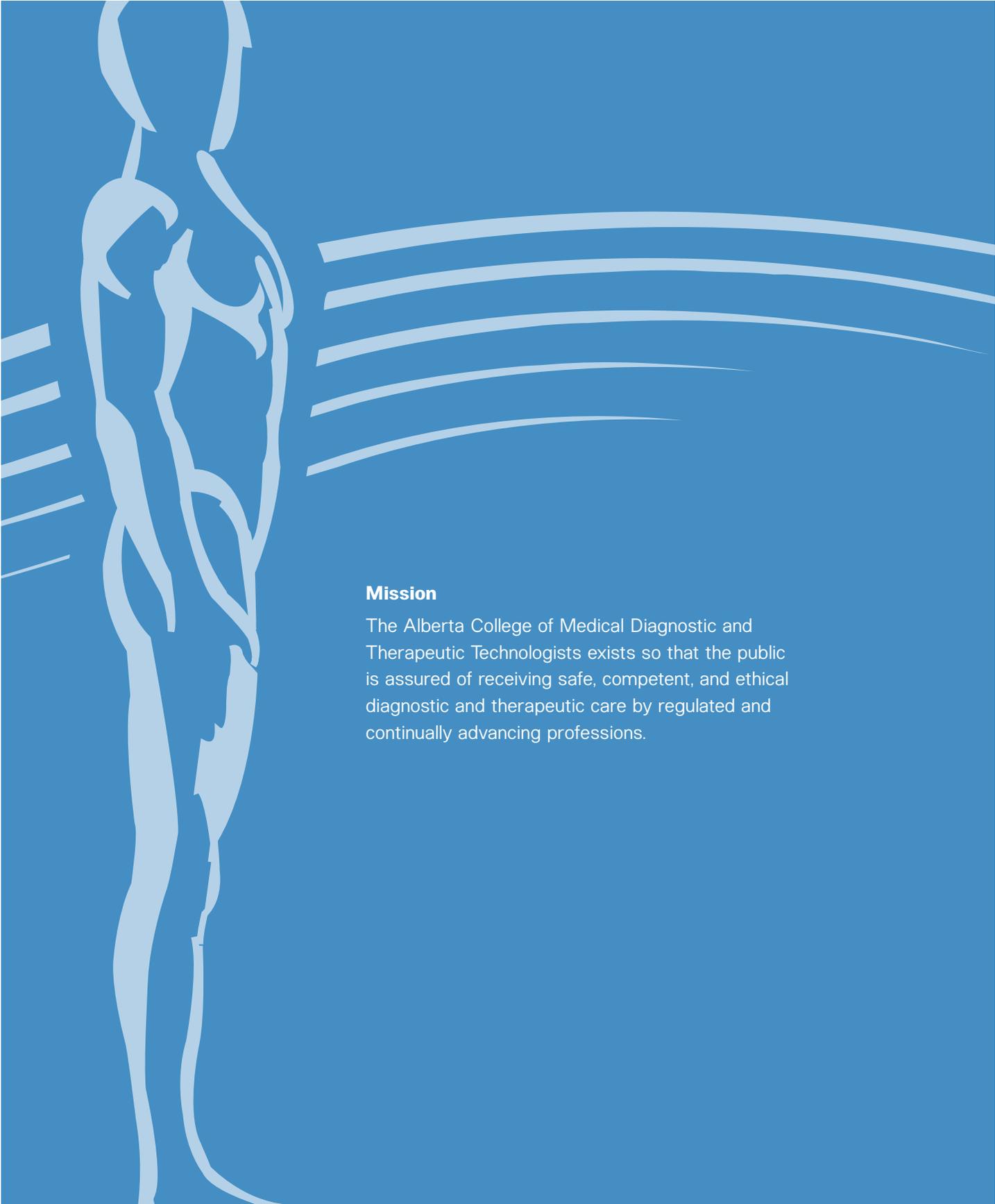


Alberta College of Medical Diagnostic & Therapeutic Technologists

Ensuring safe, competent, ethical diagnostic testing
and radiation therapy

Annual Report 2011





Mission

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

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About the College

The Alberta College of Medical Diagnostic & Therapeutic Technologists (the College) is a regulatory body for medical radiation technologists (MRTs) and electroneurophysiology technologists (ENPs). Both play a pivotal role in today's modern healthcare by providing essential patient services such as:

- Diagnostic exams and imaging such as x-rays, bone scans, mammograms and magnetic resonance imaging (MRI).
- Radiation treatment for cancer.
- Electroencephalograms (visual record of brain's electrical activity used to assess and diagnose conditions such as seizures, stroke and epilepsy).

What we do

The College exists so that Albertans can be assured of receiving safe, competent and ethical diagnostic and therapeutic care. To accomplish that, we regulate over 2,000 members who work in hospitals, primary care networks and independent clinics. Patient health, safety and care is reflected in everything we do.

1. As a regulator we:
 - Administer Alberta health care legislation (*Health Professions Act* or HPA).
 - License only MRTs/ENPs who meet the education, training and competency requirements.
 - Require annual license renewal.
 - Set and enforce standards of practice/conduct and administer a mandatory continuing competence program.
 - Provide public access to our member register.

- Address complaints about our members' conduct.
 - Provide expertise and direction on both regulatory and health policy.
2. To facilitate our members' achievement of regulatory requirements, we:
 - Promote excellence in practice and patient care.
 - Provide and support professional development and interdisciplinary collaboration opportunities.
 - Promote awareness of MRT/ENP professions.

Governance and accountability

The College is governed by a board of directors (called a Council), comprised of MRTs/ENPs elected by their peers. Our Council also contains three members of the public appointed by the government. Public members are an essential component of self-regulation. They ensure that Albertans' interests are represented and protected by providing public perspective into Council discussions and policy decisions. The College's daily operations are managed by the CEO/Registrar and a small office team. Operational funding comes from member registration fees.

Council, College staff and our members recognize and respect that self-governance is a privilege granted by the Alberta government on behalf of Albertans. We also recognize and respect that our primary mandate is public protection and that we are accountable to Albertans through the Minister of Health and Wellness. As such, we provide the minister with an annual report of our registration and licensing activities and the number and nature of any complaints received about our members.



President and CEO/Registrar's Message

Regulating our members to ensure safe, competent and ethical diagnostic and therapeutic care within continually advancing professions.

The medical professionals we regulate (MRTs and ENPs) are crucial to patient treatment, diagnosis and the continued health of Albertans. The College's primary mandate—protecting Albertans through self-regulation to ensure the delivery of safe, competent and ethical care by MRT and ENP professionals—underpins everything we do. Our professions continue to evolve and implement innovative ways to contribute to the improvement and enhancement of patient care.

Key highlights from 2011

A few highlights from last year:

- We developed and launched three eLearning courses—a first for our organization. We are confident the new courses will provide members with a cost-effective and valuable learning tool that will support their mandated continuing education needs.
- Our annual general conference was a resounding success and was another valuable resource to help members meet their on-going competence requirements.
- We concluded our entry-to-practice competency profile validation project. The initiative provided assurance that the College's standards are up-to-date with current practices in Alberta.
- College staffing was restructured to better meet the goal of providing efficient management of our operational obligations.

Two new public Council members

Council met five times during 2011 and continued to govern using a rigorous organizational evaluation process measured against organizational ends. Council also welcomed two new public members (Wendy Ainsworth and Colleen Wilson), who bring a wealth of new experience and perspective to Council, as previous public members have.

Acknowledgment and thanks

Member contributions to the regulatory process are a significant factor in the success of any self-regulating organization. Therefore, we would like to express our thanks to Council and our various committee members, for their time, dedication, commitment, enthusiasm, hard work and contributions.



Cindy Humphries, MRT(R),
Council President



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

About the Professions we Regulate

The College regulates MRTs and ENPs; highly technical, medical specialists who play a pivotal role in modern health care by providing sophisticated, targeted and highly effective medical diagnostic and radiation therapy services.

Helping doctors; helping patients

MRTs and ENPs use complex, state-of-the-art technology to 'look inside a patient's body' and create detailed images that help doctors diagnose and assess numerous injuries, diseases and health conditions. MRTs who specialize in radiation therapy, use complex technology to plan and administer targeted cancer treatment.

What MRTs do

Four groups of specialists comprise the medical radiation technology profession:

1. Radiological technologists
3. Magnetic resonance technologists
3. Nuclear medicine technologists
4. Radiation therapists

The first three perform complex imaging exams to create detailed images used for medical diagnosis, treatment observation and assessment. The fourth, radiation therapists, are key members of the oncology (cancer care) team. Radiation therapists use high energy radiation and/or radioactive material to destroy cancerous tumors while minimizing damage to a patient's healthy tissue.

What ENPs do

ENPs also perform diagnostic tests and create visual images; however these images look very different from those produced by MRTs. ENPs perform tests that record the electrical activity in a patient's brain. The visual image is a 'series of wavy lines or squiggles' (called an electro-encephalogram or EEG) that is used by neurologists to diagnose, assess and/or confirm various physical and mental health conditions/disorders including epilepsy, sleep disorders, dementia, seizures, head trauma, and

congenital abnormalities. ENPs are also present in the operating room where they record the activity of a patient's brain and spinal cord during surgery.

Education, knowledge and high-tech expertise

MRTs and ENPs use advanced and complex equipment. As a result, the education and training for both professions is intensive, highly technical and very specialized. Programs range from two-to-four years (depending on specialty) and include human anatomy and physiology, effective exam techniques, and patient care and safety.

Because some MRTs use radioactive materials for diagnostic imaging and/or patient treatment, their education and training also includes a special focus on radiation use, safety and protection.

Licensing and regulation

To practice legally in Alberta, both MRTs and ENPs must be licensed by the Alberta College of Medical Diagnostic & Therapeutic Technologists. To obtain a license, applicants must meet or exceed the College's education and licensing standards and pass a national certification exam. To maintain their license MRTs and ENPs must:

- follow the College's practice, professional behavior and patient care standards,
- comply with the College's Code of Ethics,
- participate in the College's mandatory continuing competence program, and
- renew their license annually.

Licensing and regulation helps ensure that MRTs and ENPs are qualified to practice and that Albertans receive safe, ethical, competent and professional medical diagnostic care and radiation therapy services.

Radiation therapists - use high energy, high dose radiation to treat cancer and destroy cancer cells, while minimizing harm to a patient's healthy tissue. Therapists plan and administer radiation treatment externally by machine or via internal placement near cancer cells, make and fit treatment devices/aids, and counsel patients how best to manage and/or minimize potential side-effects. Because patients are exposed to high doses of radiation, it's essential to precisely target both the dosage and treatment, and carefully monitor patients. More than half of all cancer patients receive radiation treatment; alone or in combination with other treatments.



Nuclear medicine technologists - create functional images using low-level radioactive tracers (called radiopharmaceuticals) and specialized equipment to detect radioactivity in the patient's body. The resulting images (e.g., bone, lung and thyroid scans) are critical diagnostic tools; they help doctors diagnosis and assess appropriate treatment options for many diseases/conditions. Nuclear medicine scans can also prevent the need for investigative surgery by identifying tumors/diseases and showing organ structure, function and treatment response. Technologists prepare and administer radiopharmaceuticals, for diagnostic and therapeutic purposes, while adhering to strict safety standards to limit radiation exposure to themselves, patients and others.



Electroneurophysiology technologists - record and measure a patient's brain activity via EEG and evoked potential (EP) tests. The results help doctors identify or confirm physical and mental conditions and make treatment decisions. Both tests use small disks (electrodes) to detect the brain's electrical signals which are recorded visually as squiggles (called traces). EEGs can detect brain infection or bleeding, assess brain status (e.g., brain death) and distinguish schizophrenia from Alzheimer's. EPs measure nerve signal response to external stimuli (e.g., visual, audio or touch) to help identify and/or confirm nervous system disorders/diseases like multiple sclerosis.



Radiological technologists - (often called x-ray technologists) use small, highly controlled amounts of radiation to create detailed pictures of a patient's internal organs and bones. Doctors use these pictures to detect/confirm physical injury, trauma, disease, medical condition, and/or congenital abnormality. X-ray technology is the oldest medical imaging specialty at a little over 100 years old. The technology's safety and application has evolved significantly since then and now includes mammography, computed tomography (CT) scans and angiography. Radiological technologists make up the majority (75%) of the College's members.



Magnetic resonance technologists - use sophisticated technology to produce extremely clear, detailed images of a patient's internal organs and tissues. MRI is particularly valuable for detecting soft tissue (e.g., nerve, muscle, ligament and tendon) issues. The technology uses radio waves and powerful magnetic fields, not radiation, to create images. While still a fairly new technology, MRIs have become a crucial, highly valued investigative and diagnostic tool because of its unmatched detail and clarity, combined with no known side-effects.



Key Accomplishments in 2011

Competent, ethical practitioners	<ul style="list-style-type: none">• Completed review and validation of Entry-to-Practice Competency Profiles for the five specialties to ensure they reflect current practice in Alberta. The ENP profile was validated and endorsed as the national profile for the Canadian Association of Electroneurophysiology Technologists.• Developed new position statement on MRI technologists interpreting orbit x-rays. Statement was developed to provide clarity in practice.• Completed annual Continuing Competence Program (CCP) audit to confirm member compliance. Audit results showed 81% of members received satisfactory letters while 19% required further remediation.• Answered 37 inquiries from potential internationally educated applicants (IEAs) and completed 11 IEA registration eligibility assessments.• Applied for funding to investigate different opportunities and programs (formal, informal, didactic and experiential) available to support IEAs preparing for the national certification exam.• Managed six complaints related to member conduct.
Registration and licensing	<ul style="list-style-type: none">• Answered hundreds of licensing/registration inquiries and processed over 2,000 practice permit/registration renewals.• Revised condition 'evoked potential' on practice permits of members holding this certification to align with terminology used in regulations.• Participated in follow-up accreditation processes for on-going program approvals, as a Canadian Medical Association accreditation sponsor for four MRT specialties.• Re-evaluated approved program for ENP education programs in Edmonton and Calgary.• Responded to member and employer professional practice inquiries for our five specialties.• Developed and launched eLearning course to help members better understand their professional obligations as regulated health professionals.
Continuing education and professional development	<ul style="list-style-type: none">• Developed and released two online member resources to facilitate cost-effective access to continuing education opportunities.• Collaborated with Branches to offer member education and networking opportunities to help support member continuing education goals.• Delivered sold-out comprehensive annual general conference. Two-day conference presented 28 speaker presentations to more than 250 members.

Collaboration and partnerships

- Participated on Association of Canadian Colleges' national initiative steering committee. The initiative's purpose is to develop and promote a pan-Canadian approach to increasing the supply of allied health care graduates.
- Began work with Alberta ministries of Health & Wellness and Advanced Education to explore alternate education options for radiation therapist training in Alberta.
- Held executive role on the board of the Alliance of Medical Radiation Technologists Regulators of Canada (AMRTRC). AMRTRC is a national organization of MRT regulators who came together to ensure public protection by further advancing MRT regulation and standards, regulatory issues and patient care.
- Worked with Canadian Association of Medical Radiation Technologists (CAMRT) on a national branding and public awareness campaign to raise profile and knowledge of MRT profession.
- Supported Alberta Society of Registered Cardiology Technologists' pursuit of self-regulation status.
- Participated in government's HPA related consultation as member of Alberta Federation of Regulated Professions.
- Conducted stakeholder consultation (via focus groups) regarding competency profile revisions.
- Participated (with CAMRT, on a steering committee) for the development of national competency standards for advanced practice in radiation therapy.
- Worked with CAMRT, provincial regulators and associations to establish national standard for language proficiency and alignment of assessment practices for internationally educated MRTs.

Member support and services

- Provided administrative services to 1,973 members that enabled their access to CAMRT membership.
- Completed website reorganization to provide members and public with improved access to key information.
- Developed MRT week promotional material to promote awareness of profession. Coordinated delivery of promotional material to every imaging and therapy site in Alberta.
- Collaborated with Branch chairs to implement processes to achieve consistent member services across the province.

Public Members' Report

It's an honour and privilege for us to serve as public members for the Alberta College of Medical Diagnostic & Therapeutic Technologists.

Public members' role

Our role as public members is an important part of self-regulation. We are not College members or employees; nor are we consultants to the profession. We are volunteers, appointed by the provincial government to help the College (and the professions it regulates) protect the public. We do this by providing objective public perspective and opinion to Council decisions, to ensure that safe and competent medical imaging, radiation therapy and electroneuro-physiology services are delivered to Albertans. We help the College balance members' values and interests with those of the public. This helps the College act fairly, adhere to statutory or legal requirements, and develop and foster appropriate professional standards.

Council composition

In addition to three public members, Council has eight regulated members (at least one regulated member from each specialty) who are elected by their peers (i.e., other members). There is also a representative from the Canadian Association of Medical Radiation Technologists, who attends Council meetings in a non-voting capacity.

Commitment to excellence

As members of the public, we remain impressed with the integrity and commitment of our fellow Council members, both to professional excellence and to the public's health and safety. We are also impressed by the College's CEO/Registrar, Kathy Hilsenteger, and her small office team for the diligent and efficient manner in which they manage the College and support members on a daily basis.

Respectfully submitted,

David Rolfe, Wendy Ainsworth and Colleen Wilson
Public members



Professional Conduct and Complaints

Complaints are a normal part of any service oriented environment; medicine/health care is no exception. In fact, complaints can be more prevalent in health care given the stress, emotions, wait times, sensitivity, and health issues involved.

The College's complaint management function is part of our commitment to safe, ethical and competent diagnostic testing and radiation therapy, and patient care excellence. Complaints can still occur even though we mandate high standards of practice, professionalism and patient care, and ensure those we license are qualified. Complaints can occur for many reasons (e.g., long wait times, misunderstanding, misperception) and can come from various sources (e.g., patients, their families, other medical/health professionals, MRT/ENP employers, and even other MRTs/ENPs).

Our complaint process

The College takes complaints seriously, regardless of reason or source, and manages each in an objective, fair and confidential process to ensure fairness to all involved.

Regardless of outcome, complaints are a vehicle for patients, employers and others to express questions, concerns or complaints about a MRT/ENP's conduct. Complaints are also a valuable learning tool for the College and its members—they help us make our medical diagnostic imaging and radiation therapy services and patient care even better.

While the College has a legal authority (under HPA) to investigate and administer complaints, we do not have the authority to compensate complainants or require that members or their employers do. Also, we can only investigate complaints about current members and have no jurisdiction over unlicensed MRTs/ENPs, other health professions, hospitals/health care facilities and/or wait times or coverage for MRT/ENP diagnostic services.

Complaints 2011

The College received six complaints in 2011.

	Description	Outcome
1	Complaints Director became aware of a personal health issue that could affect the member's ability to safely deliver patient services.	After investigation, the Complaints Director was satisfied the member was not 'incapacitated' and no action was taken.
2	Patient alleged unprofessional conduct during a radiological procedure.	Complainant could not provide sufficient detail to enable an investigation and refused to participate in investigation process. As a result, the file was closed.
3	Patient alleged unprofessional conduct during a radiological procedure.	Initial investigation revealed person who performed procedure was not a member. Therefore the College had no jurisdiction.
4	Employer terminated member due to conduct deemed 'unprofessional conduct.' Matter was treated as a complaint, with employer as complainant.	Currently under investigation.
5	Complaints Director became aware a member was performing a restricted activity without required authorization from the Registrar.	Member consented to resolve complaint via a mutually agreed agreement rather than a hearing. Member successfully completed the agreement which constituted a full resolution.
6	Employer terminated member due to conduct deemed 'unprofessional conduct.' Matter was treated as a complaint, with employer as complainant.	Currently under investigation.

Registration Committee Report

The Registration Committee is responsible for making decisions regarding applications for registration referred to them by the Registrar.

Applications assessed

In 2011, the committee met three times to assess applications submitted by internationally educated technologists and therapists. Ten applications were assessed as substantially similar and deferred to successful completion of the national exam, one was denied. There were no registration appeals.

Applications assessed in 2011	Number	Candidate country of origin
Radiological	9	Philippines (3), United States (2), Ireland (1), Nigeria (1), Pakistan (1), South Africa (1)
Radiological/magnetic resonance	1	United States
Nuclear medicine	1	Holland
Total	11	

Application processing time

The average time required for internationally trained applicants to obtain a registration decision is approximately 195 days. This time-frame is affected primarily by the length of time it takes to receive all the required documentation to consider the application complete. Once an application is complete, it is forwarded to the next Registration Committee meeting.

International inquiries

In 2011, the College saw a 105% increase in the number of inquiries from international candidates as seen in the chart below.

Specialty	Inquiries	Asia	Europe	Africa	North/South America	Australia/New Zealand
Radiological	30	16	7	2	4	1
Magnetic resonance	0	0	0	0	0	0
Nuclear medicine	1	0	0	0	1	0
Radiation therapy	2	1	1	0	0	0
Electroneurophysiology	2	1	1	0	0	0
Radiological/magnetic resonance	2	0	2	0	0	0
Total	37	18	11	2	5	1

Two renewal applications that did not meet practice currency requirements were referred to the Registration Committee by the Registrar.

Continuing Competence Program – Supporting Continual Learning

The College administers a continuing competence program (CCP) to help its members maintain and enhance their professional competencies. The program, which runs September 1 – August 31 of the following year, helps the College assess, support and ensure competent practice and continuous professional learning and development.

Program requirements

To renew their practice permit each year, members are required to complete a reflective review that includes a:

- Self-Assessment of Practice,
- Personal Learning Plan, and a
- CCP activity record outlining a minimum of 24 hours of continued learning.

The self-assessment is competency profile based and specialty-specific. Members then use the profile to develop a personal learning plan (a fluid document outlining a member’s learning objectives for the current CCP cycle). At least one learning objective must be met through a learning activity. Members are also required to document their learning activities and include a self-reflection on how the activity will, or has, impacted their professional practice.

CCP compliance

Member CCP compliance is monitored by the College’s Continuing Competence Committee. Each fall, the committee audits a random selection of member CCP records. In 2011, 121 members (6% of members) were randomly selected for a reflective practice review audit. The audit confirmed that members were compliant with the program. In the future, the College will increase its audit sample size to better represent its membership.

Description	CCP Cycle		
	2009	2010	2011
Number of CCP participants*	1840	1954	2020
Number selected for audit	79	113	121
Cancelled audits	1	2	3
Number audited	78	111	118
Number with successful initial audit	63	102	96
Number requiring remedial work	15	9	22
Number forwarded to Complaints Director for non-compliance	0	0	0

*as of December 31



Registration and Membership Statistics

Table 1 – Practicing members:

• Single specialty:	2007	2008	2009	2010	2011
Radiological	1286	1292	1300	1397	1441
Radiation therapy	161	170	173	180	183
Nuclear medicine	209	211	212	217	223
Magnetic resonance	112	108	110	118	126
Electroneurophysiology	49	46	45	42	47
Total single specialty	1817	1827	1840	1954	2020
• Multiple specialties:					
Radiological/magnetic resonance	NC*	40	51	50	45
Nuclear medicine/magnetic resonance	NC	4	6	5	8
Radiological/nuclear medicine/magnetic resonance	NC	NC	1	1	1
Total multiple specialties	NC	44	58	56	54

Table 2 – Non-practicing members:

• Single specialty:	2007	2008	2009	2010	2011
Radiological	NC	NC	69	62	66
Radiation therapy	NC	NC	10	10	9
Nuclear medicine	NC	NC	22	17	21
Magnetic resonance	NC	NC	5	8	8
Electroneurophysiology	NC	NC	1	4	4
Total non-practicing single specialty	NC	NC	107	101	108
• Multiple specialties:					
Radiological/magnetic resonance	NC	NC	2	2	5
Nuclear medicine/magnetic resonance	NC	NC	0	1	0
Radiological/nuclear medicine/magnetic resonance	NC	NC	0	0	0
Total non-practicing multiple specialty	NC	NC	2	3	5

* NC denotes data not previously or no longer collected.

** NA denotes not applicable



Table 3 - Practice permits with conditions attached:

Enhancement conditions:	2007	2008	2009	2010	2011
• Ictal SPECT	8	7	7	7	7
• PET/SPECT/CT	25	29	36	41	41
• Intraoperative EP	5	4	5	5	5
• Venipuncture	268	294	321	363	332
• Breast ultrasound	NC	NC	11	12	12
• Evoked potential	NC	NC	10	11	NA**
• Needle authorization	NA	NA	NA	NA	9
Total permits with enhancements	306	334	390	439	406
Total permits with restrictions	70	13	18	43	3
Total permits with conditions	376	347	408	482	409



College Council, Committees and Branches 2010/2011

Council

(Pictured below, except Lynda Napen)

President - Cindy Humphries, MRT(R)

Vice-President - Valerie Cambridge, ENP

David Buehler, MRT(T)

Kevin Kelley, MRT(MR), MRT(NM)

Ignacio Casupang, MRT(R)

Wendy Read, MRT(T)

Lynda Napen, MRT(NM)

Jeff Christensen, MRT(R)

Public members: David Rolfe, Wendy

Ainsworth and Colleen Wilson

Kathy Hilsenteger, MRT(T) - CEO/Registrar

Wendy Martin-Gutjahr, MRT(R) -

CAMRT Alberta Director

College committees

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)

Dustin Grainger, MRT(NM)

Nominations Committee

Rhea Garraway, MRT(T), Chair

Lynda Napen, MRT(NM)

Pamela Paterson, MRT(T)

Lee-Anne Polkosnik, MRT(T)

Continuing Competence Committee

Darren Oczkowski, MRT(MR), Chair

Colleen Mitchell, MRT(R)

Ria Bender, MRT(R)

Jacqueline Middleton, MRT(T)

Mary-Janet Schouten, MRT(T)

Shannon Eberle, MRT(T)

Andrea Carstairs, ENP

Gail Lorenz, MRT(R)

Heather Gaunt, MRT(T)

Rhonda Parsons, MRT(NM)

Awards Committee

Andree Desrochers, MRT(T), Chair

Christine Corry, MRT(R)

Nancy Belley, MRT(MR)

Rahim Ismaili, MRT(NM), MRT(MR)

Hearing Tribunals/Complaint Review

Phyllis Banister, MRT(NM)

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)

Complaints Director

Kathy Hilsenteger, MRT(T)

Hearings Director

Pam Armitage

Branches

Branches are groups of College members who share common interests including, but not limited to: geographic location, scope of practice and/or professional interests. Council established branches to promote professional growth, development and networking.

Branch chairs:

Peace Country Branch

Charla Nellis, MRT(R)

Edmonton Branch

Abbi Langedahl, 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



College Awards: Recognizing and Celebrating Excellence

Technologist/therapist awards

- **Carol Van Velzer Award**
Elizabeth Mi, ENP
- **Honorary Life Membership Award**
Stan Bara, MRT(R)
- **Joan Graham Award**
Rachel Thompson, MRT(R), MRT(MR)
- **Professional Excellence in Leadership Award**
Stacey Purdy, MRT(R), MRT(MR)
- **Professional Excellence in Patient Care Award**
Michelle Holstein, MRT(R), MRT(MR)

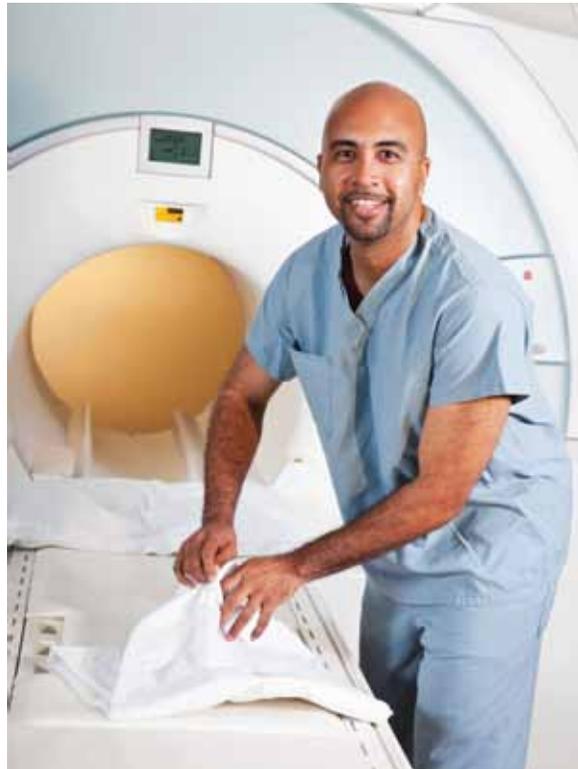
Student awards

First-year awards:

- **ACMDTT Student Award First-Year (Nuclear Medicine Technology)**
Keagan Donahue
- **ACMDTT Student Award First-Year (Radiological Technology – NAIT)**
Graeme Donaldson
- **ACMDTT Student Award First-Year (Radiological Technology – SAIT)**
Shonna Olson

Scholastic awards:

- **Dr. Marshall Mallett Scholastic Award for Radiological Technology**
Cassandra Cheesbrough, RTR
- **Scholastic Award for Magnetic Resonance Technology**
Paul Paras, RTMR
- **Scholastic Award for Nuclear Medicine Technology**
Colby Wingert, RTNM
- **Scholastic Award for Radiation Therapy Technology**
Winter Spence, RTT



Student leadership awards:

- **CAMRT Leadership Development Institute Award**
Aaron Tkachuk, MRT(R)
- **Student Leadership Award for Nuclear Medicine Technology**
Sabrina Forth, MRT(NM)
- **Student Leadership Award for Radiological Technology**
Zdenka Slavikova, MRT(R)

Other awards

Tokens of appreciation:

- Wendy Read, MRT(T)
- Cathy Rakchaev, Public Member
- Omkar Channan, Public Member

Independent Auditors' Report

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

Report on the financial statements

We have audited the accompanying financial statements of Alberta College of Medical Diagnostic & Therapeutic Technologists, which comprise the statement of financial position as at September 30, 2011, and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Alberta College of Medical Diagnostic & Therapeutic Technologists as at September 30, 2011 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Chartered Accountants
Edmonton, Alberta
February 11, 2012

Statement of Financial Position

September 30, 2011

	2011	2010
ASSETS		
CURRENT ASSETS		
Cash and short-term investments	\$683,393	\$594,780
Marketable securities (Note 3)	221,364	219,625
Accounts receivable	6,015	3,809
Prepaid expenses	35,077	32,209
	945,849	850,423
DEFERRED COURSE DEVELOPMENT COSTS (Note 4)	0	10,920
PROPERTY AND EQUIPMENT (Note 5)	36,411	73,307
	\$982,260	\$934,650
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 38,107	\$ 26,864
Deposits	1,442	2,884
Deferred contributions (Note 6)	252,512	230,526
	292,061	260,274
NET ASSETS		
Invested in property and equipment	36,411	73,307
Internally restricted (Note 7)	605,000	530,000
Unrestricted	48,788	71,069
	690,199	674,376
	\$982,260	\$934,650

LEASE COMMITMENT (Note 8)

APPROVED BY THE COUNCIL



Cindy Humphries, MRT(R),
Council President



Valerie Cambridge, ENP
Council Vice-President

Statement of Operations

September 30, 2011

	2011	%	2010	%
REVENUE				
Professional fees	\$1,278,957	85.48	\$1,221,901	87.97
Provincial conference	117,409	7.85	91,337	6.58
Investment income	19,102	1.28	23,326	1.68
Sublease	17,939	1.20	0	0.00
Miscellaneous	14,904	1.00	12,721	0.91
Grants	12,984	0.87	0	0.00
Credit card fees recovered	10,952	0.73	9,137	0.66
Student fees	9,810	0.65	11,800	0.85
Unrealized gain on marketable securities	7,197	0.48	18,738	1.35
Gain on disposal of marketable securities	6,882	0.46	0	0.00
	1,496,136	100.00	1,388,960	100.00
EXPENSES				
Salaries and benefits	445,401	29.77	473,952	34.12
National dues	392,155	26.21	372,468	26.82
Rent and utilities	140,060	9.36	91,253	6.57
Provincial conference	114,344	7.64	95,984	6.91
Amortization	42,076	2.81	41,819	3.01
Council costs	41,070	2.74	19,087	1.37
Professional conduct	34,703	2.32	46,887	3.38
Credit card fees and bank charges	34,283	2.29	32,395	2.33
Computer support	32,728	2.19	40,686	2.93
Course development	23,904	1.60	0	0.00
Continuing competence	23,750	1.59	22,304	1.61
Professional fees	18,033	1.20	24,965	1.80
Regulatory committees	15,686	1.05	12,162	0.88
Staff travel	15,115	1.01	16,552	1.19
Office, supplies and printing	15,002	1.00	30,263	2.17
Viewbox publications	14,513	0.97	15,846	1.14
Advertising and promotion	13,951	0.93	7,938	0.57
Council honoraria	13,625	0.91	12,275	0.88
Postage	10,429	0.70	6,654	0.48
Memberships	10,037	0.67	6,221	0.45
Provincial annual general meeting	8,164	0.55	7,539	0.54
Telephone	7,266	0.49	8,697	0.63
Branch fees	5,400	0.36	5,400	0.39
Insurance	5,372	0.36	4,824	0.35
Awards	3,246	0.22	2,007	0.14
Loss on disposal of equipment	0	0.00	9,579	0.69
	1,480,313	98.94	1,407,757	101.35
REVENUE OVER (UNDER) EXPENSES	\$ 15,823	1.06	\$ (18,797)	(1.35)

Statement of Changes in Net Assets

September 30, 2011

	Internally Restricted				Total	Unrestricted	2011	2010
	Invested In Property and Equipment	Ends Initiatives Fund	Professional Conduct Contingency Fund	Stabilization Fund				
Balance at beginning of year	\$ 73,307	\$ 60,000	\$200,000	\$270,000	\$530,000	\$ 71,069	\$674,376	\$693,173
Revenue over (under) expenses	(42,076)	0	0	0	0	57,899	15,823	(18,797)
Investment in property and equipment	5,180	0	0	0	0	(5,180)	0	0
Transfer	0	0	0	75,000	75,000	(75,000)	0	0
BALANCE AT END OF YEAR	\$ 36,411	\$ 60,000	\$200,000	\$345,000	\$605,000	\$ 48,788	\$690,199	\$674,376

Statement of Cash Flows

September 30, 2011

	2011	2010
CASH PROVIDED BY (USED IN)		
Operating activities:		
Revenue over (under) expenses	\$ 15,823	\$ (18,797)
Charges not affecting cash:		
Amortization	42,076	41,819
Loss on disposal of equipment	0	9,579
Net changes in non-cash working capital items (Note 9)	24,974	(33,594)
	82,873	(993)
Investing activities:		
Deferred course development costs	10,920	(10,920)
Purchase of property and equipment	(5,180)	(35,239)
	5,740	(46,159)
CASH INCREASE (DECREASE)	88,613	(47,152)
Cash at beginning of year	594,780	641,932
CASH AT END OF YEAR	\$683,393	\$594,780
CASH FLOWS SUPPLEMENTARY INFORMATION		
Interest received	\$ 12,624	\$ 9,588

Notes to Financial Statements

September 30, 2011

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 electroneurophysiology 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
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.

Cash and short-term investments

Cash is comprised of deposits in bank accounts adjusted for outstanding deposits and cheques. Short-term investments are comprised of term deposits and guaranteed investment certificates, with major Canadian financial institutions, recorded at fair value.

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:

	2011		2010	
	Cost	Market	Cost	Market
Fixed income investments	\$102,629	\$107,958	\$ 45,629	\$ 48,149
Equities and income trusts	98,062	113,406	106,904	117,860
Mutual funds	0	0	53,616	53,616
	<u>\$200,691</u>	<u>\$221,364</u>	<u>\$206,149</u>	<u>\$219,625</u>

Note 4 – Deferred course development costs:

Costs incurred for the development of a new course that were capitalized in 2010 were expensed in the current year because the course is complete and available for registration.

Note 5 – Property and equipment:

	2011			2010
	Cost	Accumulated amortization	Net book value	Net book value
Leasehold improvements	\$ 13,869	\$ 4,161	\$ 9,708	\$ 12,482
Furniture and fixtures	91,693	73,775	17,918	24,247
Telephone equipment	6,374	6,154	220	283
Computer equipment	23,529	19,204	4,325	1,933
Database	91,277	87,037	4,240	34,362
	<u>\$226,742</u>	<u>\$190,331</u>	<u>\$ 36,411</u>	<u>\$ 73,307</u>

Notes to Financial Statements

September 30, 2011

Note 6 – Deferred contributions: Deferred contributions represent contributions received for a specific purpose which have not been expended at year end.

	2011	2010
Professional fees	\$245,809	\$230,526
Provincial Conference	4,687	0
Grant	2,016	0
	<u>\$252,512</u>	<u>\$230,526</u>

Note 7 – Internally restricted 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. During the year, the Council transferred \$75,000 from unrestricted net assets to the Stabilization Fund.

Note 8 – 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:

2012	\$ 70,488
2013	70,488
2014	74,404
2015	74,404
2016	74,404
Thereafter	<u>309,364</u>
	<u>\$673,552</u>

Note 9 – Cash flow information:

Net changes in non-cash working capital items

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

	2011	2010
Marketable securities	\$ (1,739)	\$ (31,960)
Accounts receivable	(2,206)	3,073
Prepaid expenses	(2,868)	(17,418)
Accounts payable and accrued liabilities	11,243	(1,465)
Deposits	(1,442)	2,884
Deferred contributions	21,986	11,292
	<u>\$ 24,974</u>	<u>\$ (33,594)</u>

Note 10 – 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, review 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 11 – Capital management: The College's goal in managing capital is to safeguard its ability to continue as a going concern so that it can continue to provide services to the members. To accomplish this goal, the Council has established policies to preserve the financial condition of the College and protect its assets by setting limitations on the expenditure of funds, incurrence of debt, use of any long-term reserves and investment of funds. At least four times each year, the Council meets with the CEO/Registrar to review the College's financial position.

Note 12 – 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. Management and the Council will ensure the College complies with the new standards.

Note 13 – Comparative figures: Certain of the 2010 comparative figures have been reclassified to conform to the current year's presentation.



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